
Practice Transition Accreditation Program™ Appraiser Application Form

Name and credential

Home address (may be unable to mail to P.O. boxes)

City

State

Zip

Country

Business address

City

State

Zip

Country

Preferred mailing address Home Business

(for all mailings, including PTAP applicant's written documentation on USB drive):

Appraisers are expected to be readily available through email and voicemail contact. Please provide your contact information below.

Telephone (home)

Email (home)

Telephone (office)

Email (office)

Preferred default email address Home Business

Cell phone

Fax (home)

Fax (office)

Present position title

Present position description

Do you work for an accredited organization (ANCC, TJC, CCNE, etc.), and/or do you serve as a volunteer with an accredited program? Yes No

If yes, provide the name of the organization/practice setting where the program is operated:

Must be a licensed registered nurse with a graduate degree OR graduate degree in relevant field. Either the baccalaureate or the graduate degree must be in nursing.

PROFESSIONAL FORMAL EDUCATION

1

Degree		Year awarded	
Institution		City	State
Major			

2

Degree		Year awarded	
Institution		City	State
Major			

3

Degree		Year awarded	
Institution		City	State
Major			

Please list the state where you hold a current unencumbered license to practice as a registered nurse: _____

Do you hold any nursing certification(s)? Yes No

If yes, please specify: _____

Please check all those settings listed below in which you have been involved in a practice transition program:

- Hospital acute care Home care/hospice
- Community health Long-term care
- Outpatient settings School of nursing
- Other settings: _____

Please describe your activities related to practice transition:

APPRAISER KNOWLEDGE, SKILLS, AND ABILITIES

It is essential that appraisers possess some or all of the following skills. Please check the box that best describes your professional expertise.

Which of the following best describes your experience in program evaluation?

- I have developed and critiqued other academic, service, state, or federal regulatory standards (for example, JCAHO, CCNE, NLNAC, HIPAA, and/or board of nursing).
- I have served as an accreditation appraiser, Magnet™ appraiser, JCAHO appraiser, academic appraiser, CCNE site visitor, or on a state board of nursing or other regulatory body.
- I have served on the Commission on Accreditation (COA) or the ANCC Accreditation Review Committee (ARC). Please check which one(s): COA ARC
- I have served on a survey preparation team for either an academic or a regulatory site visit.
- I have some work experience in the interpretation and application of standards.
- I have little experience in the interpretation of standards.

Which of the following best describes your experience with on-the-job project management?

- I have led teams to achieve challenging project goals such as e-learning projects, webcasts, developing and utilizing learning systems, developing and utilizing record-keeping systems for continuing nursing education, accreditation teams, etc.
- I have been an active member of teams that utilized high-level communication, prioritization, and critical thinking skills to accomplish complex tasks or meet complex goals. Please describe:

- I have experience in utilizing computer skills such as word processing, email, and email attachments to implement project management. Please describe:

- I have little experience in project management.

Which of the following best describes your experience with information management?

- I have experience in analyzing data and writing reports.
- I have little experience with information management.

Which of the following best describes your experience in the field of professional development and adult education?

- I have experience analyzing continuing nursing education activities and further developing them to meet current and future trends.
- I have some experience with evaluating education activities in relation to desired outcomes.

Communication skills Since the accreditation appraisal process is a team-based process and communication is essential, in six or fewer lines please provide a brief description of your experience with team communication and why you are an effective team member in regard to communication.

Team skills Since the accreditation appraisal process is a team-based process, in six or fewer lines please provide a brief description of your experience on teams and why you are an effective team member.

If you have experience serving as a team leader, describe your experience in six or fewer lines.

Use this space to briefly describe why you think you would be an asset to the ANCC Accreditation Program as an appraiser.

Are you a member of ANA or an ANA state nurses association/constituent member association?

Yes No

If yes, please list:

If appointed, I agree to participate in web-based training sessions and to serve as an ANCC accreditation appraiser.

The information provided above is accurate to the best of my knowledge. I understand that any knowing submission of incorrect information will result in my immediate termination as an ANCC accreditation appraiser.

Applicant signature

An "X" in the box below serves as the electronic signature of the applicant completing this application.

Electronic signature (required)

Completed by (name and credentials)

Date

An application portfolio includes the following:

- Letter of support from a representative of an ANCC-accredited organization or an ANCC Accreditation Program appraiser.
- Completed application form
- Curriculum vitae

All items must be submitted electronically to sheryl.cosme@ana.org.