

ANCC Content Expert Application

Instructions

Use this application to apply for the ANCC Content Expert Registry for Certifications. Please see our website for the Certification Through Portfolio Content Expert Application Form. Please indicate the positions for which you are interested, such as serving as a Content Expert Panelist, Item Writer, and/or Standard-Setting Panelist. For detailed information, visit the [Content Expert Registry webpage](#).

- Please complete all sections of this application. Submit it along with the following documents:
 - Resume
 - Letter describing professional responsibilities and ability to participate (on letterhead, signed by your supervisor)
 - If self-employed, include a letter describing professional responsibilities and a statement of commitment and ability to participate
- Please type all answers and save using your last name in the file name (for example, "SmithApplication.PDF").
- All documents must be submitted to **ANCCVolunteer@ana.org** in Word or PDF. If you have any questions or problems submitting your documentation, please email **ANCCVolunteer@ana.org** or call 1.800.284.2378.

For more information about becoming an ANCC Content Expert, please visit our website:
www.nursecredentialing.org/Certification/ContentExpert

ANCC Content Expert Application

1. GENERAL INFORMATION

I am applying to serve on the ANCC Content Expert Registry. I am interested in: (check all that apply)

Content Expert Panel Member Item Writer Standard Setting Panel Member

Which certification program are you applying to serve in?

Nurse Practitioners

- Adult-Gerontology Acute Care NP
- Adult-Gerontology Primary Care NP
- Family NP
- Psychiatric-Mental Health NP
- Pediatric Primary Care NP

Clinical Nurse Specialists

- Adult-Gerontology CNS

Specialties

- Ambulatory Care Nursing
- Cardiac-Vascular Nursing
- Gerontological Nursing
- Informatics Nursing

- Medical-Surgical Nursing
- Nurse Executive
- Nurse Executive, Advanced
- Nursing Case Management
- Nursing Professional Development
- Pain Management Nursing
- Pediatric Nursing
- Psychiatric-Mental Health Nursing

Use your legal name on the application.

Ms. Miss Mrs. Mr. Dr. Other: _____

Last Name First Name MI

Credentials [Academic Degree, Licensure/Stated Designation, Board Certification (e.g., BSN, RN-BC)]

Current RN License # State Issued Expiration Date Years as an RN

Home Address

City State Zip/Postal

Preferred Phone Cell Home Work Alternate Phone Cell Home Work

Preferred Email Alternate Email

Please provide information for someone we could contact in case of emergency:

Name Relationship

Phone Email

2. CERTIFICATION(S)

Name of ANCC Certification _____ Certification Number _____ Expiration Date _____

Years of experience in this certification specialty area: _____

Name of ANCC Certification _____ Certification Number _____ Expiration Date _____

Years of experience in this certification specialty area: _____

Other Certifications (name of certification held and certifying body that granted it) _____

Years of experience in this certification specialty area: _____

3. PRIMARY EMPLOYMENT INFORMATION

Employer Name _____

Position Title _____ Department _____ Dates of Employment _____

Employer Address _____

City _____ State _____ Zip/Postal _____

Work Phone _____ Ext. _____

Work Email _____

4. FACULTY (academics only)

Are you a faculty member? (includes full-time and part-time faculty) Yes No

If yes, please mark all education levels you teach: ADN BSN MSN DNP PhD Other: _____

Are you *primarily* employed as faculty? Yes No

If yes, please provide detailed description of faculty duties: _____

Do you spend at least 50% of your professional time teaching in the role, population, and specialty of the certification in which you are seeking appointment? Yes No

Are you also currently in clinical practice? Yes No

If yes, what percentage of your professional time do you spend in clinical practice? _____

5. STAFF DEVELOPMENT/CLINICAL EDUCATOR (includes adjunct faculty)

Are you *primarily* employed in staff development or as a clinical educator? Yes No

Do you spend at least 50% of your professional time teaching in the role, population, and specialty of the certification in which you are seeking appointment? Yes No

Are you also currently in clinical practice? Yes No

If yes, what percentage of your professional time do you spend in clinical practice? _____

6. CLINICAL PRACTICE

Are you currently in practice as relates to your certification? Yes No

If yes, please describe your practice:

Are you *primarily* employed in practice? Yes No

Do you spend at least 50% of your professional time engaged in clinical practice in the role, population, and specialty of the certification area to which you are seeking appointment? Yes No

Do you precept? Yes No

If yes, please describe (e.g., students, new staff, etc.)

7. ESSAY QUESTION

Please explain your qualifications in the certification specialty to which you are applying to volunteer. Give specific examples regarding experience and education (continuing education or academic) as they relate to your daily practice.

8. PRIMARY EMPLOYMENT PRACTICE SETTING

Geographical setting of the facility at which you practice:

- Rural (population <2,500) Metropolitan (population 250,000–999,999)
 Town (population 2,500–49,999) Greater Metropolitan (population >999,999)
 City (population 50,000–249,999)

What is your current employment setting? Select all that apply:

Number of Beds

- Not applicable
 1–100
 101–250
 251–500
 More than 500

Age of Patients (check all that apply)

- 0–1
 2–12
 13–21
 22–65
 66–79
 80 and above

Type of Primary Position

- Administration/DON/CNO/VP
 Clinical/Staff/Direct Care Nurse
 Clinical Nurse Specialist
 Educator
 Nursing Associate/Assistant Admin
 Nurse Manager
 Nurse Practitioner
 Researcher
 Other, please specify: _____

Type of Facility

- Ambulatory Care
 Community/Public Health
 Group Practice Nurse/Physician
 HMO/Managed Care
 Hospice
 Hospital
 Independent Practice/Self-Employed
 Long-Term Care
 Mental Health Center
 Military/Federal/VA
 Nursing Home
 Office Nursing
 Per Diem/Agency Travel
 Retail Clinic
 School Health
 School of Nursing/University/College
 Urgent/Emergency Care Center
 Other, please specify: _____

Patient Populations/Conditions Represented in Your Practice:

- Cardiac
 Critical Care
 Endocrine/Diabetes
 Frail Elderly
 Gerontology
 Labor & Delivery
 Medical Surgical
 Neurology
 Orthopedics
 Pain Management
 Pediatrics
 Perinatal
 Postpartum
 Psychiatric/Mental Health
 Pulmonary
 Rehabilitation
 Renal/Urology
 Trauma/Emergency
 Other, please specify: _____

9. EDUCATIONAL PREPARATION

List your educational preparation. Include graduate work and basic nursing education. List highest level first. Do not state “See CV.”

Educational Institution	Area of Major Concentration	Degree	Year Awarded

10. PROFESSIONAL EXPERIENCE

List your three most recent positions held. Do not state "See CV."

Organization/ Employer	Position/Title	Brief Description of Duties	Dates of Employment

11. PROFESSIONAL SERVICE

List the most recent/significant activities from the past five years as they relate to your practice. For example: certifications; publications and dates; volunteer activities and offices held; presentations and to whom they were given; or honors (if applicable):

Have you been involved in any test development activities (e.g., item writer, item reviewer, or standard setting/cut score participant)? Yes No

If yes, please explain (provide organization names and dates served):

Do you have experience with primary source research? Yes No

If yes, please describe:

12. OPTIONAL DEMOGRAPHICS

Providing information in this section is strictly voluntary.

Sex: Male Female

Race/ American Indian/Alaska Native Asian/Pacific Islander Hispanic/Latino

Ethnicity: Black/African American White Other: _____

13. PROFESSIONAL ORGANIZATIONS

Please check the professional organizations in which you are a current member (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> AAACN American Academy of Ambulatory Care Nursing | <input type="checkbox"/> GAPNA Gerontological Advanced Practice Nurses Association |
| <input type="checkbox"/> AANP American Association of Nurse Practitioners | <input type="checkbox"/> ISPN International Society of Psychiatric-Mental Health Nurses |
| <input type="checkbox"/> ANA American Nurses Association | <input type="checkbox"/> NACNS National Association of Clinical Nurse Specialists |
| <input type="checkbox"/> APNA American Psychiatric Nurses Association | <input type="checkbox"/> NGNA National Gerontological Nursing Association |
| <input type="checkbox"/> APHA American Public Health Association (Public Health Nursing Section) | <input type="checkbox"/> PCNA Preventive Cardiovascular Nurses Association |
| <input type="checkbox"/> ASPMN American Society for Pain Management Nursing | <input type="checkbox"/> SVN Society for Vascular Nursing |
| <input type="checkbox"/> ANPD Association for Nursing Professional Development | <input type="checkbox"/> Other: _____ |

14. STATEMENT OF UNDERSTANDING FOR CONTENT EXPERT PANEL APPLICANTS

By typing my signature below I attest that the information I have provided is true and accurate to the best of my understanding.

If selected and appointed, I agree to serve:

Signature*

Date

*Your typed name is sufficient as a signature. Remember to include with the application your resume and a letter describing your professional responsibilities.