



2012 Certification Renewal Forms

Use the forms in this handbook if you are mailing your application.
See the Certification Renewal Requirements for detailed
information on renewal eligibility criteria.

For more information: www.nursecredentialing.org

Payment Price includes \$140 nonrefundable administrative fee.

General Information

Last Name First Name MI

Home Address

City State Zip/Postal Country

Home Phone Personal E-mail

Employer Name

Social Security Number or Certification Number (if known)

Personal Check/Money Order (payable to ANCC) Amount Enclosed: _____

Charge Card (MasterCard or VISA only) Amount to Be Charged: _____

Check here if this is an ATM/Debit card. See authorization below.* Promotional Code (if applicable): _____

Account Number Exp. Date

Print Name on Card Signature

* *ATM/Debit card users only:* I understand and agree that by using an ATM/Debit card, I am authorizing ANCC to debit my account for the amount specified above. Further, I understand and agree that if the ATM/Debit transaction fails or is declined, I am authorizing ANCC to complete the transaction as a credit card charge, if possible.

Mailing Instructions

Print legibly using either black or blue ink, or type. **Keep a photocopy of your application for your records.** Remember to include a copy of your membership card if you are claiming a discount. Submit this application, a copy of your RN license, and payment. If your state does not issue a paper license, you should include a printout from your state board of nursing's online verification system. Mail to:

**American Nurses Credentialing Center
P.O. Box 8785
Silver Spring, MD 20907-8785**

Renewal Type

- Option A:** Professional Development plus Practice Hours if you have a current certification and the required practice hours
- Option B:** Professional Development plus Testing if you have a current certification and you do not have the practice hours in your certification specialty
- Option C:** Professional Development plus Practice Hours if your certification has been expired for less than 2 years
- Option D:** Professional Development plus Testing if your certification has been expired for more than 2 years or you do not have practice hours in your certification specialty
- Check here if you have a disability as defined by the Americans with Disabilities Act (ADA) and require a special accommodation. Please call 1.800.284.2378 for instructions or visit www.nursecredentialing.org/ADA.aspx.

Licensure Information

All candidates must complete this section in its entirety.

Required attachment: Attach a copy of license. If your state does not issue a paper license, you should include a printout from your state board of nursing's online verification system.

- Check this box if your RN license is not from a state or territory of the United States.

Current RN License Number

State/Country

Expiration Date (month/date/year)

Statement of Understanding

I hereby apply to renew my certification by the American Nurses Credentialing Center (ANCC). I have read the eligibility criteria for certification renewal. I understand that I am subject to all program requirements for certification renewal as described in this application and in the General Testing and Renewal Handbook and that certification renewal depends on successfully completing specified program requirements. If my certification is renewed, my name will be included in the official listing of certified nurses. If my certification is not renewed, I understand that my name will be removed from the official listing of certified nurses and that notification may be given by ANCC to state licensing authorities or other third parties.

By signing below, I authorize ANCC staff and the Commission on Certification to make whatever inquiries and investigations that they, in their sole discretion, deem necessary to verify my credentials, education preparation, practice, and professional standing, and any other information included in, submitted with, or necessary for review of this application.

I expressly acknowledge and agree that information accumulated by ANCC through the certification renewal process may be used for statistical, research, and evaluation purposes and that ANCC may enter into agreements to release anonymous and aggregate data to schools or external researchers. Otherwise, subject to the mailing list authorization, all information will be kept confidential and shall not be used for any other purposes without my permission.

I hereby certify that the information provided on and with this application is true, complete, and correct. I further attest, by my signature, that I will maintain an active registered nurse license throughout the entire certification renewal period, including all subsequent renewal periods. I understand that any misstatement of material fact submitted on, with, or in furtherance of this application for certification shall be sufficient cause for ANCC to: bar me from taking this and future ANCC certification examinations; invalidate the results of my examination; withhold this or other ANCC certifications; revoke this or other ANCC certifications; and take other action against me, including but not limited to notifying licensing authorities, law enforcement agencies, and employers.

I further understand that, if my certification record is audited, I will be required to submit documentation to support the information in my application. I further understand that, if I fail to timely submit supporting documentation, ANCC can: bar me from taking ANCC certification examinations; withhold certification renewal or other certification; revoke this or other ANCC certifications; and take other action against me, including but not limited to notifying licensing authorities, law enforcement agencies, and employers.

(Applications received without a signature incur a delay in processing, which will cause a delay in the review of your renewal application.)

Required Signature

Print Name

Date

Mailing List Refusal

ANCC may release mailing lists from its certification database to organizations or individuals who have information to distribute that would be beneficial to nurses or to nursing and credentialing research. If you do not wish your name and mailing address to be released for marketing purposes, please mark the decline option below.

- I do not wish my name and mailing address to be released for any marketing purposes.

Professional Development Record

INSTRUCTIONS Before completing your Professional Development Record, read the entire application. ANCC has six unique professional development categories. Until January 1, 2014, you must fulfill two of the six categories in any combination, except doubling Category 6 or where prohibited by Unique Requirements in the Certification Renewal Requirements. For example, you could fulfill Category 1 twice, or Categories 2 and 3, or Categories 1 and 6, or Category 4 twice, or any other combination. After January 1, 2014, you must complete Category 1 plus one other category, or you may double Category 1. See Certification Renewal Requirements for detailed instructions and specific information that may be requested for audit.

Candidate's Name (Last, First, MI)

Social Security Number

Equivalencies:

1 contact hour = 60 minutes	1 contact hour = 0.1 CEU
1 CEU = 10 contact hours	1 academic semester credit = 15 contact hours
1 academic quarter credit = 12.5 contact hours	1 CME = 60 minutes or 1 contact hour

Category 1 Continuing Education Hours > Complete 75 contact hours of continuing education credits, or 150 continuing education hours if you are doubling this category. **Do not attach certificates of completion with this application—keep them in your files in case you are audited.** List in-services, academic credits, CME credits, independent study that has been approved for continuing education, and other continuing education related to the nursing specialty. At least 50% of the continuing education hours (37.5 hours) must be from an educational program in which the continuing education hours are provided by an ANCC-approved or -accredited organization. At least 51% of your continuing education hours (38.25 hours) must be related to your certification specialty. **Beginning January 1, 2014**, all advanced practice certificants (CNS and NP) are required to complete 25 continuing education hours of pharmacotherapeutics as a portion of the required 75 continuing education hours.

If any course title does not clearly reflect the course's relevance to your practice, include a brief description of how the course relates to your ANCC certification.

Title and brief description of content if title is generic	Date MM/DD/YY	Name of Sponsor, Provider, or Institution	ANCC Approved Yes or No <i>meets 50% criteria</i>	Within Your Specialty Focus Yes or No <i>meets 51% criteria</i>	Contact Hours Awarded	Pharm Hours Awarded
1						
2						
3						
4						
5						
6						
7						
8						
Subtotal:						

Continued on next page

Title and brief description of content if title is generic	Date MM/DD/YY	Name of Sponsor, Provider, or Institution	ANCC Approved Yes or No <i>meets 50% criteria</i>	Within Your Specialty Focus Yes or No <i>meets 51% criteria</i>	Contact Hours Awarded	Pharm Hours Awarded
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						

Subtotal:		
Grand Total:		

Demographic and Employment Information

1. Location of facility:
 Urban
 Rural
 Suburban
 Outside the U.S.
2. Average number of patient encounters/visits per year at your primary place of employment:
 ≤1,000
 1,001–5,000
 5,001–10,000
 10,001–20,000
 20,001–40,000
 40,001–60,000
 60,001–80,000
 80,001–100,000
 >100,000
3. Will you receive a monetary reward/compensation from your employer for certification?
 Yes No
 If yes:
 \$ _____ per hour
 \$ _____ per year
 \$ _____ one time
4. Number of individuals you supervise:

5. Years of experience as an RN (round to nearest whole year): _____
6. Total years of experience in this certification field (round to nearest whole year): _____
7. Primary place of employment (check one):
 Ambulatory care
 Physician-managed group practice
 Home health
 Hospice
 Hospital
 Managed care
 Nurse-managed group practice
 Nursing home
 Long-term care
 Occupational health/environmental health
 Office nursing
 Public health/community health
 School health
 School of nursing/university/college
 Federal/military
 Other: _____
8. Patient population/conditions representative of your practice (check all that apply):
 Medical-Surgical
 Cardiac
 Endocrine/Diabetes
 Pulmonary
 Neurology
 Renal/Urology
 Orthopedics
 Rehabilitation
 Gerontology
 Long-Term Care
 Perinatal
 Postpartum
 Labor & Delivery
 Pediatrics
 ER
 Trauma
 Critical Care
 Psychiatric
 Other: _____
9. Age range of your primary patient population:
 0–1
 2–21
 22–65
 66+
10. Average number of hours worked per week:
 8 or fewer
 9–16
 17–24
 25–32
 33–40
 >40
11. Size of facility (total number of beds):
 N/A
 1–100
 101–250
 251–500
 >500
12. Is certification part of your employer's job performance/clinical ladder rating criteria?
 Yes No
13. How did you obtain this application?
 From ANCC Web site
 Mailed from ANCC
 From my school
 From my workplace
 At a trade show
 Other: _____

14. Please check the professional organizations of which you are a 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"/> AACVPR American Association of Cardiovascular and Pulmonary Rehabilitation | <input type="checkbox"/> ISPN International Society of Psychiatric-Mental Health Nurses |
| <input type="checkbox"/> ACNP American College of Nurse Practitioners | <input type="checkbox"/> NACNS National Association of Clinical Nurse Specialists |
| <input type="checkbox"/> ANA American 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"/> NNSDO National Nursing Staff Development Organization |
| <input type="checkbox"/> APNA American Psychiatric Nurses Association | <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"/> Other: _____ |

Other Demographic Information

Note: Providing the following information is strictly voluntary. It will be used for statistical purposes only.

Sex: M F

Date of Birth: _____
 month/date/year

Race/Ethnic Group

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hispanic | |

Certification Renewal Category 5: Preceptorship Documentation

Please do NOT submit this page with your renewal application. Keep this form with your records in case of audit.

INSTRUCTIONS

Category 5 Preceptorship: Complete a minimum of 120 hours of direct clinical supervision of nursing students in your certification specialty. CNSs and NPs must precept advanced practice nurses (CNS or NP) to fulfill this category. Keep this form with your records. You will need to submit it if you are selected for audit.

Section 1 Candidate Information: (Completed by the candidate)

Social Security Number	Last Name	First Name	MI
------------------------	-----------	------------	----

Certification Specialty _____

Section 2: (Completed by faculty coordinating the preceptorship)

1. The individual named above has completed _____ hours of preceptorship for

Name of the educational institution and program (e.g., University of xxx, School of Nursing)

2. The dates for the preceptorship were _____ to _____

3. This preceptorship was conducted with students in a

- | | |
|---|--|
| <input type="checkbox"/> Clinical Nurse Specialist program | <input type="checkbox"/> Undergraduate nursing program |
| <input type="checkbox"/> Nurse Practitioner program | <input type="checkbox"/> Baccalaureate nursing program |
| <input type="checkbox"/> Other graduate nursing program (specify) _____ | |

4. The specialty area or focus of this preceptorship was _____

5. The preceptorship was held in _____
Name of the hospital/institution/facility

Faculty coordinator name, credentials, and title (please print)

Educational institution

Program name

Institution address

Telephone number

Faculty signature

Date

I hereby attest that the information provided on this form is true, accurate, and complete. I understand that providing false, inaccurate, or incomplete information may result in denial of certification or other adverse action.

Note: Please return this form to the candidate.

Application Fees 2012

Certification Renewal Application Fees 2012

Prices below include \$140 nonrefundable administrative fee.

ANA Member	All Certifications	\$200	Required attachment: A copy of your American Nurses Association membership card. (Full and Direct ANA members only. Individual Affiliate members excluded from this offer.)
Collaborating Organizations	Varies—See Chart Below		Required attachment: A copy of your membership card.
Nonmember	All Certifications	\$350	
Reactivation Fee	All Certifications	\$125	Add this fee if your certification has expired.

Discount rates for members of specific collaborating organizations To claim this discounted rate, you must have membership in an organization listed next to your certification. **Required attachment:** A copy of your membership card.

Certification Name	Organization	Discount Rate for 2012
Acute Care NP	American College of Nurse Practitioners	\$280
Adult Health CNS	National Association of Clinical Nurse Specialists	\$280
Adult NP	American College of Nurse Practitioners	\$280
Adult Psych & Mental Health CNS	American Psychiatric Nurses Association	\$240
	International Society of Psychiatric-Mental Health Nurses	\$280
	National Association of Clinical Nurse Specialists	\$280
Adult Psych & Mental Health NP	American College of Nurse Practitioners	\$280
	American Psychiatric Nurses Association	\$240
	International Society of Psychiatric-Mental Health Nurses	\$280
Ambulatory Care Nursing	American Academy of Ambulatory Care Nursing	\$280
Cardiac-Vascular Nursing	American Association of Cardiovascular and Pulmonary Rehabilitation	\$280
	Preventive Cardiovascular Nurses Association	\$280
	Society for Vascular Nursing	\$280
Child/Adol Psych & Mental Health CNS	American Psychiatric Nurses Association	\$240
	International Society of Psychiatric-Mental Health Nurses	\$280
	National Association of Clinical Nurse Specialists	\$280

Continued on the next page

Application Fees 2012 (cont.)

Family NP	American College of Nurse Practitioners	\$280
Family Psych & Mental Health NP	American College of Nurse Practitioners	\$280
	American Psychiatric Nurses Association	\$240
	International Society of Psychiatric-Mental Health Nurses	\$280
Gerontological NP	American College of Nurse Practitioners	\$280
	Gerontological Advanced Practice Nurses Association	\$280
	National Gerontological Nursing Association	\$280
Gerontological Nursing	National Gerontological Nursing Association	\$280
Gerontology CNS	National Association of Clinical Nurse Specialists	\$280
	National Gerontological Nursing Association	\$280
Informatics Nursing	None available	
Medical-Surgical Nursing	None available	
Nurse Executive	None available	
Nurse Executive, Advanced	None available	
Nursing Case Management	None available	
Nursing Professional Development	National Nursing Staff Development Organization	\$280
Pain Management Nursing	American Society for Pain Management Nursing	\$280
Pediatric NP	American College of Nurse Practitioners	\$280
Pediatric Nursing	None available	
Pediatrics CNS	National Association of Clinical Nurse Specialists	\$280
Psychiatric–Mental Health Nursing	American Psychiatric Nurses Association	\$240
	International Society of Psychiatric-Mental Health Nurses	\$280
Public Health Nursing, Advanced	American Public Health Association–Public Health Nursing Section	\$280
	National Association of Clinical Nurse Specialists	\$280

Application Fees 2012 (cont.)

These certification exams are retired but can be renewed if professional development and practice hour requirements have been met. Testing is not an option for these certification renewals. Collaborator organization discounts are listed below:

Certification Name	Organization	Discount Rate for 2012
Cardiac Rehabilitation Nursing	None available	
Certified Vascular Nursing	None available	
CNS Core	National Association of Clinical Nurse Specialists	\$280
College Health Nursing	American College Health Association	\$280
General Nursing Practice	None available	
High-Risk Perinatal Nursing	None available	
Home Health Nursing	None available	
Home Health Nursing CNS	National Association of Clinical Nurse Specialists	\$280
Maternal-Child Nursing	None available	
Perinatal Nursing	None available	
Public/Community Health Nursing	American Public Health Association–Public Health Nursing Section	\$280
School NP	American College of Nurse Practitioners	\$280
School Nursing	None available	

Continuing Education Resources

Review Seminars

Review Seminars for certification exams are available for 15 different nursing specialties at various hospitals and schools of nursing across the country. Participants receive contact hours. Seminar schedule and registration at www.nursecredentialing.org.

Study Groups

Using the content from the seminars, the faculty lecture on the material during several telephone conference calls scheduled during a specific time period. Look for the "Study Group" courses in the seminar schedule. Participants receive contact hours. Study Group schedule and registration at www.nursecredentialing.org.

Online Narrated Review Courses

Our Online Narrated Review Courses contain the same content as our popular Review Seminars, with the voice-over of an instructor talking the student through the material. After you register for the course, you will have 3 months in which to complete the materials. Participants receive contact hours. For more information and to register: www.nursecredentialing.org.

Review and Resource Manuals

Written by nursing experts in each specialty, these manuals enhance your critical-thinking skills and identify strengths and weaknesses. Contact hours available online for an additional fee. Order manuals at www.nursecredentialing.org.

Certified Nurse E-Store

Once you have passed your exam, celebrate your accomplishment with pins, plaques, and other recognition items. www.nursecredentialing.org

The American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA), provides individuals and organizations throughout the nursing profession with the resources they need to achieve practice excellence. ANCC's internationally renowned credentialing programs certify nurses in specialty practice areas; recognize healthcare organizations for promoting safe, healthy work environments through the Magnet Recognition Program[®] and the Pathway to Excellence Program[™]; and accredit providers of continuing nursing education. In addition, ANCC provides leading-edge information and education services and products to support its core credentialing programs. All programs of ANCC are administered without discrimination on the basis of age, color, creed, disability, gender, health status, lifestyle, nationality, race, religion, or sexual orientation. ANA is accredited as a provider of continuing nursing education by ANCC's Commission on Accreditation. ANA is approved as a provider by the California Board of Registered Nursing, Provider number 6178.



1.800.284.2378

www.nursecredentialing.org