

# Disaster Exercise/Activation Form

## Instructions:

Complete the **Disaster Exercise/Activation Documentation Form** if you participated in a disaster that required activation of an emergency operations plan or if you completed a disaster exercise (full-scale, functional, or table top). Keep a copy of this form with your records. You will need to submit it if you are selected for audit. Return this form by mail or email to:

### Mail

American Nurses Credentialing Center  
Attn: Certification Registration  
P.O. Box 8785  
Silver Spring, MD 20907-8785

### E-Mail

certification@ana.org

**Please do not submit this form with your certification application. Keep a copy of this form with your records in case of audit.**

\_\_\_\_\_  
Customer ID/Certification Number (optional)

\_\_\_\_\_  
Applicant Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

## DISASTER, REQUIRING ACTIVATION OF AN EMERGENCY OPERATIONS PLAN

The individual named above has participated in a disaster that required activation of an Emergency Operations Plan:  Yes  No Date: \_\_\_\_\_

Brief description of the disaster:

• OR •

## EXHIBIT OF DISASTER EXERCISE (Full-Scale, Functional, or Table Top)

The individual named above has participated in a disaster exercise, either full-scale, functional, or table top:  Yes  No Date: \_\_\_\_\_

Brief description of the disaster exercise:

## STATEMENT OF UNDERSTANDING

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.

\_\_\_\_\_  
Signature of representative from the observing/provider/supervising organization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title