

Gerontological Nurse Practitioner (Alternative Eligibility)



**This application may be used for testing
on or after March 1, 2010.**

ANCC proudly offers certification for

Gerontological Nurse Practitioner (Alternative Eligibility)

An Acute Care Nurse Practitioner, Adult Nurse Practitioner, or Family Nurse Practitioner holding an active certification and who is either licensed or authorized to practice as a nurse practitioner by a state or territory is a candidate for the Gerontological Nurse Practitioner Alternate Eligibility Recognition Examination. Acute Care, Adult, and Family nurse practitioner educational programs contain gerontology content and many of these nurse practitioners are delivering care to a majority of gerontological patients.

Evidence of more in-depth theoretical and empirical knowledge of aging that satisfies the national competencies for gerontological nurse practitioners is desired. This level of specialized knowledge is beyond what would be obtained in an acute care, adult, or family nurse practitioner program. This is considered a secondary certification and is not intended for initial licensure as an advanced practice gerontological nurse. It may not be recognized by a state board of nursing because initial education was not as a Gerontological Nurse Practitioner.

eligibility criteria

- > Hold a current, active advanced practice nursing license in a state or territory of the United States as an Acute Care, Adult, or Family Nurse Practitioner.
- > Hold a current national certification as an Acute Care NP, Adult NP, or Family NP. (ANCC or other national certification)
- > Complete a minimum of 2000 clinical hours of practice with the older/geriatric population after licensure to practice as a nurse practitioner and within the three years before submitting an application.
- > Complete a minimum of 75 education hours of gerontological focused content (continuing education and/or academic) in the last five years and after graduation from your nurse practitioner program, which cover *specific content areas* of the Gerontological NP test content outline domain areas below. (See the following pages for more specific information). The gerontological focused content areas and associated education hours are:
 - > Foundations of Advanced Nursing Practice 25 education hours
 - > Clinical Assessment 23 education hours
 - > Clinical Management 27 education hours

**All requirements must be completed prior to application for the examination.
An incomplete application affects a candidate's ability to test.**

For more information: www.nursecredentialing.org

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Overview of Test Content Outline Domains and Sub-Domains

This application and TCO is valid effective March 1, 2010. If you are testing before March 1, 2010, then visit www.nursecredentialing.org to download the correct application.

For full test content outline, go to www.nursecredentialing.org

All areas of the test content outline are associated with the major life span and problem areas as indicated Note 1.

I. Foundations of Advanced Nursing Practice

- A. Communication
 - 1. Knowledge of:
 - a. Communication principles and techniques
 - b. Barriers to communication
 - 2. Skill in:
 - a. Establishing rapport
 - b. Active listening
 - c. Recognizing and communicating urgent situations
 - d. Discussing difficult issues
- B. Health Promotion/Prevention
 - 1. Knowledge of:
 - a. Nutrition
 - b. Risk factors/stratification (including life style, safety, functional status)
 - c. Health promotion/prevention guidelines and resources
 - 2. Skill in:
 - a. Conducting health screenings and risk analyses
 - b. Providing anticipatory guidance
 - c. Individualizing health promotion care plan
- C. Influences on care
 - 1. Knowledge of:
 - a. The impact of age related changes
 - b. Life transitions and adjustments
 - c. Socioeconomic factors
 - d. Cultural and spiritual considerations
 - e. Psychosocial factors
 - f. Settings of Care
- D. Advocacy, Legal and Ethical issues
 - 1. Knowledge of:
 - a. Medical decision making
 - b. Ethical principles
 - c. Patient rights
 - d. Malpractice

- 2. Skill in advocating for the rights and needs of older patients and their caregivers
- E. Teaching/Guidance
 - 1. Knowledge of:
 - a. Teaching/learning principles and strategies
 - b. Behavioral change principles
 - c. Learning barriers
 - 2. Skill in:
 - a. Assessing need for information
 - b. Adapting educational materials/strategies to the older adult and/or caregiver
 - c. Evaluating comprehension and learning
- F. Scope and Standards of Practice of the Gerontological Nurse Practitioner
 - 1. Knowledge of scope of practice; standards of practice
 - 2. Skill in identifying situations within/outside of scope of practice
- G. Health care/public policy
 - 1. Knowledge of:
 - a. Regulatory guidelines
 - b. Reimbursement systems and regulations
 - c. Federal policies related to access and delivery of care for older adults
 - d. Access to care issues

II. Clinical Assessment

- A. Anatomy, physiology and pathophysiology
 - 1. Knowledge of:
 - a. Anatomy and physiology
 - b. Pathophysiology
- B. Health assessment across the aging continuum
 - 1. Knowledge of:
 - a. Geriatric syndromes
 - b. Sources of medical history information

- 2. Skill in:
 - a. Obtaining a comprehensive, focused, and/or interim health history
 - b. Performing a comprehensive and/or focused physical examination
 - c. Obtaining/Performing an appropriate functional history and examination
- C. Advanced diagnostic reasoning
 - 1. Knowledge of:
 - a. Clinical tests and procedures
 - 2. Skill in:
 - a. Using history and physical exam findings to order and determine appropriateness of testing across the aging continuum
 - b. Analyzing data and interpreting results (including co-morbidities)
 - c. Developing a differential diagnosis list

III. Clinical Management

- A. Evidence Based Practice (including research utilization)
 - 1. Knowledge of clinical practice guidelines and best practices
 - 2. Skill in:
 - a. Accessing research
 - b. Evaluating the quality of research
 - c. Translating evidence to modify practice
 - d. Evaluating one's own practice based on best available evidence
- B. Epidemiology/disease control
 - 1. Knowledge of:
 - a. Infectious disease control
 - b. Bioterrorism and disaster response management
 - c. Population based disease prevention

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- 2. Skill in:
 - a. Preventing the transmission of infectious disease
 - b. Providing accurate information about community risk
 - c. Documenting and reporting infectious disease
- C. Clinical decision-making
 - 1. Knowledge of:
 - a. Pharmacotherapeutics
 - b. Clinical therapeutics
 - c. Interdisciplinary team care
 - d. Transitions of care

- 2. Skill in:
 - a. Prioritizing current and potential problems
 - b. Formulating a plan of care for the older adult
 - c. Modifying health care risks
 - d. Clarifying the goals of care based on outcome expectation
 - e. Coordinating care for the older adult
 - f. Providing palliative and end-of-life care
 - g. Synthesizing and recording relevant patient information for the management plan

Note 1: Continuum of Aging

- A. Robust
- B. Demented
- C. Frail
- D. End-of-Life

2008-2010 Application Fees Prices below include \$140 non-refundable administrative fee

ANA Member	\$270	Required attachment: A copy of your American Nurses Association membership card (Full and Direct ANA members only. Individual Affiliate members excluded from this offer.)
Discount	\$340	A copy of your American College of Nurse Practitioners, National Gerontological Nursing Association, or Gerontological Advanced Practice Nurses Association membership card
Non-Member	\$390	

Additional Special Fees:

International Testing \$125 See www.nursecredentialing.org for details.

Preparing for the Exam

This exam is a computer-based test. This means you can apply all year and test during a 90-day window at a time and location convenient to you. Applications for this certification will be accepted at any time.

Detailed information about the application and testing process, withdrawing an application, ineligible to test, and other frequently asked questions is in the General Testing and Renewal Handbook available at www.nursecredentialing.org. From this website, you can type into, save, and print your application. Please sign, attach required documents, and mail the complete application. ANCC will review it to determine whether your application meets eligibility criteria.

Information to prepare for the exam, such as review courses, detailed test content outline, references, and sample questions, is available at www.nursecredentialing.org or call our Customer Care Center at 1.800.284.2378.

If you require a verification of exam eligibility and/or certification, visit www.nursecredentialing.org or call 1.800.284.2378.

Mailing Instructions

Print legibly using either black or blue ink. **Keep a photocopy of your application for your records.** Submit an application, copy of your nurse practitioner license, copy of your certification, and payment. Remember to attach all required supporting documents and mail to:

**American Nurses Credentialing Center
P.O. Box 791333
Baltimore, MD 21279-1333**

Gerontological Nurse Practitioner (Alternative Eligibility)

Description and Accepted Sources for the Mandatory Education Hours

The mandatory 75 education hours for the GNP alternative eligibility must meet the following criteria:

- > completed after graduation from your nurse practitioner program;
- > completed within the five years before submitting your application; and,
- > Fulfill these minimum required education hours for each domain on the gerontological nurse practitioner test content outline, using any combination of associated sub-domain areas from the chart below:
 - > 25 hours in Domain I: Foundations in Advanced Nursing Practice
 - > 23 hours in Domain II: Foundations in Clinical Assessment
 - > 27 hours in Domain III: Clinical Management

GNP Domain and Required Sub-domains	Hours
I. Foundations of Advanced Nursing Practice	25 hours
a. Physiology of aging & functional status of the older patient	
b. Mental health issues in the older patient	
c. Health promotion in the older adult	
d. Psychosocial aspects of aging	
e. Ethics	
f. Caregivers	
g. Health policy & aging	
h. Work place knowledge issues; insurance, state, federal	
i. Gero "Jargon" Definitions and language (e.g. NORC- naturally occurring retirement community)	
II. Clinical Assessment	23 hours
a. Geriatric syndromes/Co-morbidities/frailty	
b. Abnormal presentation of symptoms and diseases in aging	
c. Physiology of aging & functional status of the older patient	
III. Clinical Management	27 hours
a. Pharmacotherapeutics/medications/ polypharmacy and pharmacokinetic/pharmacodynamic changes in older patients	
b. Geriatric syndromes/Co-morbidities/frailty	
c. Gerontological Evidence Based Practice/Gerontological Research Utilization	
d. Advanced care planning for older adult	
e. Palliative and End of Life	
Total	75 hours

Accepted Sources of Education

Education hours provided by the following organizations are accepted:

American Nurses Credentialing Center (ANCC)
 Gerontological Advanced Practice Nurses Association (GAPNA)
 American College of Nurse Practitioners (ACNP)
 Medscape
 American Geriatrics Society (AGS)
 American Academy of Nurse Practitioners (AANP)
 American Medical Directors Association
 Academic credit
 Other organizations may be acceptable.
 Call customer service at 1.800.284.2378 questions.

Formats:

In-person course
 On-line course
 E-learning
 Self-study module

Recommended Resources:

Gerontological Nurse Practitioner Review & Resource Manual (ANCC)
Geriatrics at Your Fingertips (AGS) publication
 Geriatric Review Syllabus, most recent edition (AGS) Publication
The Geriatric Nursing Review Syllabus, most recent edition (AGS) Publication
 Test-Taking Techniques (ANCC)

General Information 1

Use your legal name on the application. This name must match photo identification used for examination entry and will be the name printed on your certificate.

Last Name First Name MI

Maiden or Other Past Legal Name Social Security Number

Home Address

City State Zip/Postal Country

Home Phone Home Fax Personal E-Mail

Employer Name

Employer Address

City State Zip/Postal Country

Work Phone Work Fax Work E-Mail

Type of primary position:

- | | | |
|---|--|--|
| <input type="checkbox"/> Nurse Manager | <input type="checkbox"/> Associate/Assistant Administrator | <input type="checkbox"/> Clinical/Staff Nurse |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Educator | <input type="checkbox"/> Clinical Nurse Specialist |
| <input type="checkbox"/> Administrator/DON/CNO/VP Nursing | <input type="checkbox"/> Researcher | <input type="checkbox"/> Consultant |
| | | <input type="checkbox"/> Other: _____ |

Number of years as an adult, acute care, or family nurse practitioner: _____

Number of years holding either an adult, acute care, or family nurse practitioner certification: _____

I attest that I have completed a minimum of 2000 clinical hours of practice with the older/geriatric population after licensure as a nurse practitioner within the three years preceding this application. I further understand, if my record is audited, I will be required to submit official documentation of these clinical hours.

Payment 2


- | | |
|---|---|
| <input type="checkbox"/> Personal Check/Money Order (payable to ANCC) | Amount Enclosed: _____ |
| <input type="checkbox"/> Charge Card (MasterCard or VISA only) | Amount to be charged: _____ |
| <input type="checkbox"/> 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.

Special Accommodations/Americans with Disabilities Act 3

-  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

Education

Check all that apply:

- Diploma
- Associate Degree in Nursing
- Associate Degree in Other Field
- Baccalaureate in Nursing
- Baccalaureate in Other Field
- Master's in Nursing
- Master's in Other Field
- PhD in Nursing
- PhD in Other Field
- EdD
- DNP
- DNSc
- ND
- Other: _____

Please list all degrees you have been awarded with the most recent degree first (do not include high school). Attach additional page if necessary.

School Name	School Code
Major/Area of Study	Date and Degree Conferred
School Name	School Code
Major/Area of Study	Date and Degree Conferred

School codes:

Available on-line at www.nursecredentialing.org/certapp/schoolcodes.cfm

Licensure Information All candidates must complete this section in its entirety.

- Required attachment:** Attach a copy of license Check this box if your state does not issue a paper license
 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 for certification offered by the American Nurses Credentialing Center (ANCC). I have read the eligibility criteria for certification. I understand that I am subject to all eligibility requirements for certification as described in this application and that eligibility for certification depends on successfully completing specified certification program requirements. If certified, my name will be included in the official listing of certified nurses.

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, 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 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 period, including all 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 this and future ANCC certification examinations; invalidate the results of my examination; 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 application and ability to take a certification examination.)

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.

Sample: Education Documentation

The mandatory 75 education hours for the GNP Alternative Eligibility must address the three major domain areas of the GNP Test Content Outline and:

- > Be completed after graduation from your nurse practitioner program
- > Be completed no more than five years prior to submitting your application
- > Fulfill these minimum required education hours for each domain on the gerontological nurse practitioner test content outline, using any combination of associated sub-domain areas from the chart below:
 - > 25 hours in Domain I: Foundations in Advanced Nursing Practice
 - > 23 hours in Domain II: Foundations in Clinical Assessment
 - > 27 hours in Domain III: Clinical Management

Domains and Associated Sub-Domains	Indicate the number of education hrs completed for each sub-domain.	Date, Title, Sponsor Name and provide brief description of the content and its relevance to gerontology.	Is sponsor on the list of accepted and/or accredited organizations?
Under each domain, you must select one or more of the sub-domain topics. (This application is effective starting March 1, 2010.)			
I. Foundations of Advanced Nursing Practice – 25 education hours required a. Physiology of aging & functional status of the older patient b. Mental health issues in the older patient c. Health promotion in the older adult d. Psychosocial aspects of aging e. Ethics f. Caregivers g. Health policy & aging h. Work place knowledge issues; insurance, state, federal i. Gero "Jargon" Definitions and language (e.g. NORC- naturally occurring retirement community)	a. 10 hours b. 4 hours c. 0 hours d. 0 hours e. 5 hours f. 4 hours g. 2 hours h. 0 hours i. 0 hours	a. 10/12-16/2008, "The Aging Adult-How Physiology Affects Function", University of Excellence, Washington DC – (add brief description of content and its relevance to gerontology) b. 2/10/09, "Depression in the Elderly", ACNP Annual Conference – (add brief description of content and its relevance to gerontology) e. 5/18/2008, "Ethical Issues and Aging", The Ethics Foundation – (add brief description of content and its relevance to gerontology) f. 9/4/2009, "Caring for the Elderly Caregiver", AANP Association Conference – (add brief description of content and its relevance to gerontology) g. 11/2/2009, "What Health Care Reform Means to your Older Clients", ACNP Conference – (add brief description of content and its relevance to gerontology)	a. No b. Yes e. No f. Yes g. Yes
Total Hours in Domain I: Foundations in Advanced Nursing Practice – total at least 25	25 hours		
II. Clinical Assessment – 23 education hours required a. Geriatric syndromes/Co-morbidities/frailty b. Abnormal presentation of symptoms and diseases in aging c. Physiology of aging & functional status of the older patient	a. 8 hours a. 8 hours b. 7 hours c. 0 hours	a. 11/1-4/2008, "Frailty", The Aging Group, Conference – (add brief description of content and its relevance to gerontology) a. 10/2-5/2009, "Geriatric Syndromes and Co-morbidities", The Aging Group – (add brief description of content and its relevance to gerontology) b. 6/10/2007, "Abnormal Presentation of Symptoms and Diseases in Aging", GAPNA Annual Conference – (add brief description of content and its relevance to gerontology)	a. No a. No b. Yes
Total Hours in Domain II: Foundations in Clinical Assessment – must total at least 23	23 hours		
III. Clinical Management – 27 education hours required a. Pharmacotherapeutics/medications/polypharmacy and pharmacokinetic/pharmacodynamic changes in older patients b. Geriatric syndromes/Co-morbidities/frailty c. Gerontological Evidence Based Practice/ Gerontological Research Utilization d. Advanced care planning for older adult e. Palliative and End of Life)	a. 10 hours b. 8 hours c. 6 hours d. 0 hours e. 7.5 hours	a. 4/28/2009 -6/28/2009, "Prescribing in the Older Population", AGS Conference, – (add brief description of content and its relevance to gerontology) b. 11/1-30/2008, "Frailty", The Aging Group – (add brief description of content and its relevance to gerontology) c. 2/8/2007, Implementing Gerontological Evidence Based Practice, University of the States – (add brief description of content and its relevance to gerontology) e. 5/20/2008, The Difficult Conversation: Palliative and End of Life with the Older Client, The Help Group – (add brief description of content and its relevance to gerontology)	a. Yes b. No c. No e. No
Total Hours in Domain III: Clinical Management – must total at least 27	31.5 hours		
Total Education Hours Submitted 75 mandatory hours	79.5 hours		

Gerontological Nurse Practitioner-Alternate Eligibility Education Hours Continued

Candidate's Name (Last, First, MI)

Social Security Number

Domains and Associated Sub-Domains Under each domain, you must select one or more of the sub-domain topics. (This application is effective starting March 1, 2010.)	Indicate the number of education hrs completed for each sub-domain.	Date, Title, Sponsor Name and provide brief description of the content and its relevance to gerontology.	Is sponsor on the list of accepted and/or accredited organizations?
II. Clinical Assessment – 23 education hours required a. Geriatric syndromes/Co-morbidities/frailty b. Abnormal presentation of symptoms and diseases in aging c. Physiology of aging & functional status of the older patient			
Total Hours in Domain II: Foundations in Clinical Assessment – must total at least 23			
III. Clinical Management – 27 education hours required a. Pharmacotherapeutics/medications/polypharmacy and pharmacokinetic/pharmacodynamic changes in older patients b. Geriatric syndromes/Co-morbidities/frailty c. Gerontological Evidence Based Practice/ Gerontological Research Utilization d. Advanced care planning for older adult e. Palliative and End of Life)			
Total Hours in Domain III: Clinical Management – must total at least 27			
Total Education Hours Submitted 75 mandatory hours			

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 the field in which certification is desired (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
 Post-partum
 Labor & Delivery
 Pediatrics
 ER
 Trauma
 Critical Care
 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 website
 Mailed from ANCC
 From my school
 From my workplace
 At a tradeshow
 Other: _____
14. Please check the professional organizations in which you are a member (check all that apply):
- | | |
|---|---|
| <input type="checkbox"/> AACVPR American Association of Cardiovascular and Pulmonary Rehabilitation | <input type="checkbox"/> ANA American Nurses Association |
| <input type="checkbox"/> AADE American Association of Diabetes Educators | <input type="checkbox"/> ASPMN American Society for Pain Management Nursing |
| <input type="checkbox"/> AAACN American Academy of Ambulatory Care Nursing | <input type="checkbox"/> GAPNA Gerontological Advanced Practice Nurses Association |
| <input type="checkbox"/> ACNP American College of Nurse Practitioners | <input type="checkbox"/> ISPN International Society of Psychiatric-Mental Health Nurses |
| <input type="checkbox"/> ADA American Diabetes Association | <input type="checkbox"/> NACNS National Association of Clinical Nurse Specialists |
| <input type="checkbox"/> ADA American Dietetic Association | <input type="checkbox"/> NGNA National Gerontological Nursing Association |
| <input type="checkbox"/> ANI Alliance for Nursing Informatics | <input type="checkbox"/> NNSDO National Nursing Staff Development Organization |
| <input type="checkbox"/> APhA American Pharmacists Association | <input type="checkbox"/> PCNA Preventive Cardiovascular Nurses Association |
| <input type="checkbox"/> APNA American Psychiatric Nurses Association | <input type="checkbox"/> SVN Society for Vascular Nursing |
| <input type="checkbox"/> APHA American Public Health Association (Public Health Nursing Section) | <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 | |

To Do List

Date completed:

Read this entire application, front to back.

Determine whether you are/when you will be eligible to take the exam.

Complete any missing requirements such as practice hours or continuing education hours.

Download the full length Test Content Outline and Reference List for this exam at the ANCC website: **www.nursecredentialing.org** These documents are used to create the exam.

Download and read the General Testing and Renewal Handbook from **www.nursecredentialing.org** for a comprehensive listing of policies and critical certification candidate information.

STUDY PLAN

Approximately six months before you plan to take your exam, develop a study plan. This could include self study, finding a study buddy or group, taking a review course, taking an on-line narrated course, reviewing current textbooks and articles, or other methods. The key is to have a study plan and follow through with it. For ANCC exam preparation resources, refer to the back cover of this brochure.

Review the sample test questions on the ANCC website at **www.nursecredentialing.org**

FILL OUT THE APPLICATION

Two to three months before you plan to take the exam, fill out the application, attaching all required documents.

Required attachments: (please mail everything together in one envelope)

Photocopy of advanced practice nursing license

Photocopy of National Certification as ACNP, ANP, or FNP

Photocopy of state authority to practice as an ACNP, ANP, or FNP
(if national certification is not required by your state)

Photocopy of membership card (if you are claiming a discount)

Payment (if you are paying by check)

Attachments for special circumstances:

Those requesting special accommodations under the Americans with Disabilities Act (ADA) must submit a physician's letter that addresses specific required information. Please go to **www.nursecredentialing.org** or call 1.800.284.2378 for full instructions.

MAIL APPLICATION

Mail your application and attachments to:

American Nurses Credentialing Center

P.O. Box 791333

Baltimore, MD 21279-1333

Within two weeks from the date you mailed your application, you will receive a Receipt of Application Notice in the mail. If you do not, call 1.800.284.2378.

Within eight weeks from the date you mailed your application, you will receive either an Eligibility Notice or a letter requesting additional information. Your Eligibility Notice will give you 90 days during which to schedule and take your exam. Read it carefully and follow directions.

RESULTS

After you have taken your exam, you will receive results instantly at the test site. If you passed, you will receive a certificate and pin within two months. Certifications are good for 5 years.

Request your one free verification of certification at **www.nursecredentialing.org** Additional verifications of certification can also be ordered from this site. ANCC does not automatically send verification to your state board of nursing or employer. Please request the verifications you need.

After you pass the exam, download the Certification Renewal materials from the ANCC website at **www.nursecredentialing.org** and begin planning for your certification renewal.

Exam Preparation Resources

Review Seminars

Review Seminars for certification exams are available for fifteen 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

On-Line Narrated Review Courses

Our On-Line 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 three months in which to complete the materials. Participants receive contact hours. For more information and to register: www.nursecredentialing.org

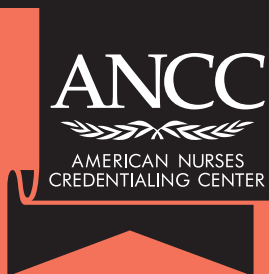
Review and Resource Manuals

Written by nursing experts in each specialty, these manuals help candidates prepare for a variety of certification exams by enhancing your critical thinking skills and identifying strengths and weaknesses. Contact hours available on-line for an additional fee. Order manuals at: www.nursecredentialing.org

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