



# 2011 ANCC Certification Renewal

ANCC is transitioning to updated renewal requirements that will be fully in effect starting January 1, 2014. The expanded renewal categories in this application may be used immediately.

**New requirements will be in effect beginning January 1, 2014. These requirements are:**

- 1. All renewal applicants will be required to fulfill Category 1 (75 contact hours) as half of their professional development requirement. The other half may be fulfilled with any professional development category (1-6).**
- 2. All advanced practice nurses (nurse practitioners and clinical nurse specialists) must include at least 25 contact hours of pharmacology to fulfill their Category 1 requirement.**

Why renew? Certification renewal provides evidence of continual learning and competency in your area of certification. It may also permit you to seek continued licensure, reimbursement, and potential employer recognition. Finally, renewal is required if you wish to continue to use your certification credentials; without renewal, you must cease to use your ANCC credentials after your certification expiration date.

Certification renewal must be completed every 5 years to maintain your ANCC certification. Please turn in your renewal application at least 8 weeks before the expiration date on your certification certificate, to allow time for your application to be individually reviewed before your certification expires.

This application provides the most important information needed to renew your ANCC certification. Detailed information on such topics as backdating, reactivating lapsed certification, and practicing with an expired certification is available on [www.nursecredentialing.org](http://www.nursecredentialing.org) and in the General Testing and Renewal Handbook.

You can also call Customer Service at 1.800.284.2378 with any questions about certification renewal.

For more information: [www.nursecredentialing.org](http://www.nursecredentialing.org)

# ANCC Certification Renewal Options

## Renew Online—It Saves You Time!

If you are paying by credit card, ANCC recommends you go to your certification specialty page at [www.nursecredentialing.org](http://www.nursecredentialing.org) and click on the green button that says “Renew Online Here.” Using the online system with your MasterCard or Visa will save you up to a month of wait time. An advantage of using this method is that you can enter your professional development any time during your 5-year renewal cycle so it is already recorded in your account when it’s time to renew.

1. Go to [www.nursecredentialing.org/certification.aspx](http://www.nursecredentialing.org/certification.aspx).
2. Scroll down to “Choose Your Specialty” and select your certification from the listing. You will be directed to a page with all the information about your specialty area.
3. Review all the information about what professional development activities will be needed for your renewal.
4. Create an account with ANCC to track your professional development using Access My Account. You will be able to apply these courses directly to your renewal application.

## Certification Renewal Options When Your Certification Is Current

### *Option A: Professional Development **plus** Practice Hours.*

- > Hold a current, active RN license in a state or territory of the United States or the professional, legally recognized equivalent in another country;
- > Hold a current ANCC certification;
- > Complete the professional development requirements for your certification specialty (must be completed within the 5 years preceding your renewal application submission);
- > Complete a minimum of 1,000 practice hours in your certification role and population/specialty (must be completed within the 5 years preceding your renewal application submission); and
- > Pay the renewal fee.

### *Option B: Professional Development **plus** Testing if you do not have practice hours in your certification specialty. This option applies only to those certifications in which an exam is available.*

- > Hold a current, active RN license in a state or territory of the United States or the professional, legally recognized equivalent in another country;
- > Hold a current ANCC certification;
- > Complete the professional development requirements for your specific certification (must be completed within the 5 years preceding your renewal application submission);
- > Pay the renewal fee; and
- > Pass the exam. (If you do not pass the exam, your certification is no longer valid.)

# ANCC Certification Renewal Options (cont.)

## Certification Reactivation Options When Your Certification Has Lapsed

**Please note: There is no grace period and no backdating.** Certification renewal applications received after the certification expiration date will have a renewal period beginning with the date of approval and will therefore incur a gap in the certification dates. When there is a gap in certification dates, ANCC cannot backdate a certification renewal to meet regulatory, reimbursement, or other requirements for practice. You will need to check with your state licensing board, employer, and/or the agency that is reimbursing your services to determine if you can continue to practice and/or receive reimbursement for services while you are in the process of reactivating your certification. Please submit the complete application when you renew—submitting a partial or incomplete renewal package will only delay approval of your certification renewal, resulting in a longer gap in the certification dates.

*Option C: Professional Development **plus** Practice Hours if your certification has been expired for less than 2 years.*

- > Hold a current, active RN license in a state or territory of the United States or the professional, legally recognized equivalent in another country;
- > Hold a lapsed ANCC certification;
- > Complete the professional development requirements for your specific certification (must be completed within the 5 years preceding your renewal application submission);
- > Complete a minimum of 1,000 practice hours in the same certification role and population/specialty (must be completed within the 5 years preceding your renewal application submission); and
- > Pay the reactivation fee of \$125 **plus** the renewal fee.

*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. This option applies only to those certifications in which an exam is available.*

- > Hold a current, active RN license in a state or territory of the United States or the professional, legally recognized equivalent in another country;
- > Hold a lapsed ANCC certification;
- > Complete the professional development requirements for your specific certification (must be completed within the 5 years preceding your renewal application submission);
- > Pay the reactivation fee of \$125 **plus** the renewal fee; and
- > Pass the exam.

# ANCC Certification Renewal Options (cont.)

## Practice Hours Explained

Practice hours must be completed within the 5 years preceding the postmark on your renewal application submission.

A minimum of 1,000 practice hours in your certification specialty is required and can be completed either through employment or as a volunteer.

If you are an advanced practice registered nurse (CNS or NP), you must have practice hours in your certification specialty at the advanced level, and those hours must be completed within the 5 years preceding your renewal application submission.

Faculty can use hours of direct clinical supervision of students for clinical practice. The direct clinical supervision must be in the certification specialty. Advanced practice (CNS and NP) faculty must have direct supervision of advanced practice nursing students.

## Professional Development Explained

Professional development must be completed within the 5 years preceding your renewal application submission.

ANCC has six professional development categories. All candidates must complete two of the six categories. Categories 1–5 may be doubled; Category 6 may not be doubled to fulfill the professional development requirement. Beginning January 1, 2014, all candidates must complete Category 1 (75 continuing education hours), plus one additional category. (Candidates are allowed to repeat Category 1, submitting a total of 150 continuing education hours, to fulfill the entire Professional Development requirement.) The six categories are explained on pages 5–10. Professional development must be completed within the 5 years preceding your renewal application submission.

Use this application to document your professional development activities. Please do **not** include backup documentation (for example, photocopies of continuing education certificates). Any backup documentation you submit will be discarded. Only those applications randomly selected for audit will be required to send backup documentation. Accordingly, you should retain all backup documentation.

If your certification is Adult Health Clinical Nurse Specialist; Adult Nurse Practitioner; Cardiac Rehabilitation; Family Nurse Practitioner; Gerontological Nurse Practitioner; Gerontological Clinical Nurse Specialist; Nurse Executive; Nurse Executive, Advanced; or Nursing Professional Development, then unique requirements apply (see Unique Requirements on page 4).

## Renewal Using Professional Development plus Testing

All ANCC certification examinations are now in a computer-based format. This means you can apply all year and test during a 90-day window at a time and location convenient to you. Applications will be accepted at any time. Please allow 8 weeks' processing time before notification of your 90-day testing window.

If you are requesting special services, please be sure to include a written request for them when you submit this renewal application. 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](http://www.nursecredentialing.org).

## 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:

**ANCC Renewal Applications**  
**P.O. Box 505029 • St. Louis, MO 63150-5029**

**Questions?** Call Customer Care at 1.800.284.2378, Monday–Friday, 9 am to 5 pm eastern time

# Unique Requirements

## Unique Certification Renewal Requirements

The following certifications have unique renewal requirements. Please review carefully.

### Adult Health Clinical Nurse Specialist:

- > You may not double Category 3 (presentations).

### Adult Nurse Practitioner:

- > Must complete Category 1 (75 contact hours) plus one other professional development category. You also have the option of doubling Category 1.

### Cardiac Rehabilitation:

- > Attach a copy of your current ACLS card.

### Family Nurse Practitioner:

- > Must complete Category 1 (75 contact hours) plus one other professional development category. You also have the option of doubling Category 1.
- > The content hours used in Category 1 must reflect a variety of clinical issues and specialty areas and all age ranges. If this is not evident in the title of the program listed, you must add the following statement: "A variety of age groups and a variety of clinical and specialty issues were covered in the educational programs identified."

### Gerontological Nurse Practitioner:

- > You may not double Category 3 (presentations).

### Gerontological Clinical Nurse Specialist:

- > You may not double Category 3 (presentations).

### Nurse Executive:

- > Practice Hour Requirement: Must hold an administrative position or have provided consultative services or have been engaged in the education and supervision of students at this level for at least 1,000 hours during the 5 years before submitting your application.

### Nurse Executive, Advanced:

- > Practice Hour Requirement: Must hold an administrative position or have provided consultative services or have been engaged in education and supervision of students at the nurse executive level for a minimum of 1,000 hours during the 5 years before submitting your application. If you do not meet these requirements, then you may renew using the Nurse Executive criteria.

### Nursing Professional Development:

- > Nursing Professional Development certification renewal applicants may fulfill Category 1 with 37.5 contact hours (instead of the usual 75 contact hours.) You may double this category by submitting 75 contact hours.
- > Professional Development Categories 3 (presentations) and 4 (publications/research) cannot be doubled.
- > Practice Hour Requirement: Completed 2,000 hours of practice in which your primary responsibilities included teaching, managing, or consulting in continuing education and/or staff development within the 5 years preceding your application renewal.

# Professional Development Categories

## Category 1 75 Continuing Education Hours

1. All candidates must complete two of the six categories. Categories 1–5 may be doubled; Category 6 may not be doubled to fulfill the professional development requirement. **Beginning January 1, 2014**, all certification renewal candidates are required to complete 75 continuing education hours **plus** one of the six ANCC Professional Development categories. Candidates are allowed to double Category 1 to satisfy their entire professional development requirement.
2. Beginning January 1, 2014, all advanced practice nursing certificants (CNS & NP) are required to complete 25 continuing education hours of pharmacotherapeutics as a portion of the required 75 continuing education hours. If an advanced practice nurse chooses to double Category 1, 50 of the 150 continuing education hours must be in pharmacotherapeutics.
3. A minimum of 51% (38.25 hours) of the 75 continuing education hours **must** be directly related to the full scope of your certification role and specialty.
4. At least 50% (37.5 hours) of your 75 continuing education hours must be formally approved continuing education hours. Formally approved continuing education hours meet one or more of the criteria listed below:
  - a. Continuing nursing education (CNE) approved for nursing contact hours by an accredited provider or approver of nursing continuing education
  - b. Continuing medical education (CME) approved for CME hours
  - c. Sponsored by organizations, agencies, or educational institutions accredited or approved by the American Nurses Credentialing Center (ANCC) or the Accreditation Council for Continuing Medical Education (ACCME) or the Accreditation Council for Pharmacy Education (ACPE) or the Commission on Dietetic Registration
  - d. Provided by one of these accepted agencies:
    - American Nurses Association
    - American Academy of Family Physicians (AAFP)
    - American Academy of Nurse Practitioners (AANP)
    - American Academy of Physician Assistants (AAPA)
    - American College of Nurse-Midwives (ACNM)
    - American Psychiatric Association (APA)
    - American Psychological Association (APA)
    - American Psychiatric Nurses Association (APNA)
    - Emergency Nurses Association (ENA)
    - National Association of Nurse Practitioners in Women's Health (NPWH)
    - National Association of Pediatric Nurse Associates and Practitioners (NAPNAP)
5. The remaining 50% of continuing education hours do not have to meet formal criteria for continuing education hours; however, the content must be applicable to your certification specialty and role (examples: in-services, workshops, study modules, grand rounds offered by your place of employment).
6. Independent study and/or e-learning approved for continuing education hours by one of the accepted continuing education providers may be used for 100% of the required continuing education hours (examples: independent study programs, online courses, articles from professional journals).
7. Other healthcare disciplines' continuing education hours applicable to your certification specialty (e.g., dietitian, medicine, social work, counselor, or physical therapist) are acceptable.
8. Repeat courses are not accepted for certification renewal. You may claim credit for a specific course only once, even if you took that course multiple times during the last 5 years.

# Professional Development Categories (cont.)

9. The hours achieved from academic course work that is applicable to your certification specialty can be converted to contact hours. See Professional Development Category 2 for accepted academic course work and the formula to convert academic credit to contact hours.
10. As needed, you can use these formulas to convert continuing education credit/academic hours.
- |   |  |
|---|--|
| 1 contact hour = 1 CME or 0.1 CEU or 60 minutes | 1 academic semester credit = 15 contact hours  |
| 1 CEU = 10 contact hours                        | 1 academic quarter credit = 12.5 contact hours |

**Documentation:** Complete the continuing education hours section of the Professional Development Record to document the courses attended and the hours obtained. If the course title(s) does not reflect the content, you must provide a brief description of the content. **Do not submit certificates in lieu of completing the form, as these are not acceptable and will delay the evaluation of your application for certification renewal.**

**Audit:** If your record is audited, you will be required to submit supporting documents such as a copy of the completion certificate(s) showing the dates, title, number of contact hours, sponsoring organization, etc. In addition, you may be required to provide evidence of the applicability of the course to your certification.

# Professional Development Categories (cont.)

## Category 2 Academic Credits

1. Complete five semester credits or six quarter credits of academic courses in your certification specialty.
2. If you do not have enough credits to complete this category, you may convert those credits to contact hours and report them under Category 1.  
1 semester credit = 15 contact hours  
1 quarter credit = 12.5 contact hours
3. Repeat courses are not accepted for certification renewal. You may claim credit for a specific course only once, even if you took that course multiple times during the last 5 years.
4. Courses taken toward degree completion or academic independent study courses are accepted if they are applicable to your area of certification. Examples include  
Adult education principles,  
Anatomy,  
Health/physical assessment,  
Nursing management/administration,  
Nursing research,  
Pathophysiology,  
Physiology,  
Pharmacology,  
Sign language and/or medical terminology for healthcare providers,  
Foreign language and/or medical terminology for healthcare providers.
5. Academic credit received for a thesis or dissertation related to your certification specialty is acceptable. (If you use your thesis or dissertation credits to meet Development Category 2, then you cannot use the same thesis or dissertation credits to meet Professional Development Category 4.)
6. Examples of courses that are generally not accepted for Professional Development Category 2: audited course, art, chemistry, physics, foreign languages, history, math, music, public speaking.

**Documentation:** Complete the academic course section of the Professional Development Record to document the courses attended and the academic credits received. If the course title(s) does not reflect the content, you must provide a brief description of the content. Do not submit transcripts in lieu of completing the form as these are not acceptable and will delay the evaluation of your application for certification renewal.

**Audit:** If your record is audited, you will be required submit supporting documents such as a transcript(s) showing the number of academic credits, sponsoring organization, etc. In addition, you may be required to provide evidence of the applicability of the course content to your certification. Please maintain supporting documentation for the entire 5-year certification cycle.

# Professional Development Categories (cont.)

## Category 3 Presentations

Five different educational presentations in your certification specialty that fulfill these criteria:

1. You are the primary presenter of a first time presentation;
2. the presentations time adds up to at least 5 clock hours; and
3. the presentations are delivered in a structured teaching/learning framework to nurses, other healthcare providers, or the public as part of conferences, grand rounds, in-services, seminars, CD-ROM content, internet-based or other e-learning formats, teleconferences, patient/family teaching, or public education.

Do not submit the following types of presentations, as they are not accepted toward your certification renewal: repeat presentations of the same material or modifications of the same material, presentations or lectures that are a required part of your job, or presentations where you served as a panel moderator.

**Documentation:** Complete the presentation section on the Professional Development Record.

**Audit:** If your certification record is audited, you will be required to submit supporting documents such as a copy of the presentation outline, abstract, letter accepting your abstract, or letter inviting you to speak, as well as evidence that you actually presented the topic (e.g., thank you letter on official letterhead). Please maintain supporting documentation for the entire 5-year certification cycle.

# Professional Development Categories

## Category 4 Publication or Research

### Publication

1. One (1) article published in a peer-reviewed journal or a book chapter related to your certification specialty. You must be the author, co-author, editor, co-editor, or the reviewer.

**Documentation:** Complete the publication section of the Professional Development Record.

**Audit:** If your record is audited, you will be required to submit supporting documents to include

- 1) A copy of the table of contents and a copy of the entire article or chapter, journal name with the date, and your name;
- 2) If you are the editor, then a copy of the page from the journal identifying you as the editor or a letter from the publisher stating you are the editor; and
- 3) If you are the peer-reviewer then submit a letter from the publisher stating you reviewed the article and the date this occurred.

### OR

2. Five (5) different articles related to your certification specialty published in a non-peer-reviewed journal and/or newsletter.

**Documentation:** Complete the publication section of the Professional Development Record.

**Audit:** If your record is audited, you will be required to submit the following information:

- 1) Detailed outline of the content
- 2) Copies of the e-learning journal or newsletter articles that clearly state you are the primary author
- 3) Letters from the publishers stating you are the primary author

### OR

3. Primary author of content related to your certification specialty utilized in e-learning and/or other media presentation.

**Documentation:** Complete the publication section of the Professional Development Record.

**Audit:** If your record is audited, you will be required to submit the following information:

- 1) Detailed outline of the content
- 2) Copy of the e-learning that clearly states you are the primary author
- 3) Letter from the publisher stating you are the primary author

### OR

4. Primary grant writer for either a federal, state, or national organization project, and grant writing is not a primary component of your employment responsibilities. The purpose of the grant must be related to your certification specialty.

**Documentation:** Complete the publication section of the Professional Development Record.

**Audit:** If your record is audited, you will be required to submit a copy of the grant summary abstract and the letter from the grant sponsor acknowledging receipt of your grant application.

These publications are generally not accepted: publication(s) that is a component of your job (e.g., patient education materials, course syllabi); letter(s) to the editor; or publication(s) "in press."

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# Professional Development Categories (cont.)

## Research

1. An institutional review board (IRB) research project related to your certification specialty, completed during your 5-year certification period, for which you are clearly identified as one of the primary researchers, and research is not a primary component of your employment responsibilities.

**Documentation:** Complete the research section of the Professional Development Record.

**Audit:** If your record is audited, you will be required to submit supporting documents such as a copy of the IRB approval letter or IRB letter of exemption and a one-page abstract, no more than 250 words, describing the research study and findings and the period when the research was conducted.

### OR

2. A completed dissertation, thesis, or graduate-level scholarly project related to your certification specialty.

**Documentation:** Complete the research section of the Professional Development Record.

**Audit:** If your record is audited, you will be required to submit supporting documents such as the dissertation, thesis, or scholarly project approval letter and a one-page abstract of no more than 250 words that describes your dissertation, thesis, or scholarly project findings and the time period during which the dissertation, thesis, or scholarly project was conducted. Note: The academic hours, awarded for your dissertation, thesis, or scholarly project used to meet Category 4 requirements cannot be used to meet Professional Development Category 1 or 2.

### OR

3. Serve as a content reviewer on an IRB, dissertation, thesis, or scholarly project that is not a component of your employment duties.

**Documentation:** Complete the research section of the Professional Development Record.

**Audit:** If your record is audited, you will be required to submit supporting documents from the organization describing this work and the dates you served as the reviewer, (e.g., letter on official letter head).

### OR

4. Serve as a content expert reviewer of other activities related to your certification specialty and not as a part of your employment duties (such as software, e-learning, etc.). Serving as a product reviewer for your organization is not acceptable.

**Documentation:** Complete the research section of the Professional Development Record.

**Audit:** If your record is audited, you will be required to submit documentation from the publisher and/or organization describing the work and the dates you served as the reviewer, (e.g., letter on official letterhead).

# Professional Development Categories (cont.)

## Category 5 Preceptor

Complete a minimum of 120 hours as a preceptor in which you provided the direct clinical supervision/teaching to students in an academic program that is related to your certification specialty,

**OR**

provide a minimum of 120 hours of clinical supervision related to your certification specialty to registered nurses in a formal registered nurse refresher or internship program that relates to your certification specialty.

For either option above, the following rules apply:

1. Clinical nurse specialists and nurse practitioners must precept CNS and/or NP students in an academic program related to their certification specialties.
2. Dietitians can apply preceptor hours for graduate students or other dietitians in advanced diabetes management.
3. Pharmacists can apply preceptor hours for graduate students or other pharmacists in advanced diabetes management.
4. Orientation preceptor hours are not accepted.
5. Preceptor hours cannot be counted toward your certification practice hour requirement.
6. Faculty may not utilize this category for clinical supervision of students in their educational program.

**Documentation:** Complete the preceptor section of the Professional Development Record.

**Audit:** If your record is audited, you will be required to submit the completed Preceptorship Documentation form showing the hours, objectives, outcomes, and location of the preceptorship, signed by the institution responsible for the person being precepted. In addition, you will be required to submit a detailed written description of how serving as a preceptor aided you in learning new knowledge in your certification specialty and imparting that information to the person being precepted.

## Category 6 Professional Service

This category may not be doubled.

Complete 2 or more years of volunteer service during your certification period with an international, national, state, or local health care–related organization in which your certification specialty expertise is required. Accepted volunteer activities include serving on boards of directors, committees, editorial boards, review boards, and task forces.

**Documentation:** Complete the professional service section of the Professional Development Record.

**Audit:** If your record is audited, you must submit the official description of your volunteer duties, a detailed typewritten description of 500 words or fewer, describing the impact of this service on your ability to obtain new knowledge in your certification specialty. In addition, you will be required to provide supporting documentation of your volunteer service: (e.g., copy of the official letter or other documents from the organization attesting to your service and the dates of the service).

# Application Fees 2008–2011

## Certification Renewal Application Fees 2008–2011

Prices below include \$140 nonrefundable administrative fee.

<b>ANA Member</b>	All Certifications	\$200	<b>Required attachment:</b> A copy of your American Nurses Association membership card. (Full and Direct ANA members only. Individual Affiliate members excluded from this offer.)
<b>Collaborating Organizations</b>	Varies—See Chart Below		<b>Required attachment:</b> A copy of your membership card.
<b>Nonmember</b>	All Certifications	\$350	
<b>Reactivation Fee</b>	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 2008–2011
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	None available	
Cardiac Vascular Nursing	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

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# Application Fees 2008–2011 (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 Nursing	National Gerontological Nursing Association	\$280
Gerontological NP	American College of Nurse Practitioners	\$280
	Gerontological Advanced Practice Nurses Association	\$280
	National Gerontological Nursing Association	\$280
Gerontology CNS	National Association of Clinical Nurse Specialists	\$280
	National Gerontological Nursing Association	\$280
Pain Management	American Society for Pain Management Nursing	\$280
Pediatrics CNS	National Association of Clinical Nurse Specialists	\$280
Pediatric NP	American College of Nurse Practitioners	\$280
Pediatric Nursing	None available	
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
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

# Application Fees 2008–2011 (cont.)

These certifications 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:

<b>Certification Name</b>	<b>Organization</b>	<b>Discount Rate for 2008–2011</b>
Cardiac Rehabilitation Nursing	None available	
Certified Vascular Nursing	None available	
College Health Nursing	American College Health Association	\$280
CNS Core	National Association of Clinical Nurse Specialists	\$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 Nursing	None available	
School NP	American College of Nurse Practitioners	\$280

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**Payment** Price includes \$140 nonrefundable administrative fee.

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## 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:

**ANCC Renewal Applications  
P.O. Box 505029  
St. Louis, MO 63150-5029**

## General Information

Use your legal name on the application. This name will be printed on your certificate. If you are using renewal option B or D, this name must match photo identification used for examination entry. If your name has changed, submit copies of the legal documents supporting the name change.

\_\_\_\_\_  
 Last Name First Name MI

\_\_\_\_\_  
 Maiden or Other Past Legal Names 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

Name of certification being renewed: \_\_\_\_\_

### 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: _____              |

### Education (Check all that apply):

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Diploma                         | <input type="checkbox"/> Master's in Nursing     | <input type="checkbox"/> DNP          |
| <input type="checkbox"/> Associate Degree in Nursing     | <input type="checkbox"/> Master's in Other Field | <input type="checkbox"/> DNSc         |
| <input type="checkbox"/> Associate Degree in Other Field | <input type="checkbox"/> PhD in Nursing          | <input type="checkbox"/> ND           |
| <input type="checkbox"/> Baccalaureate in Nursing        | <input type="checkbox"/> PhD in Other Field      | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Baccalaureate in Other Field    | <input type="checkbox"/> EdD                     |                                       |

## 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](http://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, 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 (page 4). 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 pages 5–11 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 & 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						
<b>Subtotal:</b>						

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						
<b>Subtotal:</b>						
<b>Grand Total:</b>						







## 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  
 Post-partum  
 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 in which you are a member (check all that apply):

- |                                |  |                                 |   |
|--------------------------------|--|---------------------------------|---|
| <input type="checkbox"/> ACNP  | American College of Nurse Practitioners                            | <input type="checkbox"/> GAPNA  | Gerontological Advanced Practice Nurses Association |
| <input type="checkbox"/> APNA  | American Psychiatric Nurses Association                            | <input type="checkbox"/> NACNS  | National Association of Clinical Nurse Specialists  |
| <input type="checkbox"/> APHA  | American Public Health Association (Public Health Nursing Section) | <input type="checkbox"/> NGNA   | National Gerontological Nursing Association         |
| <input type="checkbox"/> ANA   | American Nurses Association  | <input type="checkbox"/> NNSDO  | National Nursing Staff Development Organization     |
| <input type="checkbox"/> ASPMN | American Society for Pain Management Nursing                       | <input type="checkbox"/> PCNA   | Preventive Cardiovascular Nurses Association        |
| <input type="checkbox"/> ISPN  | International Society of Psychiatric-Mental Health Nurses          | <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                      |  |

**This page intentionally left blank.**

## 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 practiced 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 programs (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.

# Continuing Education 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](http://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](http://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 three months in which to complete the materials. Participants receive contact hours. For more information and to register: [www.nursecredentialing.org](http://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](http://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](http://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.



ANCC Renewal Applications  
P.O. Box 505029 • St. Louis, MO 63150-5029  
1.800.284.2378

[www.nursecredentialing.org](http://www.nursecredentialing.org)

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