

Content Expert Panel Application

Instructions



- > Please complete all sections of the following application. This document will be the main source of decision making for the Appointments Committee. Do not answer questions "See C.V."
- > Please type all answers and save file using your last name in the file extension. For example, "SmithCEPApplication.PDF". Handwritten applications will most likely be discarded due to illegibility.
- > Also, submit a current C.V. (a condensed version is acceptable) and a job description for your current position, assuming your employer provides one. All such data is retained for our accreditation process.
- > One cannot serve as an Item Writer and on a CEP at the same time. Please apply for only one position.
- > All documents may be returned to ANCCVolunteer@ana.org in Word or PDF format. If you are unable to save files in these formats, please contact our Volunteer Liaison Specialist at the e-mail address above or write to:

Attn: ANCC - Volunteer Liaison Specialist
8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910

For more information about becoming a content expert panel member, please visit our website: www.nursecredentialing.org/certification/volunteer.aspx

General Information

1

Use your legal name on the application.

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

Last Name

First Name

MI

Credentials (Academic Degree, Licensure/Stated Designation, Board Certification (BSN, RN-BC))

Home Address

City

State

Zip/Postal

Home Phone

Cell Phone

Preferred E-Mail

My preferred contact is: Home Work Other _____

Certification(s) and Licensure

2

ANCC Certification Name

Certification Number

Expiration

ANCC Certification Name

Certification Number

Expiration

Other Certifications (Name of Certification and certifying body which granted it)

On which CEP would you like to serve? _____

Years of experience in this specialty area: _____

NOTE: You must be ANCC certified in the specialty of the CEP to which you are applying.

Employment Information

3

Employer Name

Position Title

Department

Dates of Employment

Employer Address

City

State

Zip/Postal

Work Phone

Ext

Work Fax

Work E-Mail

If appointed to the CEP, I would like a letter recognizing this appointment sent to the employer listed above Yes No

If yes, please indicate the name and title of individual that you would like to receive the letter

Name

Title

FOR INTERNAL USE ONLY: Certification: _____ Expiration: _____ Received: _____

Employment Information - Continued

3

Please indicate the average number of hours you work per week:

- 19 or fewer 20-25 26-30 31-35 36-40 41+

Geographical setting of the facility at which you practice: Urban Suburban Rural

1. New England: CT, MA, ME, NH, VT, RI 6. East North Central: WI, MI, OH, IN, IL
 2. Middle Atlantic: NJ, NY, PA 7. West North Central: ND, SD, NE, KS, MO, IA, MN
 3. South Atlantic: MD, DE, WV, VA, NC, SC, GA, FL 8. Mountain: ID, MT, WY, CO, UT, NV, AZ, NM
 4. East South Central: TN, MS, AL, GA, KY 9. Pacific: WA, OR, CA, AK, HI
 5. West South Central: OK, AR, TX, LA

Other Demographic Information

4

Providing information in this section is strictly voluntary. It will be used for statistical purposes only.

Gender: Male Female

Race: American Indian/Alaska Native Asian/Pacific Islander Hispanic/Latino
 Black/African American White Other: _____
 I prefer not to answer.

I am an ANA Member.

Employment Practice Setting

5

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

Number of Beds

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

Age of Patients

- 0-1
 2-14
 14-21
 22-65
 66+

Type of Facility

- Ambulatory Care
 School of Nursing/University/College
 Government Agency
 Group Home
 HMO/Managed Care
 Hospice
 Hospital
 Independent Practice/Self-Employed
 Mental Health Center
 Military
 Nurse-Managed Care Practice
 Nursing Home/Long-term Care
 Office Nursing
 Per Diem/Agency Travel
 Public Health/Community Health
 School Health
 Other, please specify:

Patient Populations/ Conditions represented in your practice:

- Medical surgical
 Cardiac
 Endocrine/Diabetes
 Pain Management
 Pulmonary
 Neurology
 Renal/Urology
 Gerontology/Long Term Care
 Perinatal
 Post Partum
 Labor & Delivery
 Trauma
 Critical Care
 Other, please specify:

If employed by a school/college of nursing program check the type of program:

- Diploma Baccalaureate Doctorate (including DNP)
 Associate Degree Nursing Masters

Level Educational Preparation

6

List your Educational Preparation. Include graduate work, basic nursing education. List highest level first. Do not state see CV.

Educational Institution	Area of Major Concentration	Degree	Year Awarded

Professional Experience

7

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

Organization/ Employer	Position/Title	Brief Description of Clinical Specialty	Dates of Practice

Professional Activities

8

List only THREE recent/significant activities from the last five years. For example, certifications; publications and dates; volunteer activities and offices held; presentations and to whom they were given; or honors (if applicable):

Have you served on a Content Expert Panel before, Standard Setting, Yes No
or on any ANCC test development committee?

Have you served on as an ANCC Item Writer? Yes No

If yes, please specify when: _____

Have you served as an item writer or on the test development committee for any other organization? Yes No

If yes, please specify what activity, when, and for which organization:

NOTE: YOU MAY NOT SERVE AS AN ITEM WRITER AND ON A CONTENT EXPERT PANEL AT THE SAME TIME

Please explain the reason you should be appointed and how you would contribute to the CEP:

If selected and appointed, I agree to serve:

Signature*

Date

*Your typed name is sufficient as a signature. If appointed, you will be asked to sign a statement of no conflict of interest, a confidentiality agreement, and grant ANCC permission to use your image and likeness to promote its volunteer programs.

**REMEMBER TO ATTACH A CURRENT CV AND JOB DESCRIPTION
TO COMPLETE THIS APPLICATION.**