

AMERICAN NURSES CREDENTIALING CENTER

Commission on Certification

Item Writer Application -- 2010



Directions:

1. Complete ALL sections of the application and sign the signature page.
Attach a copy of your vitae.
2. Type or print your responses. Do not use abbreviations.
3. Mail or fax your completed application to:
ANCC/Measurement Services – Item Writer Application
8515 Georgia Ave
Silver Spring, MD 20910-3492
Fax: 301-628-5353
Email: ANCCItemWriter@ana.org

<p>MS OFFICE ONLY</p> <p>Notes:</p>
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Personal Information		
Legal Name:		
Address:	<i>Last</i>	<i>First</i> <i>M.I.</i>
Credentials:		
Phone: ()	Fax: ()	Cell: ()
Personal E-mail Address:		
Social Security Number or ANCC Certification ID (1): ANCC Certification ID (2): ANCC Certification ID (3):	Date Certified (most recent): Date Certified (most recent): Date Certified (most recent):	

Please check the box corresponding with the workshop and specialty for which you are applying:

Workshop Date	Exams	Application Deadline: Your Application must be received by this date
March 31 – April 2, 2010	<input type="checkbox"/> CNS in Adult Psychiatric and Mental Health Nursing	February 26, 2010

Employer Information

Employer:	
Work Address:	
Job Title:	Department:
Phone: ()	Fax: ()
Office E-mail Address:	

Employment Practice Setting (Select all that apply)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Nursing Home/Long Term Care | <input type="checkbox"/> Home Health | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Solo Practice | <input type="checkbox"/> School Health | <input type="checkbox"/> Ambulatory Care |
| <input type="checkbox"/> Managed Care | <input type="checkbox"/> Public/Community Health | <input type="checkbox"/> Group | <input type="checkbox"/> School of Nursing |
| <input type="checkbox"/> Occupational/
Environmental
Health | <input type="checkbox"/> Nurse – Managed
Practice Group/Center | <input type="checkbox"/> Office Nursing
(Physician/Dentist/
Nurse Practitioner) | <input type="checkbox"/> Other (specify) _____ |

Are you currently employed in clinical nursing practice providing direct patient care?

- Yes If Yes, indicate which category(ies) of entry-level you work with: RN LPN/VN NP/CNS
- No

If you responded "yes" above please indicate the average number of hours per week you give direct patient care.

- 1-8 9-16 17-24 25-34 35-39 40 40+

Are you currently employed as a faculty/staff member at a school/college of nursing? Yes No

If employed by a school/college of nursing program and teaching RN or Advanced Practice Nursing content, check the type of program: RN Diploma RN Associate Degree RN Baccalaureate Nursing Masters Nursing Doctorate

Indicate current area(s) of clinical specialization

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Geriatric | <input type="checkbox"/> Adult Psychiatric | <input type="checkbox"/> Child/Adolescent Psychiatric |
| <input type="checkbox"/> Medical/Surgical | <input type="checkbox"/> Community Home Health | <input type="checkbox"/> Home Health | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Other (specify) _____ | | | |

Do you have access to a personal computer with either Internet Explorer (6.0 or higher) or FireFox (1.0 or higher) and Internet access? Yes No

Have you completed any previous item writing training? Yes No

If so, please specify Organization(s): _____

Dates of Training(s): _____

Educational Preparation

List your educational preparation (graduate work, basic nursing education) – highest level first.

Educational Institution	Area of Major Concentration	Degree or Number of Credits	Year Degree Received

Professional Experience

List your professional experience – most recent experience first.

Organization	Position/Title	Clinical Specialty	Years of Practice

Writing Exercises

1. **Briefly state why you would like to become an item writer. This might include what you hope to gain from the instruction and the experience or your personal goals.** (Attach your typed response – No more than 150 words)
2. **What special qualities or experiences do you feel you will bring to the task of writing items? This might include item writing, practical, and/or teaching experience.** (Attach your typed response – No more than 150 words)
3. **Complete item writing exercises A and B.**
 - A. Review and edit one (1) of the two (2) test items listed below. As you edit the item, consider both content and grammar.
 1. A 32-year-old patient who is receiving a low-thoracic epidural infusion with a combined opioid and a local anesthetic is being assessed by the nurse for the extent of motor blockade. Twelve hours after gastric bypass surgery, the patient is asked by the nurse to:
 1. count backwards by 7's from one hundred.
 2. raise their buttocks and wiggle their toes.
 3. turn, cough, and breathe deeply.
 4. touch the tip of their nose with their right hand.
 2. An elderly man has worked over 35 years in a grain factory and tells the nurse practitioner that he has coughed for a long time and has trouble breathing, which is getting worse. The patient has smoked 1 ½ packs of cigarettes a day for the past 30 years. He has increased AP diameter, short expirations, and a pulmonary function study indicates an abnormal forced expiratory volume. What risk factor for this patient will be given immediate attention?
 1. Age of patient
 2. Cigarette smoking
 3. Gender of the patient
 4. Work environment

B. Write one (1) multiple-choice item with four (4) options on a topic that is related to nutrition.

When writing your item, use the following criteria:

1. Only one (1) option is to be correct while the other three (3) options are to be completely incorrect.
2. The item must be phrased in the positive (do not use negatives such as NOT or NEVER). Also, the item stem must be in the form of a complete question (e.g., *Which procedure is recommended for a patient with an occluded distal superficial femoral artery?*) or incomplete sentence (e.g., *The psychiatric nurse who is teaching a couple how to use positive reinforcement techniques with their child recommends:*) Do not use fill-in-the-blank style items.
3. Indicate the correct answer and provide a rationale for why it is correct.
4. Type your item on a separate sheet and attach it to this application.

Signature

Please sign this form. Your signature below verifies that the information provided in this application is correct to the best of your knowledge. It also verifies that you are willing to go through the selection process and if selected you agree to provide a total of 35 test questions.

Signature _____ Date _____

**AMERICAN NURSES CREDENTIALING CENTER
COMMISSION ON CERTIFICATION**

**EXAMINATION SECURITY, CONFIDENTIALITY
AND NO-CONFLICT OF INTEREST AGREEMENT**

My signature on this document indicates that I agree to abide by the conditions set forth in the ANCC/COC Policy on Conflict of Interest as specifically applied to certification activities. I agree to the following terms and conditions in conjunction with my duties as an

Item Writer

For and in consideration of the general professional benefits of participating in the work of the American Nurses Credentialing Center (ANCC), including public recognition for my contribution to the profession of nursing, the undersigned agrees:

1. I shall maintain the security and confidentiality of all confidential examination materials assigned, produced, developed, or reviewed by me while under my control or possession. I shall report any suspected breach I witness or of which I become aware.
2. I shall not reproduce, divulge, or disseminate in any form any portion of the confidential examination materials assigned, produced, developed, or reviewed by me.
3. I shall not retain in any form the original or copies of the confidential examination materials assigned, produced, developed, or reviewed by me after the completion of the project.
4. I shall submit all confidential examination materials to ANCC through either the specified authorized secure courier or online item development system following ANCC instructions.
5. I shall keep the confidential examination materials, including, but not limited to, written materials, diskettes, CD-ROMs, and usernames and/or passcodes, in a locked cabinet while under my possession.
6. I shall consider usernames and/or passwords granted to me by ANCC as confidential and shall not reproduce, divulge, or disseminate them in any form to any persons or entity.
7. I shall not allow any person, other than those authorized by ANCC Measurement Services, to have access to any computer accounts granted to me by ANCC.
8. During the term of my office and for two (2) years thereafter, I will not participate in any manner in an activity that prepares (or purports to prepare) individuals to take an ANCC certification examination, including, but not limited to, (1) offering or participating in a course or program that prepares individuals for an ANCC certification examination or (2) writing or contributing to a publication or forum, electronic or otherwise, including, but not limited to, bulletin boards, list-servs, chat rooms, and focus groups, that prepares individuals, formally or informally, for an ANCC certification examination.
9. I represent and warrant that all examination items that I develop or produce are original works and I hereby hold ANCC harmless for any claims for copyright infringement arising from my development or production of such items
10. I agree that all examination items that I develop, produce, or review shall be considered works made for hire, become the property of ANCC, and that I shall not make further use of them without written permission from ANCC.

Signature of Item Writer

Date

Print Name

Area of Certification

Certification Number

Signature of ANCC

Date

rev 2/4/2010