

Gerontological Nurse Practitioner (Alternative Eligibility)



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 exam 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 are:

- | | |
|---|--------------------|
| > Health Promotion & Disease Prevention | 14 education hours |
| > Assessment of Acute & Chronic Illness | 17 education hours |
| > Clinical Management | 21 education hours |
| > Nurse Practitioner & the Patient Relationship | 7 education hours |
| > Professional Role & Policy | 12 education hours |
| > Research Utilization | 4 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

(Domains are in bold and the sub-domains are listed under each domain)

I. Health Promotion and Disease Prevention as assoc with Notes 1 and/or 2

- A. Epidemiology/risk analysis
- B. Genetics
- C. Health behavior guidelines/risk reduction
- D. Growth and development, physiological/ psychosocial aging
- E. Diagnostic tests
- F. Wellness assessment

II. Assessment of Acute and Chronic Illness as assoc with Notes 1 & 2

- A. Epidemiology/disease control
- B. Pathophysiology
- C. Psychopathology

- D. Diagnostic reasoning/ differential diagnosis
- E. Health assessment

III. Clinical Management as assoc with Notes 1 and/or 2

- A. Standards of practice
- B. Clinical guidelines/ evidence based practice
- C. Pharmacotherapeutics
- D. Clinical therapeutics
- E. Clinical decision-making
- F. Safety
- G. Theory

IV. The Nurse Practitioner and Patient Relationship as assoc with Notes 1 and/or 2

- A. Cultural competence
- B. Therapeutic communication

- C. Teaching/coaching
- D. Patient advocacy, quality of life, end of life

V. Professional Role and Policy as assoc with Notes 1 and/or 2

- A. Health care/Public policy
- B. Ethics
- C. Scope of practice
- D. Access to care
- E. Coordination of care
- F. Documentation

VI. Research as assoc with Notes 1 and/or 2

- A. Research process & utilization
- B. Continuous process improvement
- C. Outcomes evaluation

Note 1: Systems and Focus Areas

1. Head, eyes, ears, nose, throat
2. Cardiovascular/respiratory
3. Gastrointestinal/genitourinary/ reproductive
4. Musculoskeletal/neurological/skin
6. Psychology/mental health
7. Immune/lymphatic
8. Metabolic/endocrine/hematology
9. Multisystem

Note 2: Syndromes

1. Nutrition
2. Functional/mobility limitations/falls
3. Pain
4. Incontinence/constipation
5. Sleep disorders
6. Relocation
7. Delirium/sensory loss/dementia
8. Abuse/neglect
9. Multiple loss syndrome
10. End of life care/palliative care

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

2008-2009 Application Fees Includes \$140 non-refundable appraisal fee

ANA Member*	\$270	Required attachment: A copy of your American Nurses Association membership card
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.

*Full and Direct ANA members only. Individual Affiliate members excluded from this offer.

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. 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

DETACH HERE
 Complete application and mail to ANCC.

Gerontological Nurse Practitioner (Alternative Eligibility)

Description & 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,
- > hours must be focused on the identified gerontological sub-domain areas (one or more) and meet the required number of hours, identified in the in chart below. See example.

GNP Domain and Required Sub-domains	Hours
Health Promotion and Disease Prevention	14 Hours
Physiology of aging & functional status of the older patient	
Mental health issues in the older patient	
Health promotion in the older adult	
Psychosocial aspects of aging	
Assessment of Acute and Chronic Illness	17 Hours
Geriatric syndromes/co-morbidities/frailty	
Abnormal presentation of symptoms and diseases	
Clinical Management	21 Hours
Pharmacotherapeutics/medications/poly-pharmacy & aging	
Geriatric syndromes/co-morbidities/frailty	
Nurse Practitioner and Patient Relationship	7 Hours
Advanced care planning	
Ethics	
End of life	
Caregivers	
Professional Role and Policy	12 Hours
Health policy & aging	
Work place knowledge issues; insurance, state, federal	
Gero "jargon", definitions, and language (e.g. NORC- naturally occurring retirement community)	
Research Utilitization	4 Hours
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
(1 academic credit = 15 contact hours)
- Other organizations may be acceptable.
Call customer service at 1.800.284.2378 with questions.

Formats:

- In-person course
- On-Line course
- CD-ROM
- Self-study module

Recommended Resources:

- Gerontological Nurse Practitioner Review & Resource Manual* (ANCC)
- Geriatrics at Your Fingertips* (AGS) publication
- Geriatric Review Syllabus, Sixth Edition* (AGS) Publication
- The Geriatric Nursing Review Syllabus, 2nd Edition* (AGS) Publication
- Test Taking Techniques (ANCC)

ANCC Certification Application Form
Gerontological Nurse Practitioner
(Alternative Eligibility)

Staff use only: E R P CC NE

NPGEROALT09 WEB 08/09

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

Work Phone Work Fax Work E-Mail

Type of primary position:

- Nurse Manager Associate/Assistant Administrator Clinical/Staff Nurse
- Nurse Practitioner Educator Clinical Nurse Specialist
- Administrator/DON/CNO/VP Nursing Researcher Consultant
- 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

- 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.

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

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 (do not include high school).
Please 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

Current RN License Number

State

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.

Gerontological Nurse Practitioner-Alternate Eligibility Education Hours

INSTRUCTIONS - Use this form or a similar format to document your gerontological education hours. Refer to page 2 detail information on the mandatory education hours. For guidance on how to fill out this form, see the sample on the preceding page. Do not include course certificates with this application. Only applications selected for audit will be required to submit evidence of course completion.

Candidate's Name (Last, First, MI)

Social Security Number

Continuing 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,
- > hours must be focused on the identified gerontological sub-domain areas (one or more) and meet the required number of hours, identified in the in chart below. A brief description of the content must be included.

Equivalencies:

1 contact hour = 60 minutes	1 contact hour = 0.1 CEU
1 CEU = 10 contact hours	1 academic semester hour = 15 contact hours
1 academic quarter hour = 12.5 contact hrs	1 CME = 60 minutes or 1 contact hour

Core Content Area	Education hours completed	Date, Title, Sponsor Name and provide a brief description of the content. The content must be gerontological focused.	On the List of Accepted &/or Accredited Organizations?
<p>Gerontological Health Promotion and Disease Prevention — 14 Hours</p> <p>a. Physiology of aging & functional status of the older patient</p> <p>b. Mental health issues in the older patient</p> <p>c. Health promotion in the older adult</p> <p>d. Psychosocial aspects of aging</p>			
<p>Assessment of Gerontological Acute and Chronic Illness — 17 Hours</p> <p>a. Geriatric syndromes/Co-morbidities/frailty</p> <p>b. Abnormal presentation of symptoms and diseases in aging</p>			

Gerontological Nurse Practitioner-Alternate Eligibility Education Hours Continued

Candidate's Name (Last, First, MI)

Social Security Number

Core Content Area	Education hours completed	Date, Title, Sponsor Name and provide a brief description of the content. The content must be gerontological focused.	On the List of Accepted &/or Accredited Organizations?
<p>Clinical Management of Gerontological Patients — 21 Hours</p> <ul style="list-style-type: none"> a. Pharmacotherapeutics/medications/poly-pharmacy & aging b. Geriatric syndromes/Co-morbidities/frailty 			
<p>Gerontological Nurse Practitioner and Patient Relationship — 7 Hours</p> <ul style="list-style-type: none"> a. Advanced care planning b. Ethics c. End of life d. Caregivers 			
<p>Professional Role and Policy as it relates to Gerontology and aging patients — 12 Hours</p> <ul style="list-style-type: none"> a. Health policy & aging b. Work place knowledge issues; insurance, state, federal c. Gero "Jargon" Definitions and language (e.g. NORC- naturally occurring retirement community) 			
<p>Gerontological Research Utilitization — 4 Hours</p>			
Total 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 a registered nurse/licensed practitioner (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 | |

Certified Nurse Products

Celebrate your accomplishment with pins, plaques, and other recognition items.



ANCC now offers beautifully custom-matted frames that coordinate with the new certificate you are about to receive.

Specialty pins are now available through the e-store for most certifications.

Perpetual plaques are now available to recognize all the ANCC-certified nurses in your workplace.

Business card cases, stuffed animals, pens, and other fun items are also available to show your pride!



www.nursecredentialing.org >>

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** ANCC does not automatically send verification to your state board of nursing or employer. You must request a verification if your state board or employer requires it.

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

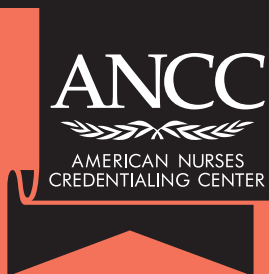
Review and Resource Manuals

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

Certified Nurse Products

Once you have passed your exam, celebrate your accomplishment with pins, plaques, and other recognition items. 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 the 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.



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