



ANCC proudly offers certification for

Informatics Nursing

The informatics nurse is involved in activities that focus on the methods and technologies of information handling in nursing. Informatics nursing practice includes the development, support, and evaluation of applications, tools, processes, and structures that help nurses to manage data in direct care of patients/clients. The work of an informatics nurse can involve any and all aspects of information systems including theory formulation, design, development, marketing, selection, testing, implementation, training, maintenance, evaluation, and enhancement. Informatics nurses are engaged in clinical practice, education, consultation, research, administration, and pure informatics. The certification offering is also available to educators engaged in the education and supervision of graduate students in informatics nursing tracks and programs.

eligibility criteria

- > Hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country
- > Have practiced the equivalent of two years full time as a registered nurse
- > Hold a baccalaureate or higher degree in nursing or a baccalaureate degree in a relevant field
- > Have completed 30 hours of continuing education in informatics within the last three years
- > Meet one of the following practice hour requirements:
 - > Have practiced minimum of 2,000 hours in informatics nursing within the last three years
 - > Have practiced a minimum of 1,000 hours in informatics nursing in the last three years and completed a minimum of 12 semester hours of academic credit in informatics courses which are a part of a graduate level informatics nursing program
 - > Have completed a graduate program in nursing informatics containing a minimum of 200 hours of faculty supervised practicum in informatics

**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



Informatics Nursing

Overview of test content outline

I. System Life Cycle

- A. System planning
- B. System analysis
- C. System design
- D. System implementation and testing
- E. System evaluation, maintenance, and support

II. Human Factors

- A. Ergonomics
- B. Software and user interface

III. Information Technology

- A. Hardware
- B. Software
- C. Communications
- D. Data representation
- E. Security

IV. Information Management and Knowledge Generation

- A. Data
- B. Information
- C. Knowledge

V. Professional Practice, Trends, and Issues

- A. Roles
- B. Trends and issues
- C. Ethics

VI. Models and Theories

- A. Foundations of nursing informatics
- B. Nursing and health care data sets, classification systems, and nomenclatures
- C. Related theories and sciences

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

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

ANA Member*	\$270
Discount	\$340
Non-Member	\$390

Required attachment: A copy of your American Nurses Association membership card
 Required attachment: A copy of your membership card of an organization belonging to Alliance of Nursing Informatics

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 RN license, all official transcripts with degree(s) conferred, 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.

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

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:

- | | | |
|---|--|--|
| <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: _____ |

Payment

2

Personal Check/Money Order (payable to ANCC) Amount Enclosed: _____

Charge Card (MasterCard or VISA only) Amount to be charged: _____

Promotional Code (if applicable): _____

Account Number Exp. Date

Print Name on Card Signature

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

Professional Development Record

INSTRUCTIONS

Use this form to document 30 continuing education hours in this certification speciality. Keep copies of continuing education certificates for your records in case you are audited. Examples: in-services, academic credits, CME credits, independent study that has been approved for continuing education, and continuing nursing education related to this certification speciality. If course titles do not clearly reflect the course's relevance to this certification specialty, include a brief description of how the course relates to this certification specialty.

Candidate's Name (Last, First, MI) _____ Social Security Number _____

Equivalencies:

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

Course Title: If the title does not clearly reflect the content, provide a brief description	Name of Sponsor, Provider or Institution	Date of Offering	Number of Contact Hours
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Total _____
30 contact hours required

Education

5

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). Attach additional page if necessary.

Required attachment: Transcripts from your nursing or relevant field baccalaureate degree program. The following are not accepted: photocopies, faxes, attached transcripts that are not in a sealed envelope from the school.

_____	_____
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

Check one of the following:

- I have requested my school send transcripts directly to ANCC.
- I have obtained transcripts in a sealed envelop directly from my school and have attached these transcripts to this application.

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

6

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

7

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.

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"/> ISPN International Society of Psychiatric-Mental Health Nurses |
| <input type="checkbox"/> ACNP American College of Nurse Practitioners | <input type="checkbox"/> GAPNA Gerontological Advanced Practice Nurses Association |
| <input type="checkbox"/> ADA American Diabetes Association | <input type="checkbox"/> NACNS National Association of Clinical Nurse Specialists |
| <input type="checkbox"/> ADA American Dietetic Association | <input type="checkbox"/> NGNA National Gerontological Nursing Association |
| <input type="checkbox"/> ANI Alliance for Nursing Informatics | <input type="checkbox"/> NNSDO National Nursing Staff Development Organization |
| <input type="checkbox"/> APhA American Pharmacists Association | <input type="checkbox"/> PCNA Preventive Cardiovascular Nurses Association |
| <input type="checkbox"/> APNA American Psychiatric Nurses Association | <input type="checkbox"/> SVN Society for Vascular Nursing |
| <input type="checkbox"/> APHA American Public Health Association (Public Health Nursing Section) | <input type="checkbox"/> Other: _____ |

Other Demographic Information

Note: Providing the following information is strictly voluntary. It will be used for statistical purposes only.

Sex: M F

Date of Birth: _____
 month/date/year

Race/Ethnic Group

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hispanic | |

To Do List

Date completed:

Read this entire application, front to back.

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

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

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

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

STUDY PLAN

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

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

FILL OUT THE APPLICATION

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

Required attachments: (Please mail everything together in one envelope. Transcripts may be mailed separately by the university directly to the P.O. Box below.)

Photocopy of nursing license

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

All official transcripts with degree(s) conferred

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 in the mail within two weeks. 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** using the paper form. Please note, you can not request a free verification using the on-line system.

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

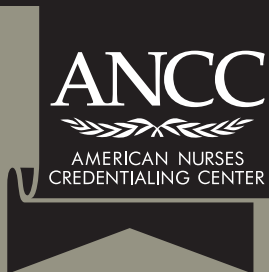
Review and Resource Manuals

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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