

## Credentialing Body Review Request

Credentialing bodies and Magnet-recognized or current applicant organizations may request review of a credential solely for the purpose of inclusion in the Demographic Data Collection Tool<sup>®</sup> (DDCT) of the Magnet Recognition Program<sup>®</sup>. For a credential to be included in the DDCT, evidence of compliance with each element of the seven inclusion criteria listed in the table below must be provided by the credentialing body with this Review Request.

Complete the blanks in this form and follow the instructions below to compile and bookmark the evidence documentation. Do not modify this form. Submit the completed form with supporting documents to the Magnet Program Office at [ddct.certlist@ana.org](mailto:ddct.certlist@ana.org).

Date: \_\_\_\_\_  
Credential program name: \_\_\_\_\_  
Credential: \_\_\_\_\_  
Credentialing body name: \_\_\_\_\_  
Website: \_\_\_\_\_

### Instructions for Completing the Credentialing Body Review Request:

- Evidence requirements.** Collect the documents itemized in the table below to provide evidence of compliance with Eligibility Criteria 1–7.
  - Unless otherwise noted in the table, submit only primary sources<sup>1</sup> to substantiate compliance with each criterion. Narrative responses are not acceptable. However, a brief narrative (3-5 sentences) may accompany a primary source to summarize how the primary source demonstrates compliance.
  - Each primary source submitted must include a title page identifying the source by name, date, and authorship. If a primary source is excerpted or lacks a title page, include a page divider that identifies the source by name, date, and authorship. Web page screenshots submitted as evidence should also be preceded by a title page that includes the URL, date accessed, page name, and authorship.
- Evidence assembly.** Combine all evidence to be submitted in a single pdf file.
- Evidence bookmarking.** Mark relevant sections in the evidence submission file.
  - Follow the instructions posted at <http://www.nursecredentialing.org/Magnet/Magnet-CertificationForms> to bookmark the passages containing supporting evidence.
  - Label the bookmarks to correspond with each of the DDCT Inclusion Criteria (1a, 1b, 2a, 2b, 3, 4, 5, 6, 7) and highlight the text on the labeled pages that addresses each criterion. For some criteria, multiple bookmarks may be necessary to point to evidence in separate locations.
- Attestation:** Complete the attestation paragraphs on page 4. Electronic signatures are acceptable.
- Review fee:** The processing fee is \$1,000. You will receive an invoice with payment instructions.

<sup>1</sup> Primary sources will typically refer to documents and information made available to certification holders, candidates, and other stakeholders.

## Eligibility Criteria and Required Compliance Documentation

- 1a. The certification is developed to reflect a professional body of knowledge and skills, which typically have been defined in a scope and standards of practice.

### **Required documentation:**

The scope and standards or competency statements that were used in development of the most recent Role Delineation Study (RDS) or Logical Job Analysis (LJA). The complete citation for the scope and standards or competency statements may be submitted in lieu of full documents.

### Definitions:

**A professional body of knowledge and skills** is acquired through a protracted period of education, orientation, training, and socialization to the requisites of the profession, including the profession's unifying purpose, defined service or practice, concepts, theories, evidence base, jurisdiction, and code of ethics and principles.<sup>2</sup>

**Scope and standards.** A scope of practice defines the roles and functions of a profession. Standards are authoritative statements describing expectations for competent practice and by which practice can be evaluated. A scope of practice and standards form the foundation of the professional's decision-making. Both scope of practice statements and standards are subject to periodic formal review and revision.<sup>2</sup>

**Competency statements** are descriptions of "an expected level of performance that results from an integration of knowledge, skills, abilities, and judgment."<sup>3</sup>

- 1b. The credential is professional rather than technical or skills-based.

### **Required documentation:**

- Eligibility criteria showing the requirement for formal education beyond high school.
- Test content outline illustrating assessment of foundational knowledge and independent application of that knowledge.

### Definition:

**Technical/skills-based.** A skills-based or technical certification reflects the knowledge, skills, attitudes, and competencies associated with a defined skill or skill set; it is narrower and more limited in scope than a professional specialty certification.<sup>2</sup>

- 2a. Development of the certification relies on a national role delineation study or logical job analysis that is revised at least every 7 years to reflect current knowledge and skills required of the profession or specialty.

### **Required documentation:**

- Executive summary of the most recent Role Delineation Study (RDS) or Logical Job Analysis (LJA), either as made available to the public or from the final internal document.
- A statement of the year in which the immediately previous RDS/LJA was completed.

- 2b. Development of the certification relies on generally accepted assessment development and psychometric principles

### **Required documentation:**

A statement of the dates that major steps in examination development for this particular credential were completed following the recent RDS/LJA:

- 1) steps that involved content experts by date
- 2) steps that involved measurement professionals by date (Item Writing, Exam Form Assembly, Standard Setting)
- 3) standard setting study to determine the passing score by date

<sup>2</sup> American Nurses Credentialing Center, 2017, *Magnet Recognition Program®: Criteria for Inclusion of National Certifications in the Demographic Data Collection Tool®*. Available at <http://www.nursecredentialing.org/Magnet/Magnet-CertificationForms>.

<sup>3</sup> American Nurses Association, 2007, *Draft white paper on competence and competency*. Available at [www.nursingworld.org](http://www.nursingworld.org) members only web site.

<b>Eligibility Criteria and Required Compliance Documentation</b>	
3.	<p>A time-limited recertification interval is defined</p> <p><b>Required documentation:</b> Recertification or renewal policy from candidate guides or manuals.</p>
4.	<p>The certification is national in scope (i.e., it is not a state-based or system-based certification)</p> <p><b>Required documentation:</b> Eligibility criteria from candidate guides or manuals showing no limitations by state or region.</p>
5.	<p>The certification is independent of (a) a specific class, course, or other education/training program and (b) any provider of classes, courses, or programs. Certificate programs are not eligible for inclusion in the DDCT.</p> <p><b>Required documentation:</b> Eligibility prerequisites shown in candidate guides or manuals.</p> <p>Definition: <b>Certificate programs</b> assess whether the participants in a specific class, course, or other education/training program have achieved the intended learning outcomes for that education or training program.<sup>4</sup></p>
6.	<p>The assessment administration environment is standardized and follows industry standards for security</p> <p><b>Required documentation:</b> Written instructions contained in candidate guides or manuals describing the assessment administration environment and measures taken to ensure item security (e.g., security of test items, identity verification processes, and standardization of testing environment).</p>
7.	<p>A credential is issued to the individuals who successfully complete a certification assessment.</p> <p><b>Required documentation:</b> Statement of the credential conferred to successful candidates from candidate guides or manuals.</p>

<sup>4</sup> Institute for Credentialing Excellence, 2009, *ICE 1100 Standard: 2010(3) – Standard for Assessment-Based Certificate Programs*. Available at <http://www.credentialingexcellence.org/p/cm/ld/fid=99>

**STATEMENT OF UNDERSTANDING**

I attest, by my signature below, that I am duly authorized by \_\_\_\_\_ to submit this application for \_\_\_\_\_ for inclusion in the Demographic Data Collection Tool® (DDCT) of the Magnet Recognition Program® and to make the statements herein. On behalf of \_\_\_\_\_, I have read the DDCT Criteria for Inclusion of National Certifications (Inclusion Criteria) and understand that inclusion depends on successfully meeting the Inclusion Criteria. I further understand that continued inclusion on the DDCT is dependent upon continued satisfaction of the Inclusion Criteria. If the Inclusion Criteria are successfully met, \_\_\_\_\_ certification will be included on the DDCT.

On behalf of \_\_\_\_\_, by my signature below, I authorize ANCC to make whatever inquiries and investigations that they, in their sole discretion, deem necessary to obtain or verify information submitted with or necessary for review of this application. All information will be kept confidential and shall not be used for any other purposes without \_\_\_\_\_'s permission.

On behalf of \_\_\_\_\_, I hereby certify that the information provided on and with this application is true, complete, and correct. I further attest, by my signature on behalf of \_\_\_\_\_, that \_\_\_\_\_ will comply with all Inclusion Criteria. \_\_\_\_\_ will notify ANCC promptly if, for any reason while this application is pending or at any period of inclusion on the DDCT, \_\_\_\_\_ does not maintain compliance. If accepted for inclusion, the \_\_\_\_\_ will be subject to random audit by ANCC for continued compliance with the inclusion criteria. I understand that any misstatement of material fact submitted on, with or in furtherance of this application shall be sufficient cause to deny, suspend, or terminate inclusion of \_\_\_\_\_ and to take other appropriate action against \_\_\_\_\_.

*(Applications received without a signature incur a delay in processing which will cause a delay in the review).*

An "X" in the box below serves as the electronic signature of the individual completing this Application Form and attests to the accuracy of the information contained.

**Electronic Signature (Required)**                      **Date** \_\_\_\_\_

\_\_\_\_\_  
**Completed By: Name and Title**