



ANCC proudly offers certification for

Certification Reciprocity

Reciprocity refers to the ANCC Commission on Certification policy whereby your certification with a different certification organization may be recognized by ANCC.

ANCC may grant reciprocity to a nurse certified by another certifying organization in a certification specialty also offered by ANCC, subject to the following conditions:

- > The other certifying organization's exam is accredited by either the American Board of Nursing Specialties (ABNS) or the National Commission of Certifying Agencies (NCCA).
- > You hold a current certification with the other organization.
- > You hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country.
- > You meet the required continuing education requirements outlined inside this brochure.
- > You do not already hold a current or lapsed ANCC certification in the same certification specialty.

For more information: www.nursecredentialing.org



Certification Reciprocity

Reciprocity is available for:

Adult Nurse Practitioner certification with the American Academy of Nurse Practitioners Certification Board

Case Manager certification with the Commission for Case Manager Certification

Note: Reciprocity applicants must hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country.

Family Nurse Practitioner certification with the American Academy of Nurse Practitioners Certification Board

Medical-Surgical Nursing certification with the Medical-Surgical Nursing Certification Board

Pediatric Nursing certification with the Pediatric Nurse Certification Board

Pediatric Nurse Practitioner certification with the Pediatric Nurse Certification Board

Please contact us if you have questions about whether your certification qualifies for reciprocity. Call our Customer Care Center at 1.800.284.2378.

Benefits of ANCC Certification

American Nurses Credentialing Center is the largest and most respected nurse credentialing organization in the United States. Where ever your career takes you, you can be certain that your ANCC certification will be recognized.

ANCC certifications are on a five year renewal cycle. Provided you have completed your renewal requirements, paperwork and fees for ANCC certification renewal are due every five years. Even better, the fees for ANCC certification renewal can be as low as \$200* for a five year renewal.

*The 2008-2010 renewal rate for American Nurses Association members who complete the renewal requirements and submit their applications before their certification expiration date is \$200.

2008-2010 Application Fees

Prices below include \$140 non-refundable administrative fee

ANA Member	\$270	Required attachment: A copy of your American Nurses Association membership card. (Full and Direct ANA members only. Individual Affiliate members excluded from this offer.)
Discount	\$340	Required attachment: A copy of your American College of Nurse Practitioners membership card (if you are applying for nurse practitioner reciprocity)
Non-Member	\$390	

Mailing Instructions

Print legibly using either black or blue ink. **Keep a photocopy of your application for your records.** Submit an application, copy of your current RN license (if your board of nursing issues a paper license), current certification card or certificate, and payment. Remember to attach all required supporting documents and mail to:

**American Nurses Credentialing Center
P.O. Box 791333
Baltimore, MD 21279-1333**

You will receive a confirmation letter within 2 to 3 weeks and your new ANCC Certification certificate within 6 weeks.

DETACH HERE

Complete application and mail to ANCC.

Certification Reciprocity

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 Names 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 Country

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: _____ |

Reciprocity requested: Attach a copy of your current certification card or certificate.

- Adult Nurse Practitioner certification with the American Academy of Nurse Practitioners Certification Board
- Case Manager certification with Commission for Case Manager Certification
- Family Nurse Practitioner certification with the American Academy of Nurse Practitioners Certification Board
- Medical-Surgical Nursing certification with the Medical-Surgical Nursing Certification Board
- Pediatric Nursing certification with the Pediatric Nurse Certification Board
- Pediatric Nurse Practitioner certification with the Pediatric Nurse Certification Board

My current certification is valid from _____ through _____

Payment 2

- | | |
|---|---|
| <input type="checkbox"/> Personal Check/Money Order (payable to ANCC) | Amount Enclosed: _____ |
| <input type="checkbox"/> Charge Card (MasterCard or VISA only) | Amount to be charged: _____ |
| <input type="checkbox"/> 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.

Education

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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 with the most recent degree first (do not include high school). 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.

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- Required attachments:** Attach a copy of license Check this box if your state does not issue a paper license
 Check this box if your RN license is not from a state or territory of the United States

Current RN License Number

State/Country Expiration Date (month/date/year)

Statement of Understanding

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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 an RN (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 eligible for reciprocity.
- _____ Complete any missing requirements such as continuing education hours.

FILL OUT THE APPLICATION

_____ Fill out the Application, attaching all required documents.

Required attachments: (please mail everything together in one envelope)

Photocopy of nursing license (if your board of nursing issues a paper license)

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

Check (if you are paying by check)

MAIL APPLICATION

_____ Mail your application and supporting documents 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 a letter of certification or a letter requesting additional information.

RESULTS

_____ Download the Certification Renewal materials from the ANCC website at www.nursecredentialing.org and begin planning for your certification renewal.

Continuing Education 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 enhance your critical thinking skills and identify strengths and weaknesses. Contact hours available on-line for an additional fee. Order manuals at: www.nursecredentialing.org

Certified Nurse Products

Once you have received your ANCC certification, 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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