

AMERICAN NURSES CREDENTIALING CENTER

Magnet Recognition Program®

NOTICE: The electronic signature of the CNO is required before the application can be submitted. The signature block appears at the end of the online application. The application can neither be completed nor saved without the CNO signature. With that signature the CNO is agreeing that:

The Chief Nursing Officer's signature indicates that the Chief Nursing Officer:

- has reviewed, understands, and is in compliance with all the Magnet Recognition Program's eligibility requirements as indicated on pages 3-4 and 6-10 of the 2019 Magnet Application manual (see appendices B, C, H, and I for detail).
- has also reviewed and understands the Magnet Recognition Program review process and the non-refundable fee structure,
- understands that providing false, misleading, or incomplete information is grounds for denial of the application at any point during the review process or whenever this information is discovered,
- confirms that at 100% of nurse managers and assistant vice presidents (AVPs)/nurse directors of individual units/wards/clinics and or departments possess at least a baccalaureate degree in nursing upon submission of the application,
- if Magnet Recognition status is awarded to the health care organization they will allow the MPO to use all data and submitted narratives for research purposes, and
- if Magnet Recognition status is awarded to the health care organization they will allow the MPO to publish and disseminate best practices and exemplars identified in the documents submitted in the Magnet Learning Community™ website.

Documentation must be original work:

All evidence produced in the written documentation or displayed during a site visit must reflect the unique work of the organization. If employing the services of an editor/writer, due diligence should be undertaken to include a statement of work that clearly states that only original work by the organization will be included in the documents. Statements/examples or any information copied from another organization's documentation and placed in the applicant organization's documentation may lead to denial of the application at any point during the review process or whenever this information is discovered, including after the organization has been designated.

Note: * marks a required field

*Are you applying as a system? No

Organization Name and Address

*Type of Application:	<input type="text"/>	<i>Initial or redesignation</i>
*Legal Name of Health Care Organization:	<input type="text"/>	
*Address Line 1:	<input type="text"/>	
Address Line 2:	<input type="text"/>	<i>If none, leave blank</i>
Address Line 3:	<input type="text"/>	<i>If none, leave blank</i>
*Country:	<input type="text"/>	
*City/Town:	<input type="text"/>	
*State/Province:	<input type="text"/>	
*Postal/Zip Code:	<input type="text"/>	
*Medicare Provider Number:	<input type="text"/>	<i>If none, enter a zero</i>
*AHA Hospital Number:	<input type="text"/>	<i>If none, enter a zero</i>
*Does the organization have multiple campuses?	<input type="text"/>	<i>Yes or No</i>
How many campuses are there?	<input type="text"/>	
What is the name of each campus?	<input type="text"/>	

General Information

Leave Blank if Not Applicable

*Date for submission of written documentation: *Change in date will incur an extension fee.*

*Region: *Autofills by US region*

*Teaching Status: *Teaching or Non-Teaching*

*Type of Health Care Organization: *Acute Care, Acute Psychiatric, Ambulatory, Critical Access, Long Term Care Inpatient, Pediatric Acute care, or Other*

Number of Licensed Beds, Acute Care: *Required for inpatient settings*

Number of Licensed Beds, Long Term Care: *Required for inpatient settings*

Outpatient Setting: *Yes or No*

Average Daily Census:

Average Length of Stay:

Expected Primary Payor: *Medicare, Medicaid, Private Insurance, HMO, or Other*

Bargaining Unit(s) for RNs: *Yes or No*

Chief Nursing Officer Information

*Name (First, Middle, Last):

*Credentials: *RN BSN MSN PhD/DNS/EdD*

*Title:

*Address: *New or same as organization?*

*Country:

*Address Line 1:

Address Line 2:

Address Line 3:

* City/Town:

* State/Province:

* Postal/Zip Code:

*Office Phone Number: Ext:

Office Fax Number: Ext:

*Email Address:

*Administrative Assistant (First, Middle, Last):

*Administrative Assistant Phone: Ext:

* Administrative Assistant Email:

Magnet Program Director/Communicator Information

*Name (First, Middle, Last):

*Credentials:

*Title:

*Address: *New or same as organization?*

*Country:

*Address Line 1:

Address Line 2:

Address Line 3:

*City/Town:

*State/Province:

*Postal/Zip Code:

*Office Phone Number: Ext:

Office Fax Number: Ext:

*Email Address:

*Administrative Assistant (First, Middle, Last):

*Administrative Assistant Phone: Ext:

*Is the applicant organization part of a system?

System Name and Address

*Name of Health Care System:

*Address Line 1:

Address Line 2: *If none, leave blank*

Address Line 3: *If none, leave blank*

*Country:

*City/Town:

*State/Province:

*Postal/Zip Code:

System Chief Nursing Officer Information

*Name (First, Middle, Last):

*Credentials: *RN BSN MSN
PhD/DNS/EdD*

*Title:

*Address: *New or same as organization?*

*Country:

*Address Line 1:

Address Line 2:

Address Line 3:

* City/Town:

* State/Province:

* Postal/Zip Code:

*Office Phone Number: Ext:

Office Fax Number: Ext:

*Email Address:

*Administrative Assistant (First, Middle, Last):

*Administrative Assistant Phone: Ext:

* Administrative Assistant Email:

System Magnet Program Director/Communicator Information

*Name (First, Middle, Last):

*Credentials:

*Title:

*Address:

*Country:

*Address Line 1:

Address Line 2:

Address Line 3:

*City/Town:

*State/Province:

*Postal/Zip Code:

*Office Phone Number: Ext:

Office Fax Number: Ext:

*Email Address:

*Administrative Assistant (First, Middle, Last):

*Administrative Assistant Phone: Ext:

New or same as organization?