







## 5. STAFF DEVELOPMENT/CLINICAL EDUCATOR (includes adjunct faculty)

Are you *primarily* employed in staff development or as a clinical educator?    Yes    No

Do you spend at least 50% of your professional time teaching in the role, population, and specialty of the certification in which you are seeking appointment?     Yes     No

Are you also currently in clinical practice?    Yes    No

If yes, what percentage of your professional time do you spend in clinical practice? \_\_\_\_\_

## 6. CLINICAL PRACTICE

Are you currently in practice as relates to your certification?    Yes    No

If yes, please describe your practice:

Are you *primarily* employed in practice?    Yes    No

Do you spend at least 50% of your professional time engaged in clinical practice in the role, population, and specialty of the certification area to which you are seeking appointment?     Yes     No

Do you precept?     Yes     No

If yes, please describe (e.g., students, new staff, etc.)

## 7. EXPERIENCE

In your own words, please give specific examples regarding experience and education (continuing education or academic) as they relate to your daily practice in your certification specialty.

## 8. PERSONAL INTEREST STATEMENT

Please explain your interest in becoming an ANCC volunteer (you may reference any previous ANCC volunteer experience). Why do you think you would be a good candidate based on your professional interests and unique experiences? (No more than 300 words).

## 9. PRIMARY EMPLOYMENT PRACTICE SETTING

Geographical setting of the facility at which you practice:

- Rural (population <2,500)
  Metropolitan (population 250,000–999,999)  
 Town (population 2,500–49,999)
  Greater Metropolitan (population >999,999)  
 City (population 50,000–249,999)

What is your current employment setting? Select all that apply:

### Number of Beds

- Not applicable  
 1-100  
 101-250  
 251-500  
 More than 500

**Age of Patients** (check all that apply)

- 0-1  
 2-12  
 13-21  
 22-65  
 66-79  
 80 and above

### Type of Primary Position

- Administration/DON/CNO/VP  
 Clinical/Staff/Direct Care Nurse  
 Clinical Nurse Specialist  
 Educator  
 Nursing Associate/Assistant Admin  
 Nurse Manager  
 Nurse Practitioner  
 Researcher  
 Other, please specify: \_\_\_\_\_

### Type of Facility

- Ambulatory Care  
 Community/Public Health  
 Group Practice Nurse/Physician  
 HMO/Managed Care  
 Hospice  
 Hospital  
 Independent Practice/Self-Employed  
 Long-Term Care  
 Mental Health Center  
 Military/Federal/VA  
 Nursing Home  
 Office Nursing  
 Per Diem/Agency Travel  
 Retail Clinic  
 School Health  
 School of Nursing/University/College  
 Urgent/Emergency Care Center  
 Other, please specify: \_\_\_\_\_

### Patient Populations/Conditions Represented in Your Practice:

- Cardiac  
 Critical Care  
 Endocrine/Diabetes  
 Frail Elderly  
 Gerontology  
 Labor & Delivery  
 Medical Surgical  
 Neurology  
 Orthopedics  
 Pain Management  
 Pediatrics  
 Perinatal  
 Postpartum  
 Psychiatric/Mental Health  
 Pulmonary  
 Rehabilitation  
 Renal/Urology  
 Trauma/Emergency  
 Other, please specify: \_\_\_\_\_

## 10. EDUCATIONAL PREPARATION

**List your educational preparation.** Please include all educational nursing degrees attained, starting with your highest attained degree (example: DNP, MSN, BSN, ADN, LPN) Do not state "See CV".

Educational Institution	Area of Major Concentration	Degree	Year Awarded

## 11. PROFESSIONAL EXPERIENCE

List your three most recent positions held. Do not state "See CV."

Organization/ Employer	Position/Title	Brief Description of Duties	Dates of Employment

## 12. PROFESSIONAL SERVICE

List the most recent/significant activities from the past five years as they relate to your practice. For example: certifications; publications and dates; volunteer activities and offices held; presentations and to whom they were given; or honors/awards/special recognitions.

Have you previously volunteered in any test development activities with ANCC? Yes    No

If Yes, please select all that apply:

- Content Expert Panel
- Item Writer
- Standard Setter

Have you been involved in any test development activities with other organizations (e.g. item writer, item reviewer, or standard setting/cut score participant)? Yes    No

If yes, please explain (provide organization names and dates served):

Do you have experience with primary source research? Yes    No

If yes, please describe:

### 13. PROFESSIONAL ORGANIZATIONS

Please check the professional organizations in which you are a current member (check all that apply):

- |                                                                                                  |                                                                                         |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> AAACN American Academy of Ambulatory Care Nursing                       | <input type="checkbox"/> GAPNA Gerontological Advanced Practice Nurses Association      |
| <input type="checkbox"/> AANP American Association of Nurse Practitioners                        | <input type="checkbox"/> ISPN International Society of Psychiatric-Mental Health Nurses |
| <input type="checkbox"/> ANA American Nurses Association                                         | <input type="checkbox"/> NACNS National Association of Clinical Nurse Specialists       |
| <input type="checkbox"/> APNA American Psychiatric Nurses Association                            | <input type="checkbox"/> NGNA National Gerontological Nursing Association               |
| <input type="checkbox"/> APHA American Public Health Association (Public Health Nursing Section) | <input type="checkbox"/> PCNA Preventive Cardiovascular Nurses Association              |
| <input type="checkbox"/> ASPMN American Society for Pain Management Nursing                      | <input type="checkbox"/> SVN Society for Vascular Nursing                               |
| <input type="checkbox"/> ANPD Association for Nursing Professional Development                   | <input type="checkbox"/> Other: _____                                                   |

### 14. ITEM WRITER APPLICANTS

Have you ever completed any item writer training or written test items for a certification licensure exam?  Yes  No

If yes, specify organization(s) and date(s) of prior item writer training or item writing activities:

List any publications and/or presentations you've authored from the past five years as they relate to your practice:

### 15. STATEMENT OF UNDERSTANDING FOR CONTENT EXPERT PANEL APPLICANTS

By typing my signature below I attest that the information I have provided is true and accurate to the best of my understanding.

**If selected and appointed, I agree to serve:**

\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
Date

\*Your typed name is sufficient as a signature. Remember to include with your application, your CV/resume and an official job description.