

# ANCC National Healthcare Disaster Content Expert Application

## Instructions

This application may be used to apply for an ANCC Content Expert position to work on the development of the new National Healthcare Disaster Certification. For more information, please visit the [Content Expert webpage](#).

- Please complete all sections of the following application and submit:
  1. Resume
  2. Job description
  3. If self-employed, include a letter describing professional responsibilities and a statement of commitment and ability to participate.
- Please type all answers and save the file using your last name in the file name (for example, "SmithApplication.PDF").
- All documents must be returned to ANCC by email ([ANCCVolunteer@ana.org](mailto:ANCCVolunteer@ana.org)). If you are having difficulty submitting your documents, please contact [ANCCVolunteer@ana.org](mailto:ANCCVolunteer@ana.org).

For more information about becoming an ANCC Content Expert in this specialty, please visit our website: <https://www.nursingworld.org/certification/ANCC-content-expert-opportunities/current-volunteer-opportunities/>.

# ANCC National Healthcare Disaster Content Expert Application

## 1. GENERAL INFORMATION

**I am applying to serve as an ANCC Content Expert. I am interested in:** (check all that apply)

Content Expert Panel  Item Writing  Standard-Setting Panel

**Use your legal name on the application.**

Ms.  Miss  Mrs.  Mr.  Dr.  Other: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Credentials (Academic Degree, Licensure/Stated Designation, etc.) Please spell out acronyms.

\_\_\_\_\_  
Current Professional License(s), if applicable

\_\_\_\_\_  
State Issued Expiration Date Years in Professional Specialty

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State ZIP/Postal

\_\_\_\_\_  
Preferred Phone  Cell  Home  Work Alternate Phone  Cell  Home  Work

\_\_\_\_\_  
Preferred Email Alternate Email

**Please provide information about someone we could contact in case of emergency.**

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Phone Email

## 2. PRIMARY EMPLOYMENT INFORMATION

Employer Name

Position Title Department

Employer Address

City State ZIP/Postal

Work Phone Ext. Work Fax

Work Email

### 3. EDUCATOR/TRAINER

Are you a faculty member (includes full-time, part-time, and adjunct faculty)?  Yes  No

What levels of education do you teach?

Associate  Bachelor's  Master's  Doctorate  Other: \_\_\_\_\_

Are you *primarily* employed as faculty member?  Yes  No

Do you spend at least 50% of your professional time teaching/training in disaster preparedness, management and response?  Yes  No

If yes, please describe

### 4. PRACTICE SETTING

Please describe your current work as it relates to this specialty.

Please describe your current practice in detail. If applicable, clearly identify types of patient populations, ages, and conditions you manage.

## 5. ESSAY QUESTION

Please describe your experience with natural and/or human-made disaster-related activity (examples: large casualties, fires, tornadoes, hurricanes, mudslides, snowstorms, earthquakes, floods, etc.). Be sure to include relevant education (continuing education or academic), volunteer work and your day-to-day work.

## 6. PROFESSIONAL SERVICE

**List most recent/significant activities as they relates to your work.** For example, certifications, publications and dates, volunteer activities and offices held, presentations and to whom they were given, or honors (if applicable).

Have you ever served as a content or subject matter expert or competency expert (for example, an item writer or standard-setting/cut score participant)?  Yes  No

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

## 7. PROFESSIONAL ORGANIZATIONS

Please provide a list of any professional organizations in which you are a current member.

## 8. 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.**

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Signature\*

Date

\*Your typed name is sufficient as a signature. Remember to include with the application your resume, job description, and, if self-employed, a letter describing your professional responsibilities.