

NURSING KNOWLEDGE CENTER



WORKSHOPS

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1. GENERAL INFORMATION

I am applying to serve on the Subject Matter Expert Registry. I am interested being a: (check all that apply)

- Content developer Peer reviewer Presenter

In which areas are you a subject matter expert?

Nurse Practitioners

- Adult-Gerontology Acute Care NP
 Adult-Gerontology Primary Care NP
 Adult Psychiatric-Mental Health NP
 Family NP
 Gerontological NP
 Pediatric NP

Clinical Nurse Specialists

- Adult-Gerontology CNS
 Adult Psychiatric-Mental Health CNS

Specialties

- Cardiac-Vascular Nursing
 Gerontological Nursing
 Informatics Nursing
 Medical-Surgical Nursing
 Nurse Executive
 Nurse Executive, Advanced
 Nursing Case Management
 Nursing Professional Development
 Pediatric Nursing
 Psychiatric-Mental Health Nursing

- Other speciality areas: _____

Which of the following qualifications do you meet?

- Currently certified in specialty of interest through ANCC
 Have teaching or speaking experience
 Have not served on a 1) panel, 2) as an item writer or 3) in any other related capacity with the ANCC Certification department in the past three years

1. GENERAL INFORMATION • CONT.

Please use your legal name on the application.

Ms. Miss Mrs. Mr. Dr. Other: _____

Last Name First Name MI

Credentials [Academic Degree, Licensure/Stated Designation, Board Certification (e.g., BSN, RN-BC)]

Current RN License # State Issued Expiration Date Years as an RN

Home Address

City State Zip/Postal

Preferred Phone Cell Home Work Alternate Phone Cell Home Work

Preferred Email Alternate Email

2. CURRENT EMPLOYMENT INFORMATION

Employer Name

Position Title Dates of Employment

Employer Address

City State Zip/Postal

Work Phone Ext. Work Fax

Work Email

3. PART 1 • PRIMARY EMPLOYMENT - GEOGRAPHIC SETTING

Geographical setting of the facility at which you practice:

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

3. PART 2 • PRIMARY EMPLOYMENT – PRACTICE SETTING

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: _____

4. EDUCATIONAL PREPARATION AND PROFESSIONAL EXPERIENCE

Please upload your CV or resume. Include certification titles, numbers, expiration date, academic experience and at least three of your most recent professional roles.

5. FACULTY (academic only)

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

If yes, please mark all education levels you teach: ADN BSN MSN DNP PhD Other: _____

Are you *primarily* employed as faculty? 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? <25% 25-50% >50%

6. 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? <25% 25-50% >50%

7. CLINICAL PRACTICE

Are you currently in clinical 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 in which you are seeking appointment? Yes No

8. STATEMENT OF UNDERSTANDING FOR SUBJECT MATTER EXPERT APPLICANTS

Certification through ANCC is only required if you are applying to become a subject matter expert for educational products and services related to ANCC certification exam preparation. Certification through another nationally recognized certifying body, related professional work experience or a combination of both will be considered for all other Nursing Knowledge Center (NKC) educational programs. Selected subject matter experts for individual credentialing education programs will be ineligible to serve on any ANCC panel that is related to exam development for a period of 3 years.

If selected and appointed, I agree to serve:

Signature*

Date

*Your typed name is sufficient as a signature. Remember to include with the application your resume, job description, letter of recommendation, and, if self-employed, a letter describing your professional responsibilities and a statement of commitment and ability to participate on the panel.