



**AACRN RECERTIFICATION APPLICATION FORM**

<b>Last Name</b>		<b>First name</b>	
<b>Address</b>		<b>City, State, Zip Code</b>	
<b>Home Phone</b>		<b>Work Phone</b>	
<b>Fax</b>		<b>Email</b>	

AACRN Information		Registered Nurse Information	
<b>Year of Initial Certification</b>		<b>State of Licensure</b>	
<b>Year of Last Recertification</b>		<b>RN License Number</b>	
<b>AACRN Certificate Number</b>		<b>RN License Expiration Date</b>	
		<b>Is your RN license in good standing in all jurisdictions in which you are currently licensed as a RN?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Please explain on separate sheet of paper</b>
		<b>During the past four years, has any action been taken against your RN license?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Please explain on a separate sheet of paper</b>

**Mail completed application form with appropriate fee to:**

HANCB Recertification  
 11230 Cleveland Ave NW #986  
 Uniontown, OH 44685

Recertification Fee, ANAC/CANAC Member: \$300  
 Recertification Fee, Non-ANAC/CANAC Member: \$400  
 Late Fee: \$50 (all applications postmarked after expiration date will be audited;  
 applications postmarked more than 30 days after expiration date will not be accepted)

**Background Information:**

**Directions:** Please complete the following information to allow us to describe the group of nurses who are certified in HIV/AIDS nursing. Please mark directly on this application.

**A. Percent of Time Currently Working in HIV/AIDS Nursing**

- Less than 25%
- 25-50%
- 51-75%
- more than 75%

**B. Primary Position (Darken only one response)**

- Staff nurse/clinician
- Head Nurse/Nurse Manager
- Nurse Case Manager/Coordinator
- Nurse Practitioner
- Clinical Nurse Specialist
- Patient Educator
- Nurse Educator/Faculty Member
- Director/Assistant Director
- Nurse Researcher
- Infection Control Practitioner
- Consultant
- Sales/Marketing/Industry: Nursing Rep
- Counselor
- Other

**C. Area of Professional HIV/AIDS Emphasis**

- Adult
- Pediatrics
- Both adult and pediatrics

**D. Primary Practice Setting (Darken only one response)**

- Inpatient: community hospital
- Inpatient: university affiliated hospital
- Outpatient/ambulatory care
- Public/community health
- Hospice
- Home Care
- School of Nursing
- Private/Group Practice
- Physician's office
- Substance Abuse Treatment Center
- Long-term Care Facility
- Forensic Setting (jail, prison)
- Community-Based Organization
- HIV Testing Center
- Primary Prevention Program
- Clinical Trial Group
- Family Planning/STD
- Other

**E. Experience in HIV/AIDS Nursing**

- Less than 2 years
- 2 years
- 3-6 years
- 7-10 years
- 11-15 years
- more than 16 years

**Background Information (continued):**

**F. Employment Status**

- Full-time
- Part-time
- Unemployed
- Retired

**G. Primary Practice Location**

- Rural
- Suburban
- Urban (less than 1 million population)
- Urban (more than 1 million population)
- Mixed
- Not applicable

**H. Highest Academic Level Earned**

- Master's in Nursing
- Master's, Other
- Doctorate in Nursing
- Doctorate, Other
- Other

**I. Other Certifications Held (Darken ALL that apply)**

- None
- CNS (state nursing board)
- APRN (state nursing board)
- ACRN
- OCN
- CIC
- CCRN
- CEN
- CRNH
- NP-C (AANP)
- BC (ANCC)
- AAHIVS (AAHIVM)
- Other

**J. Are you currently a member of ANAC?**

- No
  - Yes
- If yes, please provide current membership number

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**OPTIONAL INFORMATION:**

**Race/Ethnicity**

- African American
- Asian/Pacific Islander
- Hispanic/Latino/Latina
- Native American
- White
- Other

**Age Range:**

- Under 25
- 25-29
- 30-39
- 40-49
- 50-59
- 60 or older

**Gender:**

- Female
- Male
- Transgender
- Non-binary
- Prefer not to answer

**I affirm that all statements given on this application are true and correct to the best of my knowledge and that the HANCB is hereby authorized to contact any organization or individual listed hereon to verify my continuing education or licensure history.**

**Signature of AACRN** \_\_\_\_\_

**Date** \_\_\_\_\_

**CREDIT CARD PAYMENT**

If you want to charge your recertification fee on your credit card, please provide all of the following information:

**Name (as it appears on the card)**

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**Address (as it appears on the statement)**

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**Charge my credit card for the total fee of \$** \_\_\_\_\_

**Card Type:**

- VISA
- MasterCard

**Expiration Date (month/year):** | \_\_\_\_ | / | \_\_\_\_ |

**CVV#** \_\_\_\_\_

**Card Number** \_\_\_\_\_

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











**Category V - Professional Activities: 20 hours maximum.**

Includes subcategories of professional activities, including publications, presentations, and grant writing activities directly related to HIV/AIDS nursing.

Copies of articles and chapters or a letter of acceptance from the publisher are required for verification of publications. Brochures, program announcements, or written statements from sponsors or program planners are required for verification of presentations. Copies of grant submission letters or notice of funding are required for verification of grant writing activities.

See Appendix A for maximum hours allowed in each subcategory.

<b>Professional Activity</b>	<b>Date</b>	<b>Hours</b>	<b>HIV/AIDS (Y/N)</b>	<b>Verification (Y/N)</b>
<b>TOTAL</b>				

**Category VI - Volunteer Activities: 15 hours maximum.**

Includes voluntary leadership activities with established HIV/AIDS volunteer services or non-profit organizations.

Activities include membership on national, local, or international taskforces or committees, participation on ANAC, HANCB, JANAC, or HIV/AIDS conference planning committee, or participation in HANCB item review sessions.

Letters verifying activities, dates and hours served will be required from the agency or organization to verify voluntary activities.

<b>Volunteer Activity</b>	<b>Date</b>	<b>Hours</b>	<b>HIV/AIDS (Y/N)</b>	<b>Verification (Y/N)</b>
<b>TOTAL</b>				

## **AACRN RE-CERTIFICATION PROTOCOL**

### **POLICY:**

HANCB has developed protocols for re-certification requirements to ensure AACRNs have continued to maintain competence and/or expand their HIV/AIDS knowledge base within the four (4) year certification/re-certification period. Re-certification protocols will be reviewed at least once a year to determine if the requirements are complete and meet the goals of maintaining competence and/or enhancing HIV/AIDS nursing practice.

### **PROTOCOL:**

#### **Certification Renewal by Continuing Education Points (CEPs):**

The Continuing Education Points (CEPs) recertification includes a wide spectrum of continuing education activities performed by the HIV/AIDS nurse. It includes both formal and informal education experiences for the HIV/AIDS nurse. CEPs are also granted for other activities such as HIV/AIDS publications, presentations, and volunteer/leadership responsibilities.

AACRN certification renewal by CEPs is obtained by accumulating a total of 90 CEPs within a 4-year period. A minimum of 45 CEPs in Category I is required. The remaining 45 CEPs can be accumulated in categories I – VI, although there are limits to the number of CEPs accepted in each of the remaining categories (II through VI).

CEPs must be accumulated during the 4-year re-certification period. CEPs obtained prior to initial AACRN certification cannot be applied towards re-certification. Only CEPs obtained after the date of initial certification can be applied towards re-certification. A description of the acceptable continuing education activities can be found in Appendix A.

HANCB will randomly audit a certain percentage of AACRN applications. If audited, you will be asked to submit copies of certificates and other documents, as described in Appendix A, verifying your CEP activities with your renewal application. During each 4-year period, all AACRNs are encouraged to keep all documentation and be prepared to submit it upon request if audited. All applications are subject to audit at the discretion of the HANCB.

It is important to notify the HANCB of any change in address and/or name. It is the responsibility of the renewing AACRN to submit all required documentation at the time of renewal. Failure to submit documentation as required may delay recertification.

Furthermore, a percentage of AACRNs not audited at time of initial notice will be selected for audit as a part of the on-going performance improvement program of the HIV/AIDS Nursing Certification Board. Finally, non-audited AACRNs may be required to submit supporting evidence of recertification requirements at any time.

## **Appendix A - Continuing education activities approved for AACRNs.**

### **Category I - HIV/AIDS nursing continuing education (minimum of 45 CEPs)**

#### Description of activities:

This category includes HIV/AIDS nursing programs granting contact hours or CEPs.

These programs must address topics that have direct application to the nursing care needs of person living with HIV disease or their significant others and family members.

- A minimum of 45 CEPs in Category I are required per four-year certification period. All courses must be taken during the current certification period. Courses taken during the month of certification/recertification will be allowed. Any courses taken during an extension period for the previous renewal period will not be allowed.
- All Category I CEPs must be approved by a state board of nursing, the American Nurses Credentialing Center, the Association of Nurses in AIDS Care, the American Academy of Nurse Practitioners, or the international equivalent of these organizations.
- One educational contact hour (50 minutes of actual classroom time) equals one CEP.
- If audited, a photocopy of the continuing education certificate is required. The certificate must include the name, date of attendance, title of the course, accrediting agency and number of contact hours granted.

### **Category II - Academic course credit (maximum of 15 CEPs)**

#### Description of activities:

This category includes formal academic courses offered by an accredited college or university.

These courses should address the biopsychosocial knowledge required to practice advanced HIV/AIDS professional nursing.

Courses should have clear applicability to HIV/AIDS nursing practice. Examples of academic courses applicable to this category include graduate level courses in immunology, virology, cell biology, pathophysiology, epidemiology, research methods, statistics, mental health, addictions and substance use, graduate nursing courses related to HIV/AIDS, physical assessment, differential diagnosis, and pharmacology. Pre-requisite nursing education courses are not acceptable. Examples of courses which are not acceptable include but are not limited to history, math, art, music, English, psychology, sociology, philosophy, chemistry, biology, human anatomy, physiology, and health care management.

- In the semester system, one semester credit or hour is equal to 15 CEPs.
- In the quarter system, one quarter credit or hour is equal to 10 CEPs.
- In the trimester system, one trimester credit or hour is equal to 12 CEPs.
- If audited, a photocopy of a formal transcript or grade report is required. If the course title or subject is not identifiable as being related to nursing, a course description of syllabus should be included.

### **Category III - AIDS education and training center clinical practicum (maximum of 20 CEPs)**

#### Description of activities:

Official AETC-sponsored clinical practicum, rotations or training experiences are eligible for CEPs.

- One clinical practicum contact hour (50 minutes of actual classroom or clinical time) equals one CEP.

- If audited, a letter from the course director is required. The letter must include the name, date of attendance, title of course and number of clinical contact hours completed.

#### **Category IV - Continuing medical education (maximum of 45 CEPs)**

Description of activities:

Category IV includes continuing medical education credits.

- All CEPs earned as continuing medical education credits must be accredited by a state medical association, American Medical Association, American Academy of HIV Medicine, International AIDS Society, Infectious Disease Society of America, International AIDS Society-USA, other specialty medical associations or the international equivalents.
- All CEPs earned as continuing medical education must be clearly related to advanced HIV/AIDS nursing practice.
- If audited, a photocopy of the continuing education certificate is required. The certificate must include the name, date of attendance, title of course, accrediting agency and number of contact hours granted.

#### **Category V - Professional activities (maximum of 20 CEPs)**

Description of activities:

Category V includes a variety of professional activities in which HIV/AIDS nurses are involved.

Acceptable activities in this category include publications, presentations and grant writing activities. These professional activities should have clear applicability to HIV/AIDS nursing.

Publications - A maximum of 15 CEPs can be earned in publications.

Publications include professional nursing articles or chapters where the AACRN was author, co-author or editor. The article or chapter must be published in a professional nursing journal or textbook.

CEPs for joint authorship are determined by dividing the number of CEPs to be awarded by the number of authors.

Examples of activities and assigned CEPs related to publications include:

- HIV/ADS related editorial in a journal—two CEPs
- Original HIV/AIDS related research article—five CEPs
- HIV/AIDS textbook editor—10 CEPs
- Chapter author in an HIV/AIDS textbook—five CEPs
- Author of HIV/AIDS textbook—10 CEPs
- HIV/AIDS related journal article—five CEPs
- If audited, a copy of the journal article or textbook chapter, along with the title page and table of contents of the journal or book, are required. Publisher's notice of acceptance should be submitted if CEPs are to be granted before publication.

Presentations - A maximum of 15 CEPs will be granted for professional presentations.

Presentations include professional nursing presentations where the AACRN delivered content to nurses, other health care professionals or the public about topics specifically related to HIV/AIDS.

- Presentations must be delivered within the context of teaching/learning.
- A presentation includes an in-service, seminar, lecture, or conference.
- CEPs for joint presentations are determined by dividing the number of CEPs to be awarded by the number of presenters.
- If audited, evidence of participation must be submitted. These include brochures, program announcements, or written statements from sponsors or program planners. A presentation outline must also be included.
- An example of an activity and CEPs assigned for presentations is a 50-minute HIV/AIDS presentation or lecture (two CEPs).

Grant writing - A maximum of 5 CEPs will be granted for grant writing activities for HIV/AIDS programs.

Grant applications may be for clinical care, educational programs, or research activities.

If audited, a copy of the grant submission letter or notice of funding will be required. An example of CEPs assigned for grant writing is the completion/submission of a grant application (five CEPs).

### **Category VI - Volunteer activities (maximum of 15 CEPs)**

Description of activities:

Recognizing the leadership role many AACRNs have in HIV/AIDS nursing, CEPs can be earned through volunteer activities with an established HIV/AIDS volunteer service or non-profit organization.

Volunteer activities include committee or taskforce involvement at the local, national, and international level.

If audited, a letter verifying the activities and hours served will be required from the agency.

Examples of activities and CPs assigned for these activities include:

- National ANAC board member – seven CEPs per year
- National ANAC committee chair – three CEPs per year
- Local ANAC chapter board member – three CEPs per year
- JANAC or other HIV/AIDS related manuscript peer reviewer – two CEPs
- HANCB board member – seven CEPs per year
- HANCB committee chair – three CEPs per year
- Participation in HANCB item review session – seven CEPs
- Participation in HANCB exam development session – seven CEPs
- Member of local/regional/national HIV/AIDS planning or advisory committee – three CEPs per year