



Application for
HIV/AIDS Certified Licensed Vocational/Practical Nurse (ACLPN)

Candidate Information. Please print clearly.

First Name _____ Middle Initial _____

Last Name _____ Suffix _____

Preferred Pronouns _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Email Address _____

Day Phone (____) _____ - _____ Evening Phone (____) _____ - _____

Current LPN/LVN License Number _____ License State _____ Expiration Date ____/____/____

Eligibility and Background Information. Choose only one answer for each question unless otherwise directed.

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

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

B. Primary Position:

- Clinical Nurse Specialist, Director/Assistant Director, LPN/LVN, Nurse Researcher, Staff Nurse/Clinician, Consultant, Head Nurse/Manager, Nurse Educator/Faculty Member, Patient Educator, Other, Counselor, Infection Control Practitioner, Nurse Practitioner, Sales/Marketing Industry Nursing Representative

C. Area of Professional HIV/AIDS Emphasis:

- Adult, Pediatrics, Both Adult and Pediatrics

D. Primary Practice Setting:

- Clinical Trial Group, Forensic Setting (jail, prison), Hospice, Inpatient: Teaching Hospital, Outpatient/Ambulatory, Public/Community Health, Other, Community-Based Organization, HIV Testing Center, Inpatient: Community Hospital, Inpatient: University Affiliated Hospital, Primary Prevention Program, School of Nursing, Family Planning/STD, Home Care, Inpatient: Non-teaching Hospital, Long-term Care Facility, Private/Group Practice/Physician's Office, Substance Abuse Treatment Center

E. Experience in HIV/AIDS Nursing:

- Less than 2 years, 2 years, 3-6 years, 7-10 years, More than 10 years

F. Employment Status:

- Full-Time, Part-Time, Retired, Unemployed

G. Primary Practice Location:

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



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H. Highest Academic Level:

- Associate Degree, Nursing
Baccalaureate, Other
Doctorate in Nursing
Master's in Nursing
Associate Degree, Other
Diploma in Nursing
Doctorate, Other
Master's Degree, Other
Baccalaureate, Nursing
Diploma/Certificate, Other
LPN/LVN Certificate
Other

I. Other Certifications Held: (Choose all that apply)

- CCRN, CEN, CIC, CRNH, OCN
RN, C, RN, CS, None, Other

J. Where Did You Hear About the Certification in HIV/AIDS Nursing Program? (Choose all that apply)

- ANAC Annual Conference, ANAC Chapter, ANAC Mailing
Colleagues, JANAC, Other Journal
Other

K. Are you currently a member of ANAC?

- No, Yes, If yes, please indicate Membership Number

L. Are you currently or have you been certified in HIV/AIDS Nursing?

- No, Yes, If yes, please supply certification expiration date

M. Did you take any organized review courses prior to starting the Certification process?

- No, Yes, Date, Location

Optional Information

- Race: African American, Asian, Hispanic, White, Native American, Other
Age Range: Under 25, 25-29, 30-39, 40-49, 50-59, 60+
Gender: Male, Female, Transgender, Non-binary, Prefer not to answer

Candidate Signature

I have read and understand the requirements for candidate eligibility 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 education and licensure history.

Candidate Signature: Date:

Credit Card Payment If you want to charge your application fee to your credit card, provide all of the following information.

Name (as it appears on your card):

Billing Address

Card Type: Visa, MasterCard, American Express, Discover

Card Number: Expiration Date: CVV: Amount to Charge: \$

Signature: Date:

This form is for fax or mail only. For security purposes please do not scan or email this form. Contact HANCB at +1(800) 260-6780.