



Application for Certification Examination in HIV/AIDS Nursing

Candidate Information. Please print clearly.

First Name _____ Middle Initial _____

Last Name _____ Suffix _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Email Address _____

Primary Phone (____) _____ - _____ Alternate Phone (____) _____ - _____

Current RN 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:

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

C. Area of Professional HIV/AIDS Emphasis:

- Adult
- Pediatrics
- Both Adult and Pediatrics

D. Primary Practice Setting:

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

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



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H. Highest Academic Level:

- Diploma/Certificate, Nursing
Diploma/Certificate, Other
Associate Degree, Nursing
Baccalaureate, Nursing
Baccalaureate, Other
Associate Degree, Other
Masters Degree, Nursing
Masters Degree, Other
Doctorate, Nursing
Doctorate, Other
Other

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

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

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

- ANAC Mailing, ANAC Chapter, Colleagues, ANAC Annual Conference, 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. Have you taken this exam before?

- No, Yes, Date, Name

N. Did you take the online Practice Exam prior to taking the Certification Examination?

- No, Yes

O. Did you take any organized review courses prior to taking the Certification Examination?

- 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

Candidate Signature

I have read and understand the requirements for candidate eligibility and the cancellation, rescheduling and no show policies. 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 US mail only. For security purposes please do not scan or email this form. Contact HANCB at +1(800) 260-6780.