



## Application for Certification in HIV/AIDS Nursing (ACRN)

**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 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:**

- |   |   |  |
|---|---|--|
| <input type="radio"/> Clinical Nurse Specialist     | <input type="radio"/> Consultant                                      | <input type="radio"/> Counselor                      |
| <input type="radio"/> Director/Assistant Director   | <input type="radio"/> Head Nurse/Manager                              | <input type="radio"/> Infection Control Practitioner |
| <input type="radio"/> Nurse Educator/Faculty Member | <input type="radio"/> Nurse Practitioner                              | <input type="radio"/> Nurse Researcher               |
| <input type="radio"/> Patient Educator              | <input type="radio"/> Sales/Marketing Industry Nursing Representative |  |
| <input type="radio"/> Staff Nurse/Clinician         | <input type="radio"/> Other   |  |

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

- Adult                       Pediatrics                       Both Adult and Pediatrics

**D. Primary Practice Setting:**

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

- |                             |                                      |  |
|-----------------------------|--------------------------------------|--|
| <input type="radio"/> Rural | <input type="radio"/> Suburban       | <input type="radio"/> Urban (less than 1 million population) |
| <input type="radio"/> Mixed | <input type="radio"/> Not applicable | <input type="radio"/> Urban (more than 1 million population) |



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H. Highest Academic Level:

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

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

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

J. Where did you hear about the Certification in HIV/AIDS Nursing Program? (Choose all that apply)

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

K. Are you currently a member of ANAC?

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

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

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

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

- o No o Yes Date / Location

Optional Information

- Race o African American o Asian o Hispanic o White o Native American o Other
Age Range o Under 25 o 25-29 o 30-39 o 40-49 o 50-59 o 60+
Gender o Male o Female o Transgender o Non-binary o 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: o Visa o MasterCard o American Express o 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 email this form. Contact HANCB at +1(800) 260-6780.