



**ACRN 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>	

ACRN 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>ACRN 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <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 Member: \$200  
 Recertification Fee: Non-ANAC Member: \$300  
 Late Fee: \$50 (all applications postmarked after certificate expiration date; if more than 30 days after expiration date, application 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 (Select only one response)**

- Staff nurse/clinician
- LPN/LVN
- 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 (Select 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
- more than 10 years

**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**

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

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

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

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

- No
- Yes

If yes, please provide current membership number

---

**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 ACRN** \_\_\_\_\_

**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)**

---

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

---

---

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

**Card Type:**

- VISA
- MasterCard

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

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

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

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



**Category II - Academic Courses: 35 hours maximum.**

This category includes formal academic courses offered by an accredited college or university. These courses should address the biopsychosocial knowledge required to practice HIV/AIDS professional nursing. Courses should have clear applicability to HIV/AIDS practice. Examples of academic courses applicable to this category include immunology, virology, cell biology, pathophysiology, epidemiology, research methods, statistics, mental health, addictions, and substance use. Undergraduate/graduate nursing courses related to HIV/AIDS, physical assessment, differential diagnosis, or pharmacology are also applicable. Pre-requisite nursing education courses are not acceptable. Examples of courses which are NOT acceptable include but are not limited to the following: history, math, art, music, English, psychology, sociology, philosophy, chemistry, biology, human anatomy and physiology, health care management.

In the semester system, one semester credit or semester hour is equal to 15 CEPs. A 3-credit semester course is equivalent to 45 CEPs.

In the quarter system, one quarter credit, one quarter hour or one credit equals 10 CEPs. A 3-credit quarter course is equivalent to 30 CEPs.

In the trimester system, one trimester credit equals 12 CEPs. A 3-credit trimester course is equivalent to 36 CEPs.

If audited, a photocopy of formal transcript or grade report is required. A course description, course content, or syllabus should be included.

Course Title	Provider	Credit Type/Hours (semester/trimester /quarter)	Course Dates	Hours
<b>TOTAL</b>				





**Category IV - Continuing Medical and Other Allied Health Professional Education: 35 hours maximum.**

This category includes courses in continuing medical education or other allied health professions which are related to HIV/AIDS care. Courses must be accredited by the American Medical Association, Accreditation Council for Continuing Medical Education, or other approved providers. Accrediting agencies must be listed on the application form. Courses taken must clearly be related to HIV/AIDS care.

One contact hour is equivalent to 50 minutes of classroom time or one CEP.

If audited, a photocopy of the continuing education certificate is required. The certificate must include the name, date(s) of attendance, title of course, number of contact hours granted, and accrediting agency. Continuing education in medicine or other allied health professions cannot be counted unless it is related to HIV/AIDS care.

Course Title	Date	Hours	HIV/AIDS (Y/N)	Accredited By (AMA/ACPE/ Others)
<b>TOTAL</b>				

**Category V - Other Continuing Nursing Education: 14 hours maximum.**

This category includes continuing education credits in nursing that are not HIV/AIDS related.

All courses must be accredited 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. The accrediting agency must be listed on the application form.

One 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(s) of attendance; title of course, number of contact hours granted, and accrediting agency.

Course Title	Date	Hours	Nursing (Y/N)	Approved (SBN/ANCC/AANP/A NAC)
<b>TOTAL</b>				



## ACRN RE-CERTIFICATION PROTOCOL

### **POLICY:**

HANCB has developed protocols for re-certification requirements to ensure ACRNs 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.

ACRN certification renewal by CEPs is obtained by accumulating a total of 70 CEPs within a 4-year period. A minimum of 35 CEPs in Category I is required. The remaining 35 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 taking the ACRN examination cannot be applied towards re-certification. Only CEPs obtained after the date the examination was taken 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 ACRN 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 ACRNs 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.

If you have been selected for random audit, you will be notified in a special letter that will accompany your first renewal notice. This first renewal notice is sent approximately 120 days prior to renewal. Therefore, it is important to notify the HANCB of any change in address and/or name. It is the responsibility of the renewing ACRN to submit all required documentation at the time of renewal.

Failure to submit documentation as required may delay recertification.

Furthermore, a percentage of ACRNs 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 ACRNs may be required to submit supporting evidence of recertification requirements at any time.

**APPENDIX A**  
**Continuing Education Activities Approved for CEPs**

**Category I - HIV/AIDS Nursing Continuing Education**

**Description of Activities:**

This category includes HIV and AIDS nursing programs granting contact hours or CEPs. These programs must address topics that have direct application to the nursing care needs of persons living with HIV/ AIDS or their significant others.

- A minimum of 35 CEPs are required per four-year 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 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. Accrediting agencies for each course must be listed on the application form.
- All 70 CEPs may be obtained in Category I.
- 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(s) of attendance, title of course, number of contact hours granted, and accrediting agency.

**Category II - Academic Credit Courses**

**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 HIV/AIDS professional nursing. Courses should have clear applicability to HIV/AIDS practice.

Examples of academic courses applicable to this category include immunology, virology, cell biology, pathophysiology, epidemiology, research methods, statistics, mental health, addictions, and substance use. Undergraduate/graduate nursing courses related to HIV/AIDS, physical assessment, differential diagnosis, or pharmacology are also applicable.

Pre-requisite nursing education courses are not acceptable. Examples of courses which are NOT acceptable include but are not limited to the following: history, math, art, music, English, psychology, sociology, philosophy, chemistry, biology, human anatomy and physiology, health care management.

- In the semester system, one semester credit or semester hour is equal to 15 CEPs. A 3-credit semester course is equivalent to 45 CEPs.
- In the quarter system, one quarter credit, one quarter hour or one credit equals 10 CEPs. A 3-credit quarter course is equivalent to 30 CEPs.

- In the trimester system, one trimester credit equals 12 CEPs. A 3-credit trimester course is equivalent to 36 CEPs.
- An unlimited number of applicable CEPs can be earned. However, only a maximum of 35 CEPs can be applied towards recertification since 35 CEPs must be earned in Category I.
- If audited, a photocopy of formal transcript or grade report is required. A course description, course content, or syllabus should be included.

- 

### **Category III - AIDS Education and Training Center (AETC) Clinical Practicum**

#### **Description of Activities:**

This category includes CEPs obtained from AETC officially sponsored clinical practicum, rotations, or training experiences.

- A maximum of 20 CEPs can be earned.
- 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(s) of attendance, title of course, and number of clinical contact hours completed.

### **Category IV - Continuing Medical Education (CME) and other Allied Health Professional Education**

#### **Description of Activities:**

This category includes courses in continuing medical education or other allied health professions which are related to HIV/AIDS care. Courses must be accredited by the American Medical Association, Accreditation Council for Continuing Medical Education, or other approved providers. Accrediting agencies must be listed on the application form. Courses taken must clearly be related to HIV/AIDS care.

- A maximum of 35 CEPs can be earned.
- One contact hour is equivalent to 50 minutes of classroom time or one CEP.
- If audited, a photocopy of the continuing education certificate is required. The certificate must include the name, date(s) of attendance, title of course, number of contact hours granted, and accrediting agency.
- Continuing education in medicine or other allied health professions cannot be counted unless it is related to HIV/AIDS care.

### **Category V - Other Continuing Education in Nursing**

#### **Description of Activities:**

This category includes continuing education credits in nursing that are not HIV/AIDS related.

- A maximum of 14 CEPs can be earned.
- All courses must be accredited 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. The accrediting agency must be listed on the application form.

- One 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(s) of attendance, title of course, number of contact hours granted, and accrediting agency.

## **Category VI - Professional Activities**

### **Description of Activities:**

This category includes a variety of professional activities in which HIV/AIDS nurses are involved. Acceptable activities in Category VI include publications, presentations, and volunteer activities. These professional activities should have clear applicability to HIV/AIDS nursing. A maximum of 15 CEPs can be earned per four (4) year renewal period.

### **Publications:**

Publications include professional nursing articles for which the ACRN was author, co-author, or editor. CEPs for joint authorship are determined by dividing the number of CEPs to be awarded by the number of authors. A maximum of 15 CEPs per renewal period can be earned for publications. Examples of activities and maximum CEPs related to publications include:

- HIV/AIDS related editorial in a nursing journal, 2 CEPs
- Original HIV/AIDS related research article, 5 CEPs
- HIV/AIDS textbook editor, 10 CEPs
- Chapter in an HIV/AIDS textbook, 5 CEPs
- Authored HIV/AIDS textbook, 10 CEPs
- HIV/AIDS related journal article, 5 CEPs
- If audited, a copy of the article or journal; research publication; title page and/or table of contents of the book are required. Publisher's notice of acceptance can be submitted if publication is pending at the time of recertification; however, credit will not be given for this same publication in a subsequent recertification period.

### **Presentations:**

Presentations include professional nursing presentations where the ACRN delivered HIV/AIDS information to nurses, other health care professionals, or the public. The presentation must be delivered within the context of a teaching/learning setting. A presentation includes an in-service, seminar, workshop, or conference. CEPs for joint presentations are determined by dividing the number of CEPs to be awarded by the number of presenters. A maximum of 6 CEPs per renewal period will be granted for professional presentations. Examples of activities and maximum CEPs allowed for presentations include:

- 2 CEPs for each contact hour (50 minutes) of lecture material presented.
- A repeat presentation will be granted 1 CEP for a maximum of 1 time within the current renewal period.
- A 50-minute presentation that is repeated once (one original and one repeat presentation) would be granted 3 CEPs.
- If audited, all of the following must be submitted:
- Evidence of participation in the presentation (i.e., brochure, announcement, or written statement).

### **Volunteer Activities:**

Recognizing the leadership role many ACRNs have in HIV/AIDS nursing, CEPs can be earned through volunteer activities with an established HIV/AIDS volunteer service or non-profit organization. These activities may include committee or taskforce involvement at the local or national level. A maximum of 7 CEPs per renewal period can be earned in category VI for volunteer activities.

- Serving as a national ANAC Board Member, 7 CEPs per year.
- Serving as a local chapter ANAC Board Member, 3 CEPs per year.
- Serving as committee chair on an ANAC national committee, 3 CEPs per year.
- Serving as a field representative on an ACTG protocol team, 7 CEPs per year.
- Participation on an ANAC national committee, 2 CEPs per year.
- Participation as a JANAC or other HIV/AIDS related manuscript peer reviewer, 2 CEPs per year.
- Participation on HANCB/ACRN Item Writers Committee, 7 CEPs per year.
- Participation in HANCB/ACRN Exam Review Taskforce, 7 CEPs per year.
- Participation in a local/regional/national HIV/AIDS planning or advisory committee, 3 CEPs per year.
- Serving as a preceptor for new nurses, undergraduate/graduate nursing students, 2 CEPs per year.
- Volunteering for an agency where direct nursing care is delivered to PLHIV or PWA. A maximum of 7 CEPs per year can be earned as a volunteer nurse.
- Examples of acceptable volunteer activities where direct nursing care is provided include:
  - Camp nursing for children with HIV/AIDS, 1 CEP for every 3 hours of volunteer nursing.
  - Residential care facilities or homeless shelters where services for PWAs and PWHIV are provided, 1 CEP for every 3 hours of volunteer nursing.
  - Serving as a nurse on the medical support team for AIDS Ride and/or AIDS Walk, 1 CEP for every 3 hours of volunteer nursing.
- Regardless of whether you are being audited or not, the following must be submitted to earn CEPs for volunteer activities:
  - For ANAC and HANCB volunteer activities:
    - Evidence of participation in the volunteer activity (written verification from the sponsoring organization).
  - For precepting activities:
    - A written letter from your immediate supervisor or faculty liaison stating the number of hours precepted and the purpose of the precepting experience (orienting new staff nurse, precepting undergraduate community health student, etc.).
  - For volunteer nursing activities:
    - Written documentation of the volunteer organization's (non-ANAC and HANCB) values and mission statement.
    - Written documentation from a program sponsor verifying evidence of participation in the volunteer activity, including the number of volunteer hours completed.