



EDUCATION DOCUMENTATION FORM

This form must be signed by the CNL Program Director or equivalent. The completed and signed form should be sealed in an official school envelope and mailed with the candidate's CNL Certification Examination Application or can be mailed directly to: Commission on Nurse Certification, One Dupont Circle, NW, Suite 530, Washington, DC 20036-1120.

Part I (contact information to be completed by the CNL candidate)

Name: _____
Address: _____

E-mail: _____
Telephone: _____

Part II (to be completed by CNL Program Director)

The candidate, named above, is applying to sit for the Clinical Nurse Leader (CNL) Certification ExaminationSM offered by the Commission on Nurse Certification (CNC) of the American Association of Colleges of Nursing (AACN). Please provide the information requested below to verify proof of documentation of the candidate's educational eligibility to sit for the exam.

1. Name of Institution/School of Nursing: _____
Address: _____

2. CNL Education Program Model (A, B, C, D, E) from which candidate graduated: (check only one):
 Model A – Master's degree program designed for BSN graduates
 Model B – Master's degree program for BSN graduates that includes a post-BSN residency that awards master's credit (Amount of credit awarded for residency (credit hours _____))
 Model C – Master's degree program designed for individuals with a baccalaureate degree in another discipline (second-degree program)
 Model D – Master's degree program designed for ADN graduates (RN-MSN)
 Model E – Post-master's certificate program designed for individuals with a master's degree in nursing in another area of study
3. The CNL master's degree or post-master's certificate program from which this candidate graduated was designed based on the AACN white paper on *The Education and Role of the Clinical Nurse Leader* and prepares individuals with the outcome competencies delineated in the AACN white paper on *The Education and Role of the Clinical Nurse Leader*. Yes No

4. The candidate completed as part of his/her formal CNL educational program a minimum of **400** total clinical hours. Yes No

5. **Clinical Immersion Experience:**

The candidate completed as part of his/her formal CNL educational program a minimum of **300** total hours practicing in the CNL role in a clinical immersion experience. (The 300 hours may be part of the 400 total clinical hours documented in #4 above.) Yes No

Description of CNL immersion experience (Please include a brief description of activities/experiences that were included in the immersion experience):

Placement in curriculum (semester/quarter): _____

Approximate hours per week: _____

List practice site(s) where clinical immersion experience took place:

6. The candidate completed the Required Clinical Experiences delineated in the AACN *End of Program Competencies & Required Clinical Experiences* (<http://www.aacn.nche.edu/CNL/pdf/EndCompsgrid.pdf>).
 Yes No

7. Date of CNL Program Completion (MM/DD/YYYY): / /

8. Date master's degree awarded or to be awarded (MM/DD/YYYY): / /

OR

Date post-master's certificate awarded or to be awarded: (MM/DD/YYYY) / /

I certify that the information provided regarding the CNL candidate and the CNL education program from which he/she graduated is complete and accurate.

Name of Clinical Nurse Leader Program Director (print)

Signature of Clinical Nurse Leader Program Director

Date

E-mail