



CLINICAL NURSE LEADERSM (CNL[®])

FACULTY ELIGIBILITY DOCUMENTATION FORM

This form is required for CNL candidates who have not graduated from a Clinical Nurse Leader education program, but are eligible to sit for the Clinical Nurse Leader Certification ExaminationSM. Candidates completing this form must:

1. Have graduated from a baccalaureate or entry-level post-baccalaureate nursing degree program that is accredited by a nursing accrediting agency recognized by the US Department of Education;
2. Hold a graduate degree in nursing or a related health care discipline (such as health care administration or public health) from an institution accredited by an agency recognized by the US Department of Education; and
3. Work as faculty in a CNL education program at a school of nursing.

This form must be signed by the Dean or equivalent. The completed and signed form should be sent with the candidate's CNL Certification Examination Application or can be sent directly to CNC.

Please type or print all responses. If you have any questions regarding the appropriate party to complete and sign this form, please address them to cnl@aacn.nche.edu or contact the CNC at 202-463-6930, ext. 226.

NOTE: The eligibility waiver for CNL faculty to apply expires December 31, 2012.

Commission on Nurse Certification
One Dupont Circle, NW, Suite 530
Washington, DC, 20036-1120
Phone: (202) 463-6930
Fax: (202) 785-8320
Website: <http://www.aacn.nche.edu/CNC>

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The completed and signed form should be sealed in an official institution/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 the Dean)

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

Name of School/Institution where candidate is employed:

Address: _____

1. The candidate, named above, holds a graduate degree in nursing or a related health care discipline.

Yes No

Degree: _____

Degree-granting School of Nursing: _____

2. The candidate, named above, holds a faculty role in the CNL Program at your School of Nursing:

Yes No

I certify that the above information regarding the CNL candidate is complete and accurate.

Name of Dean or equivalent (please print)

Signature of Dean or equivalent

Date

E-mail