



CNL[®] CERTIFICATION EXAMINATION

APPLICATION CHECKLIST

- APPLICATION FORM** (to be completed and signed by the applicant)
- APPLICATION ATTESTATION**
(page 5 of the application; to be signed by the applicant)
- STANDARDS OF CONDUCT ATTESTATION**
(page 6 of the application; to be signed by the applicant)
- EDUCATION DOCUMENTATION FORM** (to be completed and signed by the program director)
- ELIGIBILITY DOCUMENTATION FORM** (to be completed for CNL faculty applicants only; to be completed and signed by Dean or equivalent)
- SCHOOL OF NURSING CNL EDUCATION PROGRAM VERIFICATION FORM** (to be completed and signed by the Dean or equivalent – one form required per school) *Institutions that have submitted the form are listed as an eligible institution on <http://www.aacn.nche.edu/CNC>.*
- PAYMENT** (see page 8 of the application form)

PLEASE NOTE: The complete application and payment must be received at the CNC office by the deadline for your preferred testing period. It is the responsibility of the APPLICANT to ensure that all forms are submitted in a timely fashion. If you are retesting, please submit only the application form, Standards of Conduct, and payment. All applicants should review the CNL Certification Examination Handbook posted on www.aacn.nche.edu/CNC.

QUESTIONS? Contact the Commission on Nurse Certification.
Telephone: 202-463-6930, ext. 226 or ext. 242; e-mail: cnl@aacn.nche.edu

Mailing Information

- If paying by credit card, mail completed application to:
Commission on Nurse Certification
One Dupont Circle, Suite 530
Washington, DC 20036-1120
or fax to AACN's confidential fax machine: **202-463-1315**
- If paying by check, please make payment out to AACN.
Mail completed application and check to:
American Association of Colleges of Nursing
PO Box 418350 · Boston, MA 02241-8350
Note: To send check via courier, contact CNC for the alternate shipping address.



Clinical Nurse Leader (CNL[®]) Certification ExaminationSM Application

Please print or type all information. All information is required unless otherwise noted.

(CNC Office Use)	Payment __	RN Info __	Attestation __	SOC __	EDF/FEF __
Applicant's CNL Unique ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					

I. PERSONAL INFORMATION

Last Name _____

First Name _____ Middle Initial _____

Former/Other Name (e.g maiden name) _____

Mailing Address Street _____

City _____ State _____ ZIP _____ Country _____

Primary Phone Number _____

Secondary Phone Number _____

Primary E-mail Address _____

Secondary E-mail Address _____

II. CURRENT NURSING EMPLOYMENT INFORMATION (IF APPLICABLE)

Name of Institution/Company: _____

Employment Position (title): _____

Employment Address Street: _____

City _____ State _____ ZIP _____ Country _____

Supervisor's Name: _____

Supervisor's Title: _____

Supervisor's Work Phone Number & Extension: _____

Supervisor's E-mail: _____

III. ELIGIBILITY STATUS

Please verify that you meet the eligibility criteria in each box. All four boxes are required.

ELIGIBILITY CRITERIA 1

I have a current and active, unrestricted professional Registered Nurse License in the United States or one of its territories.

If Yes (to be confirmed by CNC):

Registered Nurse License Number:

State: _____

Expiration Date: (MM/YYYY)

If No:

If you do not currently hold a Registered Nurse license see *Eligibility Criteria* in the *Information for Applicants*.

I do not currently hold a Registered Nurse license,

However, I sat for the NCLEX:

Month _____ Year _____

I plan to sit for the NCLEX:

Month _____ Year _____

ELIGIBILITY CRITERIA 3

As part of my formal CNL education program, I completed (or will have completed) a minimum of 400 clinical hours (may include the 300 clinical immersion hours).

Yes

No

ELIGIBILITY CRITERIA 2

I currently serve in a faculty position for a CNL education program. Name of institution/school of nursing:

(Go to Section IV – Employment Information.)

OR

I graduated (or will graduate this semester) from a master's degree program OR a post-master's certificate CNL program, accredited by a nursing accrediting agency recognized by the U.S. Department of Education, that prepares individuals with the competencies delineated in the *AACN Working Paper for the Clinical Nurse Leader*.

Yes **No**

What program did you complete?

CNL Master's Degree

CNL Post-Master's Certificate

Name of institution/school of nursing:

Month & Year of Graduation from the CNL program: _____

Month & Year of Enrollment in the CNL program: _____

For both master's degree and post-master's certificate CNL graduates, the application must be accompanied by CNL Education Documentation Form signed by the CNL Program Director.

ELIGIBILITY CRITERIA 4

As part of my formal CNL education program, I completed (or will have completed) a minimum of 300 clinical hours (can be part of the 400 total clinical hours) in a clinical immersion experience practicing in the CNL role.

Yes

No

Practice site where CNL clinical immersion experience done (If more than one site utilized list primary site:

IV. EMPLOYMENT INFORMATION (*Information in this section does not affect your application and will be used for evaluation purposes only. All are required except the demographics section.*)

1. Current Employment Status (check only one):

- Not currently employed in nursing
- Currently employed in a Full-time CNL position
- Currently employed in a Part-time CNL position
- Currently employed in a staff nurse position only
- Currently employed in another nursing position (list) _____

2. Current Employment Setting(s) (check all that apply):

- Acute Care Inpatient - Type of unit e.g. medical-surgical, cardiac intensive care, orthopedic (If you work on more than one unit just list unit where you work a majority of the time or say multiple units.) _____
- Outpatient Clinic or Surgery Center
- Home Health
- Community/Public Health
- School/University Health
- Nursing Home/Long-Term Care/Sub-Acute Care
- Hospice
- Physician Practice (solo or group)
- Nurse-Managed Practice
- School of Nursing
- Other: _____

3. Location of Employment Setting (check only one)

- Urban
- Suburban
- Rural
- International

4. Size of Facility

Number of beds:

- 1-100
- 101-250
- 251- 500
- > 500
- Not Applicable

5. Total number of years of experience you have as a Registered Nurse prior to entering the CNL education program:

- No previous experience
- <1 year
- 1 - 5 years
- 6 -10 years
- 11-15 years
- 16-20 years
- > 20 years

6. Is there a reward or compensation for receiving CNL certification in your employment setting?

- Yes No Do Not Know.

7. Did your employer pay for the CNL Certification Examination registration fee? Yes No

8. I currently hold nursing certification in another area of practice. Please list name of certification(s) and organization awarded by. (For example, Inpatient Obstetric Nursing, from NCC).

- Yes No

Name of Certification: _____

Organization: _____

V. Demographics (optional)

Gender: Male Female

Birth Year _____ (YYYY)

Race/Ethnicity: (check one)

- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaskan Native
- Black or African American
- Hispanic or Latino
- White

V. APPLICATION ATTESTATION

I certify that I have read the Clinical Nurse Leader (CNL[®]) Certification ExaminationSM Handbook, including the Judicial & Ethics policies, and I comply with all of the admission policies for the CNL Certification Examination. I certify that the information I have submitted in this application and the enclosed documents are complete and correct. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed, not released or invalidated by the Commission on Nurse Certification (CNC) of the American Association of Colleges of Nursing. I also understand that as a candidate, I may NOT discuss test questions, topic areas or scenarios, or possible answers, either during or after the test administration, with any other person(s) which includes faculty, other examinees or potential candidates.

I acknowledge and agree that as a condition of taking the CNL exam, I am hereby giving my irrevocable permission to CNC to release information about my examination scores and credentialed status to any entities it believes to be pertinent in its sole discretion, including state agencies, state boards of nursing, specialized nursing accreditation bodies, and the CNL program from which I graduated. I understand that my detailed examination score reports will be released to the school of nursing (CNL education program) from which I graduated.

Participation in the CNL Certification Examination acknowledges that CNC may release information in aggregate form regarding the information included on this application, examination scores and credentialing status for evaluation and reporting purposes. I also am aware that I may be contacted by CNC representatives at some future date regarding optional participation in additional evaluation processes.

I certify that I have read the policy on inactivation of eligibility records in the CNL Certification Examination Handbook. I acknowledge that if I do not sit for the certification examination originally applied for and do not notify the CNC office prior to the end of the current certification testing period, this will inactivate my application. Under such circumstances, I will have to submit a new application and documentation of my eligibility in compliance with the then current admission requirements and pay the application reactivation fee.

I also understand that allowing my certification to lapse without completing and submitting the necessary document for recertification (see CNL Certification Examination Handbook) will result in the nullification of my CNL Certification and will require me to submit the CNL Certification Application and successfully complete the CNL Certification Examination. I further acknowledge that I am responsible for tracking and maintaining documentation required to support the recertification process.

I understand I am responsible for notifying the CNC of any change in my mailing address and my electronic mailing address to receive official notices regarding my credentials issued by the CNC. CNC staff shall not be responsible for non-receipt of notices due to my failure to provide a current mailing address and electronic address. I understand that upon earning certification and maintaining an active status that I will be included in an online directory of CNL certificants made available to the public.

As a candidate for CNL Certification through CNC, I agree to act with integrity, comply with the law, avoid conflicts of interest and report any violations of the law or any unethical behavior.

Name (print) _____

Signature _____

Date _____

VI. CLINICAL NURSE LEADER (CNL) STANDARDS OF CONDUCT

The Standards of Conduct applies to Clinical Nurse Leaders (CNLs) certified and recertified by the Commission on Nurse Certification (CNC), an autonomous arm of the American Association of Colleges of Nursing. The CNL must demonstrate ethical behaviors in the provision of safe, humanistic health care and maintain competencies through continuing education. The principles outlined below encapsulate a core set of values and behaviors required of the CNL:

Altruism: *Altruism* is a concern for the welfare and well being of others. In professional practice, altruism is reflected by the CNL's concern for the welfare of clients, other nurses, and colleagues.

- Demonstrate understanding of cultures, beliefs, and perspectives of others;
- Advocate for clients, particularly the most vulnerable;
- Take risks on behalf of clients and colleagues; and
- Mentor other professionals.

Accountability: *Accountability* is the right, power, and competence to act. Accountability includes the autonomy, authority and control of one's actions and decisions. Professional practice reflects accountability when the CNL evaluates individual and group health care outcomes and modifies treatment or intervention strategies to improve outcomes. The CNL also uses risk analysis tools and quality improvement methodologies at the systems level to anticipate risk to any client and intervenes to decrease the risk.

- Evaluate client care and implement changes in care practices to improve outcomes of care;
- Serve as a responsible steward of the environment, and human and material resources while coordinating care;
- Use an evidence-based approach to meet specific needs of individuals, clinical populations or communities;
- Manage, monitor and manipulate the environment to foster health and health care quality; and
- Prevent or limit unsafe or unethical care practices.

Human Dignity: *Human Dignity* is respect for the inherent worth and uniqueness of individuals and populations. In professional practice, human dignity is reflected when the CNL values and respects all clients and colleagues.

- Provide culturally competent and sensitive care;
- Protect the client's privacy;
- Preserve the confidentiality of clients and health care providers; and
- Design care with sensitivity to individual client needs.

Integrity: *Integrity* is acting in accordance with an appropriate code of ethics and accepted standards of practice. Integrity is reflected in professional practice when the CNL is honest and provides care based on an ethical framework that is accepted within the profession.

- Provide honest information to clients and the public;
- Document care accurately and honestly;
- Seek to remedy errors made by self or others; and
- Demonstrate accountability for own actions and those of other health care team members under the supervision of the CNL.

Social Justice: *Social Justice* is upholding moral, legal, and humanistic principles. This value is reflected in professional practice when the CNL works to assure treatment under the law and access to quality health care.

- Support and promote availability and access to health care;
- Support fairness and non-discrimination in the delivery of care; and
- Encourage legislation and policy consistent with the advancement of nursing care and health care.

I have read and fully understand the CNL Standards of Conduct. I understand and, by my signature, attest that I now and will in the future adhere to the CNL Standards of Conduct. I understand that the Commission on Nurse Certification (CNC) reserves the right to revise the Standards of Conduct and that it is my responsibility to be aware of CNC's current requirements. I further understand that non-compliance may result in the issuance of a complaint of violation of said standard and may result in the revocation of the CNL designation.

I understand and agree that if I am certified following acceptance of the application and successful examination, such certification does not constitute CNC's warranty or guarantee of my fitness or competency to practice as a health care professional.

Name (print) _____

Signature _____

Date _____

VII. EXAMINATION LOCATION (Select one response.)

I will sit for the CNL Certification Examination at the school from which I graduated from the CNL education program.

I will sit for the CNL Certification Examination at the school where I serve on faculty of the CNL education program.

I am not physically located near the school from which I graduated from the CNL education program and would like to sit for the CNL Certification Examination at another school if possible. *(If applicable, in addition to checking this box, please email cnl@aacn.nche.edu with your need for a testing location.)*

Preferred city and state exam location: _____

VIII. EXAMINATION DATE

I plan to sit for the CNL Certification Examination during:

January 9 - January 27, 2012

Exam date: _____

Date to be determined.

April 30-May 25, 2012

Exam date: _____

Date to be determined.

July 16-August 10, 2012

Exam date: _____

Date to be determined.

December 3 – December 14, 2012

Exam date: _____

Date to be determined.

January 7 – January 18, 2013

Exam date: _____

Date to be determined.

Additional Information:

I require American Disabilities Act Special Accommodations during testing. (Please complete the **Request for Special Examination Accommodations** form posted on www.aacn.nche.edu/CNC and submit it with your application.)

IX. EXAMINATION FEES AND PAYMENT

- I am applying as a new applicant.
- I am applying to retest: ___ 2nd Attempt ___ 3rd Attempt
 ___ 4th Attempt ___ Other (exam attempt #): _____

Fees (Circle appropriate fee(s).)

Initial application/testing	\$345
Re-testing	\$245
Late fee	\$ 30
Alternate Test Date	\$ 75

TOTAL AMOUNT: _____

Payment Options:

- Check or Money Order Enclosed (Please make payable to AACN.)
- Visa Mastercard

Name of Certification Applicant: _____

Name of Cardholder: _____

School: _____

Account Number: ---

Expiration Date: / Three-Digit Security Code:

Signature of Cardholder: _____

(CNC Office Use)

- ___ **SP12** (Apr. 30 – May 25, 2012) ___ **SU12** (July 16-Aug. 10, 2012)
- ___ **FA12** (Dec.3 – Dec. 14, 2012) ___ **WI13** (Jan. 7 – Jan. 18, 2012)