



DIRECTIONS FOR RECERTIFICATION

Certification as an ACRN (HIV/AIDS Certified Registered Nurse) is valid for a four year period following successful completion of the Certification Examination in HIV/AIDS Nursing. ACRNs must apply for recertification every four years in order to maintain ACRN status.

The Recertification Committee of the HIV/AIDS Nursing Certification Board (HANCB) is responsible for the process of recertifying nurses who have earned the ACRN credential.

Recertification Options

There are two options available to candidates seeking to renew their certification:

(a) Re-examination, or (b) The Accumulation of Continuing Education Points (CEPs).

- A. Re-examination:** ACRNs choosing this option may apply for a regularly scheduled Certification Examination in HIV/AIDS Nursing using the same applications as candidates seeking initial certification. Successful completion of the examination is required for recertification. Contact the Professional Testing Corporation [PTC] at the numbers below to request the Handbook for Candidates.

**HANCB/ACRN
Professional Testing Corporation
1350 Broadway, 17th Floor
New York, New York 10018
212-356-0660
212-356-0678 (fax)
www.ptcny.com**

- B. Accumulation of Continuing Education Points:** The enclosed **ACRN RECERTIFICATION PROTOCOL** contains a complete explanation of the six CEP categories and the requirements for each. To utilize this option, a candidate must have earned at least seventy (70) CEPs during the preceding four years. At least 35 of these CEPs must be in Category I-HIV/AIDS Nursing (although all 70 may be earned in Category I). The Category I CEPs must be approved by a state board of nursing, the American Nurses Credentialing Center, the American Academy of Nurse Practitioners, or the Association of Nurses in AIDS Care, or the international equivalent of those organizations.

The remaining 35 CEPs may be earned in Categories II through VI in accord with the schedule set out in the **PROTOCOL**. Note that CEPs earned prior to passing the certification examination cannot be applied towards recertification.

Candidates for recertification by continuing education must complete the recertification application and list of CEPs and submit it with the appropriate fee to the address listed below.

**HANCB Recertification
3538 Ridgewood Rd
Akron, OH 44333
Toll free: 800.260.6780
Fax: 330.670-0109**

DIRECTIONS FOR RECERTIFICATION BY CEPs

All CEP information must be listed on the Application for Recertification in HIV/AIDS Nursing through Continuing Education and must include date, sponsoring organization, approval organization, course title, course hours and CEPs earned. All applications are subject to audit. **Candidates must provide proof of CEPs (certificates and/or transcripts) if requested.**

Recertification by CEPs may be denied for failure to meet criteria of 70 CEPs (with at least 35 in Category I), for falsification or misrepresentation of information, or for failure to verify CEPs when documentation is requested.

The HIV/AIDS Nursing Certification Board provides an appeal mechanism for cases in which recertification is denied. It is the responsibility of the candidate to initiate the appeal process in writing.

COMPLETION OF RECERTIFICATION APPLICATION

NOTE: A # 2 pencil or black or blue ink may be used to complete the Application.

PAGE 1:

In the **Candidate Information Box** on page 1 of the Application, print your name, complete address and telephone numbers in the rows of empty boxes.

IMPORTANT: In the middle of page 1, indicate the date(s) of your original ACRN certification and (if applicable) recertification, then enter your RN license information (required) including the State and expiration date.

The **Background Information Box** beginning on page 2 and continuing to page 4 of the application contains a series of questions identified by the letters A, B, C, D, etc. Fill in the oval that reflects your response to each question. ***NOTE: All questions must be answered.***

Be certain to fill the corresponding ovals completely. Do not make x's, dots, circles, or check marks, but darken the oval completely.

OPTIONAL INFORMATION: The information requested on page 4 relating to race/ethnicity, gender and age is optional. It is requested to assist in complying with equal opportunity guidelines. It will be used only in statistical summaries and will in no way affect your recertification.

Sign and date the authorizing statement on page 4.

NOTE: Unsigned applications will not be accepted.

Mail the completed application with the appropriate fee to:

**HANCB Recertification
3538 Ridgewood Rd
Akron, OH 44333
Toll free: 800-260-6780
Fax: 330.670-0109**

DEADLINE: Applications must be postmarked no later than the last day of the month in which the candidate's certification will expire. Applications postmarked later than that date, but not more than 30 days later, must be accompanied by the \$50.00 late fee. Applications postmarked more than 30 days after the expiration date will be rejected.

REFUNDS: A processing fee of \$150.00 will be deducted from the application fee of any candidate that fails to meet recertification requirements.

FEES (make check or money order payable to HANCB RECERTIFICATION):

See page 4 of the application for credit card payment information.

ANAC Members.....	\$ 250.00
Non- ANAC Member*.....	\$ 350.00
Late filing fee.....	\$ 50.00

*ANAC membership information can be found at www.anacnet.org