

Validation of APRN Education Form

APPLICANT: Complete only the *Applicant Demographics* section and send to Faculty Program Director for completion of remainder.

FACULTY PROGRAM DIRECTOR: Complete the *Education Demographics* section and provide a signature/ date after review of attestation. Return to applicant or send to ANCC for submission. PLEASE NOTE: This fillable PDF form will not accept Faculty Director signature if any RED section items are incomplete.

SUBMISSION: ONLY ELECTRONIC PDF FORMS WILL BE ACCEPTED. Printed, scanned, hand-written, or paper versions of this form will not be processed. Options for completed form submissions include:

- Applicant, upload to website at time of application.*
- Applicant or Faculty Director, upload to [web based ANCC portal](#) after initial online application is complete.*
- Applicant or Faculty Director, email PDF attachment to APRNValidation@ana.org.

***Online application and/or portal submission options preferred.**

APPLICANT DEMOGRAPHICS

Last Name	First Name	MI
Other Legal Names Used	Email	
Address	City	State Zip/Postal

EDUCATIONAL DEMOGRAPHICS • FACULTY PROGRAM DIRECTOR USE ONLY

University Name		State
Faculty Program Director Name/Title	Faculty Email	Faculty Phone Number

APPLICANT PROGRAM TYPE

(Degree and Program type selected above MUST match university transcripts. If post-graduate certificate is not identified as degree type on university transcript, faculty must submit a letter of attestation from university registrar.)

APPLICANT DEGREE AWARDED

DATE OF DEGREE CONFERRAL

(For applicant's who are applying prior to graduation, select future date of anticipated degree conferral).

NURSING PROGRAM ACCREDITOR

(Indicate nursing accreditor at time of applicant's graduation).

PROGRAM ELIGIBILITY REQUIREMENTS		
Program includes content in Health Promotion/Disease Prevention .	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Program includes content in Differential Diagnosis and Disease Management , including the use and prescription of pharmacologic and nonpharmacologic interventions.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

APRN CORE ELIGIBILITY REQUIREMENTS					
	Term/Year of Completion	Course Number	Course Title <i>Must match transcript(s)</i>	Course transferred <i>Check box</i>	University Name for Transfer Course
Advanced Physical and Health Assessment				<input type="checkbox"/>	
Advanced Pathophysiology				<input type="checkbox"/>	
Advanced Pharmacology				<input type="checkbox"/>	

CLINICAL ELIGIBILITY REQUIREMENTS		
Indicate total number of faculty-supervised clinical hours completed by applicant directly related to the role/population of program identified above.		
For PMHNP applicants only. Clinical training in at least two psychotherapeutic treatment modalities.		<input type="checkbox"/> YES <input type="checkbox"/> NO

ATTESTATION • FOR FACULTY PROGRAM DIRECTOR USE ONLY

I, _____, _____ of the _____, Attest that I am duly authorized by the above school to confirm the information provided in this Validation of APRN Education Form ("Form") to be true, accurate, and complete, and reflect the coursework and clinical hours actually completed by the Applicant for Certification identified above (the "Applicant").

- For applicants applying for Certification prior to degree confirmation, I attest that all coursework and faculty-supervised clinical hours for the program and degree are complete;
- I attest that the total number of faculty-supervised clinical hours do not include hours awarded for work experience or any hours other than faculty-supervised clinical hours in the role/population indicated on the VOE form above;
- For post-graduate certificate applicants, this attestation affirms that all transcript(s) and associated course syllabi (source documents) from the original degree program(s) were reviewed by the faculty program director upon enrollment in the post-graduate certificate program. By conducting the required gap analysis, I attest that transfer courses were evaluated and determined to be comparable to what is currently offered in the existing graduate (and/or post-graduate certificate) program.

Required Faculty Program Director Signature	Printed Name	Date
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ANCC reserves the right to request a more detailed accounting of educational demographics of applicants prior to continuation of application review. Requests may include, but are not limited to, the requirement to produce source documents such as course descriptions/syllabi from time applicant completed coursework. ANCC reserves the right to close applications where source documents are not provided. ANCC may contact the faculty program director with questions as needed.