

Commission on Board Certification (COC) Application Instruction Sheet

1. Complete all sections of the Commission on Board Certification (COC) Application.
2. Submit with your application the following supporting documents:
 - Resume/CV; limited to 5 pages. (**Note:** If your resume/CV has more than 5 pages, the additional pages and content on those pages will not be considered);
 - Official job description for each current healthcare position. You may provide a letter describing your professional responsibilities in detail and ability to participate (on letterhead, signed by your supervisor) or a formal position description from your organization's HR department or website—it should include job title, qualifications, and responsibilities;
 - Letter of recommendation from your current employer with a statement of employer support, if appointed to the COC;
 - If self-employed, include a letter describing your professional responsibilities, a letter of recommendation from a colleague, and a statement of commitment and ability to serve, if appointed to the COC.
3. All documents must be sent to ANCCVolunteer@ana.org in **one PDF file**; saved as `COCApplication_lastname.firstname` (e.g. `COCApplication_mahoney.mary`). Handwritten information is not accepted.

If you have questions, send an email to ANCCVolunteer@ana.org with your question(s).

Commission on Board Certification (COC) Application Form

CANDIDATE INFORMATION

Last Name	First Name	Credentials
Address		
City, State, and Zip Code		
Mobile Phone	Work Phone	Preferred E-mail
RN/APRN License Number	State	Years in Nursing
ANCC Certification Name	Certification Number	Years in Specialty
ANCC Certification Name	Certification Number	Years in Specialty

PROVIDING INFORMATION IN THIS SECTION IS STRICTLY VOLUNTARY. INFORMATION WILL BE USED FOR STATISTICAL PURPOSES ONLY.

Gender:

- Male
 Female

Race/Ethnicity:

- American Indian/Alaska Native
 Caucasian
 Other
 Asian/Pacific Islander
 Hispanic/Latino
 Choose not to respond
 Black/African-American

EDUCATION

INCLUDE BASIC NURSING EDUCATION AND GRADUATE EDUCATION. LIST HIGHEST LEVEL FIRST. DO NOT STATE "SEE CV."

Educational Institution	Area of Study	Degree/Diploma	Year Obtained

EMPLOYMENT

Current Employer Name (do not use acronyms)

Position Title:

Employer Address

Employer City, State, and Zip Code

Phone Number

Time Zone

Length of Employment

From

To

PROVIDE A BRIEF DESCRIPTION OF YOUR PRESENT JOB RESPONSIBILITIES (NOT MORE THAN 250 WORDS)

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PROFESSIONAL EXPERIENCE

LIST EMPLOYER AND POSITIONS HELD FOR PAST 5 YEARS. DO NOT STATE "SEE CV."


Employer Name	Position Held	Brief Description of Duties	Dates of Employment



Please provide your responses to the following questions.

1. Tell us the reasons you wish to serve on the Commission on Board Certification and describe aspects of your experience that would make you a valuable member on the COC. (no more than 500 words)

2. What challenges do you see ANCC Certification programs facing in the future? (no more than 500 words)



3. Give us an example of when you had to change a decision based on new information. What was the outcome?
(no more than 500 words)

4. *Optional.* Provide any additional information you think the ANCC Certification Appointments Committee should know or consider. (no more than 100 words)

If appointed, I agree to serve. I understand that I will be expected to sign the Commission on Board Certification Volunteer Agreement and a financial and conflict of interest disclosure forms and any other agreements that protect ANCC intellectual property. I have read the Commission on Board Certification Profile and understand I am expected to attend and participate in meetings which may occur during or after regular business hours.

Signature _____ Date _____

Your typed signature is sufficient.

Remember to submit this application, your responses to the questions, and the additional documents listed on this application cover page as a single PDF file to ANCCVolunteer@ana.org