

Alumnus Status Application

Check One: CCRN PCCN

Use this application for INITIAL Alumnus status and Alumnus RENEWAL, not for Active status.

1. REGISTRATION INFORMATION Please print clearly. Processing will be delayed if incomplete or not legible.

AACN CUSTOMER #:	MEMBERSHIP EXP. DATE	CERTIFICATION or ALUMNUS EXP. DATE:	
LEGAL NAME:			
Last	First	MI	Maiden
HOME ADDRESS:			
		City	State
		Zip	
EMAIL:		HOME PHONE:	
EMPLOYER NAME:		BUSINESS PHONE:	
EMPLOYER ADDRESS:			
		City	State
		Zip	

2. APPLICATION FEES

Check <i>one box only</i>	AACN Member	Nonmember	Join or renew membership now and pay member rate.		
			Includes 1-Year AACN Membership	Includes 2-Year AACN Membership	Includes 3-Year AACN Membership
Alumnus Status	<input type="checkbox"/> \$75	<input type="checkbox"/> \$90	<input type="checkbox"/> \$153	<input type="checkbox"/> \$223	<input type="checkbox"/> \$275

AACN membership includes nonrefundable \$12 and \$15 one-year subscriptions to *Critical Care Nurse*® and the *American Journal of Critical Care*®, respectively. AACN dues are not deductible as charitable contributions for tax purposes, but may be deducted as a business expense in keeping with Internal Revenue Service regulations.

Please do not include my name on lists sold to other organizations.

3. PAYMENT INFORMATION - application must be accompanied by payment

Check or money order attached – payable to AACN Certification Corporation. U.S. funds only.

Bill my credit card: Visa MasterCard American Express Discover Card

Credit Card # Exp. Date (mm/yy) /

Name on Card _____ Signature _____

Amount Billed \$ _____ Address of Payor (if different than applicant) _____

4. SUBMIT APPLICATION/HONOR STATEMENT

Mail 2-page application with payment to:

AACN Certification Corporation, 27071 Aliso Creek Road, Aliso Viejo, CA 92656-3399.

Or fax to: 949-362-2020. **DO NOT mail AND fax your application - please choose only ONE method.**

Please allow 2 to 3 weeks from the date received by AACN Certification Corporation for the processing of your application.

Questions? Please visit www.aacn.org, email certcorp@aacn.org or call us at 800-899-2226.

Please complete pages 2 of application.

Alumnus Status Honor Statement

Use this application for INITIAL Alumnus status and Alumnus RENEWAL, not for Active status.

NAME: _____ **AACN CUSTOMER #:** _____
Last First MI

I hereby apply for Alumnus status for the certification I previously held and have supplied my certification dates below, to the best of my knowledge.

I validate that I no longer work with acutely and/or critically ill patients to meet eligibility to renew active certification. I understand that I may not use the Alumnus designation on a name badge or after my signature, though, if approved, I may use “Alumnus CCRN” or “Alumnus PCCN” below my name and credentials on a business card or resume while I maintain Alumnus status.

I understand that I am not eligible for Alumnus status if my certification has been revoked in the past 3 years.

Please do not contact AACN to request the following information in order to complete your application. Simply fill in the dates to the best of your recollection. The dates provided will be used to help narrow the search for your record.

Please check one: CCRN PCCN

Years certified: From _____ To _____
(date) (date)

Applicant’s Signature: _____ **Date:** _____

DEMOGRAPHIC INFORMATION

Check **one** box in each category. Information used for statistical purposes and may be used in eligibility determination.

Primary Area Employed

- Acute Hemodialysis Unit (21)
- Burn Unit (13)
- Cardiac Rehabilitation (26)
- Cardiac Surgery/OR (36)
- Cardiovascular/Surgical ICU (09)
- Catheterization Lab (22)
- Combined Adult/Ped. ICU (23)
- Combined ICU/CCU (01)
- Coronary Care Unit (03)
- Corporate Industry (24)
- Crit. Care Transport/Flight (17)
- Direct Observation Unit (39)
- Emergency Dept. (12)
- General Med./Surg. Floor (18)
- Home Care (25)
- Intensive Care Unit (02)
- Interventional Cardiology (31)
- Long-Term Acute Care (27)
- Medical Cardiology (34)
- Medical ICU (04)
- Medical Surgical ICU (35)
- Neonatal ICU (06)
- Neuro./Neurosurgical ICU (10)
- Oncology Unit (19)
- Operating Room (15)
- Outpatient Clinic (29)
- Pediatric ICU (05)
- Private Practice (32)
- Progressive Care Unit (16)
- Recovery Room/PACU (14)
- Respiratory ICU (08)
- Stepdown Unit (30)

- Subacute Care (28)
- Surgical ICU (07)
- TeleICU (37)
- Telemetry (20)
- Trauma Unit (11)
- Other – specify below _____ (99)

Primary Position Held

- Academic Faculty (07)
- Acute Care Nurse Practitioner (09)
- Bedside/Staff Nurse (01)
- Case Manager (39)
- Charge Nurse (45)
- Clinic Nurse (40)
- Clinical Coordinator (44)
- Clinical Director (04)
- Clinical Nurse Specialist (08)
- Corporate/Industry (11)
- Hospital Administrator (38)
- Internist (37)
- Legal Nurse Consultant (47)
- Manager (03)
- Nurse Anesthetist (02)
- Nurse Educator (46)
- Nurse Midwife (13)
- Nurse Practitioner (05)
- Outcomes Manager (42)
- Physician (16)
- Physician Assistant (17)
- Researcher (18)
- Respiratory Therapist (19)

- Technician (21)
- Unit Coordinator (22)
- Other - specify below _____ (99)

Highest Nursing Degree

- Associate’s Degree
- Bachelor’s Degree
- Diploma
- Doctorate
- Master’s Degree _____ (99)

Ethnicity

- African American (02)
- Asian (05)
- Hispanic (03)
- Native American (04)
- Pacific Islander (06)
- White/Non-Hispanic (01)
- Other – specify below _____ (99)

Primary Type of Facility in Which Employed

- College/University (08)
- Community Hospital (Nonprofit) (01)
- Community Hospital (Profit) (02)
- Corporate/Industry (11)
- County Hospital (07)
- Federal Hospital (05)
- HMO/Managed Care (12)

- Home Health (13)
- Long-Term Acute Care Hosp. (16)
- Military/Government Hospital (04)
- Non-Academic Teaching Hosp. (14)
- Registry (10)
- Self-Employed (09)
- State Hospital (06)
- Travel Nurse (15)
- University Med. Ctr. (03)
- Other – specify below _____ (99)

Number of Beds in Institution: _____

Years of Experience in Nursing: _____

Years of Experience in Acute/Critical Care Nursing: _____

Date of Birth: (mm/dd/yy): _____

Gender: Female Male