CCRN Exam - Tele-critical Care Eligibility Pathway
Audit Checklist

AACN #:	**Audit Due Date:**
Last Name:	**Exam Application Date:**
First Name:	**Email Address:**

Section 1:

Primary Position: _____ Number of Years in Critical Care: _____

Primary Area Employed: _____

Section 2:

The section must be completed by your verifier, who must be a **supervisor or a professional colleague (RN or physician),** confirming that you have completed one of the two practice hour options listed. **You cannot verify this information yourself.**

- Eligible hours are those spent caring for *adult* patients, with the majority of the hours for eligibility (total and in the year prior to application) focused on *critically* ill adult patients.
- Nurses serving as manager, educator, APRN or preceptor may apply their hours spent supervising nursing students or nurses. Nurses in these roles must be actively involved in patient care.
- Practice hours for exam eligibility must take place in a U.S.-based facility.

Verification of Practice Hours

I, _____ , verify that _____
*(printed name of **verifier**)* *(printed name of **certificant**)*

has fulfilled the practice hour requirements in care of acutely/critically ill adult patients in a tele-critical care setting ***or*** in a combination of tele-critical care and direct care hours, in alignment with the following exam eligibility option:

Check ONE box only

► ☐ **1,750** hours within the **2-year** period prior to application, with **875** of these hours completed in the 12 months preceding the *Exam Application Date* listed above.

☐ **2,000** hours over a **5-year** period, with **144** of these hours completed in the 12 months preceding the *Exam Application Date* listed above.

The majority of the total practice hours and those within the year prior to application for CCRN exam eligibility were focused on ***critically*** ill patients.

All fields MUST be completed

_____ *Title*

_____ *Printed Name*

► _____ *Signature*

_____ *Date*

_____ *Hospital Name*

_____ *Hospital City / State / ZIP*

_____ *Business Email*

_____ *Daytime Phone*

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