PCCN Exam - Direct 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 Progressive Care: _____

Primary Area Employed: _____

Section 2:

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

- Eligible hours are those spent providing direct care to acutely ill *adult* patients.
- Nurses serving as manager, educator, APRN or preceptor may apply their hours spent supervising nursing students or nurses at the bedside. Nurses in these roles must be actively involved in direct care.
- Practice hours for exam eligibility must take place in a U.S.-based or Canada-based facility or a facility with Magnet® designation or Joint Commission International accreditation.

Verification of Practice Hours

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

has fulfilled the practice hour requirement in direct care of acutely ill **adult** patients in alignment with the following exam eliibility 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.

All fields MUST be completed ►

_____ *Title*	_____ *Hospital Name*
_____ *Printed Name*	_____ *Hospital City / State / ZIP*
_____ *Signature*	_____ *Business Email*
_____ *Date*	_____ *Daytime Phone*

Please check this form for missing information and return it with a copy of your unencumbered RN or APRN license to brit.nicholson@aacn.org.

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Approved		Reviewer	