

ADDICTIONS NURSING CERTIFICATION EXAMINATION APPLICATION



Addictions Nursing Certification Board
PO Box 14846
Lenexa, KS 66285

Dear Addictions Nurse Colleague:

As a nurse specializing in the care of addicted clients, you have a tremendous responsibility. Your professional competence and personal commitment to your clients can be keys to a successful recovery program. Obtaining certification as a CARN or CARN-AP recognizes your commitment to providing quality nursing care and offers professional recognition of your attainment of a level of expertise.

This application contains information on both examinations provided by the Addictions Nursing Certification Board (ANCB). The first several pages of this application provide an overview of the ANCB. Descriptions of the CARN and the CARN-AP are provided with information about the examination blueprints. A list of references for study is also provided. Eligibility criteria for each examination are specified. Policies and procedures related to the examination, associated fees, refunds, and retesting are provided.

Application forms are located immediately following the "Checklist." Please submit the completed checklist with your application to verify that you have included all the required components of your particular application.

We hope you will choose to demonstrate your professional commitment to addictions nursing by becoming certified in this specialty. If you have any questions that are not answered by the enclosed materials, please contact the ANCB office.

The parent society for ANCB is International Nurses Society on Addictions (IntNSA). IntNSA membership provides many benefits including reduced rates for their educational conference and paid subscription to the *Journal of Addictions Nursing*. For membership information, please visit <http://www.intnsa.org> or call (913) 895-4622 or request an application at intnsa@intnsa.org.

The certification examinations are administered by our testing partner, Applied Measurement Professionals, Inc. Please submit your completed application to:

ANCB Examination Processing
Applied Measurement Professionals, Inc. – Examination Services
18000 W. 105th Street
Olathe, KS 66061

Sincerely,

Virginia A. Coletti, PhD, RN, CARN, NP, CS
Addictions Nursing Certification Board, Chairperson

THE ADDICTIONS NURSING CERTIFICATION BOARD

The Addictions Nursing Certification Board (ANCB) was established in 1989 for the purpose of promoting the highest standards of addictions nursing practice through development, implementation, and coordination of all aspects of certification for addictions nurses.

Certification attests to attainment of specialized knowledge beyond the basic nursing credential. Certification serves to maintain and to promote quality nursing care by providing a mechanism for nurses to demonstrate their proficiency in a nursing specialty area. It documents that special knowledge has been achieved, elevates the standards of addictions nursing practice, and provides for expanded career opportunities and advancement within the specialty of addictions nursing. Thus, certification benefits the nurse, the profession of nursing, and the public.

CERTIFICATION GRANTED BY ANCB IS PURSUANT TO A VOLUNTARY PROCEDURE INTENDED SOLELY TO TEST FOR SPECIALIZED KNOWLEDGE.

ANCB DOES NOT PURPORT TO LICENSE, TO CONFER A RIGHT OR PRIVILEGE UPON, NOR OTHERWISE TO DEFINE THE QUALIFICATIONS OF ANY PERSON FOR NURSING PRACTICE.

THE SIGNIFICANCE OF CERTIFICATION IN ANY JURISDICTION OR INSTITUTION IS THE RESPONSIBILITY OF THE CANDIDATE TO DETERMINE. THE CANDIDATE SHOULD CONTACT THE APPROPRIATE STATE BOARD OF NURSING OR INSTITUTION FOR FURTHER CLARIFICATION.

DESCRIPTION OF THE CARN EXAMINATION

The ANCB Certification examination is based on a job analysis of addictions nursing practice. The Care of Client with Addictions (1987) and the Standards of Addictions Nursing Practice with Selected Diagnoses and Criteria (1988) were prepared by the International Nurses Society on Addictions (IntNSA) in collaboration with the American Nurses' Association. The original job analysis and examination were developed with the assistance of the National League for Nursing. The most recent job analysis was conducted in 1996.

The certification examination consists of approximately 200 multiple-choice items, written within the framework of the nursing process. It is four hours in length and is designed to test specialized knowledge of addictions nursing practice.

CARN EXAMINATION OBJECTIVES

The objectives of the CARN examination are to determine the nurse's ability to 1) Apply knowledge from nursing and related disciplines in the care of persons with problems resulting from patterns of abuse, dependence, and addictions; and 2) Synthesize the nursing process in the care of persons with potential or actual problems resulting from patterns of abuse, dependence, and addiction.

The examination addresses biological, psychosocial, cognitive, and spiritual problems resulting from concurrent diagnoses (multiple diagnoses); depressant, stimulant, and hallucinogenic substances; and process addictions (e.g., eating disorders, gambling, sexual addiction, co-dependency). The breakdown of examination items by content area is provided in Table 1. Table 2 provides the breakdown of examination items related to nursing diagnoses and general practice.

ADDICTIONS NURSING CERTIFICATION EXAMINATION APPLICATION

| Table 1. Blueprint for CARN and CARN-AP related to client problems | |
|--|----|
| Area | % |
| Concurrent diagnosis (includes concurrent physical and addiction diagnoses, concurrent psychiatric and addiction diagnoses, and polysubstance abuse) | 35 |
| Depressant substances | 25 |
| Stimulant substances | 20 |
| Process addictions (includes eating disorders, gambling, spending, sexual addictions) | 15 |
| Hallucinogenic substances | 5 |

| Table 2. Blueprint for CARN & CARN-AP related to nursing diagnosis and general practice | |
|--|----|
| Area | % |
| Cognitive needs | 21 |
| Psychosocial needs | 20 |
| Spiritual needs | 20 |
| Biological needs | 19 |
| General scope of practice | 20 |

CARN SAMPLE ITEMS

1. For one week, Mr. Simon Lane has been a patient on the detoxification unit for alcoholism and occasional use of marijuana and cocaine. He is now in small group therapy sessions led by a nurse. On his second meeting, he fidgets in his seat and finally says, "I'm having difficulty sitting still. Am I bothering some of you who are here? Maybe I should stop coming to these meetings." Which of these actions in response to Mr. Lane would be appropriate?

- (a) Encourage him to share his problem with the group members and ask for their help.
- (b) Recognize that this is manipulative behavior and encourage him to remain in the group.
- (c) Remove him from the group and further assess his needs.
- (d) Tell him not to concern himself about the group members and to continue in the group.

Correct response – A

2. Mrs. Lora Green, 50 year old, is admitted to the detoxification unit for heavy drinking. Her orders include oxazepam (Serax) 10mg q 6h prn and diphenhydramine hydrochloride (Benadryl) 50 mg q 6h prn. During the nurse's initial assessment of Mrs. Green, which of these questions should take priority?

- (a) Has she been taking any over-the-counter medication?
- (b) Has she ever had a withdrawal seizure?
- (c) When did she have her last drink?
- (d) What has been her usual daily alcohol consumption?

Correct response – C

3. Mr. Bruce Mann, who is on the chemical dependency unit, tells the nurse that is having cravings for cocaine. In the addition to acknowledging the discomfort, the nurse suggests that he exercise at the gym, where various exercise machines are available. The appropriateness of this decision is based on which of these understandings about cocaine addicts?

- (a) They are more comfortable alone.
- (b) They need to be kept mentally occupied
- (c) They are highly motivated to improve their physique.
- (d) They need outlets for physical tension to reduce craving.

Correct response - D

4. Mr. Larry Port, 31 years old is on the addictions unit, last used cannabis (marijuana) 48 hours ago. A drug screen was administered to him. The results will most likely be positive for marijuana. A positive result will remain for:

- (a) Several weeks.
- (b) Seven days.
- (c) 48 hours.
- (d) An undetermined period.

Correct response - A

DESCRIPTION OF THE CARN-AP EXAMINATION

The CARN-AP examination was developed following a practice (job) analysis of addictions nursing completed by IntNSA in 1996. Nearly 40% of the 450 survey respondents reported holding a master's or higher degree. Data analysis revealed significant differences between the practice patterns of nurses with graduate preparation and nurses with less preparation.

Although both groups of nurses dealt with similar clients, the master's-prepared nurses placed greater emphasis on psychotherapeutic interventions for clients, as well as a broader view of the client as a member of a family, group, and community. After reviewing the findings, the ANCB developed a blueprint for the advanced practice examination.

Like the CARN examination, the CARN-AP examination addresses biological, psychosocial, cognitive, and spiritual problems resulting from concurrent diagnoses (multiple diagnoses); depressant, stimulant, and hallucinogenic substances; and process addictions (e.g., eating disorders, gambling, sexual addiction, co-dependency). The percentage of examination content assigned to client problems, nursing diagnoses and general practice is the same as the CARN examination noted in the section above. However, the content of the advanced practice examination differs from the generalist CARN examination in having greater emphasis in the following areas:

- Counseling clients and families.
- Clients within the family system.
- Case finding; Continuum of care.
- Integration of theory.
- Group dynamics; Therapeutic role of the nurse in groups.
- Education of families and public about addictions.
- Cultural needs of client and family.
- Teaching problem solving to client and family.
- Primary prevention activities.
- Psychobiology (neurotransmitters, endorphins, etc.).
- Application of research in practice.
- Quality/Performance improvement;
- Outcomes measures; Benchmarking.
- Legal/Ethical issues.

The CARN-AP examination consists of 200 multiple-choice items, many written in case situations. It is four hours in length.

SUGGESTED REFERENCES FOR EXAMINATION PREPARATION

This list includes materials used as references for the certification examinations. It is not meant to be an exhaustive bibliography for the examination but rather a way of giving you an idea of the examination content.

Study materials developed by the International Nurses Society on Addictions may be purchased. For available materials, contact IntNSA at <http://www.intnsa.org>.

- Allen, K.M. (1996). *Nursing Care of the Addicted Client*. Philadelphia, PA: Lippincott.
- American Nurses Association & International Nurses Society on Addictions (2004). *Scope and Standards of Addictions Nursing Practice*. Silver Springs, MD: Nurses books. (Available at <http://www.nursingworld.org>, Pub# 04SSAN)
- American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition*.
- Barthwell, A.G. (1994). How nicotine works. In Lewis, J.A. (Ed.) *Addictions: Concepts and Strategies for Treatment*. Gaithersburg, MD: Aspen Publishers, Inc., pp. 193-207.
- Boyd, M.A. & Nihart, M.A. (1998). *Psychiatric Nursing: Contemporary Practice*. Philadelphia: Lippincott.
- Fitzpatrick, J., Stevenson, J., & Sommers, M. (2005). *Annual Review of Nursing Research, Vol. 23: Alcohol Use, Misuse, Abuse, and Dependence*. NY: Springer.
- Friedman, M.M., Bowden, V.R., & Jones, E.G. (2004). *Family Nursing: Research, Theory & Practice (5th Ed.)*. Upper Saddle River, NJ: Prentice-Hall.
- International Nurses Society on Addictions (2006). *The Core Curriculum of Addiction Nursing, 2nd Edition*. Raleigh, NC: Author. (Available at <http://www.intnsa.org>).
- Jack, L. (Ed.) (2002). *Study Guide for the CARN Exam*. Raleigh, NC: International Nurses Society on Addictions. (Available at <http://www.intnsa.org>).
- Keltner, N.L., & Folks, D.G. (2001). *Psychotropic Drugs, 3rd Edition*. St. Louis: Mosby.
- Kerr, M.E., & Bowen, M. (1988). *Family Evaluation: An approach based on Bowen Theory*. New York: WW Norton & Company.
- McBee, S. & Rogers, J. (1997). Identifying risk factors for gay and lesbian suicidal behavior: Implications for mental health counselors. *Journal of Mental Health Counseling*, 19(2): 143-156.
- Naegle, M.A., & D'Avanzo, C.E. (2001). *Addictions and Substance Abuse: Strategies for Advanced Practice Nursing*. Upper Saddle River, NJ: Prentice-Hall.
- Polit, D.F., & Hungler, B.P. (1998). *Nursing Research: Principles and Methods, 6th Edition*. Philadelphia: Lippincott.
- Rasmussen, S. (2000). *Addiction Treatment: Theory and Practice*. Thousand Oaks, CA: Sage Publications.
- Shea, C.A., Pelletier, L.R., Poster, E.C., Stuart, S.W., & Verhey, M.P. (1999). *Advanced Practice Nursing in Psychiatric and Mental Health Care*. St. Louis: Mosby.
- Sullivan, E. (1995). *Nursing Care of Clients with Substance Abuse*. St. Louis: Mosby.
- Treatment Improvement Protocol Series (TIPSs)*. Published by US Department of HHS, PHS, Substance Abuse and Mental Health Service Administration, Center for Substance Abuse Treatment. Rockville, MD. (Also available online at <http://www.samhsa.gov/index.htm>).
- Titleman, P. (Ed.). (1999). *Clinical Applications of Bowen Family Systems Theory*. New York: The Haworth Press, Inc.
- U.S. Department of Health and Human Services (2000). *Tenth Special Report to the U.S. Congress on Alcohol and Health*. Rockville, MD: National Institutes of Health. Available at <http://pubs.niaaa.nih.gov/publications/10report/intro.pdf>.
- Varcarolis, E. (2002). *Foundations of Psychiatric-Mental Health Nursing, 4th Edition*. Philadelphia: W.B. Saunders.
- Wilson, B.A., Shannon, M.T., & Stang, C.L. (2000). *Nurses Drug Guide 2000*. Stamford, CT: Appleton & Lange.
- Wright, L., & Leahey, M. (1999). *Nurses and Families: A Guide to Family Assessment and Intervention, 3rd Edition*. Philadelphia: F.A. Davis.

ELIGIBILITY CRITERIA – CARN

To be determined eligible to participate in the certification examination, candidates must meet the following requirements:

1. Hold a current, full, and unrestricted license as a registered nurse (RN) in the United States, its possessions or Canada. If licensed in more than one jurisdiction, the candidate must hold full and unrestricted licenses in all jurisdictions. ***Non-US nurses who meet the eligibility criteria are also invited to apply for the CARN examination, but must submit evidence of equivalent licensure as RN.***
2. Have a minimum of 2000 hours (one year) of nursing experience related to addictions as an RN in a staff, administrative, teaching, private practice, consultation, counseling, or research capacity and 30 hours of continuing education related to addictions nursing within the last three (3) years.

ELIGIBILITY CRITERIA – CARN-AP

To be determined eligible to participate in the certification examination for advanced practice in addictions nursing, a candidate must meet the following requirements:

1. Hold a current, full, and unrestricted license as a registered nurse (RN) in the United States, its possessions, or Canada. If licensed in more than one jurisdiction, the candidate must hold full and unrestricted licenses in all jurisdictions. ***Non-US or Canadian nurses who meet eligibility criteria must submit evidence of equivalent licensure as an RN.***
2. Hold a master's degree or higher in nursing.
3. The applicant must provide documentation verifying a minimum of 500 hours of supervised, direct client contact in advanced clinical practice working with individuals and families impacted by addictions/dual diagnoses. All 500 hours may be earned while in the master's program.
 - Submit a copy of the candidate's master's program transcript verifying the hours of supervised clinical practice. AND/OR:
 - Submit the enclosed Verification Form(s), signed by the consultant(s)/supervisor(s), to verify completion of post-master's hours of supervised direct client/patient contact which together with hours of supervised practice in the master's program, equal 500 or more hours.
 - It is preferable that the post-master's consultation/supervision be provided by a professional with experience and expertise in the field of addictions. The consulting/supervising professional may be one of the following: a) an addictions nurse specialist with a master's or higher degree and CARN certification; b) a master's prepared licensed/certified mental health social worker; c) a psychiatrist; d) a psychologist prepared at the doctoral level and listed in the National Registry of Health Service Providers in Psychology; or e) a psychologist prepared at the doctoral level in an APA-accredited program in one of the following clinical areas: clinical psychology, counseling, psychology, or school psychology.

GENERAL POLICIES

1. All eligibility requirements must be met at the time of application.
2. For the purpose of meeting addictions nursing practice requirements, the Addictions Nursing Certification Board (ANCB) accepts practitioners with addictions nursing experience in a staff, administrative, teaching, private practice, consultation, counseling, or research capacity.
3. It is the policy of the ANCB that no individual shall be excluded from the opportunity to participate in the ANCB certification program on the basis of race, color, natural origin, religion, gender, age, or handicap. The ANCB and its testing agency will make special testing arrangements to accommodate candidates with disabilities that interfere with examination taking. If you request special arrangements you must notify AMP in writing at least six (6) weeks before the scheduled examination date so that documentation can be completed and accommodations can be made. There is no additional fee for these accommodations.
4. Application processing is defined as the receipt and review of applications for determination of eligibility to participate in the certification program. Following the review, candidates will be determined eligible, ineligible, or placed on incomplete status pending additional information. Eligible candidates will be sent an authorization letter from Applied Measurement Professionals, Inc.

FEE SCHEDULE

Members of International Nurses Society on Addictions (IntNSA) who are eligible for certification may apply at a reduced fee. Membership in IntNSA must be current through the date of the examination to be eligible for the reduced fee. If you are not currently a member you will receive one year membership to IntNSA by selecting the New Member category. If you do not wish to receive the membership you may choose the non-member category. For more information on membership benefits visit www.intnsa.org.

| CARN | CARN-AP |
|----------------------------|----------------------------|
| Member \$195.00 | Member \$295.00 |
| New Member \$395.00 | New Member \$495.00 |
| Non-Member \$455.00 | Non-Member \$555.00 |

Spring Testing Period: May 1 to 15 (Apply after October 15 and before April 1)

- Application deadline is April 1.
- Applications received by April 8 will be accepted with a \$25 late fee. After April 8 it falls to the next examination period.

Fall Testing Period: October 1 to 15 (Apply after May 15 and before September 1)

- Application deadline is September 1.
- Applications received by September 8 will be accepted with a \$25 late fee. After September 8 it falls to the next examination period.

LATE APPLICATION FEE

The regular fee applies to applications filed by the deadline date indicated. Late applications received after the deadline, but prior to the final cutoff date are assessed a late fee of \$25.00, which must be included with the application.

REFUND POLICIES

Failure to complete the certification process will result in forfeiture of application fees unless written notice is sent to AMP with a postmark date four weeks prior to the administration of the examination. The fee will be refunded, less a non-refundable \$50.00 processing fee. All refunds will be made after the examination administration date.

RETEST POLICIES

ANCB does not limit the number of times a candidate may retake the ANCB certification examination. Unsuccessful candidates who wish to retest must reapply and remit all applicable fees and documentation.

SCORING OF EXAMINATIONS

The ANCB certification examination passing score was established according to standard psychometric procedures. Candidates will be notified of their scores approximately six weeks after examination administration. For the CBT administration, passing candidates will be notified of their status within a one-week period. Failing candidates will be provided with an overall scaled score, and a diagnostic breakdown of their strong and weak areas to assist them in preparing for a retake attempt.

APPEALS

An appeals process is available to certification candidates. A letter of appeal, detailing the issues should be directed to:

ANCB CERTIFICATION PROGRAM
Addictions Nurses Certification Board
P.O. Box 14846
Lenexa, KS 66285
Phone: (913) 895-4622
Fax: (913) 895-4652

EXAMINATION ADMISSION AND ADMINISTRATION

The Addictions Nursing Certification Board (ANCB) /International Nurses Society on Addictions (IntNSA) certification examinations are delivered at over 170 AMP Assessment Centers geographically located throughout the United States. A current listing of AMP Assessment Centers, including addresses and driving directions, may be viewed at www.goAMP.com by selecting “Candidates.” The examinations are administered by appointment only, Monday through Saturday at 9:00 a.m. and 1:30 p.m. Available dates will be indicated when scheduling your examination. Candidates are scheduled on a first-come, first-served basis.

After receiving approval of your application, you may schedule your examination by one of the following ways:

Online Scheduling: – go to www.goAMP.com and select “Candidates” from AMP’s home page.

1. Choose a category – select “Healthcare” from the pull down menu.
2. Choose a program – select “International Nurses Society on Addictions” from the pull down menu.
3. Choose an examination – select the examination listed from the pull down menu.
4. Select the “Register for Exam” option. Read the statements concerning identification requirements, security of the examination and candidate handbook. If you agree, click on “Yes” and select the “Continue” button to continue the registration process.
5. First time users of AMP’s online scheduling must select “I am a New User.”
6. Enter the information requested to create an account. When finished, select the “Continue” button to proceed.
7. A screen appears confirming the account has been successfully established. Select the “Continue” button to proceed.
8. Select a location from the list displayed. The closest assessment center may be in a neighboring state. Select the date and time you want (all available dates are shown in green). Submit your request by clicking on the “Schedule” button.
9. Select the “My Home” link to view the exact reporting instructions for your examination.

Scheduling by Phone: - Call AMP at (888) 519-9901.

This toll-free number is answered from 7:00 a.m. to 9:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 7:00 p.m. on Friday and 8:30 a.m. to 5:00 p.m. on Saturday.

| If you contact AMP by 3:00 p.m. Central Time on... | Depending on availability, your examination may be scheduled beginning... |
|--|---|
| Monday | Wednesday |
| Tuesday | Thursday |
| Wednesday | Friday/Saturday |
| Thursday | Monday |
| Friday | Tuesday |

Telecommunications for the Deaf:

AMP is equipped with Telecommunications Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates who wish to make application for the examination. TDD calling is available 8:30 a.m. to 5:00 p.m. (Central Time) Monday through Friday at (913) 895-4637. This TDD phone option is for individuals equipped with compatible TDD equipment.

Special Arrangements for Candidates with Disabilities:

If special arrangements are being requested, please submit the Request for Special Examination Accommodations form prior to contacting AMP at (888) 519-9901 to schedule your examination. AMP is interested in ensuring that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. AMP will provide reasonable accommodations for candidates with disabilities.

- 1) Wheelchair access is available at all established Assessment Centers. Candidates must advise AMP at the time of registration that wheelchair access is necessary.
- 2) Candidates with visual, sensory or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements.

Examination Rescheduling:

You may reschedule the examination once at no charge, if you contact AMP at least two(2) business days prior to the scheduled appointment online at www.goAMP.com or by calling AMP at (888) 519-9901.

Missed Appointments/Cancellations:

You will forfeit the examination registration and all fees paid under the following circumstances:

- You wish to reschedule an examination but fail to contact AMP at least two business days prior to the scheduled testing session.
- You wish to reschedule a second time.
- You appear more than 15 minutes late for an examination, or
- You fail to report for an examination appointment.

Inclement Weather/Power Failure/Other Emergency:

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center.

You may visit AMP's website at www.goAMP.com prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to an Assessment Center is temporarily interrupted during an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

Taking the Examination:

Report to the Assessment Center no later than your scheduled appointment time. Look for signs indicating AMP Assessment Center Check-in. If you arrive more than 15 minutes after the scheduled testing time you will not be admitted.

Before beginning the examination, instructions for taking the examination are provided on-screen. The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the "Time" box in the lower menu bar on the screen or select the Time key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination. You will have 4 hours to complete the examination.

Only one examination question is presented at a time. The question number appears in the lower right portion of the screen. Choices of answers to the examination question are identified as A, B, C, or D.

ADDICTIONS NURSING CERTIFICATION EXAMINATION APPLICATION

You must indicate your choice by either typing in the letter in the response box in the lower left portion of the computer screen or clicking on the option using the mouse. To change your answer, enter a different option by pressing the A, B, C, or D key or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen or select the NEXT key. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key. When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions.

Identification:

You must have proper identification to gain admission to the Assessment Center. Failure to provide appropriate identification at the time of the examination is considered a missed appointment and there will be no refund of your examination fee. You must have two forms of identification, one with a current photograph. Both forms of identification must be valid and include your current name and signature. You will be required to sign a roster for verification of identity.

Acceptable forms of photo identification include a current driver's license with photograph, a current state identification card with photograph, a current passport, or a current military identification card with photograph. Employment identification cards, student ID cards and any type of temporary identification are NOT acceptable as the primary form of identification, but are acceptable as the secondary form if they include your current name and signature.

Security:

AMP administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, Personal Digital Assistants (PDAs), pagers or cellular phones are allowed in the testing room. Possession of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- No calculators are allowed.
- No guests, visitors or family members are allowed in the testing room or reception areas.

Personal Belongings:

No personal items, valuables, or weapons should be brought to the Assessment Center. Only wallets and keys are permitted. Coats must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker:

- watches
- hats

Once you have placed everything into the soft locker, you will be asked to pull out your pockets to ensure they are empty. If all personal items will not fit in the soft locker you will not be able to test. The site will not store any personal belongings.

If any personal items are observed in the testing room after the examination is started, the administration will be forfeited.

Examination Restrictions:

- Pencils will be provided during check-in.
- You will be provided with one piece of scratch paper at a time to use during the examination. You must return the scratch paper to the supervisor at the completion of testing.
- No documents or notes of any kind may be removed from the Assessment Center.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking is not permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

Misconduct:

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

- create a disturbance, are abusive, or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular phones, PDAs;
- talk or participate in conversation with other examination candidates;
- give or receive help or is suspected of doing so;
- leave the Assessment Center during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings, or are observed with notes, books or other aids

If You Pass the Examination:

If you pass the examination, you will receive a certificate attesting to the attainment of certification and will be able to use the designation earned (CARN or CARN-AP) to indicate certification status. Certification is awarded for a period of four (4) years, contingent upon maintenance of full and unrestricted license as an RN.

If You Do Not Pass the Examination:

Unsuccessful candidates who wish to retake the examination must reapply and remit all applicable fees and documentation. You may retake the examination as many times as you wish.

Duplicate Score Reports:

Requests for a duplicate score report must be made in writing to AMP within one (1) year of the examination date along with a fee of \$25.00 payable to AMP by check or money order. Duplicate score reports will be processed and mailed within approximately five (5) business days following receipt of the request.

CERTIFICATION RENEWAL PROGRAM

Successful candidates will receive a certificate attesting to the attainment of certification and will be able to use the designation earned (CARN or CARN-AP) to indicate certification status. Certification is awarded for a period of four (4) years, contingent upon maintenance of full and unrestricted license as an RN.

The certified nurse will be able to renew certification status by:

- a. Meeting stated eligibility requirements for certification.
- b. Submitting completed application form for recertification and payment of all applicable fees.
- c. Meeting ONE of the following requirements:
 - 1) Successfully passing the certification examination.
 - 2) Meeting stated requirements for recertification.

It is the responsibility of the applicant to notify ANCB of any address changes so that renewal notices are sent to the correct address and to contact ANCB if the renewal notice is not received. Failure to receive the renewal notice does not relieve the CARN of the responsibility to apply for certification renewal. Questions related to the certification program, including questions about recertification procedures, should be directed to ANCB at the following address:

ANCB CERTIFICATION PROGRAM
Addictions Nurses Certification Board
P.O. Box 14846
Lenexa, KS 66285
Phone: (913) 895-4622
Fax: (913) 895-4652

Address Mailing Label

ANCB Examination Processing
Applied Measurement Professionals – Examination Services
18000 W. 105th Street
Olathe, KS 66061

Checklist for CARN Application

- Completed application form (Printed with black ink or typed).
- Evidence of current RN licensure (Clear photocopy of current RN license or copy of verification from Board of Nursing website showing expiration date).
- Evidence of 2000 hours (1 year) of addictions nursing practice and 30 hours of continuing education related to addictions nursing in the past three (3) years. (Signed Verification of Experience in Nursing Related to Addictions Form/s).
- Fee for the certification examination: (Money order or check made **payable to International Nurses Society on Addictions (IntNSA).*** Please note 'CARN examination' in the memo section of the check.)

*Note: IntNSA is a nonprofit corporation and the parent organization of the ANCB.

- \$195.00 – IntNSA Member
- \$395.00 – New-IntNSA Member (*includes one year membership to IntNSA*)
- \$455.00 – Non-IntNSA Member
- \$25.00 – Late Fee, if applicable

Check enclosed (please make checks payable to IntNSA in U.S. Currency via a U.S. bank)

IntNSA Tax ID #: 36-3273621

Credit Card:

American Express Discover Master Card Visa

Card Number

Expiration Date

Amount

Name as it appears on the card

Cardholder Signature

Checklist for CARN-AP Application

- Completed application form (Printed with black ink or typed).
- Evidence of current RN licensure (Clear photocopy of current RN license or copy of verification from Board of Nursing website showing expiration date).
- Evidence of earned master's degree in nursing (Copy of transcript from the master's program indicating that the degree is in nursing).
- Evidence of 500 hours of supervised direct patient/client contact in advanced clinical practice related to addictions.
 - Verification forms signed by a faculty preceptor to verify the hours of supervised clinical practice included in the master's program, OR
 - Copy of transcript from the master's program verifying the hours of supervised clinical practice.
- Fee for the certification examination: (Money order or check made **payable to International Nurses Society on Addictions (IntNSA)**.* Please note 'CARN-AP examination' in the memo section of the check.)

*Note: IntNSA is a nonprofit corporation and the parent organization of the ANCB.

- \$295.00 – IntNSA Member
- \$495.00 – New-IntNSA Member
- \$555.00 – Non-IntNSA Member
- \$25.00 – Late Fee, if applicable

Check enclosed (please make checks payable to IntNSA in U.S. Currency via a U.S. bank) IntNSA Tax ID #: 36-3273621

Credit Card:

American Express Discover Master Card Visa

Card Number

Expiration Date

Amount

Name as it appears on the card

Cardholder Signature

APPLICATION FORM FOR CARN AND CARN-AP

Please print legibly or type all information requested.

Check examination requested:

- Certified Addictions Registered Nurse (CARN)
- Certified Addictions Registered Nurse – Advanced Practice (CARN-AP)

Check examination date requested: **(Note: Application windows are specified for each examination period.)**

- May 1 to 15 (Apply after October 15 and before April 1)
 - Application deadline is April 1.
 - Applications received by April 8 will be accepted with a \$25 late fee.
- October 1 to 15 (Apply after May 15 and before September 1)
 - Application deadline is September 1.
 - Applications received by September 8 will be accepted with a \$25 late

For Office Use Only:

Name _____

CARN _____

CARN-AP _____

Payment Amount _____

Late Fee _____

Payment Method _____

Emailed _____ (if applicable)

Approval Date _____

Certificate # _____

ADDICTIONS NURSING CERTIFICATION EXAMINATION APPLICATION

1. **Name:** _____
Last First Middle Initial

Previous names used: _____

How do you want your name to appear on your credentials? _____

2. **Social Security Number:** _____ - _____ - _____

3. **Home Address:** _____

City State / Province Country Zip

4. **Identify the exam you are applying for:** CARN CARN-AP

5. **Contact:** Home Phone: (____) _____ Work Phone: (____) _____
Email Address: _____

6. **RN License:** State: _____ Permanent Number: _____
Date of Original License: _____ Expiration Date: _____

7. **Check the appropriate current position:**

- Administrator Manager Supervisor
 Clinical Nurse Specialist Researcher Other (specify): _____
 Educator Staff Nurse

8. **Check the primary client problem(s) with which you work (at least 25% of your working hours):**

- Alcohol/Drug Addictions Dual Diagnosis Infectious Diseases
 Eating Disorders Gambling Addictions General Addictions
 Sexual Addictions Codependency/Family

9. **Highest level of education completed:**

- Diploma Bachelor's Degree-Nursing Master's Degree-Nursing
 Associate Degree-Nursing Bachelor's Degree-Other Master's Degree-Other
 Associate Degree-Other Doctorate-Nursing
 Doctorate-Other

Denial, Suspension, or Revocation of Certification. The occurrence of any of the following actions will result in the denial, suspension, or revocation of Addictions Nursing Certification: (1) falsification of the CARN application; (2) falsification of any material information requested by the ANCB; (3) any restrictions such as revocation, suspension, probation, or other sanctions of professional RN license by nursing authority; (4) misrepresentation of CARN status; (5) cheating on the CARN examination.

STATEMENT OF UNDERSTANDING

I hereby attest that I have read and understand the Addictions Nursing Certification Board's policy on Denial, Suspension, or Revocation of Certification and that its terms shall be binding on all applicants for certification and all certified addictions nurses for the duration of their certification. I hereby apply for certification offered by the Addictions Nursing Certification Board (ANCB). I understand that certification depends upon successful completion of the specified requirements. I further understand that the information accrued in the certification process may be used for statistical purposes and for evaluation of the certification program. I further understand that the information from my certification records shall be held in confidence and shall not be used for any other purpose without my permission. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I understand that the ANCB reserves the right to verify any or all information on this application.

Legal Signature

Date

**DATA FORM FOR CARN AND CARN-AP
EXAMINATION APPLICATION**

Please complete the following items to provide important research data to the Addictions Nursing Certification Board. The information will be handled anonymously and will be used only for research to assist in the assessment of test validity.

1. Gender:

- Male
- Female

2. Ethnic Category (Check One):

- Hispanic or Latino
- Not Hispanic or Latino

3. Racial Category:

- American Indian/Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White

4. Years of experience as an RN: _____

5. Years of experience as an RN in addictions nursing: _____

6. Mark the appropriate practice setting:

- General Hospital
- Addictions specialty hospital/unit
- Educational Institution
- Private Practice
- Free-standing Facility
- Detoxification Unit
- Substitution Clinic (e.g., Methadone Maintenance Clinic)
- Community Agency
- State/Federal Agency
- Other (specify) _____
- Not currently employed

7. Which of the following describes the ages of most of your clients? (Select all that apply.)

- Newborns
- Infants/Children
- Adolescents (age 12-21)
- Adults (age 22-65)
- Older Adults (age 65 and above)

8. What hours do you usually work?

- Days
- Evenings
- Nights
- Other (specify) _____

9. How many years have you been working in your current position?

- Less than one year
- 1 to 3 years
- 4 to 6 years
- 7 to 10 years
- More than 10 years

10. How did you hear about the certification examination?

- Nursing journal (specify) _____
- IntNSA Newsletter
- World Wide Web
 - o www.intnsa.org
 - o Other (specify) _____
- Employer
- Nursing colleague
- Marketing literature on certification
- Other (specify) _____

11. Are you currently certified in any other specialty?

- No
- Yes (specify) _____

12. Please indicate current professional membership(s):

- International Nurses Society on Addictions (IntNSA)
- State Nurses Association (specify state) _____
- National League of Nursing
- Sigma Theta Tau International
- Other (specify) _____

**VERIFICATION OF EXPERIENCE IN NURSING RELATED TO ADDICTIONS
FOR CARN**

_____ is applying to take the Addictions Nursing Certification Examination (CARN examination) sponsored by the Addictions Nursing Certification Board. As part of the application process, the applicant must provide verification of a minimum of **2000** hours (1 year) of nursing experience related to addictions, within the three years prior to the application, as a Registered Nurse in a staff, administrative, teaching, consultation, private practice, counseling or research capacity.

This form is to be completed by the applicant's supervisor(s) who must complete, sign, and return it to the applicant. If your required hours are with more than one employer you must have additional forms filled out. All application materials, including supervisor verification form(s), should be sent with the application.

_____ has had experience in nursing related to addictions
Applicant's name

totaling _____ hours, in the following capacity _____

Dates of experience: From _____ to _____
Month Year Month Year

Practice Setting: _____

City State Zip

I further attest that _____
Applicant's Name

is currently licensed as a registered nurse in the state of _____.

Supervisor's signature Date

Supervisor Contact Information:

Name _____ Title _____

Contact Number _____ Email Address _____

Note: Please photocopy this form if additional forms are needed for verification by more than one supervisor.

**VERIFICATION OF SUPERVISED ADVANCED-PRACTICE NURSING
EXPERIENCE RELATED TO ADDICTIONS
FOR CARN-AP**

_____ is applying to take the Addictions Nursing Certification Examination for Advanced Practice sponsored by the Addictions Nursing Certification Board. As part of the application process, the candidate must provide verification of a minimum of **500** hours of supervised direct patient/client contact in advanced clinical practice related to addictions. If the master's program does not include at least 500 hours of supervised clinical practice, the difference in hours must be completed after the master's degree is conferred, before the candidate can be deemed eligible to sit for the examination.

This form is to be completed by the applicant's supervisor(s) who should complete and sign the form and return it to the candidate. If your required hours are with more than one employer you must have additional forms filled. All application materials, including supervisor verification form(s), should be sent with the application.

_____ has had _____ hours of supervised direct patient/client
Applicant's Name

contact in advanced clinical practice in the area of addictions/psychiatric/mental health nursing
_____ during the master's program _____ following completion of the master's program.

Dates of experience: From _____ to _____
Month Year Month Year

Practice Setting: _____

_____ *City State Zip*

Please indicate the type of supervision provided: _____

Supervisor's signature Date

Supervisor Contact Information:

Name: _____ Title: _____

Contact Number: _____ Email Address: _____

Note: Please photocopy this form if additional forms are needed for verification by more than one supervisor.