ADVANCED CERTIFIED HOSPICE AND PALLIATIVE NURSE (ACHPN) CANDIDATE CHECKLIST

APPLICANT INFORMATION

Last Name

First Name

Please note the following:

- This form must be filled out in its entirety. Failure to do so will result in a delay in processing your application.
- Copies of advanced practice education (transcripts) will be accepted.
- Required documents may be sent via email to AMPExamServices@psionline.com or mailed to PSI c/o HPCC Certification Examination 18000 W. 105th St. Olathe, KS 66061-7543
- APRN licenses or verification documents must list an expiration date and the level of certification. •

By signing below, I verify I have read, understand, and will comply with the information provided in this application.

Applicant's Signature

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Date

ADVANCED PRACTICE NURSING LICENSE

To be eligible to sit for the ACHPN exam, you must hold a current, unrestricted active APRN license or APRN certification in the United States, its territories or the equivalent in Canada. A copy of your APRN license must be submitted and is required as part of the application process.

Advanced Practice Credential (NP, CNS, etc.): ______

State(s) you are licensed to practice in: ____

Advanced Practice License Number:

ADVANCED PRACTICE DEGREE

To be eligible to sit for the ACHPN exam you must have proof of completion of an accredited graduate, postgraduate, or doctoral Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS) educational program from a U.S. school or Canadian province NP or CNS educational programs approved by the Canadian Council of Registered Nurse Regulators (CCRNR).

Advanced Practice Degree Awarded: _

Name of the College or University that awarded the above degree:

Year Degree Awarded:

ADVANCED PRACTICE EDUCATION

A copy of your academic record/transcript showing the graduate degree and date conferred is required. The transcript must demonstrate the key elements of APRN preparation, including completion of three separate comprehensive graduate-level courses in advanced pathophysiology, advanced health assessment, and advanced pharmacology, as well as a clinical practicum of at least 500 hours.

By checking this box, I certify that I completed 500 hours of clinical practicum as part of my APRN degree.

Use the chart below to list where you completed the required courses', completion year, course number, and name.

If your educational institution did not offer the course(s) below but was incorporated across the curriculum, please note this in the "Other" column.

Required Course	School	Year	Course #	Course Name	Other
Advanced Pathophysiology					
Advanced Health Assessment					
Advanced Pharmacology					