

# Validation of APRN Education Form

## APPLICANT INSTRUCTIONS

**Complete:** All sections of the Validation of Education Form.

**Collect Required Documents for Submission:**

- Unofficial/Official Transcript(s)
- Completed Validation of Education Form
- Clinical Logs reflecting clinical hours completed

**Submit VOE, Unofficial Transcripts and Clinical Logs by one of the options below:**

- Upload to website at time of application.
- Upload to [web based ANCC portal](#) after initial online application is complete.
- Email completed PDF attachment to [APRNValidation@ana.org](mailto:APRNValidation@ana.org).

**\*Official Transcripts must be sent directly from your school to ANCC**

## APPLICANT DEMOGRAPHICS

Last Name	First Name	MI
Other Legal Names Used	Email	
Address	City	State Zip/Postal

## EDUCATIONAL DEMOGRAPHICS

University Name

State

Faculty Program Director Name/Title

Faculty Email

Faculty Phone Number

### APPLICANT PROGRAM TYPE

### APPLICANT DEGREE AWARDED

(Degree and Program type selected above **MUST** match university transcripts. If post-graduate certificate is not identified as degree type on university transcript, applicant must submit a letter of attestation from university registrar on letterhead confirming degree type completed.)

### DATE OF DEGREE CONFERRAL

(For applicant's who are applying prior to graduation, select future date of anticipated degree conferral).

### NURSING PROGRAM ACCREDITOR

(Indicate nursing accreditor at time of applicant's graduation).

#### PROGRAM ELIGIBILITY REQUIREMENTS

Program includes content in <b>Health Promotion/Disease Prevention</b> .	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Program includes content in <b>Differential Diagnosis and Disease Management</b> , including the use and prescription of pharmacologic and nonpharmacologic interventions.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

#### APRN CORE ELIGIBILITY REQUIREMENTS

	Term/Year of Completion	Course Number	Course Title <i>Must match transcript(s)</i>	Course transferred <i>Check box</i>	University Name for <i>Transfer Course</i>
Advanced Physical and Health Assessment				<input type="checkbox"/>	
Advanced Pathophysiology				<input type="checkbox"/>	
Advanced Pharmacology				<input type="checkbox"/>	

#### CLINICAL ELIGIBILITY REQUIREMENTS

Indicate total number of <b>faculty-supervised clinical hours</b> completed by applicant directly related to the role/population of program identified above. Please submit a copy of clinical logs with Validation of Education Form	
<b>For PMHNP applicants only.</b> Clinical training in at least two psychotherapeutic treatment modalities.	<input type="checkbox"/> YES <input type="checkbox"/> NO

## ATTESTATION

I, \_\_\_\_\_, the Applicant for Certification identified above (the "Applicant"), attest to and confirm that the information provided in this Validation of APRN Education Form ("Form") is true, accurate, and complete, and reflects the coursework and clinical hours actually completed by the Applicant.

- For applicants applying for Certification prior to degree conferral, this attestation confirms that all coursework and faculty-supervised clinical hours for the program and degree are complete;
- Applicant attests that the total number of faculty-supervised clinical hours do not include hours awarded for work experience or any hours other than faculty-supervised clinical hours in the role/population indicated on the VOE form above;
- For post-graduate certificate applicants, this attestation confirms that all transcript(s) and associated course syllabi (source documents) from the original degree program(s) were reviewed and validated by the faculty program director upon enrollment in the post-graduate certificate program. Applicant attests that the faculty program director conducted a formal gap analysis of transfer courses and has evaluated and validated that all transfer courses meet the current existing requirements for the post-graduate certificate program.

Required Applicant Signature

Printed Name

Date

ANCC reserves the right to request a more detailed accounting of educational demographics of applicants prior to continuation of application review. Requests may include, but are not limited to, the requirement to produce source documents such as course descriptions/syllabi from time applicant completed coursework. ANCC reserves the right to close applications where source documents are not provided. ANCC may contact the faculty program director with questions as needed.