



**RECERTIFICATION RENEWAL**  
By 60 Points of Credit

Application Forms and Instructions  
*Revised May 2017*

**ANCB Recertification Processing  
c/o C-NET  
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## Instructions on Completing the CARN Recertification Application

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To complete your recertification packet, you will need 60 points of credit from the previous four years. The types of credits and the number of points you can use are listed in this recertification application. Please complete the forms and return only the ones you used; the others may be discarded. When completing your application, please keep the following in mind:

In order to process your recertification application before the expiration date, return your completed application to our office by the due date.

You are not required to mail proof of credits with your application. However, please keep copies of all proof in the event that you are audited.

Please fill in the blocks completely when completing the education, scholarly activity, and/or volunteer activity forms. For example, do not leave the program applicability block blank or write "see attached." If any blocks are left blank, the application will be returned to you for completion.

You may only use credits that are related to the enhancement of your professional addictions nursing practice (see application for details). Courses on subjects such as computer skills will not be counted toward recertification.

The timeframe for certification is based on the month of the initial certification by examination. Thus, the recertification deadline is June 30<sup>th</sup> for those certified in the spring, and December 31<sup>st</sup> for those certified in the fall.

Your recertification application will take approximately four to six weeks to process. Once your application has been processed, you will receive a new certificate and a new ANCB card with your updated certification expiration date. You must recertify every four years to keep your certification current and valid.

If you have suggestions on improving the recertification process, we would love to hear from you. You may include suggestions with your recertification application.

We look forward to working with you for another four years. Thank you for your dedication to addictions nursing practice.

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**Certified Addictions Registered Nurse**  
**Application: Recertification by Points of Credit**

<p>This booklet contains the instructions and forms necessary to apply for recertification as a Certified Addictions Registered Nurse (CARN). Please review all materials carefully before beginning to complete the forms. You may duplicate forms if additional space is needed. Please make a personal copy of all application materials before submitting them.</p>	<p><b>Scholarly Activity</b></p> <p>C) Publication related to addictions nursing practice, research, consultation, or education. Each publication is worth 10 points of credit.</p>
<p>To recertify by points of credit, 60 points must be submitted on the enclosed forms. Points will be accepted that meet these criteria:</p> <p><b>Education</b></p> <p>A) Continuing education related to the enhancement of your professional addictions nursing practice, including roles of an addictions nurse clinician, supervisor, administrator, consultant, researcher, or educator. One contact hour is equal to one point of credit. The entire 60 points of credit may be submitted in continuing education contact hours.</p> <p>B) Formal course work related to the enhancement of your professional nursing practice in addictions, including the roles of an addictions nurse clinician, supervisor, administrator, consultant, researcher, or educator. One credit hour is worth two points of credit. The course work must be at the graduate level. A maximum of 40 points of credit will be accepted for formal course work.</p>	<p>D) Presentation of content related to addictions nursing practice, research, consultation, or education. Each contact hour of presentation time is worth five points of credit.</p> <p>E) Volunteer professional service in an addiction-related professional organization. One year of service in an elected or appointed position is worth five points of credit.</p> <p>F) Volunteer community service in addictions-related activities. Ten hours of service are worth one point of credit. A maximum of 20 points can be earned as a combined total for professional volunteer service and community volunteer service.</p>

A random selection of all recertification applications will be audited. Those applicants to be audited will receive notification and further instructions after receipt of their applications. Therefore, it is important that recertification applicants save materials that substantiate the points of credit they submit if their applications are audited:

- 1) Copies of proof of attendance or completion (such as certificate) of continuing education offerings or programs. Include the date, year, program title, sponsor, provider number (if applicable), applicant's name, and number of contact hours awarded. The program objectives should be retained.
- 2) Transcripts of formal course work completed.
- 3) Letter of acceptance and copies of printed article(s) or chapter(s), including proof that your name was published as an author.
- 4) Correspondence related to professional and volunteer community activities.

If recertification by 60 points is denied, the applicant may either apply to take the next certification examination or appeal the ruling. If the appeal is denied, the applicant will have time to apply for the next examination offered. If the applicant does not meet recertification criteria and does not pass the examination, certification will not be renewed. Recertification by points of credit will be denied for any of the following reasons:

- 1) falsification of application
- 2) misrepresentation
- 3) failure to meet eligibility requirements
- 4) lack of current and unrestricted registered nurse license
- 5) failure to meet criteria for 60 points of credit
- 6) failure to apply by the deadline
- 7) failure to supply requested additional materials by the deadline.

Note: You may become ineligible to practice in your state beyond your certification expiration date.

There is a mechanism for reconsideration and appeal for candidates who have had recertification denied on the basis of falsification or application, misrepresentation, or failure to meet criteria.

There can be no appeal based on the lack of current and unrestricted registered nurse license or failure to meet deadlines.

Certified nurses are responsible for notifying the Addictions Certification Board's national office of any address changes.

Please submit the completed application at least 60 days before the expiration date of your certification.

Name: \_\_\_\_\_

# Certified Addictions Registered Nurse Recertification Application

(PLEASE PRINT)

Legal name \_\_\_\_\_

↑ Please write your name as you want it to appear on your CARN certificate. ↑

Address \_\_\_\_\_

City/state or province/country/zip code

Phone (H)(\_\_\_\_\_) \_\_\_\_\_ (W)(\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Candidates for recertification must hold a current, full, and unrestricted license as a registered nurse in the United States, its possessions, or Canada. If licensed in more than one jurisdiction, candidates must hold a full and unrestricted license in all jurisdictions.

Current registered nurse license number(s) \_\_\_\_\_

State or Province \_\_\_\_\_

Expiration date(s) \_\_\_\_\_

### Points of credit submitted on attached forms:

Form A \_\_\_\_\_

Form B \_\_\_\_\_

Form C and D \_\_\_\_\_

Form E and F \_\_\_\_\_

Total \_\_\_\_\_

I hereby apply for recertification and attest that all information provided in this application is accurate.

Legal signature of candidate \_\_\_\_\_ Date \_\_\_\_\_

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Office Use Only  
Packet Mailed

Certificate #

Payment Method

Payment Amount

\*NOTE: effective July 1, 2018, the 2-year grace period will discontinue, and the credential may be reinstated only by recertification by examination.

Name: \_\_\_\_\_

## Verification of Experience in Addictions Nursing

The applicant must provide verification of a minimum of 2,000 hours (1 year) of addictions nursing experience as a registered nurse in a staff, administrative, teaching, consultation, private practice, counseling, or research capacity. This experience must have occurred in the 4-year certification period.

This form must be completed by the applicant's supervisor(s). If necessary, please use additional copies of this form. Completed form(s) attesting to the 2000 hours of addictions nursing must be returned with the recertification application.

I verify that \_\_\_\_\_ (applicant) had experience in addictions nursing in the following capacity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From the following date \_\_\_\_\_ to \_\_\_\_\_.  
Month/year Month/year

Average number of hours per week: \_\_\_\_\_

Name of practice setting: \_\_\_\_\_

Address: \_\_\_\_\_  
City State / Province Country Zip code

\_\_\_\_\_  
Supervisor (Print name)

\_\_\_\_\_  
Supervisor (Signature)

Contact information:

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different from above):

Address: \_\_\_\_\_  
City State / Province Country Zip code

Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Form A: Continuing Education**

**Please print or type and avoid using abbreviations.**

<b>(1) Sponsor (including provider no., if applicable)</b>	<b>(2) Date(s) of program</b>	<b>(3) Type of program</b>	<b>(4) Title of program</b>	<b>(5) Program applicability to addictions nursing practice</b>	<b>(6) Total number of contact hours (points)</b>

**Maximum number of points accepted for form A is 60.  
1 contact hour (50-60 minutes) = 1 point.**

Total points this page \_\_\_\_\_



Name: \_\_\_\_\_

**Form A: Continuing Education**

**Please print or type and avoid using abbreviations.**

<b>(1) Sponsor (including provider no., if applicable)</b>	<b>(2) Date(s) of program</b>	<b>(3) Type of program</b>	<b>(4) Title of program</b>	<b>(5) Program applicability to addictions nursing practice</b>	<b>(6) Total number of contact hours (points)</b>

**Maximum number of points accepted for form A is 60.  
1 contact hour (50-60 minutes) = 1 point.**

Total points this page \_\_\_\_\_

Name: \_\_\_\_\_

**Form A: Continuing Education**

**Please print or type and avoid using abbreviations.**

<b>(1) Sponsor (including provider no., if applicable)</b>	<b>(2) Date(s) of program</b>	<b>(3) Type of program</b>	<b>(4) Title of program</b>	<b>(5) Program applicability to addictions nursing practice</b>	<b>(6) Total number of contact hours (points)</b>

**Maximum number of points accepted for form A is 60.  
1 contact hour (50-60 minutes) = 1 point.**

Total points this page \_\_\_\_\_

Name: \_\_\_\_\_

Form B: Formal Course Work

Please print or type and avoid using abbreviations.

(1) Institution & Address	(2) Date and year completed	(3) Course number, department code, and title	(4) How course is applicable to addictions nursing	(5) Number of credit hours	(6) Number of credit hours times 2	(7) Points of credit
					x 2	
					x 2	
					x 2	
					x 2	

Maximum number of points accepted for form B is 40.

Total points this page \_\_\_\_\_

Name: \_\_\_\_\_

**Form C: Scholarly Activity-Publications**

**Please print or type and avoid using abbreviations.**

Title of manuscript	Name of publication and publisher	Check appropriate box:		Date and year of publication or acceptance	Pages where manuscript appears	Points of credit
		Text chapter	Journal article			

**Form D: Scholarly Activity-Presentations**

**Please print or type and avoid using abbreviations.**

Title of presentation	Number of contact hours awarded to participants	Date and year of presentation	Title of program and location where presentation was made	Points of credit

Maximum number of points accepted for forms C and D is 30.

Total points this page \_\_\_\_\_

Name: \_\_\_\_\_

**Form E: Volunteer Service---Professional Volunteer Activity**

**Please print or type and avoid using abbreviations.**

Nature of professional service, Name & Address	Title of volunteer position	Check appropriate box:		Beginning date of position	Length of term	Points of credit
		Appointed	Elected			

**Form F: Volunteer Service---Community Volunteer Activity**

**Please print or type and avoid using abbreviations.**

Nature of community service, Name & Address	Specific role served	Length of volunteer service	Sponsoring agency or association	Date and location of event	Points of credit

**Maximum number of points accepted for forms E and F is 20.**

Total points this page\_\_\_\_\_