

**THE ADDICTIONS NURSING  
CERTIFICATION BOARD**

**CARN  
RECERTIFICATION  
RENEWAL BY 60 POINTS**



**Recertification  
Manual &  
Application**

**Revised 7/2018**



## **CARN RECERTIFICATION**

This packet contains the instructions and forms necessary to apply for recertification as a Certified Addictions Registered Nurse (CARN). Please review all materials carefully before completing the enclosed application. Do not submit this application for recertification if:

- 1) You are *not* currently CARN certified
- 2) You are CARN-AP certified (Use the CARN-AP Recertification Packet)
- 3) Your Recertification Due Date is more than six (6) months away

The application enclosed in this packet contains:

- 1) An application signature page which must be signed and dated
- 2) A Verification Form to verify 2000 hours of addictions related practice
- 3) Verification Forms A thru F, used to itemize 60 hours of continuing education

You may duplicate forms if additional space is needed. It's recommended that you make a personal copy of all application materials before submitting them.

### **Hours Required For CARN Recertification**

As part of the recertification process for the Certified Addictions Registered Nurse (CARN), it is required that current certificants verify having a minimum of **2000 hours** of nursing experience and sixty (**60**) **hours** of continuing education. All hours provided (both experience and educational) must be related to addictions nursing and must have been accrued during your most recent four (4) year certification period.

### **2,000 Experience Hours**

You must provide verification of a **minimum of 2,000 hours (1 Year) of nursing experience related to addictions**. All experience hours must have occurred during your most recent **four (4) year** certification period.

### **80 Continuing Education Hours**

You will also need to list no less than **sixty (60)** contact hours in addictions nursing. At least **51%** of those hours must be directly in Addictions (addictions, substances, process addictions, addictions in health care professionals, psychiatric, treatment/prevention of addictions). The remaining hours may be related to Addictions (HIV/AIDS, Hepatitis, pain management, medically oriented as it relates to substances, pharmacology, symptom management as it relates to addictions, therapies used in addictions – motivational interviewing, etc.). All contact hours must be itemized on the enclosed application form, and contact hour certificates should not be submitted unless specifically requested by C-NET. All contact hours must have occurred during your most **recent four (4) year certification period**.

## Contact Hour Forms: A Through D

### Education

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 under Form A (continuing education contact hours).**

### Formal Coursework

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 coursework.**

### Scholarly Activity - *Publications*

C: Publication related to addictions nursing practice, research, consultation, or education. The points of credit are allotted accordingly:  
Peer-reviewed publication: **10 points**  
Development of academic course within college or university: **10 points**  
Non-peer reviewed publication: **5 points**

### Scholarly Activity - *Presentations*

D) Presentation of content related to addictions nursing practice, research, consultation, or education. The points of credit are allotted accordingly:  
Peer-reviewed paper presentation: **1 points**  
Peer-reviewed poster presentation: **5 points**  
Teaching addictions-related content: **1 point** (for every 10 hours of contact time)  
Invited Paper: **10 points**  
Invited Poster: **5 points**

### **Contact Hour Forms:** **E Through F**

#### **Volunteer Service – Professional Volunteer Activity**

**E)** Volunteer professional services in a service area that promote prevention and/or treatment of addictions. The points of credit are allotted for one year of service in the according areas:

Leadership role: **10 points**

Advisory role **10 points**

Board member role: **5 points**

#### **Volunteer Service – Community Volunteer Activity**

**F)** Volunteer community service in addictions-related activities. Ten hours of service are worth one point of credit. A maximum of 25 points can be earned as a combined total for professional volunteer service and community volunteer service.

### **Random Audits**

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 vital 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 a certificate) of continuing education offerings or programs. Include the date, year, program title, sponsor, provider number (if applicable), applicant's name, and the number of contact hours awarded. The program objectives should be retained.
- 2) Transcripts of formal coursework completed.
- 3) Letter of acceptance and copies of the 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 a subsequent examination. If the applicant does not meet recertification

## **Random Audits**

*(Continued)*

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.

### **RECERTIFICATION TIMELINE**

We ask that you submit your application for CARN recertification no sooner than six (6) months before your expiration date and no later than four (4) weeks before your expiration date. Please note, if your certification lapses during the application processing period, you should not use your CARN credential until you have received official confirmation from C-NET that your recertification application had been approved.



**Contact Us:**

**You may mail your application to:**

ANCB Recertification Processing  
c/o C-NET  
35 Journal Square,  
Suite 901  
Jersey City, NJ 07306

**If paying by credit card, you may email or fax your application to C-NET at:**

(FAX) 201.217.9785  
(Email) [info@cnetnurse.com](mailto:info@cnetnurse.com) [www.cnetnurse.com](http://www.cnetnurse.com)

**For questions:**

Email us at: [info@cnetnurse.com](mailto:info@cnetnurse.com) [www.cnetnurse.com](http://www.cnetnurse.com)  
Or Call us at:  
(Phone) 201.217.9083



As part of the recertification process for the Certified Addictions Registered Nurse (CARN), candidates must provide verification of having a **minimum of 2000 hours (1 year) of nursing experience related to addictions**. This experience must have occurred within candidate's 4-year certification period. As **supervisor** of the applicant submitting this form, please verify the number of experience hours they have accumulated (pertaining to addiction nursing) at your facility within the last **four years**. **IMPORTANT:** In order for this application to be processed, you must complete **all sections** below before returning this form to the applicant.

----- **VERIFICATION FORM FOR: CARN RECERTIFICATION** -----

All sections below must be completed by supervisor

**PART 1** **APPLICANT NAME**  
I AM COMPLETING THIS VERIFICATION FOR:

\_\_\_\_\_

Print first and last name of the CARN recertification candidate

**PART 2** **EXPERIENCE**

**COMPLETE ALL BLANK FIELDS.** Check Here

The applicant's dates of experience were from:

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ If Currently Employed

Month \_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_ Year \_\_\_\_\_

Averaging \_\_\_\_\_ hours (per week) at this facility in **addictions nursing experience to date.**

**EXPERIENCE HOURS WERE IN THE FOLLOWING CAPACITY (Check all that may apply):**

Nurse in a Staff       Consultation  
 Administrative       Teaching  
 Counseling       Research

**PART 3** **EXPERIENCE DESCRIPTION**  
Use this section if further explanation of the candidate's experience is required.

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

**PART 4** **SUPERVISOR INFORMATION**

NAME: \_\_\_\_\_  
Print Name

Title: \_\_\_\_\_

Credentials (if any) \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**PART 5** **FACILITY/SITE**

\_\_\_\_\_

Practice Setting/Institution Name

\_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_

**PART 5** **SUPERVISOR SIGNATURE**

*I attest that the information provided on this page is, to the best of my knowledge, accurate:*

Signature: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_



**SECTION 5: CONTINUING EDUCATION**

In order to recertify, you will need to list no less than 60 hours of continuing education. These educational units must have occurred within the **last four (4) years**. At least **51%** of the **60 CEU's** for **recertification** must be *directly* related to Addictions Nursing. The required 60 hours must be detailed ON THE FORMS ENCLOSED. However, certificates verifying the hours obtained are not required unless requested by the board's review team.

***Points of credit submitted on attached forms:***

FORM A (Max 60): \_\_\_\_\_

FORM B (Max 40): \_\_\_\_\_

FORM C & D (Max 30): \_\_\_\_\_

FORM E & F (Max 20): \_\_\_\_\_

**TOTAL HOURS:**

**----- VERIFICATION OF 60 CEU HOURS FOR: CARN -----**

To avoid additional fees you must complete ALL spaces in this section

**FORM A: Continuing Education**

Print or type only and avoid using abbreviations.

1) Sponsor (Please include provider number if applicable)	2) Dates of Program	3) Type of Program	4) Title of Program	5) Explain program applicability to addictions nursing practice	6) Total Number of contact hours (points)
<b>Total</b>					



NAME: \_\_\_\_\_

**CARN RECERTIFICATION  
FORM A: Continuing Education  
(60 MAX)**

You may copy this form as necessary

1) Sponsor (Please include provider number if applicable)	2) Dates of Program	3) Type of Program	4) Title of Program	5) Explain program applicability to addictions nursing practice	6) Total Number of contact hours (points)

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NAME: \_\_\_\_\_

**CARN RECERTIFICATION  
FORM A: Continuing Education  
(60 MAX)**

You may copy this form as necessary

1) Sponsor (Please include provider number if applicable)	2) Dates of Program	3) Type of Program	4) Title of Program	5) Explain program applicability to addictions nursing practice	6) Total Number of contact hours (points)

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**CARN RECERTIFICATION  
FORM B: Formal Coursework  
(40 MAX)**

You may copy this form as necessary

1) Institution and Address	2) Date and Year Completed	3) Course Number, Department Code and Title	4) How is course applicability to addictions nursing	5) Number of Hours	6) Times Credit Hours	7) Total Number of contact Credit
					<b>x2</b>	
					<b>x2</b>	
					<b>x2</b>	
					<b>x2</b>	
					<b>x2</b>	

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NAME: \_\_\_\_\_

**CARN RECERTIFICATION  
FORM C & D  
(30 MAX for forms C and D)**

**You may copy this form as necessary**

**FORM C: Scholarly Activity - Publications**

Title of Manuscript	Name of Publication & Publisher	Check Appropriate Box		Date and Year of Acceptance	Pages where manuscript appears	Points of Credit
		TEXT CHAPTER	JOURNAL ARTICLE			

**FORM D: Scholarly Activity - Presentations**

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

<i>Page Total</i>	
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NAME: \_\_\_\_\_

**CARN RECERTIFICATION  
FORM E & F  
(20 MAX for forms E and F)**

**You may copy this form as necessary**

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

Nature of professional service, Name and Address	Title of volunteer position	Check Appropriate Box		Beginning date of position	Length of Term	Points of Credit
		<i>Appointed</i>	<i>Elected</i>			

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

Nature of community service, Name and Address	Specific Role Served	Length of volunteer service	Sponsoring Agency or association	Points of Credit

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