

**THE ADDICTIONS NURSING  
CERTIFICATION BOARD**

**CARN  
RECERTIFICATION**



**HANDBOOK &  
APPLICATION**



### Retired Status

If you are retiring, please see the ANCB Retired Status application located at [cnetnurse.com](http://cnetnurse.com)

## **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 Expiration 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.

### **60 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. To obtain points of credit, your activities should be extracurricular and not that are part of your job description (i.e., a nurse educator may not use on-the-job teaching to obtain points of credit). To claim points of credit, your activities must also include contact hours. The term "Contact Time" below may also include your hours of preparation. The points of credit for FORM D are allotted accordingly:  
Peer-reviewed paper presentation: **1 point**  
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**

Addictions nursing certification is granted for a period of four years, at which time the certificant must meet current recertification criteria. If the time period for recertification has lapsed plus the three months grace period, the candidate must retake the examination to be certified.

We ask that you submit your application for CARN recertification no sooner than six (6) months before your expiration date or three months after your expiration date (with a late fee). Please note, if your certification lapses during the application processing period, candidates should not use the CARN credential until they 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

# Re-certification Application For CARN

## Office Use Only:

Current Expiration  
Date

New Expiration  
Date

### Re-certification Checklist:

*All items must be returned together with certification fee*

- Signed Application Form
- Verification Form (2000 hours of related practice)
- Verification of 60 CEUs (In addition nursing)

### DEADLINE FOR SUBMISSION:

THIS APPLICATION MUST BE POSTMARKED) NO  
LESS THAN 6 WEEKS PRIOR TO YOUR  
CERTIFICATION EXPIRATION DATE.

### Do not submit this application if:

- 1) You are **not** currently CARN certified
- 2) You are a CARN-AP (Use CARN-AP recert. application)
- 3) Your recert. **due date** is more than 6 months away

Complete ALL sections of this application. Documents and payment must be mailed together to: **ANCB Examination Processing, C/O C-NET, 35 Journal Square, Suite 901 Jersey City, NJ 07306**

## SECTION 1: CANDIDATE INFORMATION

Missing information (including SS# and Email) are subject to incomplete application fee

NAME \_\_\_\_\_  
Legal Name

MAILING ADDRESS \_\_\_\_\_  
Street Apt# City State Zip

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

CELL/ HOME PHONE NUMBER \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

## SECTION 2: RN LICENSE

Missing information are subject to incomplete application fee

You must hold a current, full and unrestricted license as a registered nurse in the US, its territories or Canada (applies to all jurisdictions where registered).

STATE: \_\_\_\_\_ PERMANENT NUMBER: \_\_\_\_\_

DATE OF ORIGINAL LICENSE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

## SECTION 3: PAYMENT Please enclose one of the following valid forms of payment. Make checks payable to C-NET

### Application Fee

- Standard Fee: \$275.00
- Late Fee: +\$100.00

Enclosed:  Money Order/ Check  Credit Card (Complete below)

### Visa or Master Card Only:

CARD HOLDER NAME \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_ HOME/CELL # \_\_\_\_\_

Payment

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

**PLEASE NOTE:** Your signature on this form acknowledges and authorizes the Center for Nursing Education and Testing (C-NET) to charge your credit card for a total of the amount indicated. Written refund requests shall be accepted by C-NET up to 6 weeks before the applicant's certification deadline. The written request must be submitted by the purchaser or the request will not be considered. All refunds are issued minus the application processing fee and any other non-refundable fees indicated in the application brochure or websites (cnetnurse.com). Refund requests received after the 6 week postmark deadline will not be considered, and any fees previously collected become non-refundable and non-transferable.

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

**Legal Signature**

**Of Candidate** \_\_\_\_\_ Date \_\_\_\_\_

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**

<b>PART 1</b>		<b>APPLICANT NAME</b>
I AM COMPLETING THIS VERIFICATION FOR:		
<hr/> Print first and last name of the CARN recertification candidate		
<b>PART 2</b>		<b>EXPERIENCE</b>
<b>COMPLETE ALL BLANK FIELDS.</b>		Check Here
The applicant's dates of experience were from:		<input type="checkbox"/>
START DATE:	END DATE:	If Currently Employed
Month ____ Year ____	Month ____ Year ____	
Averaging _____ hours (per week) at this facility in <b>addictions nursing experience to date.</b>		
<b>EXPERIENCE HOURS WERE IN THE FOLLOWING CAPACITY (Check all that may apply):</b>		
<input type="checkbox"/> Nurse in a Staff	<input type="checkbox"/> Consultation	
<input type="checkbox"/> Administrative	<input type="checkbox"/> Teaching	
<input type="checkbox"/> Counseling	<input type="checkbox"/> Research	
<b>PART 3</b>		<b>EXPERIENCE DESCRIPTION</b>
Use this section if further explanation of the candidate's experience is required.		
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

<b>PART 4</b>		<b>SUPERVISOR INFORMATION</b>
NAME: _____		
Print Name		
Title: _____		
Credentials (if any) _____		
Phone _____		
Email _____		
<b>PART 5</b>		<b>FACILITY/SITE</b>
Practice Setting/Institution Name _____		
City _____		ST _____
<b>PART 5</b>		<b>SUPERVISOR SIGNATURE</b>
<i>I attest that the information provided on this page is, to the best of my knowledge, accurate:</i>		
Signature: _____		
Date _____		



**SECTION 5: CONTINUING EDUCATION**

In order to recertify, you need to list no less than **60 hours** of continuing education. These educational hours must have occurred within the **last four (4) years**. At least 51% of the CE hours must be directly in addictions nursing. These hours and the related information must be tallied **using this form** and must be applicable to addictions nursing. Actual continuing education certificates should **not be included** but must be made available upon request.

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

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

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

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

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

**Total Hours:** \_\_\_\_\_

EXAMPLE

**Hours Accrued | Date Completed:** 06/21/21

**Activity Sponsor:** Medscape

**Date of Completion:** 6/21/2021

**Title of Program:** Opioids in Suburban Populations

**Type of Program:** (Choose One)

- Online home study, self-paced
- Live webinar
- In person seminar/conference

**Applicability to Addictions:** (Choose One)

- Directly in addictions (SUD, gambling, etc.)
- Related/co-occurring, (depression, HIV, PTSD, etc.)

**VERIFICATION OF 60 CONTACT HOURS FOR CARN**  
To avoid additional fees, you must complete ALL spaces in this section.

**FORM A: CONTINUING EDUCATION**

Print or type only, avoid using abbreviations.

**Hours Accrued | Date Completed:**    /   /   

**Activity Sponsor:** \_\_\_\_\_

**Title of Program:** \_\_\_\_\_

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**Hours Accrued | Date Completed:**    /   /   

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TOTAL HOURS ON PAGE

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

**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>	

<i>Page Total</i>	
<i>Running Total</i>	

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>	
<i>Running Total</i>	

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

**CARN RECERTIFICATION  
FORM E & F  
(25 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

<i>Page Total</i>	
<i>Running Total</i>	