

**THE ADDICTIONS NURSING  
CERTIFICATION BOARD**

# **CARN-*AP* CERTIFICATION**



**HANDBOOK &  
APPLICATION**

## ABOUT CARN-AP EXAMINATION

The CARN-AP Certification examination is based on a Role Delineation Study (RDS), also known as a practice analysis, which was completed in 2019. The purpose of that study was to identify the content specifications based on survey responses of addictions nurses and advanced practice nurses, as interpreted by a panel of subject matter experts. An executive summary of this study is available at [www.ancbonline.org](http://www.ancbonline.org). The RDS resulted in the detailed Content Outlines (see pages 8-11). The test consists of 150 questions that match the test blueprint. About 25 of the questions are new experimental or “pilot” questions that are not scored. Pilot testing of new questions allows for the evaluation of questions to determine if they are valid before they become scored questions.

## BIAS/SENSITIVITY

To avoid bias and ensure sensitivity, individual items and the test as a whole are reviewed at several stages of test development for inappropriate references to gender, race, ethnicity, religion, disability or linguistic ability.

## NONDISCRIMINATION POLICY

No individual shall be excluded from the opportunity to participate in the ANCB certification program on the basis of race, ethnicity, national origin, religion, marital status, gender, sexual orientation, gender identity, age, or disability.

## ABOUT THE ADDICTIONS NURSING CERTIFICATION BOARD

The Addictions Nursing Certification Board (ANCB) was established in 1989 for the purpose of promoting the highest standards of addictions nursing practice through development, implementation, and coordination of all aspects of certification for addictions nurses. Certification attests to attainment of specialized knowledge beyond the basic nursing credential. Certification serves to maintain and to promote quality nursing care by providing a mechanism for nurses to demonstrate their proficiency in a nursing specialty area. It documents that special knowledge has been achieved, elevates the standards of addictions nursing practice, and provides for expanded career

opportunities and advancement within the specialty of addictions nursing. Thus, certification benefits the nurse, the profession of nursing, and the public.

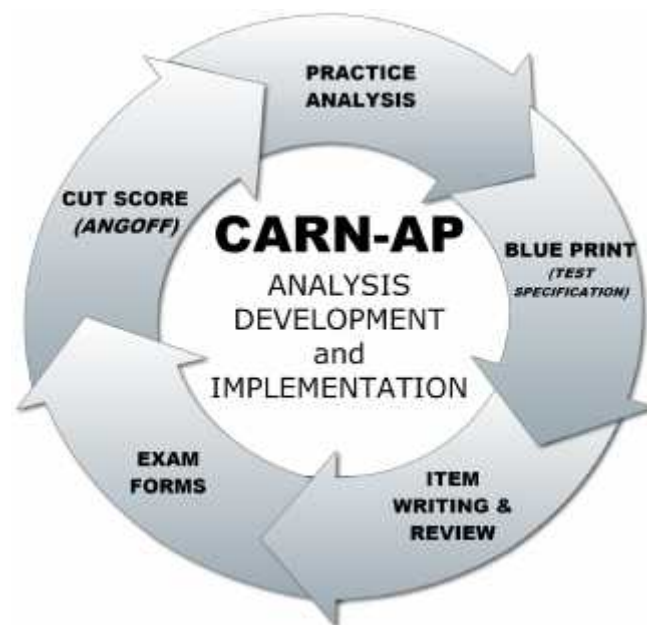
## STATEMENT OF MISSION, VISION, AND PURPOSE

The mission of ANCB is to establish an addictions nursing specialty certification as the standard of excellence by which all stakeholders recognize quality addictions nursing.

The vision of ANCB is: Recognizing the pervasiveness of addictions; certification in addictions nursing will be sought after by nurses across all settings and patient populations.

The purpose of ANCB is to provide a mechanism for certification of a quality specialty nursing certification program for addiction nursing.

## CARN-AP DEVELOPMENT AND IMPLEMENTATION



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**PRACTICE ANALYSIS SURVEY**

The content of the CARN-AP examination is based on a practice analysis survey of nurses from around the country who specialize in addictions. The purpose of this survey is to identify key tasks/activities performed in treating those with substance use disorders. Each question on the test is directly linked to the tasks/activities in the practice analysis survey. A national task force is formed to plan the survey's content. Following data collection, the task force reviews the survey's results and makes recommendations for the CARN-AP exam specifications. This process is performed every five years to ensure that the test always reflects the current practice and is kept up to date.

**TEST COMMITTEE**

The group that oversees CARN-AP exam development is the CARN-AP Test Development Committee, which is made up of nurses with expertise in addictions nursing. Item writers, who themselves are certified addictions nurses, are brought together from a variety of geographic and practice settings to assist the committee in writing test questions (or "items") that meet the CARN-AP blueprint requirements. Nurses who are invited for item writing and nurses who form the test committee are considered "content experts" concerning the knowledge and skills needed in addictions nursing for safe practice. The test committee meets in person at least once a year to review, evaluate, and write test questions. To be certain that the test content is accurate, all questions are supported, using the most recent Core Curriculum for Addictions Nurses and/or other references, including American Psychiatric Association, Center for Substance Abuse Treatment, National Council of State Boards of Nursing and National Institute on Drug Abuse.

**ANGOFF PROCEDURE**

The passing score is determined by a panel of subject matter experts (SMEs). These experts are comprised of both experienced and newly certified nurses who specialize in addictions. This group performs a standard setting procedure ("The Angoff Procedure") in which the test is reviewed to evaluate if it demonstrates what is required to assess individuals who have an acceptable level of

knowledge and skill in the practice. Each test question is reviewed to determine its level of difficulty. The exam's overall level of difficulty is determined by SMEs. Therefore, each candidate's test score is measured against a predetermined standard, not against the performance of other test takers. A score of about 75% correct is required to pass the CARN-AP examination.

**PILOT QUESTIONS**

The test consists of 150 questions that match the test blueprint. About 25 of the questions are new experimental or "pilot" questions that are not scored. Pilot testing of new questions allows for the evaluation of questions to determine if they are valid before they become scored questions.

**ELIGIBILITY CRITERIA – CARN-AP**

To be determined eligible to participate in the certification examination for advanced practice in addictions nursing, a candidate must meet the following requirements:

**1. RN LICENSE:**

Hold a current license as a registered nurse (RN) by passing the NCLEX or must demonstrate the license has been verified for equivalency by the Commission on Graduates of Foreign Nursing Schools (CGFNS), World Education Services (WES), or Educational Records Evaluation Services (ERES). If licensed in more than one jurisdiction, the candidate must hold full and unrestricted licenses (see \* for exception) in all jurisdictions where they practice.

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**\*ALTERNATIVE TO DISCIPLINE POLICY: ANCB recognizes the positive impact nurses in recovery bring to the specialty of addiction nursing. Alternative to Treatment Program Involvement:**

- 1. If a license is surrendered or if the nurse has violated the agreement, the applicant will be found ineligible to sit for the exam.**
  - 2. If the nurse has a license with restrictions and is currently in a monitoring program, a letter from the monitoring program will be required before the applicant may sit for the exam. The monitoring program letter will need to support that the license is active, the applicant is complying with his/her agreement and that the monitoring program supports the applicant sitting for the exam.**
  - 3. Each applicant will be expected to abide by their state nurse practice act and the laws of their state regarding the alternative to discipline programs.**
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## 2. SCHOLASTIC DOCUMENTATION:

You must provide evidence that you hold a master's degree (or higher) in nursing.

## 3. VERIFICATION OF CLINICAL HOURS (500):

The applicant must complete documentation (enclosed) verifying a minimum of 500 hours in advanced clinical practice. These hours must be supervised, and must be direct client contact hours, working with individuals and families impacted by addictions/dual diagnoses. Be advised, only hours obtained within the last four (4) years will be considered, and may be from your master's program, or post-masters experience [See below].

### a) DURING MASTERS:

*If part or all of the required hours were **obtained during a master's program**, the applicant must attach a transcript and **highlight** all the itemized experience hours they wish to submit for consideration. All experience hours must be in addictions/dual diagnosis and obtained within the last 4 years.*

AND/OR

### b) POST-MASTERS:

*If part or all of the required hours were **obtained post-masters**, then the candidate must have the **enclosed Verification Form** completed by a direct supervisor. The Verification Form may be photocopied for distribution to multiple supervisor if needed. All experience hours must meet the above criteria under "Verification of Clinical Hours".*

## 4. VERIFICATION OF 1,500 ADDITIONAL HOURS:

In addition to the 500 directly supervised clinical hours listed, the applicant must have a minimum of 1,500 hours of nursing experience in addiction as an Advanced Practice Nurse (APN) within the last three (3) years prior to submitting the examination application. The hours may be in an administrative, teaching, private practice, consultation, counseling, or research capacity.

## 5. CONTACT HOURS

Applicants must have completed forty-five (45) contact hours of approved continuing education in addictions within the three (3) years prior to submitting the exam application. Fifty-one percent of the hours must be specific to addictions nursing, while the remaining hours must be related to

addictions nursing, e.g., HIV/AIDS, hepatitis, pain management, etc. Formal course credit may be used for continuing education with the following equivalency (measured by hours of lecture time per week):

1 academic semester credit = 15 points of credit

1 academic quarter credit = 10 points of credit

For initial certification by examination, continuing education contact hours include online or on-campus coursework, attending conferences, lectures, etc., where the applicant is the learner. Alternatively, precepting hours, writing entries or articles for publications, giving presentations or lectures, etc., are considered professional contact hours, which can be used for re-certification only, not for initial certification by examination.

## 6. SUPERVISOR SIGNATURE:

*It is preferable that the post-master's consultation/supervision be provided by a professional with experience and expertise in the field of addictions. The consulting/supervising professional may be one of the following:*

- a) An addictions nurse specialist with a master's or higher degree and CARN or CARN-AP certification;*
- b) A master's prepared licensed/ certified mental health social worker; c) a psychiatrist;*
- d) A psychologist prepared at the doctoral level and listed in the National Registry of Health Service Providers in Psychology; or*
- e) A psychologist prepared at the doctoral level in an APA-accredited program in one of the following clinical areas: clinical psychology, counseling, psychology, or school psychology.*

## 7. GOVERNMENT ISSUED PHOTO ID:

For the purposes of test security, a photocopy of the candidate's government issued photo ID is required. The name on the candidate's application must match the name on the candidate's government issued photo ID. Temporary and expired identification are unacceptable.

## INQUIRIES AND SUBMISSIONS

The CARN-AP application and required documentation (As well as all questions and requests for information about certification) should be directed to:

C-NET  
35 Journal Square, Suite 901

Jersey City, NJ 07306  
info@cnetnurse.com  
www.cnetnurse.com  
800-463-0786, ext. 11

A completed application and appropriate fee must be submitted before an examination permit can be approved by C-NET. It must be determined that the name provided on any and all supporting documentation (i.e., RN license, verification forms, etc.) belongs to the applicant. If this is not evident, you must include proof of a legal name change when submitting an application.

## APPLICATION PROCESSING TIME

Testing for the CARN-AP is year-round, and there are no deadlines for the submission of examination applications. Normal processing time for a CARN-AP application is approximately four weeks from the time the application is received by C-NET. C-NET is not responsible for US Postal Service delays. If the applicant has not received the examination permit within four weeks of the application postmark (or submission) date, the applicant is responsible for informing C-NET immediately by emailing info@cnetnurse.com.

## INCOMPLETE STATUS

Be advised: Applications submitted with missing or incorrect information shall be subject to an **Incomplete Application Fee**. If an application is incomplete, a status letter will be issued to the applicant by mail. The status letter will explain why a fee was incurred, and include instructions on how to clear the incomplete status [See "Examination Fees"].

## EXAM REGISTRATION

Once C-NET has cleared the application and verified that the candidate has met the required prerequisites, the candidate will automatically be registered for an exam and sent an electronic examination permit by email. The permit will include a unique applicant ID number and a link to schedule the examination online at the computer-based testing location of choice.

## EXAM CONFIRMATION

After the candidate schedules, a second email will be sent as confirmation. It is the responsibility of the candidate to immediately verify that the information on the confirmation email is correct. If the candidate believes the information on the confirmation email is in error, the candidate must contact the testing agency to reschedule [See "**Reschedule Requests**"].

## ELECTRONIC EXAMINATION PERMIT

Physical (paper) examination permits are no longer required to enter computer-based exam sites, however, **candidates will not be admitted to the examination without a current, valid government issued photo ID.** (e.g., candidate's driver's license). The name appearing on the applicant's photo identification card must exactly match the name appearing on the candidate's electronic examination permit. Be advised, for reasons involving test security, temporary government issued photo IDs will not be accepted.

## TESTING WINDOW (90-DAYS)

The examination permit will remain active for a period of 90 days. The candidate must test within the 90-day window indicated in the registration confirmation email (or current examination permit). If the applicant does not test by the end of the 90-day window, the testing registration will expire along with application and certification fee. The applicant must then submit a new application and fee before being allowed to test.

## TAKING THE EXAMINATION

The CARN-AP exam is offered in the computer-based testing (CBT) format. The certification examinations are multiple-choice tests. It is important to read each question carefully and choose the one answer that you think answers the question correctly. There is no penalty for guessing, so an educated guess is appropriate if you are unsure of the answer. Three (3) hours are allotted to complete the examination. Reference books, notes, or other study materials may not be brought into the examination room. Examination questions do not include calculations that require a calculator. Personal belongings must be placed away from the examinee's immediate testing area. All cell phones, pagers, and other communication devices must be turned off and put away.

## **INAPPROPRIATE BEHAVIOR DURING THE EXAMINATION**

The performance of all examinees will be monitored. Any examinee who gives or receives assistance, or otherwise engages in dishonest or improper behavior during the examination, may be required to cease taking the examination and leave the examination site. The examination manager will notify the C-NET office of any inappropriate behavior. The C-NET personnel will then notify ANCB. After reviewing a reported incident, the ANCB will determine whether there is reason to allow the individual to retake the examination, refuse to release test results, or revoke the individual's eligibility to sit for future examinations. Any individual who removes or attempts to remove materials from the examination site, or who discloses, reproduces, distributes, or otherwise misuses a test question from a certification examination, may face legal action.

## **RESCHEDULE REQUESTS**

To reschedule an examination, the applicant must contact PSI (the computer-based testing agency) no less than 48 hours prior to the scheduled examination. Reschedule requests made less than 48 hours prior to the scheduled examination will not be accepted, and the applicant must either test as scheduled or be considered a 'no-show.' Applicants may clear their 'no-show' status by contacting C-NET in writing before the close of their 30-day testing window. A fee will apply.

## **SPECIAL PERMIT EXTENSION**

C-NET will grant a Special Permit Extension to eligible applicants who require a new 90-day window. Only one Special Permit Extension will be granted per application and the permit extension will only allow for testing in the CBT format. Applicants requesting a Special Permit Extension must contact C-NET in writing before the close of their current 90-day testing window. A Special Permit Extension Fee will apply.

## **DISABILITY ACCOMMODATIONS**

In accordance with the Americans with Disabilities Act (ADA), the testing agency C-NET will provide reasonable accommodation for any applicant having documentation of a diagnosed disability. If you wish to make such arrangements, you must notify C-NET in writing by emailing [info@cnetnurse.com](mailto:info@cnetnurse.com) prior to submitting an application. C-NET will provide you with forms to complete and instructions on how to proceed with your request.

## **REFUND, TRANSFER AND WITHDRAWAL POLICIES**

After an individual's eligibility has been confirmed, applications may not be withdrawn or transferred. Likewise, all examination fees are non-refundable and non-transferable. Written refund requests will be accepted by C-NET either up to four (4) weeks after the application postmark date (or date received), or prior to the date the examination permit is issued (whichever comes first). The written request must be submitted by the purchaser and must include the applicant's full name, the last four digits of the social security number, and the name of the exam being cancelled or the request will not be considered. All refunds are issued minus the application processing fee and any other non-refundable fees. Non-refundable fees include:

- 1) Application Processing Fee.....\$50
- 2) Incomplete Application Fee (if any).....\$50
- 3) Incurred Bank Fee (if any).....\$35

Refund requests received after the deadline will not be considered and any funds received after the deadline shall become **non-refundable and non-transferable**.

## **EXAM RESULTS AND NOTIFICATION**

Scores will be available immediately upon completion of the examination.

- A total score will be provided for examinees who successfully pass the examination.
- To receive a passing score, 75% of the CARN-AP test items must be answered correctly.
- A total score and subscores in all the major test areas of concentration will be provided for examinees who do not pass the examination.

## CONFIDENTIALITY

To insure the security of the examination, the test materials are confidential and will not be released to any person or agency. An applicant's individual test results will be released only upon the applicant's written request.

## IF YOU PASS THE EXAMINATION

If you pass the examination, you will receive a certificate attesting to the attainment of certification and will be able to use the designation "CARN-AP" to indicate certification status. Certification is awarded for a period of four (4) years, contingent upon maintenance of full and unrestricted license as an RN.

## IF YOU DO NOT PASS THE EXAMINATION

Candidates who wish to retake the examination must reapply, repeating the original process. This means there will be at least a 30 day delay before you will be able to reschedule into a new exam [See Application Processing Time"]. Currently there is no limited to the number of times you may test (unless otherwise instructed by the board).

## DUPLICATE SCORE REPORT

You may purchase additional copies of your results at a cost of \$25.00 per copy. Requests must be submitted to C-NET. The request must include your name, mailing address, telephone number, date of the examination, and examination taken. Submit this information with the required fee, payable to C-NET in the form of a check, money order, or cashier's check. Duplicate score reports will be mailed within approximately two weeks after receipt of the request and fee. Requests must be submitted within one (1) year of your examination to be processed.

## TESTING AGENCY

The Center for Nursing Education and Testing, Inc. (C-NET) was chosen by the ANCB to provide testing and evaluation services to meet addiction nursing's assessment needs. C-NET staff members have extensive experience in the development and administration of certification and licensure examinations for nurses.

## EXAMINATION FEES

Examination fee are posted on the enclosed application and may be subject to change by the ANCB.

### CARN-AP & CERTIFICATION FEE:

Standard Application Fee.....	\$400
Incomplete Application Fee.....	\$50
Bank Fee.....	\$35

## APPEALS

The appeal procedure is available to an applicant who has been denied examination for certification for CARN or CARN-AP, denial of recertification for CARN or CARN-AP, failed the examination or had his/her certification revoked. It may be appealed on the grounds that the ANCB did not properly apply specified certification eligibility criteria or the decision was based on a factual error that affected the outcome. Any request to contest the adverse decision must go through reconsideration prior to appeal. Applicants cannot appeal (1) if they do not meet the eligibility requirements, (2) actions taken by the content experts in setting a passing score; (3) actions taken against an individual's certification status because of a lack of valid registered nurse license, unless proof of licensure is submitted with a request for consideration or appeal; (4) establishment of an eligibility requirement; (5) individual test items; and (6) test content validity.

### *Procedure for Appeal*

An appeal to contest the adverse decision must be submitted in writing within 30 business days following the postmark date on the envelope in which the applicant was notified of the adverse decision. The appeal must contain the envelope from ANCB showing the postmark date of the adverse decision.

1. The appeal should state specific reasons why the individual feels entitled to certification. The appeal shall set forth any new or additional information to be considered.

2. The appeal must be sent to the ANCB President by certified mail with return receipt requests to:

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

Appeals by overnight courier service (e.g. FedEx), facsimile or email are not accepted.

3. The appeal should include a mailing address and email address where Appellant can receive communication regarding the appeal.

## **CERTIFICATION RENEWAL PROGRAM**

Successful candidates will receive a certificate attesting to the attainment of certification and will be able to use the designation earned "CARN-AP" to indicate certification status. Certification is awarded for a period of four (4) years, contingent upon maintenance of full and unrestricted license as an RN.

The certified nurse will be able to renew certification status by:

- a. meeting stated eligibility requirements for certification.
- b. submitting completed application form for recertification and payment of all applicable fees
- c. meeting ONE of the following requirements:
  1. successfully passing the certification examination.
  2. meeting stated continuing education requirements and/or other options for recertification such as, volunteer services, formal course work, publications or presentation.

It is the responsibility of the applicant to notify ANCB and C-NET of any address changes so that renewal notices are sent to the correct address and to contact ANCB if the renewal notice is not received. Failure to receive the renewal notice does not relieve the CARN of the responsibility to apply for certification renewal. Questions related to the certification program, including questions about recertification procedures, should be directed to ANCB at the following address:

**ANCB  
c/o C-NET  
35 Journal Square, Suite 901  
Jersey City, NJ 07306  
info@cnetnurse.com  
www.cnetnurse.com  
800-463-0786 x 11**

## **RECOGNITION OF CONTINUED ACCOMPLISHMENT**

Recertification in addictions nursing through ANCB programs of Certified Registered Nurse-Advanced Practice (CARN-AP) identifies formal recognition of continued accomplishment and demonstration of a unique body of knowledge necessary for practice in addictions nursing. ANCB awards recertification of CARN-AP credential to recognize nurses who demonstrate attainment through maintaining licensure, continuing evidence-based knowledge through education, practice, and skills. Recertification benefits the individual, the family, the nurse, the profession of nursing, and the public.



## CARN-AP Test Specifications (Blueprint)

### Ideal Distribution of 150 Items

APRN Activity → Patient Problem ↓	1 Assess & Diagnose 30%	2 Prescribe/ Intervene 30%	3 Education 25%	4 Consultation 10%	5 Practice Mgmt & Research 5%	Total 100%
A. Opioid use disorder	10-11	10-11	8-9	3-4	1-2	24% 35-37
B. Alcohol use disorder	10-11	10-11	8-9	3-4	1-2	24% 35-37
C. Stimulant use disorder	6-7	6-7	5-6	2-3	1-2	15% 22-24
D. Co-occurring psychiatric/comorbid medical conditions	5-6	5-6	4-5	2-3	0-1	13% 19-21
E. Other use disorders, e.g., prescription drugs, inhalants, hallucinogens, designer drugs, process addictions	3-4	3-4	2-3	2-3	0-1	9% 13-15
F. Tobacco use disorder	3-4	3-4	3-4	1-2	0-1	8% 11-13
G. Cannabis use disorder	3-4	3-4	2-3	1-2	0-1	7% 10-12
<b>Total</b>	<b>44-46</b>	<b>44-46</b>	<b>37-38</b>	<b>14-15</b>	<b>7-8</b>	<b>150</b>

## SAMPLE ITEMS

The following items are intended to illustrate the format and style for the examination, which is similar for the CARN and the CARN-AP examinations. Specific content will differ for the two examinations. ANCB subject matter experts approve all items as corresponding to the detailed content outline as being appropriate for the respective examination. Some items may be presented as a situational set, in which a scenario is provided, followed by several items pertaining to the scenario.

1. A patient has been on a detoxification unit for alcoholism and occasional use of marijuana and cocaine. He is now in small group therapy sessions led by a nurse. On his second meeting, he fidgets in his seat and finally says, "I'm having difficulty sitting still. Am I bothering some of you who are here? Maybe I should stop coming to these meetings." Which of these actions in response to this patient would be appropriate?
  - A. Encourage him to share his problem with the group members and ask for their help.
  - B. Recognize that this is manipulative behavior and encourage him to remain in the group.
  - C. Remove him from the group and further assess his needs.
  - D. Tell him not to concern himself about the group members and to continue in the group.

*Correct response – A*

2. A 50-year-old is admitted to the detoxification unit for heavy drinking. Orders include oxazepam (Serax) 10mg every 6 hours prn and diphenhydramine hydrochloride (Benadryl) 50 mg every 6 hours prn. During the nurse's initial assessment, which of these questions should take priority?
  - A. "Have you been taking any over-the-counter medication?"
  - B. "Have you ever had a withdrawal seizure?"
  - C. "When did you have your last drink?"
  - D. "What has been your usual daily alcohol consumption?"

*Correct response – C*

3. Mr. Bruce Mann, who is on the chemical dependency unit, tells the nurse that he is having cravings for cocaine. In addition to acknowledging the discomfort, the nurse suggests that he exercise at the gym, where various exercise machines are available. The appropriateness of this decision is based on which of these understandings about cocaine addicts?
  - A. They are more comfortable alone.
  - B. They need to be kept mentally occupied.
  - C. They are highly motivated to improve their physique.
  - D. They need outlets for physical tension to reduce craving.

*Correct response – D*

4. A drug screen was administered to a patient who last used cannabis (marijuana) 48 hours ago. The results will most likely be positive for marijuana. A positive result will remain for
  - A. 7 hours.
  - B. 7 days.
  - C. several weeks.
  - D. several months.

*Correct response – C*

For a current list of references for the CARN and CARN-AP Examinations, please visit: <http://www.cnetnurse.com/addictions-nursing-certification/>

# CARN-AP

Certified Addictions Registered Nurse - **Advanced Practice**

## Examination Application

*Includes Pages 10 - 17*

### INSTRUCTIONS:

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**

### Application Checklist:

*All items must be submitted together with certification fee*

- ☐ Signed Application Form
- ☐ Data Form
- ☐ Verification (**Forms A:** 500 clinical hrs. & **B:** 1,500 additional Hrs.)
- ☐ Continuing Education Form itemizing 45 contact hours
- ☐ Copy of diploma or transcript showing Master's in Nursing
- ☐ Copy of RN License showing expiration date
- ☐ A Copy of your current government issued photo ID

**Be advised: Incomplete applications are subject to an Incomplete Application Fee.**

### SECTION 1: CANDIDATE INFORMATION

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

**Be advised:** We will enter your name as it appears on your supplied government issued photo ID. The line below is for application processing only.

NAME \_\_\_\_\_  
Current Legal Last Name                      Maiden                      Legal First Name                      Middle Name

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

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_  
Your exam permit will be emailed to this email address

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

### SECTION 2: RN LICENSE

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

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

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

### SECTION 3: APPLICANT SIGNATURE

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

### APPLICANT: PLEASE READ AND SIGN THE STATEMENT OF UNDERSTANDING BELOW:

**Denial, Suspension, or Revocation of Certification.** The occurrence of any of the following actions will result in the denial, suspension, or revocation of Addictions Nursing Certification: (1) falsification of the CARN application; (2) falsification of any material information requested by the ANCB; (3) any restrictions such as revocation, suspension, probation, or other sanctions of professional RN license by nursing authority; (4) misrepresentation of CARN status; (5) cheating on the CARN examination.

#### STATEMENT OF UNDERSTANDING

I hereby attest that I have read and understand the Addictions Nursing Certification Board's policy of Denial, Suspension, or revocation of Certification and that its terms shall be binding on all applicants for certification and all certified addictions nurses for the duration of their certification. I hereby apply for certification offered by the Addictions Nursing Certification Board (ANCB). I understand that certification depends upon successful completion of the specified requirements. I further understand that the information accrued in the certification process may be used for statistical purposes and for evaluation of the certification program. I further understand that the information from my certification records shall be held in confidence and shall not be used for any other purpose without my permission. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I understand that the ANCB reserves the right to verify any or all information on this application.

\_\_\_\_\_  
Legal Signature

\_\_\_\_\_  
Date

## SECTION 4: ADDITIONAL INFORMATION

### INCOMPLETE STATUS

To be considered "complete," an application must be submitted without missing documentation or requested information (this includes the correct payment). Incomplete applications are subject to a non-refundable incomplete application fee. To avoid additional charges, be sure to submit all items on the checklist (top of page 12) together with the application and check the application for all applicable signatures, dates, and information before submitting it to C-NET.

### CONTACT HOUR CERTIFICATES

You are required to list all forty-five (45) contact hours of continuing education on the verification form supplied in this application. To reduce paper, please do not submit contact hour certificates. You should, however, be able to produce all contact hour certificates upon request, as random audits are routinely performed for compliance purposes.

### APPLICATION PROCESSING TIME

Standard processing time for CARN-AP applications is four weeks from the time C-NET receives the application. If your application submission is incomplete, C-NET will notify you of your incomplete status by mail. C-NET is not responsible for US Postal Service delays. Additionally, if the applicant has not received any communication from C-NET within four weeks of the application postmark date, the applicant is responsible for informing C-NET immediately at [info@cnetnurse.com](mailto:info@cnetnurse.com).

### EXAMINATION PERMITS

Examination permits will be emailed only to qualifying candidates. The permit will carry a 90-day testing window. You may schedule a test anytime during the 90-day window, but scheduling options may decrease the longer you wait to book your exam. C-NET does not handle computer-based exam scheduling by phone. All scheduling will be handled by you directly through the provided online link.

## SECTION 5: PAYMENT Please enclose one of the following valid forms of payment. **Make checks payable to C-NET**

### STANDARD EXAM FEE

☐ \$400.00

When paying by credit card, you have the option to email your application directly to [info@cnetnurse.com](mailto:info@cnetnurse.com) for faster processing

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

APPLICANT NAME \_\_\_\_\_

CARD HOLDER NAME  
(If different than above) \_\_\_\_\_

### Visa or Master Card Only:

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

Exp Date \_\_\_\_\_ Phone Number \_\_\_\_\_

### AUTHORIZATION

SIGNATURE: \_\_\_\_\_ 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 either: a) up to four (4) weeks after the application postmark date (or date received), or b) before the date the examination permit is issued (whichever comes first). The written request must be submitted by the purchaser and must include the applicant's full name, the last four digits of the social security number, and the name of the exam being canceled 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](http://cnetnurse.com)). Refund requests received after the deadline will not be considered, and any fund received after the deadline shall become non-refundable and non-transferable.

**SECTION 6: ANCB DATA FORM**

To avoid addition fees, complete and return this form

Please complete the following items to provide important research data to the Addictions Nursing Certification Board. The information will be handled anonymously and will be used only for research to assist in the assessment to test validity.

**----- DATA FORM -----****Check your current position:**

- ☐ Administrator
- ☐ Nurse Manager
- ☐ Supervisor
- ☐ Clinical Nurse Specialist
- ☐ Researcher
- ☐ Educator
- ☐ Staff Nurse
- ☐ Nurse Practitioner (NP)
- ☐ Other

**Gender:**

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer not to answer

**Ethnic Group:**

- ☐ American Indian or Alaska Native
- ☐ Asian (Indian Subcontinent)
- ☐ Other Asia (Far East, South East Asia)
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Hispanic/Latino
- ☐ White
- ☐ Other
- ☐ Prefer not to answer

**Years of RN experience:**

- ☐ 0-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ 21-25 years
- ☐ 26-30 years
- ☐ 31-35 years
- ☐ 36-40 years
- ☐ 41-45 years
- ☐ 46-50 years
- ☐ 51+ years

**Years of RN experience in addictions nursing:**

- ☐ 0-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ 21-25 years
- ☐ 26-30 years
- ☐ 31-35 years
- ☐ 36-40 years
- ☐ 41-45 years
- ☐ 46-50 years
- ☐ 51+ years

**Highest Level of Education:**

- ☐ Diploma in Nursing
- ☐ Associate's in Nursing
- ☐ Associate's - Other
- ☐ Bachelor's in Nursing
- ☐ Bachelor's - Other
- ☐ Master's in Nursing
- ☐ Master's - Other
- ☐ Doctorate in Nursing
- ☐ Doctorate - Other

**Current Practice Setting:**

- ☐ General Hospital
- ☐ Addictions Specialty Hospital/Unit
- ☐ Educational Institution
- ☐ Private Practice
- ☐ Free-Standing Facility
- ☐ Detoxification Unit
- ☐ Medication Management with Partial Agonist, Full Agonist and/or Antagonist Treatment
- ☐ Community Agency
- ☐ Other
- ☐ Currently Unemployed

**Currently certified in any other specialty:**

- ☐ No
- ☐ Yes

**Years in your current position?**

- ☐ Less than one year
- ☐ 1-3 Years
- ☐ 4-6 Years
- ☐ 7-10 Years
- ☐ More than 10 year

**What shifts do you usually work?**

- ☐ Days
- ☐ Evenings
- ☐ Nights
- ☐ Weekends

**Primary client problems you see (at least 25% of working hours):**

- ☐ Substance Use Treatment/Alcohol and Drug
- ☐ Dual Diagnosis
- ☐ Infectious Diseases
- ☐ Eating Disorders
- ☐ Gambling Disorder
- ☐ General Disorder
- ☐ Sexual Disorder
- ☐ Codependency/Family

**Age group you mostly work with:**

- ☐ Newborns
- ☐ Infants/Children
- ☐ Adolescents (age 12-20)
- ☐ Adults (age 21-64)
- ☐ Older Adults (age 65 and up)

**Current professional membership?**

- ☐ International Nurses Society on Addictions (IntNSA)
- ☐ State Nurses Association
- ☐ National League for Nursing
- ☐ Sigma Theta Tau International
- ☐ Other

**How did you hear about this certification?**

- ☐ Nursing Journal
- ☐ IntNSA Website
- ☐ IntNSA Newsletter
- ☐ Other Website
- ☐ Colleague Marketing
- ☐ Employer
- ☐ Marketing
- ☐ Other

## SECTION 7: REQUIREMENTS FOR VERIFICATION OF EXPERIENCE

### VERIFICATION OF EXPERIENCE

A total of 2000 hours (one year) of advance practice experience in addictions related practice are required for CARN-AP certification, with at least 500 of those hours being supervised clinical hours. To document this experience, two different Verification Forms have been provided.

They are: **Verification Form A: 500 Clinical Hours & Verification Form B: 1,500 Experience Hours**

#### VERIFICATION FORM A: 500 Supervised Clinical Hours

- ) Candidates applying to take the Certified Addictions Registered Nurse-Advanced Practice examination are required to provide documentation verifying a minimum of 500 hours of supervised, direct client contact in advanced clinical practice working with individuals and families impacted by addictions/dual diagnoses. All 500 hours must have been obtained within the **last four years**.
- ) Up to 500 hours may be earned while in a master's in nursing program. Candidates need not submit Verification Form A if all 500 hours were earned during a master's program.
- ) Candidates submitting hours from a master's program must provide a photocopy of the master's transcript; being sure to highlight any supervised clinical hours being submitted for consideration.
- ) Candidates submitting verification of 2000 (or more) hours on Verification Form A, need not submit Verification Form B.

#### VERIFICATION FORM B: 1,500 Additional Experience Hours

- ) Candidates are also required to have a minimum of **1500 hours** of nursing experience in addition as an Advanced Practice Nurse (APN). All 1,500 hours must have been obtained within the **last three years**.
- ) The accrued hours may be in a teaching, administrative, private practice, consultation, counseling, or research capacity.

#### VERIFICATION SIGNATURES FOR POST- MASTERS EXPERIENCE

It is **preferable** that the post-master's consultation/supervision be provided by a professional with experience and expertise in the field of addictions. The consulting/supervising professional may be one of the following:

- ) An addictions nurse specialist with a master's or higher degree and CARN or CARN-AP certification.
- ) A master's prepared licensed/certified mental health professional.
- ) A psychiatrist.
- ) A psychologist prepared at the doctoral level and listed in the National Registry of Health Service Providers in Psychology; or a psychologist prepared at the doctoral level in an American Psychological Association (APA)-accredited program in one of the following clinical areas: clinical psychology, counseling, or psychology.

THE FOLLOWING TWO PAGES CONTAIN VERIFICATION FORMS "A" AND "B". PLEASE CHECK ONE BOX BELOW TO INDICATE WHICH FORMS YOU ARE SUBMITTING WITH THIS APPLICATION:

- ☐ **I am submitting only Verification Form "A" with this application**  
This option is for candidates who possess 2000 or more hours (one year) of supervised/clinical practice (in such cases Verification Form B is not required).
- ☐ **I am submitting Verification Forms "A & B" with this application**  
This option is for candidates whose supervised clinical hours and non-clinical hours are all post-masters.
- ☐ **In addition to Verification Form "B", I am submitting a Master's Transcript**  
This option is for candidates using 500 supervised clinical hours obtained during a master's program.
- ☐ **In addition to Verification Forms "A & B", I am submitting a Master's Transcript**  
This option is for candidates whose 500 supervised clinical hours include a mix of both hours obtained during a master's program and post-masters.

**SECTION 7a: VERIFICATION OF EXPERIENCE**

Photocopy this form if submitting hours from more than one employer

This Verification Form is for candidates applying to take the Certified Addictions Registered Nurse-Advanced Practice examination; which is sponsored by the Addictions Nursing Certification Board. The verification should be completed and signed by the candidate's supervisor, and returned to the candidate. As part of the application process, the candidate must provide evidence of a minimum of **500 hours of supervised direct patient/client contact in advanced clinical practice** related to addictions. All required hours must have been accrued within the **last four years** to be deemed eligible for consideration. Candidates submitting hours from more than one employer may photocopy this form.

**----- VERIFICATION FORM A -----****500 Supervised Clinical Hours**

All sections below must be completed by supervisor

**PART 1** **APPLICANT NAME**

I AM COMPLETEING THIS VERIFICATION FOR:

Print first and last name of applicant applying for the CARN-AP exam.

**PART 2** **CLINICAL EXPERIENCE DATES****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 at the advanced practice level.****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 7b: VERIFICATION OF EXPERIENCE**

Photocopy this form if submitting hours from more than one employer

This Verification Form is for candidates applying to take the Addictions Nursing Certification Examination for Advanced Practice; which is sponsored by the Addictions Nursing Certification Board. The verification should be completed and signed by the candidate's supervisor, and returned to the candidate. As part of the application process, the candidate must have a minimum of **1500 hours** of nursing experience in addition as an Advanced Practice Nurse (APN). All 1,500 hours must have been obtained within the **last three years** to be deemed eligible for consideration. Candidates submitting hours from more than one employer may photocopy this form.

**----- VERIFICATION FORM B -----**  
**1,500 Hours of Additional Advanced Practice Experience**  
All sections below must be completed by supervisor

**PART 1** **APPLICANT NAME**

I AM COMPLETEING THIS VERIFICATION FOR:

Print first and last name of applicant applying for the CARN-AP

**PART 2** **APN EXPERIENCE****COMPLETE ALL BLANK FIELDS.**

Check Here

The applicant's dates of experience were from:

START DATE:

END DATE

If Currently  
Working

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

Averaging \_\_\_\_ hours (per week) at this facility in **addictions nursing experience at the advanced practice level.****EXPERIENCE HOURS WERE IN THE FOLLOWING CAPACITY**  
(Check all that may apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Administrative               | <input type="checkbox"/> Consultation     |
| <input type="checkbox"/> Research                     | <input type="checkbox"/> Teaching         |
| <input type="checkbox"/> Counseling                   | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Other (Please specify below) |   |

**PART 3** **EXPERIENCE DESCRIPTION**

Use this section if further explanation of the candidate's experience is required.

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**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 8: VERIFICATION OF CONTINUING EDUCATION

CARN-AP candidates must have a minimum of **forty-five (45)** contact hours in addictions nursing. At least 51% of those hours must be directly in addictions. The remaining hours may be related to addictions (HIV/AIDS, Hepatitis, pain management, pharmacology, symptom management, therapies used in addictions, motivational interviewing, etc.). All contact 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. These educational units must have occurred within the last **three (3) years**. If necessary, please make additional copies of page 19.

EXAMPLE

5	<b>Hours Accrued   Date Completed:</b> <u>06 / 21 / 21</u>
<b>Activity Sponsor:</b> <u>Medscape</u>	
<b>Title of Program:</b> <u>Opioids in Suburban Populations</u>	
<b>Type of Program:</b> (Choose One)	
<input checked="" type="checkbox"/> Online home study, self-paced	
<input type="checkbox"/> Live webinar	
<input type="checkbox"/> In person seminar/conference	
<b>Applicability to Addictions:</b> (Choose One)	
<input checked="" type="checkbox"/> Directly in addictions (SUD, gambling, etc.)	
<input type="checkbox"/> Related/co-occurring, (depression, HIV, PTSD, etc.)	

### VERIFICATION OF 45 CONTACT HOURS FOR CARN-AP

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

	<b>Hours Accrued   Date Completed:</b> <u>  </u> / <u>  </u> / <u>  </u>
<b>Activity Sponsor:</b> _____	
<b>Title of Program:</b> _____	
<b>Type of Program:</b> (Choose One)	
<input type="checkbox"/> Online home study, self-paced	
<input type="checkbox"/> Live webinar	
<input type="checkbox"/> In person seminar/conference	
<b>Applicability to Addictions:</b> (Choose One)	
<input type="checkbox"/> Directly in addictions (SUD, gambling, etc.)	
<input type="checkbox"/> Related/co-occurring, (depression, HIV, PTSD, etc.)	

	<b>Hours Accrued   Date Completed:</b> <u>  </u> / <u>  </u> / <u>  </u>
<b>Activity Sponsor:</b> _____	
<b>Title of Program:</b> _____	
<b>Type of Program:</b> (Choose One)	
<input type="checkbox"/> Online home study, self-paced	
<input type="checkbox"/> Live webinar	
<input type="checkbox"/> In person seminar/conference	
<b>Applicability to Addictions:</b> (Choose One)	
<input type="checkbox"/> Directly in addictions (SUD, gambling, etc.)	
<input type="checkbox"/> Related/co-occurring, (depression, HIV, PTSD, etc.)	

	<b>Hours Accrued   Date Completed:</b> <u>  </u> / <u>  </u> / <u>  </u>
<b>Activity Sponsor:</b> _____	
<b>Title of Program:</b> _____	
<b>Type of Program:</b> (Choose One)	
<input type="checkbox"/> Online home study, self-paced	
<input type="checkbox"/> Live webinar	
<input type="checkbox"/> In person seminar/conference	
<b>Applicability to Addictions:</b> (Choose One)	
<input type="checkbox"/> Directly in addictions (SUD, gambling, etc.)	
<input type="checkbox"/> Related/co-occurring, (depression, HIV, PTSD, etc.)	

	<b>Hours Accrued   Date Completed:</b> <u>  </u> / <u>  </u> / <u>  </u>
<b>Activity Sponsor:</b> _____	
<b>Title of Program:</b> _____	
<b>Type of Program:</b> (Choose One)	
<input type="checkbox"/> Online home study, self-paced	
<input type="checkbox"/> Live webinar	
<input type="checkbox"/> In person seminar/conference	
<b>Applicability to Addictions:</b> (Choose One)	
<input type="checkbox"/> Directly in addictions (SUD, gambling, etc.)	
<input type="checkbox"/> Related/co-occurring, (depression, HIV, PTSD, etc.)	

	<b>TOTAL HOURS ON PAGE</b>
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**SECTION 8: VERIFICATION OF CONTINUING EDUCATION****Photocopy this page as needed.**

CARN-AP candidates must have a minimum of **forty-five (45)** contact hours in addictions nursing. At least 51% of those hours must be directly in addictions. The remaining hours may be related to addictions (HIV/AIDS, Hepatitis, pain management, pharmacology, symptom management, therapies used in addictions, motivational interviewing, etc.). All contact 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. These educational units must have occurred within the last **three (3) years**. If necessary, please make additional copies of this form.

**VERIFICATION OF 45 CONTACT HOURS FOR CARN-AP****To avoid additional fees, you must complete ALL spaces in this section.** **Hours Accrued | Date Completed:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_**Activity Sponsor:** \_\_\_\_\_**Title of Program:** \_\_\_\_\_**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.)

 **Hours Accrued | Date Completed:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_**Activity Sponsor:** \_\_\_\_\_**Title of Program:** \_\_\_\_\_**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.)

 **Hours Accrued | Date Completed:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_**Activity Sponsor:** \_\_\_\_\_**Title of Program:** \_\_\_\_\_**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.)

 **Hours Accrued | Date Completed:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_**Activity Sponsor:** \_\_\_\_\_**Title of Program:** \_\_\_\_\_**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.)

 **Hours Accrued | Date Completed:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_**Activity Sponsor:** \_\_\_\_\_**Title of Program:** \_\_\_\_\_**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.)

 **Hours Accrued | Date Completed:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_**Activity Sponsor:** \_\_\_\_\_**Title of Program:** \_\_\_\_\_**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.)

 **TOTAL HOURS ON PAGE**