

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 (30) 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 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.

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**

<p>STANDARD EXAM FEE</p> <p><input type="checkbox"/> \$300.00</p> <p>When paying by credit card, you have the option to email your application directly to info@cnetnurse.com for faster processing</p>
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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). Refund requests received after the deadline will not be considered, and any fund received after the deadline shall become non-refundable and non-transferable.

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 Newsletter
- Colleague Marketing
- Marketing
- IntNSA Website
- Other Website
- Employer
- Other

This form is part of the application process for the Certified Addictions Registered Nurse (CARN) Certification Exam. Applicants are required to provide evidence of having a **minimum of 2000 hours (1 year)** of nursing experience related to addictions. 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 three (3) 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 -----
 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		
PART 2		EXPERIENCE
COMPLETE ALL BLANK FIELDS.		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 addictions nursing experience.		
EXPERIENCE HOURS WERE IN THE FOLLOWING CAPACITY (Check all that may apply):		
<input type="checkbox"/> Staff Nurse	<input type="checkbox"/> Consultation	
<input type="checkbox"/> Administrative	<input type="checkbox"/> Teaching	
<input type="checkbox"/> Counseling	<input type="checkbox"/> 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>I attest that the information provided on this page is, to the best of my knowledge, accurate:</i>		
Signature: _____		
Date _____		

SECTION 8: VERIFICATION OF CONTINUING EDUCATION

Applicants are required to provide evidence of having a minimum of **30 hours** of continuing education. 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. These educational units must have occurred within the last **three (3) years**. The completed form attesting to 30 hours of continuing education in addictions nursing must be returned with the certification application. If necessary, please make additional copies of page 17.

EXAMPLE

Hours Accrued | Date Completed: 06 / 21 / 21

Activity Sponsor: Medscape

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 30 CONTACT HOURS FOR CARN

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)

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Hours Accrued | Date Completed: / /

Activity Sponsor: _____

Title of Program: _____

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TOTAL HOURS ON PAGE

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Photocopy this page as needed.

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