



3343 Peachtree Road NE, Suite 850 | Atlanta, GA 30326 | P. 404.975.5000 | F. 404.975.5020 | www.acenursing.org

Nurse Educator Certification Form

I affirm that I comply with the ACEN Policy #2 *Representation on Site Visit Teams, Evaluation Review Panels and the Board of Commissioners* in that I work in the classroom, laboratory, and/or practice settings; educate nursing students at the practical, diploma, associate, baccalaureate, master's or clinical doctorate level of nursing practice; am responsible for designing, implementing, evaluating, and revising nursing education programs that lead to a certificate, diploma, associate degree, baccalaureate degree, master's degree, post-master's certificate, clinical doctorate, and/or DNP specialist certificate as well as:

1. Currently hold a full-time faculty or administrative appointment in an ACEN-accredited program.
2. Previously held a full-time faculty or administrative appointment in an ACEN-accredited program and now hold a part-time faculty or administrative appointment in an ACEN-accredited program.

Nurse Educator Signature

Date

Please list in rank order position(s) most interested in and qualified for:

___ Nurse educator representing **associate** nursing programs

___ Nurse educator representing **baccalaureate** nursing

___ Nurse educator representing **master's/clinical doctorate** nursing programs

***Please only select the ACEN-accredited program types offered at your governing organization.**

If applicable:

___ Nurse clinician/practitioner representing **nursing service**
(Complete Nurse Clinician/Practitioner Certification Form ONLY if you would like to be considered as a nurse educator and clinician. *Please note preference will be given to a full-time clinician.)



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Nurse Clinician/Practitioner Certification Form

I affirm that I comply with the ACEN Policy #2 *Representation on Site Visit Teams, Evaluation Review Panels and the Board of Commissioners* in that I:

1. Am a licensed nurse who currently holds a full- or part-time position in a clinical practice environment;
2. Am responsible and accountable for organizing, planning, assigning, and overseeing care of individuals, families, groups, and communities.

Nurse Clinician/Practitioner Signature

Date



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Public Member Certification Form

I affirm that I comply with the ACEN Policy #2 *Representation on Site Visit Teams, Evaluation Review Panels and the Board of Commissioners* in that I have no connection to the discipline of nursing as well as I am not:

1. An employee, owner, or shareholder of a governing organization with any accredited or non-accredited nursing program or candidate/applicant nursing program;
2. A member of the governing board for a governing organization with any accredited or non-accredited nursing program or candidate/applicant nursing program;
3. A consultant to any accredited or non-accredited nursing program or candidate/applicant nursing program;
4. Affiliated or associated with any nursing accreditation agency or nursing organization, such as AACN, ANA, or NLN; or
5. A spouse, parent, child, or sibling of an individual identified in the above statements.

Public Member Signature

Date