

AMERICAN HOLISTIC NURSES' CERTIFICATION CORPORATION  
RECERTIFICATION APPLICATION

**Welcome to the AHNCC Recertification process. To ensure that your application for AHNCC recertification is complete, please use the following checklist. PLEASE NOTE an incomplete application will not be processed and may result in expiration of your HN-BC or AHN-BC.**

I am recertifying for HN-BC \_\_\_\_\_ **OR** AHN-BC \_\_\_\_\_

Checklist:

- \_\_\_\_\_ All forms are typed or printed clearly in black ink
- \_\_\_\_\_ Completed background information
- \_\_\_\_\_ Filled out all eligibility requirements including:
  - \_\_\_\_\_ photocopy of current RN license with COPY written across it
  - \_\_\_\_\_ current employment
  - \_\_\_\_\_ continuing education over past 5 years
  - \_\_\_\_\_ **copies** of attendance or completion for contact hours earned
- \_\_\_\_\_ Prepared check for Appropriate Recertification fee for 5 year period \*\*
- \_\_\_\_\_ Stapled check for recertification fee to top right sheet of Application
- \_\_\_\_\_ Made a copy of all enclosed documents for personal files
- \_\_\_\_\_ Late fee payment if packet is postmarked after due (60 days **prior to** expiration of HNC credentials).
- \_\_\_\_\_ Signed witness page (does not have to be notarized).

**PLEASE NOTE:**

Renewal packets postmarked after the due date (i.e., **60 days before** certification expiration) will be assessed a \$35.00 late fee;

Renewal packets **postmarked after the date of certification expiration** will be assessed a late fee of \$100.00 for the first 90 days after date of expiration.

**PACKETS WILL NOT BE ACCEPTED FOR RENEWAL AFTER 90 DAYS EXPIRATION.**

\*\*Recertification fee for next five (5) years

**For AHNA Members:**

HN-BC- \$250.00

AHN-BC- \$300.00

**Non-AHNA Members:**

HN-BC-\$275.00

AHN-BC-\$325.00

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**Please return all application forms at the same time to:**

AHNCC  
811 Linden Loop  
Cedar Park, TX 78613

Questions: 1-877-284-0998

Email: [ahncc@flash.net](mailto:ahncc@flash.net)

**Background Information**

Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Social Security Number \_\_\_\_\_ Certification Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) ( \_\_\_\_ ) \_\_\_\_\_ (Work)(\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_ FAX \_\_\_\_\_

**Clearly print your name as you would like it to appear on your certificate**

\_\_\_\_\_

**Recertification fee paid by:**

**Check** \_\_\_\_\_  
(Made to AHNCC)

For office use only:

Date received \_\_\_\_\_ Fee included \_\_\_\_\_

Current license \_\_\_\_\_ CE requirements met \_\_\_\_\_

AHNCC decision \_\_\_\_\_

Notes:

Circle one only in each category:

Primary Position Held:

1. Academic Faculty
2. Clin. Dir./Adminis/VP
3. Clin Nurse Specialist
4. Corporate Executive
5. Direct Care/Staff Nurse
6. In-service/ Staff Development
7. Manager
8. Nurse Practitioner
9. Pvt. Practice/Holistic Nsg

Highest Degree/Credential:

1. ADN
2. BS
3. BSN
4. MA
5. MSN
6. MEd
7. MS
8. DNSc
9. EdD
10. PhD
11. MD
12. Other (specify)

Employment Facility:

1. College/University
2. Hospital(nonprofit)
3. Hospital (profit)
4. HMO/Managed Care
5. Home Health
6. Hospice
7. Non-academic Teaching
8. Self-employed
9. Other (specify)\_\_\_\_\_

**Documentation of Eligibility for AHNCC Recertification**

There are three criteria for eligibility for AHNCC recertification: current and unrestricted licensure, active practice as a Holistic Nurse, and continuing education requirements. Each criterion must be met. Definitions for each are listed below followed by space for documentation of eligibility. **This form must be completed and submitted as a part of the Application to Qualify for Recertification packet.**

**Licensure: A nurse applying for AHNCC certification must have a current unrestricted Registered Nurses licensure in the United States or any of its territories which uses the NCLEX examination as the basis for determining RN licensure.**

**In order to meet this criterion, an individual nurse's RN license must be current and unrestricted. This means that a RN license, issued by a state board of nursing, must not have provisions or conditions that would limit the nurse's practice in any way. It is the responsibility of the holistic nurse certification candidates to notify the American Holistic Nurses' Certification Corporation when any restriction is placed on their registered nurse license.**

**A photocopy of the RN license with COPY written across the top must be submitted.**

**Registered Nurse License** \_\_\_\_\_  
(State) (Number) (Expiration date)

**Documentation of Eligibility for AHNCC Recertification (Continued)**

**Active Practice of Holistic Nursing: A registered nurse applying for AHNCC recertification must have been actively involved in the practice of holistic nursing.**

Holistic nursing may be defined as all nursing practice which cares for the person as an integrated, holistic human being, inseparable and integral with the environment. Holistic practice draws on holistic nursing knowledge, theories, expertise, and intuition to guide nurses in becoming therapeutic partners with clients in a mutually evolving process toward healing and holism. Holistic Nursing is universal in nature and may be practiced in any clinical setting, community, private practice, hospital, educational institution or research foundation.

A registered nurse applying for AHNCC recertification must have been actively involved in the practice of holistic nursing for one (1) full year or part-time for a minimum of 2,000 hours within the last five (5) years prior to application.

**Current Employment:**

**Month/Day/Year(s)** \_\_\_\_\_ **Primary Position** \_\_\_\_\_

**Title of Position** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Description of Duties (Describe how holistic nursing is incorporated into your current position):**

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

**Name of a supervisor or colleague that can verify the above information regarding holistic practice:**

**Name** \_\_\_\_\_ **Place of Employment** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

**Continuing Educational Requirements:**

**A minimum of 100 hours of CE are required for recertification (or the prorated number of hours as indicated on your enclosed letter.)**

**Continuing Education (List CE courses that meet the above criteria. Continue on additional sheet if necessary)**

**Title of Course** \_\_\_\_\_

**Institution (or place offered)** \_\_\_\_\_

**Instructor's name and credentials** \_\_\_\_\_

**Contact hours earned** \_\_\_\_\_ **Date completed** \_\_\_\_\_

**Continuing Education Courses (Continued)**

Title of Course \_\_\_\_\_  
Institution (or place offered) \_\_\_\_\_  
Instructors name and credentials \_\_\_\_\_  
Contact hours earned \_\_\_\_\_ Date completed \_\_\_\_\_

Title of course \_\_\_\_\_  
Institution (or place offered) \_\_\_\_\_  
Instructors name and credentials \_\_\_\_\_  
Contact hours earned \_\_\_\_\_ Date completed \_\_\_\_\_

Title of course \_\_\_\_\_  
Institution (or place offered) \_\_\_\_\_  
Instructor's name and credentials \_\_\_\_\_  
Contact hours earned \_\_\_\_\_ Date completed \_\_\_\_\_

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Institution (or place offered) \_\_\_\_\_  
Instructors name and credentials \_\_\_\_\_  
Contact hours earned \_\_\_\_\_ Date completed \_\_\_\_\_

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Instructors name and credentials \_\_\_\_\_  
Contact hours earned \_\_\_\_\_ Date completed \_\_\_\_\_

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Instructors name and credentials \_\_\_\_\_  
Contact hours earned \_\_\_\_\_ Date Completed \_\_\_\_\_

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Institution (or place offered) \_\_\_\_\_  
Instructors name and credentials \_\_\_\_\_  
Contact hours earned \_\_\_\_\_ Date completed \_\_\_\_\_

Title of course \_\_\_\_\_  
Institution (or place offered) \_\_\_\_\_  
Instructors name and credential \_\_\_\_\_  
Contact hours earned \_\_\_\_\_ Date completed \_\_\_\_\_

**Continuing Education Courses (Continued)**

Title of Course \_\_\_\_\_  
Institution (or place offered) \_\_\_\_\_  
Instructors name and credentials \_\_\_\_\_  
Contact hours earned \_\_\_\_\_ Date completed \_\_\_\_\_

Title of course \_\_\_\_\_  
Institution (or place offered) \_\_\_\_\_  
Instructors name and credentials \_\_\_\_\_  
Contact hours earned \_\_\_\_\_ Date completed \_\_\_\_\_

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Institution (or place offered) \_\_\_\_\_  
Instructors name and credential \_\_\_\_\_  
Contact hours earned \_\_\_\_\_ Date completed \_\_\_\_\_

## **Holistic Nursing Recertification Candidate's Agreement with AHNCC**

I, \_\_\_\_\_ certify that I have read and agreed to the following:

**APPLICATION ACCURACY.** All information contained in my application for American Holistic Nurses Certification Corporation, Inc., (AHNCC) recertification is true and accurate to the best of my knowledge.

**AUTHORITY TO CONDUCT RECERTIFICATION.** I hereby authorize AHNCC and its officers, directors, committee members, employees, and agents (AHNCC Representatives) to review my application for AHNCC recertification. I authorize AHNCC to determine my eligibility for AHNCC recertification.

**COMPLIANCE WITH RULES, STANDARDS, POLICIES AND PROCEDURES.** I understand and agree that if I am granted AHNCC recertification, it will be my responsibility to remain in compliance with all AHNCC's rules, standards, policies and procedures, including but not limited to AHNCC's Disciplinary Policy which includes eligibility rules and recertification standards found in the AHNCC Recertification Handbook, including the Appendices. By signing this Authorization, I acknowledge that I have read, understood and agree to the rules, standards and policies submitted in the AHNCC Certification Handbook, including the Appendices. **REVOCATION.** I agree to revocation or other limitation of my certification if any items made on this application or hereafter supplied to AHNCC is false or inaccurate or if I violate any of the rules or regulations of AHNCC.

**MAINTAINING RECERTIFICATION.** I understand that it is my responsibility to maintain valid recertification status by submitting (postmarked) a valid renewal application and fee **at least sixty (60) days prior to my certification expiration date.**

**COOPERATION WITH RECERTIFICATION REVIEW.** I agree to cooperate promptly and fully in any review of my recertification by AHNCC, including submitting such documents and information deemed necessary to confirm the information in this application.

**RELEASE OF INFORMATION.** I authorize the AHNCC Representatives to communicate any and all information relating to any AHNCC application, recertification status and recertification review to state and federal authorities, employers, and others. Recertification review shall include but not be limited to the fact and the outcome of disciplinary proceedings.

I agree that if I am recertified, AHNCC may release my name and the fact that I have been granted AHNCC recertification to newspapers and other publications. I agree that AHNCC may release my name and address in a listing of certified holistic nurses to individuals and/ or organizations interested in holistic nursing as directed by AHNCC's Board of Directors.

I waive all further claims and agree to indemnify and hold harmless AHNCC Representatives for any action taken pursuant to the rules and standards of AHNCC with regard to this application for recertification.

**Please circle your answer to the following questions:**

1. Have you used, in the last three years, or do you currently use, alcohol or any drug in such a way as to impair competent and objective professional performance?

Yes

No

If YES, please use a separate sheet of paper to describe fully the circumstances.

2. Do you have any physical or mental condition which impairs competent and objective professional performance?

Yes

No

If YES, please use a separate sheet of paper to describe fully the circumstances.

3. Have you ever been adjudicated to have committed malpractice or gross or repeated negligence in the field of nursing?

Yes

No

If YES, please use a separate sheet of paper to describe fully the circumstances.

4. Have you ever had your certificate or license to practice subject to limitation, discipline, revocation or other sanction, including voluntary limitation, by a regulatory board or professional organization relating to public health or nursing

Yes

No

If YES, please use a separate sheet of paper to describe fully the circumstances.

5. Have you ever been convicted or pled guilty to or pled nolo contendere to a felony or misdemeanor related public health or nursing? These include but are not limited to a felony involving rape or sexual abuse of a patient or child, and actual or threatened use of a weapon.)

Yes

No

If YES, please use a separate sheet of paper to describe fully the circumstances.

**I hereby apply for Recertification as a Holistic Nurse offered by AHNCC. I understand that recertification depends upon meeting all eligibility criteria. I understand that information supplied is subject to audit and that failure to respond to a request for further information may be sufficient cause for the AHNCC to invalidate the result of my certification, to revoke certification, to withhold recertification, or to take other appropriate action. I further understand that the information acquired in the recertification process may be used for statistical purposes and for the evaluation of the certification program.**

**To the best of my knowledge, the information supplied in this Application for Recertification is true, complete, correct and is made in good faith. Furthermore, by signing, I acknowledge that I have read and understand the information included in the "Holistic Nursing Certification Candidate's Agreement with AHNCC" and agree to abide by these terms.**

Signature \_\_\_\_\_, Witness \_\_\_\_\_, Date \_\_\_\_\_

This application packet must be completed in its entirety and submitted as a single set of documents to be processed.

Send all documents to:

**AHNCC, 811 Linden Loop, Cedar Park, Texas 78613**