

Holistic Nursing Certification 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) certification is true and accurate to the best of my knowledge.

AUTHORITY TO CONDUCT CERTIFICATION. I hereby authorize AHNCC and its officers, directors, committee members, employees, and agents (AHNCC Representatives) to review my application to sit for the AHNCC certification examination. I authorize AHNCC to determine my eligibility for AHNCC certification.

COMPLIANCE WITH RULES, STANDARDS, POLICIES AND PROCEDURES. I understand and agree that if I am granted AHNCC certification, 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 certification standards found in the AHNCC Certification 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 CERTIFICATION. I understand that it is my responsibility to maintain valid certification status by submitting a valid renewal application and fee within sixty (60) days prior to my certification expiration date.

COOPERATION WITH CERTIFICATION REVIEW. I agree to cooperate promptly and fully in any review of my certification 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, certification status and certification review to state and federal authorities, employers, and others. Certification review shall include but not be limited to the fact and the outcome of disciplinary proceedings.

I agree that if I pass the examination, AHNCC may release my name and the fact that I have been granted AHNCC certification 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.

QUANTITATIVE EXAMINATION PROCEDURES. I understand that AHNCC reserves the right to refuse admission to any AHNCC examination to me if I do not have the proper identification (valid photo ID and admission form) or if administration of the examination has already begun prior to my arrival at the examination site. If I am refused admission for any of these reasons or fail to appear at the examination site, I will receive no refund of fees and there will be no credit for future examinations. I understand that the proctors at my assigned examination site will have the discretion to maintain a secure and proper test administration. I acknowledge that in this capacity the proctors may relocate me before or during the examination. I will not communicate with other examinees in any way.

SECRECY OF EXAMINATION. I understand that I may only seek admission to sit for the AHNCC examination for the purpose of seeking AHNCC certification, and for no other purpose. Because of the confidential nature of the AHNCC examination, I will not take any examination materials from the test site, reproduce the examination materials, or transmit the examination questions or answers in any form to any other person.

DISMISSAL FROM EXAMINATION/CANCELLED SCORES. I understand that I may be dismissed from the examination and that my test score may be cancelled for any of the following reasons: (1) failing to present valid photo identification; (2) using unauthorized aids; (3) failing to follow test directions or procedures; (4) creating a disturbance; (5) giving or receiving help on the examination; (6) attempting to remove test materials or notes from the exam room; (7) impersonating another candidate. I agree that if I am dismissed from the examination or my test score is cancelled because of such violation, I will receive no refund of the application or examination fees and there will be no credit for any future examination.

EXAMINATION REVIEW. EXAMINATION REVIEW. I understand that if I fail the Qualitative Assessment, I will have the possibility to resubmit it as many times as necessary for a maximum of one year from the date of notification of eligibility to progress to Quantitative Examination as long as I pay the applicable fee and continue to qualify for certification. I also understand that if I fail the Quantitative Examination I may retake it within one year from the original examination date. If I fail the Quantitative examination the second time, I will be required to redo the Qualitative Assessment and pay all applicable fees. There will be a time limit of one year for each of these steps. A failure to become certified after repeating the process will require that I start over and reapply to qualify for certification and pay all applicable fees at each step of the process. I agree to resolve any disagreements I have in regard to the examination through AHNCC' s own internal processes, and release AHNCC from legal liability with respect to the examination. I agree that with respect to the quantitative examination portion of the certification process that my only permissible challenge is a challenge to the accuracy of the computation of the scores. I understand that the qualitative assessment portion of the certification process will be scored anonymously and agree that my only permissible challenge will be to request that the examination be rescored.

I waive all further claims of examination review 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, the AHNCC Qualitative Assessment, the Quantitative(s) Examination(s) and/or certification.

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.