THE ADDICTIONS NURSING
CERTIFICATION BOARD

CARN-*AP*
CERTIFICATION

ANCB

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.intsna.org. The RDS resulted in the detailed Content Outlines (see pages 8-11). The test consists of 145 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.
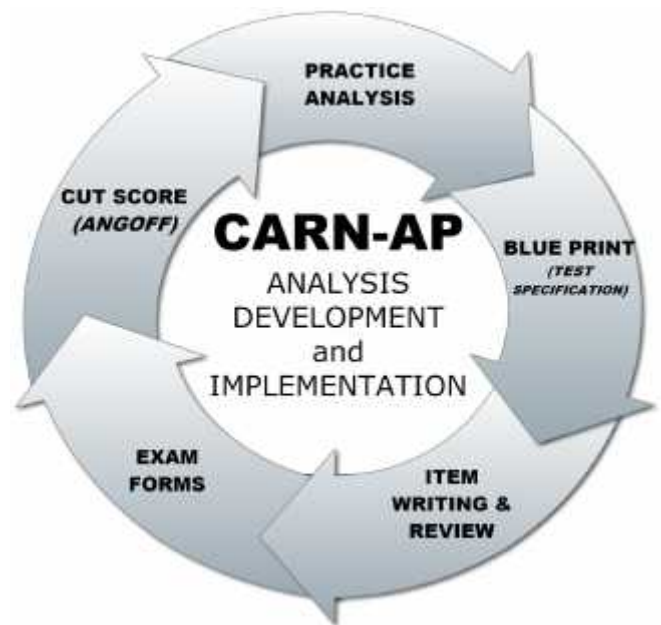
STATEMENT OF MISSION, VISION, AND PURPOSE

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

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 145 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:

You must hold a current, full, and unrestricted license* as a registered nurse (RN) in the United States, its territories or Canada. If licensed in more than one jurisdiction, the candidate must hold full and unrestricted licenses in all jurisdictions where they practice. Non-US or Canadian nurses who meet eligibility criteria are also invited to apply for the CARN-AP examination, but must submit evidence of equivalent licensure as an RN.

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.

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.

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.

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.

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 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.

REVISED 7/2022

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.

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.

REVISED 7/2022

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 CONTENT OUTLINE

# of Items

1. Assessment   31

A. *Basic assessment considerations*
1. Base assessment techniques on theory, research and best practices
2. Assess the effect of interactions among individuals, family, community, and social systems on health and illness
3. Record patients' health and psychosocial histories
4. Record comprehensive drug and alcohol use history
5. Record physical assessment results, diagnoses, treatment plans, prescriptions, or outcomes
6. Explore relationship of substance use to the functioning of the family
7. Identify personal risk and protective factors for the patient
8. Identify family risk and protective factors for the patient
9. Identify cultural risk and protective factors for the patient
10. Identify environmental risk and protective factors for the patient
11. Identify genetic risk and protective factors for the patient
12. Identify risk and protective factors related to spirituality for the patient
13. Identify the adverse consequences (e.g., legal, relationship, occupational, physical) of alcohol and drug use for the patient
14. Validate information with patient, other healthcare professionals and/or significant others

B. *Observe, interview, and assess patients to identify care needs*
1. Assess degree of risk for alcohol or drug misuse
2. Assess degree of risk for relapse
3. Assess degree of intoxication for alcohol use by visualization or field sobriety testing methods
4. Assess degree of intoxication for drugs of abuse
5. Assess stage of withdrawal for alcohol use
6. Assess stage of withdrawal for drugs of abuse
7. Assess factors that affect pain management in the patient with addiction
8. Identify behavioral effects of alcohol use
9. Identify behavioral effects of drug use
10. Recognize early signs and symptoms of alcohol abuse
11. Recognize early signs and symptoms of drug abuse
12. Recognize acute/chronic effects of alcohol use
13. Recognize acute/chronic effects of drug use
14. Recognize acute/chronic effects of nicotine
15. Identify behavioral effects of impulse control disorders
16. Identify associated behaviors of eating disorders
17. Assess patient's readiness for behavioral change
18. Assess patient's health literacy

# of Items

C. *Initiate and interpret diagnostic tests and procedures relevant to the patient's current status*
1. Evaluate physiological consequences of addictive disorders (e.g., including lab tests)
2. Utilize screening tools to assess alcohol use
3. Utilize screening tools to assess drug use
4. Differentiate symptoms related to psychiatric disorders from those related to substance abuse
5. Differentiate symptoms related to medical conditions from those related to substance abuse
6. Utilize standardized instruments for assessment and evaluation

2. Diagnosis   19

A. *Basic diagnosis considerations*
1. Base diagnoses on criteria consistent with accepted classifications

B. *Derive and prioritize nursing diagnoses from the assessment data using complex clinical reasoning*
1. Actual diagnosis
2. Risk diagnosis
3. Health promotion diagnosis

C. *Formulate differential diagnoses by systematically analyzing clinical and other related findings*
1. Diagnose alcohol and drug intoxication
2. Diagnose withdrawal related to addictions
3. Diagnose substance use disorders
4. Diagnose substance abuse disorders
5. Diagnose substance dependence disorders
6. Diagnose process addictions
7. Diagnose eating disorders

3. Identifying Outcomes   11

A. *Identify expected outcomes that incorporate scientific evidence and are achievable through implementation of evidence-based practices*
B. *Identify expected outcomes that incorporate cost and clinical effectiveness, patient satisfaction, and continuity and consistency among providers*
C. *Modify plan of care based on changes in patient's healthcare status*
D. *Account for the entire wellness-addictions continuum*
E. *Differentiate outcomes that require care process interventions from those that require system-level interventions*
F. *Identify assessment strategies, diagnostic strategies, and therapeutic interventions that reflect current evidence, including data, research, literature, and expert clinical knowledge*
G. *Identify with consideration of the patient's age, ethnicity and socioeconomic and environmental circumstances*
H. *Lead the design and development of interprofessional processes to address the identified diagnosis or issue*

8

# of Items

4. Planning of Care — 16

A. Collaborate with multidisciplinary team in developing treatment plan
B. Tailor treatment plan to accommodate patients' health needs, beliefs, and practices
C. Include specific interventions with measurable treatment goals rooted in evidence-based practice
D. Engage the patient and family in the development of the treatment plan
E. Integrate gender differences in the development of the treatment plan
F. Integrate ethnic differences in the development of the treatment plan
G. Integrate cultural differences in the development of the treatment plan
H. Integrate genetic differences in the development of the treatment plan
I. Present plan to patient in understandable terms
J. Integrate patient's readiness for behavioral change in the development of the treatment plan
K. Integrate identified risk and protective factors for the patient and family into the development of the treatment plan
L. Integrate acute and chronic pain management in the treatment plan

5. Implementation of Care — 31

A. Principles of nursing implementation
   1. Use systems, organizations, and community resources to implement the plan
   2. Use continuous quality improvement principles to improve patient outcomes
   3. Collaborate with nursing and other colleagues to implement the plan
   4. Utilize best practices in implementation of the plan
   5. Promote a safe environment for implementation of the plan
   6. Use therapeutic communication skills to improve patient outcomes
   7. Use patient-centered care principles to improve patient outcomes
B. Coordination of care
   1. Provide care with consideration of patient's needs and desired outcomes
   2. Collaborate with healthcare team to monitor health conditions of patients
   3. Lead the coordination of integrated patient care services
C. Health teaching and health promotion
   1. Advocate on behalf of the patient/family
   2. Educate patients and family members about co-occurring mental health, physical health, and addiction disorders

# of Items

   3. Educate patients and family members about preventive health measures and self care
   4. Educate patients and family members about expected effects and potential side effects of medications
   5. Educate patients and family members about relapse prevention
   6. Utilize motivational enhancement strategies to promote behavioral change
   7. Utilize brief interventions to promote behavioral change
   8. Utilize evidence-based literature to educate patient and family about the neurobiological basis of addictions
   9.. Employ learning theory models when designing health information programs
   10. Employ behavioral change theories when designing health information programs
   11. Incorporate epidemiological evidence when designing health information programs
   12. Design health information and patient education appropriate to the patient's developmental level
   13. Design health information and patient education appropriate to the patient's readiness to learn
   14. Design health information and patient education appropriate to the patient's cultural values and beliefs
   15. Evaluate health information resources (e.g., print materials, web sites) in the area of practice for accuracy, readability, and comprehensibility to help patients access quality health information
   16. Provide anticipatory guidance to individuals, families, groups, and communities to promote health and prevent or reduce the risk of health problems
D. Provide evidence based education related to:
   1. Substance use disorders across life span
   2. Alcohol use
   3. Drug abuse
   4. Nicotine use
   5. Eating disorders
   6. Process addictions
E. Provide evidence based education about:
   1. The risks of alcohol use in pregnancy
   2. The risks of nicotine use in pregnancy
   3. The risks of drug use during pregnancy
   4. The risks of eating disorders in pregnancy
   5. Risky health behaviors
   6. Proper nutrition
   7. The importance of regular exercise
   8. The biological consequences of substance use
   9. The psychosocial consequences of substance use
F. Consultation
   1. Synthesize clinical data, theoretical frameworks, and evidence-based practice when providing consultation to healthcare providers to improve patient outcomes
   2. Facilitate the effectiveness of a consultation by involving the patient and significant others in decision-making

3. Base consultation on mutual respect and defined role responsibility

G. *Treatment*
1. Ensure safe detox
2. Offer emotional support to patient
3. Provide specialized direct and indirect care to inpatients and outpatients
4. Offer counseling regarding changes in behavior and thinking
5. Offer one-to-one counseling for the patient and family
6. Establish boundaries in treatment with patients
7. Monitor patient's response to medications for management of alcohol withdrawal symptoms
8. Monitor patient's response to medications for management of drug withdrawal symptoms
9. Monitor patient's response to medications to reduce cravings from alcohol
10. Manage medication for alcohol withdrawal symptoms
11. Manage medication for drug withdrawal symptoms
12. Prescribe medications to reduce cravings from alcohol
13. Prescribe medications for pain management for patient with substance use disorder
14. Initiate treatment based on vital signs and/or laboratory results for patients with substance use disorders
15. Manage symptoms of concurrent psychiatric disorders in patients with substance use disorders
16. Follow evidence-based protocols to treat patients with addictions
17. Initiate evidence-based protocols to treat patients with addictions
18. Evaluate therapeutic and potential adverse effects of pharmacological treatments
19. Evaluate therapeutic and potential adverse effects of non-pharmacological treatments
20. Provide information about costs and alternative treatment options and procedures

H. *Psychotherapy and complementary therapy*
1. Base therapeutic modalities on needs of the patient
2. Base therapeutic modalities on current theory, research and best practices
3. Work with the patient to identify ongoing psychotherapy goals
4. Utilize cognitive behavioral strategies to improve patient outcomes
5. Incorporate complementary and alternative therapy options
6. Present theory, research and the practice of complementary therapies to patient to ensure informed choices

I. *Referral*
1. Ensure continuity of care when making referrals to other levels of care
2. Refer patients to specific care providers for additional care based upon patient needs with consideration for benefits and costs
3. Maintain confidential information in accordance with legal standards

6. Evaluation of Care	12

A. *Evaluate patient's and family's response to interventions*
B. *Revise diagnoses and plan of care as needed*
C. *Ensure ongoing evaluation involving significant others*
D. *Ensure ongoing evaluation involving other care providers*
E. *Analyze evaluation results to recommend system changes including policy, procedure, or protocol revision*

	Total	120

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 12 - 18

INSTRUCTIONS:
Complete <u>ALL</u> 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**

SECTION 1: CANDIDATE INFORMATION	To avoid additional fees you must complete <u>ALL</u> 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 ☐ Mr.
☐ Ms. _____

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.

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 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). Refund requests received after the deadline will not be considered, and any fund received after the deadline shall become non-refundable and non-transferable.

Addictions Nursing Certification Board (ANCB)   13   REVISED 7/2022

Please complete the following items to provide important research data to the Additions 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

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 <u>four</u> years.**

⟩ Up to 500 hours may be earned while in a master's in nursing program. Candidates need <u>not</u> submit Verification Form A if <u>all</u> 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 <u>not</u> 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 addiction as an Advanced Practice Nurse (APN). All 1,500 hours must have been obtained within the **last <u>three</u> 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 <u>ONE</u> BOX BELOW TO INDICATE WHICH FORMS YOU ARE SUBMITTING WITH THIS APPLICATION:

☐ **I am submitting <u>only</u> 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.

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 <u>four</u> 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

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 addiction 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):

☐ Administrative   ☐ Consultation

☐ Research   ☐ Teaching

☐ Counseling   ☐ Private Practice

☐ Other (Please specify below)

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 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 |

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 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.)

TOTAL HOURS ON PAGE

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**