

**THE ADDICTIONS NURSING
CERTIFICATION BOARD**

**CARN
RECERTIFICATION**



**HANDBOOK &
APPLICATION**



Retired Status

If you are retiring, please see the ANCB Retired Status application located at cnetnurse.com

CARN RECERTIFICATION

This packet contains the instructions and forms necessary to apply for recertification as a Certified Addictions Registered Nurse (CARN). Please review all materials carefully before completing the enclosed application. Do not submit this application for recertification if:

- 1) You are *not* currently CARN certified
- 2) You are CARN-AP certified (Use the CARN-AP Recertification Packet)
- 3) Your Recertification Expiration Date is more than six (6) months away

The application enclosed in this packet contains:

- 1) An application signature page which must be signed and dated
- 2) A Verification Form to verify 2000 hours of addictions related practice
- 3) Verification Forms A thru F, used to itemize 60 hours of continuing education

You may duplicate forms if additional space is needed. It's recommended that you make a personal copy of all application materials before submitting them.

Hours Required For CARN Recertification

As part of the recertification process for the Certified Addictions Registered Nurse (CARN), it is required that current certificants verify having a minimum of **2000 hours** of nursing experience and sixty (**60**) **hours** of continuing education. All hours provided (both experience and educational) must be related to addictions nursing and must have been accrued during your most recent four (4) year certification period.

2,000 Experience Hours

You must provide verification of a **minimum of 2,000 hours (1 Year) of nursing experience related to addictions**. All experience hours must have occurred during your most recent **four (4) year** certification period.

60 Continuing Education Hours

You will also need to list no less than **sixty (60)** contact hours in addictions nursing. At least **51%** of those hours must be directly in Addictions (addictions, substances, process addictions, addictions in health care professionals, psychiatric, treatment/prevention of addictions). The remaining hours may be related to Addictions (HIV/AIDS, Hepatitis, pain management, medically oriented as it relates to substances, pharmacology, symptom management as it relates to addictions, therapies used in addictions – motivational interviewing, etc.). All contact hours must be itemized on the enclosed application form, and contact hour certificates should not be submitted unless specifically requested by C-NET. All contact hours must have occurred during your most **recent four (4) year certification period**.

Contact Hour Forms: A Through D

Education

A: Continuing education related to the enhancement of your professional addictions nursing practice, including roles of an addictions nurse clinician, supervisor, administrator, consultant, researcher, or educator. One contact hour is equal to one point of credit. **The entire 60 points of credit may be submitted under Form A (continuing education contact hours).**

Formal Coursework

B: Formal course work related to the enhancement of your professional nursing practice in addictions, including the roles of an addictions nurse clinician, supervisor, administrator, consultant, researcher, or educator. One credit hour is worth two points of credit. The course work must be at the graduate level. **A maximum of 40 points of credit will be accepted for formal coursework.**

Scholarly Activity - *Publications*

C: Publication related to addictions nursing practice, research, consultation, or education. The points of credit are allotted accordingly:
Peer-reviewed publication: **10 points**
Development of academic course within college or university: **10 points**
Non-peer reviewed publication: **5 points**

Scholarly Activity - *Presentations*

D) Presentation of content related to addictions nursing practice, research, consultation, or education. To obtain points of credit, your activities should be extracurricular and not that are part of your job description (i.e., a nurse educator may not use on-the-job teaching to obtain points of credit). To claim points of credit, your activities must also include contact hours. The term "Contact Time" below may also include your hours of preparation. The points of credit for FORM D are allotted accordingly:
Peer-reviewed paper presentation: **1 point**
Peer-reviewed poster presentation: **5 points**
Teaching addictions-related content: **1 point** (for every 10 hours of contact time)
Invited Paper: **10 points**
Invited Poster: **5 points**

Contact Hour Forms: **E Through F**

Volunteer Service – Professional Volunteer Activity

E) Volunteer professional services in a service area that promote prevention and/or treatment of addictions. The points of credit are allotted for one year of service in the according areas:

Leadership role: **10 points**

Advisory role **10 points**

Board member role: **5 points**

Volunteer Service – Community Volunteer Activity

F) Volunteer community service in addictions-related activities. Ten hours of service are worth one point of credit. A maximum of 25 points can be earned as a combined total for professional volunteer service and community volunteer service.

Random Audits

A random selection of all recertification applications will be audited. Those applicants to be audited will receive notification and further instructions after receipt of their applications. Therefore, it is vital that recertification applicants save materials that substantiate the points of credit they submit if their applications are audited.

- 1) Copies of proof of attendance or completion (such as a certificate) of continuing education offerings or programs. Include the date, year, program title, sponsor, provider number (if applicable), applicant's name, and the number of contact hours awarded. The program objectives should be retained.
- 2) Transcripts of formal coursework completed.
- 3) Letter of acceptance and copies of the printed article(s) or chapter(s), including proof that your name was published as an author.
- 4) Correspondence related to professional and volunteer community activities.

If recertification by 60 points is denied, the applicant may either apply to take the next certification examination or appeal the ruling. If the appeal is denied, the applicant will have time to apply for a subsequent examination. If the applicant does not meet recertification

Random Audits

(Continued)

criteria and does not pass the examination, certification will not be renewed. Recertification by points of credit will be denied for any of the following reasons:

- 1) Falsification of application
- 2) Misrepresentation
- 3) Failure to meet eligibility requirements
- 4) Lack of current and unrestricted registered nurse license
- 5) Failure to meet criteria for 60 points of credit
- 6) Failure to apply by the deadline
- 7) Failure to supply requested additional materials by the deadline.

Note: You may become ineligible to practice in your state beyond your certification expiration date. There is a mechanism for reconsideration and appeal for candidates who have had recertification denied on the basis of falsification or application, misrepresentation, or failure to meet criteria. There can be no appeal based on the lack of current and unrestricted registered nurse license or failure to meet deadlines. Certified nurses are responsible for notifying the Addictions Certification Board's national office of any address changes. Please submit the completed application at least 60 days before the expiration date of your certification.

RECERTIFICATION TIMELINE

Addictions nursing certification is granted for a period of four years, at which time the certificant must meet current recertification criteria. If the time period for recertification has lapsed plus the three months grace period, the candidate must retake the examination to be certified.

We ask that you submit your application for CARN recertification no sooner than six (6) months before your expiration date or three months after your expiration date (with a late fee). Please note, if your certification lapses during the application processing period, candidates should not use the CARN credential until they have received official confirmation from C-NET that your recertification application had been approved.



Contact Us:

You may mail your application to:

ANCB Recertification Processing
c/o C-NET
35 Journal Square,
Suite 901
Jersey City, NJ 07306

If paying by credit card, you may email or fax your application to C-NET at:

(FAX) 201.217.9785
(Email) info@cnetnurse.com www.cnetnurse.com

For questions:

Email us at: info@cnetnurse.com www.cnetnurse.com
Or Call us at:
(Phone) 201.217.9083

Re-certification Application For CARN

Office Use Only:

Current Expiration
Date

New Expiration
Date

Re-certification Checklist:

All items must be returned together with certification fee

- Signed Application Form
- Verification Form (2000 hours of related practice)
- Verification of 60 CEUs (In addition nursing)

DEADLINE FOR SUBMISSION:

THIS APPLICATION MUST BE POSTMARKED) NO
LESS THAN 6 WEEKS PRIOR TO YOUR
CERTIFICATION EXPIRATION DATE.

Do not submit this application if:

- 1) You are **not** currently CARN certified
- 2) You are a CARN-AP (Use CARN-AP recert. application)
- 3) Your recert. **due date** is more than 6 months away

Complete ALL 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

Missing information (including SS# and Email) are subject to incomplete application fee

NAME _____
Legal Name

MAILING ADDRESS _____
Street Apt# City State Zip

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER _____ E-MAIL _____

CELL/ HOME PHONE NUMBER _____ WORK NUMBER _____

SECTION 2: RN LICENSE

Missing information are subject to incomplete application fee

You must hold a current, full and unrestricted license as a registered nurse in the US, its territories or Canada (applies to all jurisdictions where registered).

STATE: _____ PERMANENT NUMBER: _____

DATE OF ORIGINAL LICENSE: _____ EXPIRATION DATE: _____

SECTION 3: PAYMENT Please enclose one of the following valid forms of payment. Make checks payable to C-NET

Application Fee

- \$275.00 Standard Fee
- Add +\$100.00 Late Fee (if late)
- * \$225 with Membership Discount

* To receive a \$50 discount, applicants must attach proof of membership to ASAN or IntNSA (USA).

Enclosed: Money Order/ Check Credit Card (Complete below)

Visa or Master Card Only:

CARD HOLDER NAME _____

CARD NUMBER _____

EXP. DATE _____ HOME/CELL # _____

Payment

Authorization: _____ 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 up to 6 weeks before the applicant's certification deadline. The written request must be submitted by the purchaser 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 6 week postmark deadline will not be considered, and any fees previously collected become non-refundable and non-transferable.

I hereby apply for recertification and attest that all information provided in this application is accurate.

Legal Signature

Of Candidate _____ Date _____

As part of the recertification process for the Certified Addictions Registered Nurse (CARN), candidates must provide verification of having a **minimum of 2000 hours (1 year) of nursing experience related to addictions**. This experience must have occurred within candidate's 4-year certification period. 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 **four 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 RECERTIFICATION -----

All sections below must be completed by supervisor

PART 1	APPLICANT NAME										
I AM COMPLETING THIS VERIFICATION FOR:											
_____ Print first and last name of the CARN recertification candidate											
PART 2	EXPERIENCE										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">COMPLETE ALL BLANK FIELDS.</td> <td style="text-align: right; padding: 5px;">Check Here</td> </tr> <tr> <td style="padding: 5px;">The applicant's dates of experience were from:</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">START DATE: END DATE: If Currently Employed</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Month ____ Year ____ Month ____ Year ____</td> <td style="padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Averaging _____ hours (per week) at this facility in addictions nursing experience to date.</td> </tr> </table>		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 to date.	
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 to date.											
EXPERIENCE HOURS WERE IN THE FOLLOWING CAPACITY (Check all that may apply):											
<input type="checkbox"/> Nurse in a Staff	<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 5: CONTINUING EDUCATION

In order to recertify, you need to list no less than **60 hours** of continuing education. These educational hours must have occurred within the **last four (4) years**. At least 51% of the CE hours must be directly in addictions nursing. 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.

Points of credit submitted on attached forms:

Form A (Max 60): _____

Form B (Max 40): _____

Forms C & D (Max 30): _____

Forms E & F (Max 20): _____

Total Hours: _____

EXAMPLE

Hours Accrued | Date Completed: 06 / 21 / 21

Activity Sponsor: Medscape

Date of Completion: 6/21/2021

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 60 CONTACT HOURS FOR CARN

To avoid additional fees, you must complete ALL spaces in this section.

FORM A: CONTINUING EDUCATION

Print or type only, avoid using abbreviations.

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

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

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

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

NAME: _____

**CARN RECERTIFICATION
FORM B: Formal Coursework
(40 MAX)**

You may copy this form as necessary

1) Institution and Address	2) Date and Year Completed	3) Course Number, Department Code and Title	4) How is course applicability to addictions nursing	5) Number of Hours	6) Times Credit Hours	7) Total Number of contact Credit
					x2	
					x2	
					x2	
					x2	
					x2	

Page Total	
Running Total	

NAME: _____

**CARN RECERTIFICATION
FORM C & D
(30 MAX for forms C and D)**

You may copy this form as necessary

FORM C: Scholarly Activity - Publications

Title of Manuscript	Name of Publication & Publisher	Check Appropriate Box		Date and Year of Acceptance	Pages where manuscript appears	Points of Credit
		TEXT CHAPTER	JOURNAL ARTICLE			

FORM D: Scholarly Activity - Presentations

Title of Presentation	Number of contact hours awarded to participants	Date and year of presentation	Title of program and location where presentation was made	Points of Credit

<i>Page Total</i>	
<i>Running Total</i>	

NAME: _____

**CARN RECERTIFICATION
FORM E & F
(25 MAX for forms E and F)**

You may copy this form as necessary

FORM E: Volunteer Service - Professional Volunteer Activity

Nature of professional service, Name and Address	Title of volunteer position	Check Appropriate Box		Beginning date of position	Length of Term	Points of Credit
		<i>Appointed</i>	<i>Elected</i>			

FORM F: Volunteer Service - Community Volunteer Activity

Nature of community service, Name and Address	Specific Role Served	Length of volunteer service	Sponsoring Agency or association	Points of Credit

<i>Page Total</i>	
<i>Running Total</i>	