

**The American Organization of Nurse Executives
Certified in Executive Nursing Practice (CENP)**

SPECIAL PAPER AND PENCIL EXAMINATION APPLICATION

**Examination Date: April 2, 2017 • Location: Baltimore, MD • Application Deadline: March 3, 2017
Applications must be received by 5:00 p.m. CST March 3, 2017. On-site applications will not be accepted.**

To apply for the AONE CENP Examination complete this application and return it with the examination fee to:

PSI/AMP
AONE CENP Examination
18000 W. 105th Street • Olathe, KS 66061-7543 • FAX: 913.895.4651

PERSONAL INFORMATION

AONE: _____
Membership Number(s)

I am not a member of AONE

Name (Last, First, Middle Initial) (Please enter names as you wish them to appear on your certificate.) Previous Name

Name of Facility/Company Title

Preferred Mailing Address (Street Address, City, State/Province, Zip/Postal Code, Country)

Daytime Telephone Number Preferred Email Address

EXAMINATION TYPE

I am applying for a special domestic administration scheduled on April 2, 2017. Application must be received by PSI/AMP no later than March 3, 2017.

List the state in which your current nursing license was issued:

List the name under which your current nursing license was issued:

APPLICATION STATUS

I am applying as a new candidate.
 I am applying as a reapplicant.

EXAMINATION FEE

Payment may be made by credit card, company check, cashier's check or money order made payable to PSI/AMP.

- AONE Member\$325
- Nonmember..... \$450

ELIGIBILITY REQUIREMENTS

To be eligible for the Certified in Executive Nursing Practice (CENP) Examination, a candidate must fulfill one of the following requirements for education/work experience:

A valid and unrestricted license as a Registered Nurse; and
Masters degree or higher plus two (2) years of experience in an executive nursing role. One of the degrees must be in Nursing from an accredited institution.

Or

A valid and unrestricted license as a Registered Nurse; and
BSN plus four (4) years of experience in an executive nursing role.

If payment is made by credit card, complete the following:

VISA MasterCard American Express Discover

Credit Card Number

Expiration Date

Name as it Appears on the Card

Signature

Demographic Questions – Please select only one response for each item.

1. Number of years of total nursing experience
 - 5-10 years
 - 11-15 years
 - 16-20 years
 - 21-25 years
 - 26-30 years
 - Greater than 30 years
2. Highest degree held
 - Baccalaureate
 - Master's in Nursing
 - Master's in Business Administration
 - Master's other
 - DNP
 - PhD
3. Position
 - Chief Nurse Executive/Chief Nursing Officer
 - COO
 - CEO
 - Director
4. Number of years in nursing leadership
 - 5-10 years
 - 11-15 years
 - 16-20 years
 - 21-25 years
 - 26-30 years
 - Greater than 30 years
5. Facility type
 - Critical Access Hospital
 - Community Hospital
 - Medical Center
 - Academic Medical Center
 - Regional Referral Hospital
 - Specialty Hospital
 - Ambulatory Care Center
6. Facility size
 - Fewer than 99 beds
 - 100-200 beds
 - 201-300 beds
 - 301-400 beds
 - 401-500 beds
 - More than 500 beds
7. Number of direct reports
 - Fewer than 5
 - 6-10
 - 11-15
 - More than 16

SIGNATURE

I certify that I have read all portions of the CENP Candidate Handbook and agree to abide by regulations contained therein. I certify that the information I have submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed or voided.

Name (please print): _____

Signature: _____ Date: _____