

Pathway to Excellence™ Reviewer



DIRECTIONS:

- > Complete ALL sections of this application.
- > Type or clearly print your responses. Do not use abbreviations.
- > Attach a resumé or curriculum vitae, formal essay, and letter of support from your employer. If necessary, send your letter of support separately so as not to delay your application.
- > Return your completed application materials one of three ways:

Email: Pathwayinfo@ana.org

Postal Mail: ANCC Pathway to Excellence™ Program
8515 Georgia Ave, Suite 400 • Silver Spring, MD 20910

Fax: 301.628.5342 (Please let us know to expect your fax.)

General Information

1

Use your legal name on the application.

Ms. Miss Mrs. Mr. Dr. Other: _____

Last Name First Name MI

Credentials (Academic Degrees, Licensure, Board Certification)

Home Address

City State Zip/Postal Country

Home Phone Home Fax Personal E-Mail

Gender: Male Female

Race: American Indian/Alaska Native Asian/Pacific Islander Hispanic
 Black/African American White Other: _____

Completion of information on ethnicity, which is used for affirmative action purposes, is optional.

Certification(s) and Licensure

2

ANCC Certification Name Certification Number Expiration

Other Certification Name Certification Number Expiration

Nursing License # State Expiration

Employment Information

Employer Name

Position Title

Department

Length of Employment

Employer Address

City

State

Zip/Postal

Country

Work Phone

Ext

Work Fax

Work E-Mail

Please indicate the average number of hours you work per week:

20 or fewer 21-25 26-30 31-35 36-40 40+

Geographical Setting:

Urban Suburban Rural

1 : Northeast NY, CT, MA, NJ, ME, PA, NH, VT, RI

2 : South TN, MS, TX, FL, LA, AL, GA, AR, OK, VA, MD, SC, DC, NC, WV, DE, KY

3 : Midwest IA, NE, KS, OH, MO, MN, SD, ND, MI, IL, IN, WI

4 : West WA, AZ, CA, OR, CO, AK, ID, NM, UT, HI, NV, WY, MT

Employment Practice Setting

What is your current employment setting? Select all that apply:

Acute / Critical Care

Nurse-managed Group

Public / Community Health

Ambulatory Care

Private Practice Nursing

School of Nursing / University / College

Physician-managed Group Practice

Home / Long-term Care

School Health

Home Health

Occupational / Environmental Health

Military

Hospice

Office Nursing

Government Agency

Hospital

Ambulatory Care

Other (specify): _____

Managed Care

ER / Trauma

If employed by a school/college of nursing program and teaching RN or APN content, check the type of program:

RN Diploma

RN Baccalaureate

Nursing Doctorate

RN Associate Degree

Nursing Masters

Graduate Level Educational Preparation

5

List your Educational Preparation. Include graduate work, basic nursing education. List highest level first.

Educational Institution	Area of Major Concentration	Degree or Number of Credits	Year Degree
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Professional Experience

6

List the most recent THREE:

Organization	Position/Title	Clinical Specialty	Term of Employment	Practice Area
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Professional Development Activities

7

List only THREE recent/significant certifications, publications, presentations or honors (if applicable):

Organization	Date of Training
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Organization	Date of Training
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Current Membership in American Nurses Association or an affiliated state nurses association?

Yes No Membership Number: _____

Reviewer

PLEASE COMPLETE THE FOLLOWING SECTION LEGIBLY AND NEATLY

Have you served as a review for another organization/program?

(Eg., JCAHO, Magnet, Baldrige)

Reason you should be appointed:

(Please explain any unique qualifications relative to the Call for Reviewers):

If appointed, how would you contribute to the learning community (of reviewers)?

If selected and appointed, I agree to serve:

Signature*

Date

*Your typed name is sufficient as a signature. If appointed, you will be asked to sign official forms.

Remember to attach a current resumé/CV, formal essay, and letter of support from your employer to complete this application.