## Certification Examination for Nurse Life Care Planners

### Handbook for Candidates

<table>
<thead>
<tr>
<th>Application Deadline</th>
<th>Examination Date</th>
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<tbody>
<tr>
<td>September 1, 2010</td>
<td>October 11, 2010 (Boston only)</td>
</tr>
<tr>
<td>September 1, 2010</td>
<td>October 16, 2010</td>
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**CNLCP®**

Certified Nurse Life Care Planner

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1350 Broadway · 17th Floor  
New York, NY 10018  
(212) 356-0660  
WWW.PTCNY.COM
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CERTIFICATION

The Certified Nurse Life Care Planner (CNLCP®) Certification Board endorses voluntary certification by examination for all nurse life care planners. Registered nurses who meet eligibility requirements are eligible to take this examination. Certification in the specialty of nurse life care planning recognizes nurses who demonstrate a competent level of professional practice and conduct. Certification is an indication of current knowledge in a specialized area of practice.

PURPOSES OF CERTIFICATION

Certification in nurse life care planning provides formal recognition of life care planning knowledge and practice by

1. Recognizing formally those individuals who meet the eligibility requirements of the Certified Nurse Life Care Planner (CNLCP®) Certification Board and pass the Certification Examination for Nurse Life Care Planners. Passing of the examination permits an RN to use the CNLCP® credential.

2. Encouraging continued personal and professional growth in the practice of nurse life care planning.

3. Providing a standard of knowledge requisite for certification; thereby assisting the employer, public, and members of the health professions in the assessment of nurse life care planning.

 ADMINISTRATION

The Certification Program is sponsored by the Certified Nurse Life Care Planner (CNLCP®) Certification Board. The Certification Examination for Nurse Life Care Planners is administered for the CNLCP® Certification Board by the Professional Testing Corporation (PTC), 1350 Broadway 17th Floor, New York, New York 10018, (212) 356 0660, www.ptcny.com. Questions concerning the examination should be referred to PTC.
ELIGIBILITY REQUIREMENTS

Candidates must meet the following eligibility criteria as of the application deadline indicated on the cover of the handbook:

A. Licensed as a Registered Nurse in the United States or the equivalent in other countries for at least the past five years. The license must be currently active, without any restrictions. A copy of the current licensure must be submitted with the Application.

B. At least two years of full time paid nurse life care planning and/or case management experience, personally coordinating client services along the continuum of care.

C. Candidates meeting criteria one and two must also meet one of the following eligibility routes pertaining to education and relevant experience:

- **Route 1:** A minimum of sixty (60) continuing nursing education units in life care planning and/or case management within the past 5 years immediately preceding the Application. This must be verified with Course Title, Provider Number, Date, and Location of Course.

  OR

- **Route 2:** Proof of two years of life care planning experience within the past five years immediately preceding the Application. Experience must be verified on Application by documentation from an employer or at least two referral sources.

  OR

- **Route 3:** Reciprocity: A copy of current Life Care Planner Certification (CLCP) and two letters verifying life care planning work experience for at least two years immediately preceding the submission of the Application. If the criteria are met in Route 3, reciprocity will be granted, thereby eliminating the need to sit for the Certified Nurse Life Care Planner (CNLCP®) examination.

ATTAINMENT OF CERTIFICATION AND RECERTIFICATION CRITERIA

Candidates who pass the Certification Examination for Nurse Life Care Planners are eligible to use the registered designation CNLCP® after their names and will receive certificates from the CNLCP® Certification Board. A registry of Certified Nurse Life Care Planners will be maintained by the Certified Nurse Life Care Planner (CNLCP®) Certification Board and may be reported in its publications.

Certification for Nurse Life Care Planners is recognized for a period of five (5) years at which time the candidate must retake and pass the current Certification Examination for Nurse Life Care Planners or meet such alternative requirements in effect at that time in order to retain certification.
Applications for Recertification along with proof of 60 continuing education units that comply with CNLCP® Certification Board recertification criteria is to be submitted as follows:

*Completed application and fees must be received by March 1 (if renewal is April) or September 1 (if renewal is October) for the year of renewal.*

*If recertification application is delinquent within 30 days of its expiration there is a late fee of $200.00 for AANLCP members; $350.00 non-AANLCP members.*

*If recertification application is over 60 days of expiration, the candidate is no longer able to use the designation of CNLCP® and must submit to retesting at the full testing fee of $425.00 members, $625.00 non-AANLCP members. To become a member, go to www.aanlcp.org. *Candidate is responsible for maintaining a file of Certificates of Attendance/Course Completion and all continuing education units for five (5) years from date of their certification.**

**REVOCATION OF CERTIFICATION**

Certification will be revoked for any of the following reasons:

1. Falsification of an Application.
2. Revocation of current Registered Nurse license.
4. Failure to apply for recertification within current Board guidelines.

The Appeals Committee of the Certified Nurse Life Care Planner (CNLCP®) Certification Board provides the appeal mechanism for challenging revocation of Board certification. It is the responsibility of the individual to initiate any appeal process.
APPEALS

A. Eligibility
The appeal must be made in writing via certified letter to the Certified Nurse Life Care Planner (CNLCP®) Certification Board within 30 days of notification of ineligibility. The appeal should include a written explanation for the grounds for the appeal as well as any supportive documentation. The Certified Nurse Life Care Planner (CNLCP®) Certification Board will respond, in writing, within 30-90 days of receipt of the appeal request with a decision. The address for submission of appeals can be found on the website http://www.cnlcpcertboard.org.

B. Examination Appeals
Candidates with reason to believe that a discrepancy exists in the scoring and reporting of their test results may appeal within 30 days of notification of their scores via certified letter to the Certified Nurse Life Care Planner (CNLCP®) Certification Board. The letter must have supportive documentation supporting the appeal. The Certified Nurse Life Care Planner (CNLCP®) Certification Board will respond, in writing, within 30-90 days of receipt of the appeal request.

MISREPRESENTATION AND NONCOMPLIANCE POLICY

The Certified Nurse Life Care Planner (CNLCP®) Certification Board will investigate allegations concerning alleged misconduct by Certificants or CNLCP®s. Reports of alleged misconduct must be in writing, signed, and submitted by certified mail to the Certified Nurse Life Care Planner (CNLCP®) Certification Board within 120 days of the alleged violation(s). Supporting documentation must accompany the complaint.

APPLICATION PROCEDURE

The Application and Handbook for Candidates and the Certification Examination for Nurse Life Care Planners may be viewed or downloaded on the CNLCP® website at www.cnlcpcertboard.org, or at www.ptcny.com. Read and follow the directions on the Application and in this Handbook for Candidates.
COMPLETION OF APPLICATION

Complete or fill in as appropriate ALL information requested on the Application. Mark only one response unless otherwise indicated. Applications that are not complete in its entirety will be sent back to the candidate and they will need to resubmit following the original timeframes.

CANDIDATE INFORMATION: Starting at the top of the Application, print your name, address, daytime phone number, evening phone number, e-mail address, Testing Center Number, city, and state (see page 6 of the Handbook for Testing Center Information), and RN License number, state, and expiration date in the appropriate row of empty boxes. Include a copy of your current unrestricted nursing license. Only Registered Nurses with five years nursing experience are eligible to sit for this examination.

BACKGROUND INFORMATION: All questions must be answered. Mark only one response unless otherwise indicated.

OPTIONAL INFORMATION: These questions are optional. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

VERIFICATION OF WORK EXPERIENCE: Candidates applying through Route 2 must have employer or at least two referral sources complete verification of work experience section.

SIGNATURE: When you have completed all required information, sign and date the Application in the space provided.

Fold the completed Application. Mail the Application with the appropriate fee (see FEES on page 7) and the required documentation (see CHECKLIST below) in time to be received by the deadline shown on the cover of this Handbook to:

CNLCP® EXAMINATION
PROFESSIONAL TESTING CORPORATION
1350 Broadway – 17th Floor
New York, New York 10018

NOTE: Applications received after the deadline cannot be guaranteed acceptance.

CHECKLIST

To apply for the examination, be sure to include the following:

☐ A completed Application for the CNLCP® Examination
☐ A copy of a current, non-restricted RN license or computer-generated document from the candidate’s State Board of Nursing, demonstrating active licensure without restrictions
☐ The candidate’s resume or curriculum vitae
☐ Full payment of the current required fee(s)
☐ Documentation as required in Route 1, 2, or 3
TESTING CENTER INFORMATION

The following areas will serve as testing centers for the examination. Indicate your choice of center on your Application in the space provided.

ARIZONA
222 - Phoenix area

CALIFORNIA
255 - Los Angeles area
262 - San Francisco area

COLORADO
276 - Denver area

MICHIGAN
508 - Detroit area

MINNESOTA
534 - Minneapolis

MISSOURI
563 - Kansas City

NEW YORK
668 - New York City

OHIO
732 - Columbus

OREGON
772 - Portland

PENNSYLVANIA
788 - Philadelphia

TEXAS
867 - Dallas
871 - Houston

WASHINGTON
477 - Washington, D.C. area
486 - Boston

WASHINGTON, D.C.
477 - Washington, D.C. area
486 - Boston

NOTE: Requests for change of testing center location must be received FOUR weeks before the testing date.

REQUESTS FOR SPECIAL TESTING CENTERS

1. Distance:
If a candidate lives over 500 miles from an established testing center, arrangements for a Special Testing Center may be possible if an additional fee of $150 is submitted. A written request must accompany the candidate's Application specifying the preferred test center and must be received EIGHT weeks before the testing date.

2. Sunday:
Sunday testing is permitted ONLY for those candidates submitting satisfactory evidence that their religious convictions prevent them from taking the examination on Saturday. The Special Testing Center Fee is not required. Requests for Sunday Testing must be made in writing at the time the Application is submitted, and must be received EIGHT weeks before the testing date.
3. Special Needs Individuals:
Special testing arrangements may be made for special needs individuals submitting the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from www.ptcny.com or by calling (212) 356-0660. Requests for special testing accommodations must be received at least EIGHT weeks before the testing date. The Special Testing Center Fee is NOT required.

4. Groups:
Groups of ten or more candidates may request a special group testing center PROVIDED all ten Applications and fees are sent in one group at least EIGHT weeks before the testing date. The Special Testing Center Fee is NOT required for candidates requesting special group testing centers.

FEES

**Application fee for the Certification Examination for Nurse Life Care Planners:**
- AANLCP Members: $425.00
- Non-members: $625.00
- Reschedule of examination: $200.00
- Special Testing Center Fee: $150.00

**NOTE:** Pay the Special Testing Center Fee ONLY if a Special Testing Center for distance is being requested. See Requests for Special Testing Centers starting on page 6. Fees must be submitted in U.S. dollars.

Make check or money order payable to: CNLCP® Examination. Visa, MasterCard, and American Express are also accepted. Please complete and sign the credit card payment form on the Application. DO NOT SEND CASH.

A candidate who does not take the examination may transfer to the next test date for an additional fee of $200.00. A written request must be received within four weeks of the original testing date and should be faxed to (212) 356-0678 or mailed to:

CNLCP® EXAMINATION
PROFESSIONAL TESTING CORPORATION
1350 Broadway - 17th Floor
New York, New York 10018

**Recertification Fees due at time of recertification:**
- AANLCP Members Recertification: $375.00
- Non-members Recertification: $575.00
- AANLCP Members Late Recertification (includes late fee of $200 within 60 days after expiration): $575.00
- Non-members Late Recertification (includes late fee of $200 within 60 days after expiration): $775.00

To become a Member, go to www.aanlcp.org.

REFUNDS

There will be no refund of any fees.
SCHEDULE FOR EXAMINATION

The following schedule will be observed at all testing centers:

8:30 A.M. - Report to testing center
9:00 A.M. - Examination begins
1:00 P.M. - Examination ends (approximate)

All candidates should report to their assigned centers at 8:30 A.M. on the examination date. Latecomers may be admitted to the examination at the discretion of the Examiner but will NOT be permitted to write beyond the time scheduled for completion of the examination.

ADMISSION TO TESTING

The Professional Testing Corporation will notify candidates approximately three weeks before the testing date of final assignments to testing centers by means of an Admission Notice showing exact address to which candidates should report.

This Admission Notice PLUS a current government-issued photo I.D. must be presented in order to gain admission to the testing site. A candidate not receiving an Admission Notice at least one week before the test date should contact the Professional Testing Corporation by telephone at (212) 356-0660 with their fax number.

Changes in assignments to testing centers can NOT be made later than four weeks before the examination date.

RULES FOR THE EXAMINATION

1. Candidates must bring several sharpened Number 2 pencils with erasers with them to the testing center.
2. No books, computers, or other reference materials may be taken into the examination room.
3. Hand-held battery or solar operated calculators are permitted with the exception of calculators included in cellular phones, blackberries, etc.
4. No electronic devices, including but not limited to, cell phones, pagers, Blackberries, cameras, voice recorders, IPOD, ITOUCH and MP3 players, Bluetooth devices, etc. may be used during the examination.
5. No test materials, documents, or memoranda of any sort are to be taken from the examination room.
6. The examination will be held only on the day and at the time scheduled.
7. No questions concerning content of the examination may be asked during the testing period. The candidate should listen carefully to the instructions given by the Examiner and should read carefully directions in the test booklet.

REPORT OF RESULTS

Candidates will be notified within six weeks whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported. Successful candidates will also receive
certificates from the Certified Nurse Life Care Planner (CNLCP®) Certification Board.

**REEXAMINATION**

The Certification Examination for Nurse Life Care Planners can be repeated two times upon filing of a new Application and fee. There must be a 6-month waiting period between testing dates. The candidate must file a new application and submit the full testing fee. After two failures to pass the examination the candidate is required to take a course on life care planning from a Board approved program and show proof of passing.

**CONFIDENTIALITY**

1. The Certified Nurse Life Care Planner (CNLCP®) Certification Board will release the individual test scores ONLY to the individual candidate.
2. Any questions concerning test results should be referred to Certified Nurse Life Care Planner (CNLCP®) Certification Board or the Professional Testing Corporation.

Upon request from individuals and/or the public, the Certified Nurse Life Care Planner (CNLCP®) Certification Board will verify the initial certification of a candidate as well as the date of renewal. Any disciplinary action will also be disclosed if a suspension and/or revocation of the CNLCP® designation has been imposed.

**CONTENT OF EXAMINATION**

1. The Certification Examination for Nurse Life Care Planners is a written examination composed of a maximum of 250 multiple choice, objective questions with a total testing time of four (4) hours.
2. The content for the examination is described in the Content Outline starting on page 10.
3. The questions for the examination are obtained from individuals with expertise in nurse life care planning and are reviewed for construction, accuracy, and appropriateness by the Certified Nurse Life Care Planner (CNLCP®) Certification Board.
4. The Certified Nurse Life Care Planner (CNLCP®) Certification Board, with the advice and assistance of the Professional Testing Corporation, prepares the examination.
5. The Certification Examination for Nurse Life Care Planners will be weighted in approximately the following manner:

   I. LIFE CARE PLANNING ...................................................... 35%
   II. SPINAL CORD INJURIES ............................................... 15%
   III. BURNS AND AMPUTATIONS ......................................... 10%
   IV. ACQUIRED AND TRAUMATIC BRAIN INJURIES .............. 15%
   V. NEONATAL AND PEDIATRIC INJURIES/ILLNESSES .......... 15%
   VI. CHRONIC PAIN ......................................................... 10%
CONTENT OUTLINE

I. LIFE CARE PLANNING
   A. Definition and Principles
      1. Purpose
      2. Standards of Practice
      3. Ethical Considerations
         a. Confidentiality
         b. Informed Consent
         c. Accountability
      4. Nursing Process
         a. Assessment
         b. Diagnosis
         c. Plan
         d. Implementation
         e. Evaluation
   B. Life Care Plan
      1. Components
      2. Roles and Responsibilities of Nurse Life Care Planner
         a. Assessment
            1. Interviewing
            2. Data Collection and Supportive Documentation
            3. Collaboration with Providers and Experts
         b. Nursing Diagnosis
         c. Outcome Identification
         d. Planning and Implementation
            1. Cost Estimation
            2. Case Management of Life Care Plan
         e. Evaluation
      3. Life Expectancy
   C. Litigation Process
      1. Legal Issues
         a. Concepts
         b. Tort Law
      2. Expert Testimony
         1. Federal Rules of Evidence
         2. Daubert Rule
         3. Process
      D. Related Legislation
         1. Americans with Disabilities Act
         2. Rehabilitation Acts
         3. State and Federal Programs
      E. Rehabilitation Principles

II. SPINAL CORD INJURIES
   A. Anatomy and Physiology
      1. Cervical Level
      2. Thoracic Level
      3. Lumbar and Sacral Levels
      4. Clinical Syndromes (i.e., Cauda Equina, Central Cord, Brown-Sequard, Anterior Cord, Conus Medullaris)
   B. Neurological and Functional Classifications
      1. ASIA Impairment Scale
      2. FIM-FAM Scale
      3. Other
   C. Functional Losses and Associated Needs
      1. Medical Care
         a. Evaluations
         b. Therapy
         c. Home Health Services
         d. Bowel and Bladder
e. Sexuality Issues
f. Potential Complications

2. Living Environment
   a. Adaptive Equipment
   b. Community Reintegration
      1. Mobility and Transportation
      2. Housing
      3. Vocational Adjustments
      4. Community Resources
   D. Psychosocial Aspects
      1. Client
      2. Family
      3. Other Supportive Systems

III. BURNS AND AMPUTATIONS

A. Wounds
   1. Depth and Size
   2. Cellular and Vascular Responses
   3. Healing
   4. Treatment and Therapies
      a. Grafting
      b. Pressure Garments
      c. Splinting
      d. Prostheses
      e. Specialized Therapies
   B. Equipment and Medical Supplies
   C. Complications
      1. Surgical
      2. Soft Tissue and Bone Injury
      3. Infection
      4. Neurologic
      5. Other
   D. Psychosocial Aspects
      1. Client
      2. Family
      3. Other Supportive Systems

IV. ACQUIRED AND TRAUMATIC BRAIN INJURIES

A. Pathophysiology
   1. Primary Injury
   2. Secondary Injury
   3. Complications
   B. Measures of Injury Severity
      1. Glasgow Coma Scale
      2. Duration of Coma
      3. Duration of Post-Traumatic Amnesia
      4. Levels of Cognitive Functioning
      5. Other
   C. Outcome Predictors
      1. Premorbid Characteristics
      2. Clinical Presentation
      3. Neurologic Imaging
   D. Outcomes
      1. Cognitive Losses
      2. Behavioral Changes
      3. Social Isolation
      4. Functional Losses
   E. Rehabilitation
      1. Medical Care
      2. Neuropsychological Evaluations
      3. Therapies
      4. Home Health Services
      5. Potential Complications
F. Psychosocial Aspects
   1. Client
   2. Family
   3. Other Supportive Systems

V. NEONATAL AND PEDIATRIC INJURIES/ILLNESSES
A. Types of Cerebral Palsy
   1. Spastic
   2. Dyskinetic
   3. Hypotonic
B. Problems Associated with Cerebral Palsy
   1. Neurologic
   2. Musculoskeletal
   3. Gastrointestinal
   4. Communication Disorders
   5. Behavioral and Emotional
C. Management
   1. Medical Care
      a. Evaluations
      b. Therapies
      c. Home Health Services
      d. Medications
      e. Surgery
   2. Growth and Developmental Considerations
   3. Schooling and Education
D. Community Resources
   1. Collateral Sources of Funding
   2. Family

VI. CHRONIC PAIN
A. Pathophysiology
B. Assessment
C. Management
   1. Medication
      a. Types
      b. Delivery Systems
   2. Cognitive Behavioral Methods
   3. Devices
      a. Implantable
      b. Noninvasive
   4. Nerve Blocks
   5. Neuroablation
D. Psychosocial Aspects
   1. Client
   2. Family
   3. Other Supportive Systems
1. Collateral funding is most likely to be available from
1. religious organizations.
2. state and federal agencies.
3. managed care organizations.
4. private health insurance companies.

2. According to the ASIA scale, which of the following best describes the degree of impairment for A?
1. No sensory or motor function preserved in the sacral segment S4-5
2. Motor function normal but no sensory function preserved in the sacral segment S4-5
3. Sensory but no motor function preserved below neurological level of injury
4. Motor function preserved below neurological level of injury and majority of key muscles below neurological level of injury have a grade less than 3

3. In legal terminology, the complaint is best described as
1. evidence given by a competent witness.
2. the formal process of obtaining information in preparation for litigation.
3. a pleading filed with the court which initiates a legal action.
4. a statement sworn to before an officer who has authority to administer an oath.

4. The life care plan should be written to achieve maximum
1. client independence.
2. client satisfaction.
3. settlement for client.
4. adherence to treatment.

5. The pons area of the brain controls
1. vision.
2. breathing.
3. involuntary movement.
4. sexual activity.

ANSWERS TO SAMPLE QUESTIONS:
1.2 2.1 3.3 4.1 5.2
The Certified Nurse Life Care Planner (CNLCP®) Certification Board has prepared a suggested reference list to assist in preparing for the Certification Examination for Nurse Life Care Planners. These references contain journals and textbooks which include information of significance to life care planning. This list does not attempt to include all acceptable references nor is it suggested that the Certification Examination for Nurse Life Care Planners is necessarily based on these references.


Horn, L. J. & Nathan Zasler ND., Medical Rehabilitation of Traumatic Brain Injury; Hanley & Belfus, Inc. and Mosby, 1996.


Application for Certification Examination for Nurse Life Care Planners

Please read the directions in the Handbook for Candidates carefully before completing this Application.

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided.

Candidate Information

- Mr.
- Mrs.
- Ms.
- Dr.
- First Name
- Middle Initial
- Last Name
- Suffix (Jr., Sr., etc.)
- Number and Street
- Apartment Number
- City
- State/Province
- Zip/Postal Code
- Daytime Phone
- Evening Phone
- E-mail Address
- Testing Center Number (See Handbook)
- RN License Number
- License State
- License Expiration (Month/Year)

Background Information

Darken only one choice for each question unless otherwise directed.

A. ELIGIBILITY ROUTE in addition to being an RN for at least the past 5 years and having at least two years paid nurse life care planning and/or case management experience, personally coordinating client services along the continuum of care, candidates must meet one of these additional eligibility routes:

- Route 1: A minimum of sixty (60) continuing nursing education units in life care planning and/or case management within the past 5 years immediately preceding the Application. This must be verified with Course Title, Provider Number, Date, and Location of Course.

- Route 2: Proof of two years of life care planning experience within the past five years immediately preceding the Application. Experience must be verified on Application by documentation from an employer or at least two referral sources.

- Route 3: Reciprocity: A copy of current Life Care Planner Certification (CLCP) and two letters verifying life care planning work experience for at least two years immediately preceding the submission of the Application. If the criteria are met in Route 3, reciprocity will be granted, thereby eliminating the need to sit for the Certified Nurse Life Care Planner (CNLCP®) examination.

B. EXPERIENCE IN CASE MANAGEMENT:

- 2 years
- 3 years
- 4 to 5 years
- 6 to 7 years
- 8 to 9 years
- 10 or more years

C. EXPERIENCE IN LIFE CARE PLANNING:

- Less than 1 year
- 1 to 3 years
- 4 to 6 years
- 7 to 10 years
- Over 10 years

D. PERCENT OF WORKING TIME CURRENTLY SPENT IN LIFE CARE PLANNING:

- Less than 25%
- 25% to 50%
- 51% to 75%
- More than 75%

E. PRIMARY PRACTICE SETTING: (Darken only one response.)

- Independent Practice
- Insurance
- Law Firm
- Case Management Company
- Government Agency
- Managed Care Organization
- Integrated Network
- Hospital
- Other: ________________

F. HIGHEST ACADEMIC LEVEL:

- Associate Degree
- Diploma in Nursing
- Bachelor’s Degree, Nursing
- Bachelor’s Degree, Non-nursing
- Master’s Degree, Nursing
- Master’s Degree, Non-nursing
- Doctoral Degree

G. ARE YOU CURRENTLY A MEMBER OF AANLCP?

- No
- Yes

NOTE: Membership in AANLCP is not required.

(Complete Page 2)
Application for Certification Examination for Nurse Life Care Planners

Background Information

H. ARE YOU CURRENTLY OR HAVE YOU EVER BEEN CERTIFIED AS A CNLCP®?
- No
- Yes, currently certified. Certification expires (indicate year):
- Yes, previously certified by certification. Lapsed on (indicate month/year):

I. ORGANIZATIONS TO WHICH YOU BELONG: (Select all that apply)
- American Nurses Association
- Amer. Assoc. of Legal Nurse Consultants
- Case Management Society of America
- Association of Rehabilitation Nurses
- Sigma Theta Tau
- National Institute of Case Managers

J. HAVE YOU TAKEN THIS EXAMINATION BEFORE?
- No
- Yes
  If yes, indicate month, year, and name under which the examination was taken.
  Date (month/year): ____________________________
  Name: ____________________________

K. YEARS OF WORK EXPERIENCE AS AN RN:
- 5 years
- 6 to 8 years
- 9 to 12 years
- Over 12 years

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.

Race:
- African American
- Asian
- Hispanic
- Native American
- White
- Other

Age Range:
- Under 25
- 25 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60+

Gender:
- Male
- Female

Verification of Work Experience

COMPLETE ENTIRE APPLICATION BEFORE SIGNING BELOW.

ELIGIBILITY BY ROUTE 2 ONLY. To be completed by candidate’s immediate supervisor or Human Resources Director.

I verify that to the best of my knowledge this candidate has at least two years of life care planning experience within the past five years.

<table>
<thead>
<tr>
<th>Supervisor Name (please print)</th>
<th>Institution/Organization</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>City, State, Zip</td>
<td>Phone</td>
</tr>
<tr>
<td>Supervisor Signature</td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor Name (please print)</th>
<th>Institution/Organization</th>
<th>Address</th>
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<tbody>
<tr>
<td>Title</td>
<td>City, State, Zip</td>
<td>Phone</td>
</tr>
<tr>
<td>Supervisor Signature</td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

Candidate Signature

I have read the Handbook for Candidates and understand that I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete. Information on a candidate's initial certification date, renewal dates, and any CNLCP® suspensions or revocation of CNLCP® will be released by the CNLCP® Certification Board upon request to any public entity or agency. By signing this Application, the candidate is providing authorization for release of this information and for the use of aggregate data. Personal information outside of CNLCP® status can only be accessed and/or released by the candidate.

CANDIDATE SIGNATURE: ____________________________ DATE: ____________________________

CREDIT CARD PAYMENT

If you want to charge your application fee on your credit card provide all of the following information.

Name (as it appears on your card): ____________________________

Address (as it appears on your statement): ____________________________

Charge my credit card for the total fee of: $ ____________

Expiration date (month/year): ____________ / ____________

Card type: ○ Visa ○ MasterCard ○ American Express

Card Number: ____________________________

Signature: ____________________________