



Application for
HIV/AIDS Certified Licensed Vocational/Practical Nurse (ACLPN)

Candidate Information. Please print clearly.

First Name _____ Middle Initial _____

Last Name _____ Suffix _____

Preferred Pronouns _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Email Address _____

Primary Phone _____ Alternate Phone _____

Current LPN/LVN License Number _____ License State _____ Expiration Date _____

Eligibility and Background Information. Choose only one answer for each question unless otherwise directed.

A. Percent of Working Time Currently Spent in HIV/AIDS Nursing:

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

B. Primary Position:

- Clinical Nurse Specialist, Director/Assistant Director, LPN/LVN, Nurse Researcher, Staff Nurse/Clinician, Consultant, Head Nurse/Manager, Nurse Educator/Faculty Member, Patient Educator, Other, Counselor, Infection Control Practitioner, Nurse Practitioner, Sales/Marketing Industry Nursing Representative

C. Area of Professional HIV/AIDS Emphasis:

- Adult, Pediatrics, Both Adult and Pediatrics

D. Primary Practice Setting:

- Clinical Trial Group, Forensic Setting (jail, prison), Hospice, Inpatient: Teaching Hospital, Outpatient/Ambulatory, Public/Community Health, Other, Community-Based Organization, HIV Testing Center, Inpatient: Community Hospital, Inpatient: University Affiliated Hospital, Primary Prevention Program, School of Nursing, Family Planning/STD, Home Care, Inpatient: Non-teaching Hospital, Long-term Care Facility, Private/Group Practice/Physician's Office, Substance Abuse Treatment Center

E. Experience in HIV/AIDS Nursing:

- Less than 2 years, 2 years, 3-6 years, 7-10 years, More than 10 years

F. Employment Status:

- Full-Time, Part-Time, Retired, Unemployed

G. Primary Practice Location:

- Rural, Suburban, Urban (less than 1 million population), Mixed, Not applicable, Urban (more than 1 million population)



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H. Highest Academic Level:

- o Associate Degree, Nursing
o Baccalaureate, Other
o Doctorate in Nursing
o Master's in Nursing
o Associate Degree, Other
o Diploma in Nursing
o Doctorate, Other
o Master's Degree, Other
o Baccalaureate, Nursing
o Diploma/Certificate, Other
o LPN/LVN Certificate
o Other

I. Other Certifications Held: (Choose all that apply)

- o CCRN o CEN o CIC o CRNH o OCN
o RN, C o RN, CS o None o Other

J. Where Did You Hear About the Certification in HIV/AIDS Nursing Program? (Choose all that apply)

- o ANAC Annual Conference o ANAC Chapter o ANAC Mailing
o Colleagues o JANAC o Other Journal
o Other

K. Are you currently a member of ANAC?

- o No o Yes If yes, please indicate Membership Number

L. Are you currently or have you been certified in HIV/AIDS Nursing?

- o No o Yes If yes, please supply certification expiration date

Optional Information

Race o African American o Asian o Hispanic o White o Native American o Other

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

Gender o Male o Female o Transgender o Non-binary o Prefer not to answer

Candidate Signature

I have read and understand the requirements for candidate eligibility I affirm that all statements given on this application are true and correct to the best of my knowledge and that the HANCB is hereby authorized to contact any organization or individual listed hereon to verify my education and licensure history.

Candidate Signature: Date:



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Payment Options

Certification Fee: \$125

Payment can be made online via the [HANCB website](#).

Note you do not need to have a PayPal account – you can check out as a guest.

Alternatively, HANCB now utilizes the secured third-party platform BILL.com for invoicing and collecting payments.

You can be invoiced for your certification fee by providing the following information:

Name _____

Address _____

Phone Number _____

Email address for invoice _____

Email completed form to hancb@anacnet.org