



## 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
- International Association of Rehabilitation Professionals /International Academy of Life Care Planners

**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  9 to 12 years
- 6 to 8 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  Native American
- Asian  White
- Hispanic  Other

**Age Range:**

- Under 25  40 to 49
- 25 to 29  50 to 59
- 30 to 39  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.

Supervisor Name (please print)	Institution/Organization	Address
Title	City, State, Zip	Phone
Supervisor Signature	Date	

Supervisor Name (please print)	Institution/Organization	Address
Title	City, State, Zip	Phone
Supervisor Signature	Date	

## 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:** \_\_\_\_\_

### FOR OFFICE USE ONLY

Date \_\_\_\_\_

Fee:

CC  Check

