Advanced Practice Critical Care Nurse (APCCN)

Certification Examination Application Form

IMPORTANT NOTES TO APPLICANTS:

1. The application form should be typed or legibly written and circle\* as appropriate. The College will not process any incomplete application.
2. Please use separate sheet(s) for details if necessary.

All information given in this form will be treated STRICTLY CONFIDENTIAL

Title: \* Ms/Mr/ Mrs Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in Chinese: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \* F/M

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HKID No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please enter the first 4 alpha-numeric characters e.g.A123)

Correspondence Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Tel No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Part I - Eligibility to sit APCCN Certification Examination

The applicant should put a √ in the following criteria to ensure all are met

* Holder of a valid RN Practicing Certificate issued by the HK Nursing Council.
* Has worked in an Intensive Care setting for at least 5 years in the most recent 6 years
* An associate member of HKCCCN who can provide evidence of supervised training in an Intensive Care setting ( in the form of Basic Training Log Book – 90% signed ) to demonstrate that the core contents stipulated by HKCCCN are covered.
* Has successfully completed a recognized critical care nursing programme and provided the charting of the Intermediate Training Log Book.
* Has completed a minimum of 2,000 clinical practice hours in an accredited training site within the previous 3 years, of which 1,000 hours accrued in the most recent one year preceding the application
* Holder of a Master Degree in Nursing or related practice.
* Able to produce the signed Higher Training Log Book.

Part II – Detailed Information for Part I

|  |  |
| --- | --- |
| **Associate membership** | HKCCCN Associate Membership No : |
| **Practicing Certificate** | Registration No. : | Valid till : (dd/mm/yy) |
| **Recognized Post Registration Critical****Care Nursing Program** | Award of the Program : | Organizer : |
| **Master Degree in Nursing or related practice** | Master Program Title:Year Completed : | University : |
| **Other Specialty Core Training**  | Topic:  | Date: (dd/mm/yy) |
| **Working Hospital** | Department / Hospital : | Since : (mm/yy) |
| **A minimum of 2,000 hours of direct patient care in an accredited training site within the previous 3 years, of which 1,000 hours accrued in the most recent one year preceding the application****Verified by HKCCCN Fellow:****Full Name Signature**  |

**PRACTICE VERIFICATION:** The following is the contact information of my clinical supervisor / a professional associate who can verify my working experience in an Intensive Care setting.

Verifier’s Contact Tel. No.:

Verifier’s e-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I enclose herewith a crossed cheque of HK$1000 with cheque No.\_ of Bank payable to **Hong Kong College of Critical**

**Care Nursing Limited** as the examination fee.

Note: Please mail this completed application form, together with:

a) the Honor Statement; b)supporting documents; and c).the crossed cheque to: Administrative Office,

Hong Kong College of Critical Care Nursing Limited,

Room 6, LG1, School of Nursing, Princess Margaret Hospital, 232 Lai King Hill Road, Lai Chi Kok,

Kowloon, Hong Kong.

### Supporting documents to be provided:

1. - Copy of Practicing Certificate
2. - Copy of Certificate of a Recognized Critical Care Program
3. - Copy of Certificate of Master Degree
4. - Copy of Signed Basic Training Log Book
5. - Copy of Signed Intermediate Training Log Book
6. - Copy of Signed Higher Training Log Book

Signature of Applicant Date

**FOR OFFICE USE**

**APCCN Certification Examination Application**

1st Review - by Administrative Committee

Accepted

Not accepted

Signature: Name: Date:

### 2nd Review - by the Accreditation and Examination Committee

###  Accepted Not accepted

Signature:

Name:

Date:

Signature: Name: Date:

**HONOR STATEMENT**

Appendix 13

**Complete and submit with the application form. Please print clearly. Processing will be delayed if this statement is incomplete or illegible**

NAME: (Surname) (Given Name)

HKCCCN Associate Membership No**.**:

I hereby apply for the Advanced Practice Critical Care Nurse (APCCN) Certification Examination offered by Hong Kong College of Critical Care Nursing (HKCCCN). I have read and understand the examination eligibility requirements, and acknowledge that certification depends upon successful completion of the specified requirements.

I possess a valid Hong Kong Registered Nurse practicing certificate which is due to expire on (date). **I am/am not currently the subject of any on-going disciplinary proceeding(s) by any professional body in HK or elsewhere.** I understand that I must notify HKCCCN within 30 days if any disciplinary action is taken against my RN registration in the future.

**PRACTICE:** I have fulfilled the clinical practice hour requirements of 2,000 hours of direct bedside care

of acutely and/or critically ill patients in the intensive care setting as Registered Nurse within the previous

3-year period, with 1,000 hours accrued in the most recent one year preceding this application.

**PRACTICE VERIFICATION:** The following is contact information of my clinical supervisor or a professional associate who verified that I have met the clinical hour eligibility requirements:

Verifier’s Name: Facility Name:

Correspondence

 Address: Verifier’s Phone Number:

**ETHICS:** I understand the importance of ethical standards and agree to act in a manner congruent with the *Code of Professional Conducts and Code of Ethics for Nurses in Hong Kong developed by the Hong Kong Nursing Council*.

**AUDIT:** I understand that my information supplied is subject to audit and failure to respond to a request for further information may be a sufficient cause for HKCCCN to refuse me from attending the examination, invalidate the results of my examination, withhold certification, revoke certification or take another appropriate action(s) as necessary.

**NON-DISCLOSURE OF EXAMINATION CONTENT:** My signature on this form indicates my agreement to keep the contents of the examination confidential and not disclose or discussed with anyone except HKCCCN. By complying with and enforcing this obligation, I help maintain the integrity of the APCCN Certification Examination and the value of its certification credentials.

To the best of my knowledge, the information contained in the application is true, complete, and correct and is made in good faith. I am aware that the information acquired in the certification process may be used for statistical purposes and for evaluation of the certification program.

Applicant’s Signature: Date:

This form may be photocopied and is also available online at [www.hkcccn.org](http://www.hkcccn.org/)