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| **Recommendations for Faculty, when Evaluating Post-Graduate Clinicians in preparation for National Certification** |

Post-graduate students are required to successfully complete the didactic courses and clinical hours in the desired area of practice, and to master the same competencies and outcomes as students who would have completed the full master’s or DNP program curriculum.   
  
The school may choose to waive some didactic courses or clinical hours if the original graduate transcript provides evidence that the required academic graduate course(s) [not continuing education] and/or clinical hours or their equivalent were successfully completed in the previous graduate program(s).

To reach this determination, the post-graduate program faculty **must** complete a Gap Analysis to evaluate the course(s) and clinical hours completed in the previous graduate program(s), by thorough review of source documents – submitted transcript(s) and course descriptions and/or syllabi – to determine the additional course(s) and/or clinical hours required for the student to meet the post-graduate program outcome competencies, grant the post-graduate certificate and to prepare APRN students to meet educational requirements for national certification. It is important to note that the education requirements for APRN programs and national certification requirements have changed over time, therefore, using a student’s national certification as the sole evidence of meeting APRN core courses and/or faculty supervised hours is **not** a reliable tool.

Below, you will find recommended Post-Graduate Statements and Gap Analysis grids – for your convenience and use.

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| **TEMPLATE #1: Recommended Post-Graduate Statement, for clinician with courses accepted from another school/university** |

<<Insert School Logo/Letterhead>>

<<Date>>

ANCC Certification Registration

8515 Georgia Avenue, Suite #400

Silver Spring, MD 20910

Email: [APRNValidation@ana.org](mailto:APRNValidation@ana.org)

Regarding: **<<Insert Student’s Name>>**

The above-named student has fulfilled all the requirements of the Post-Graduate (Masters or DNP) Certificate Program at **<<Insert School Name>>**. Below (or attached), please find the Gap Analysis Grid/Table of courses taken at **<<Insert School Name>>** by this student that support the educational preparation for application to the **<<Insert Certification>>** examination.

This statement attests that all transcript(s) and associated course syllabi (source documents) were reviewed upon enrollment in the **<<Insert School Name>>** Post-Graduate certificate program and were evaluated and determined to be comparable to what is currently offered in our existing Graduate (and/or Post-Graduate certificate) program.

This student completed all requirements on **<<Insert Date of Program Completion>>**, and this documentation will be provided to the student to maintain as a part of their professional portfolio (due to the variances related to records retention).

Regards,

<<Insert Faculty Signature>>

<<Insert Faculty Signature Block>>

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| **TEMPLATE #1A: Recommended Gap Analysis Grid, for clinician with courses accepted from another school/university**  **(should be submitted to ANCC on school letterhead, and signed)** |

<<Insert Student’s Name>>

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| --- | --- | --- |
| **<<Insert Post-Graduate Certificate Program Name>>** | | |
| **<<Insert Post-Graduate School Name>>** | **Courses/Clinical Hours, accepted from Prior Graduate Program <<Insert Prior School Name>>** | **Courses and Clinical hours, completed during PGC program at <<Insert PGC School>>** |
| *Example: NURS 601 Advanced Pathophysiology* | *NRSG 500 – XYZ University (Prior Graduate School Program)* |  |
| *Example: NURS 695 Role of the APRN* |  | *NURS 695 Role of the APRN (Post-Graduate School Name)* |
| *Example: NURS 701 PMHNP Clinical I* | *NRSG 638 – PMH Concepts of the Adult (150 hours)* | *NURS 701 – PMHNP Clinical I (150 hours)*  *(Note: In this example, the clinician appears to have 300 clinical hours. To support preparation for the educational certification eligibility requirements, ANCC would expect to see a minimum total of* ***500*** *faculty supervised clinical hours – between the prior graduate program and the post-graduate program)* |
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<<Insert Faculty Signature>>

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| **TEMPLATE #2: Recommended Post-Graduate Statement, for clinician with NO courses accepted from another school/university** |

<<Insert School Logo/Letterhead>>

<<Date>>

ANCC Certification Registration

8515 Georgia Avenue, Suite #400

Silver Spring, MD 20910

Email: [APRNValidation@ana.org](mailto:APRNValidation@ana.org)

Regarding: <<Insert Student’s Name>>

The above-named student has fulfilled all the requirements of the Post-Graduate (Masters or DNP) Certificate Program at **<<Insert School Name>>**. **No courses and/or clinical hours were accepted from this student’s previous graduate program(s).**

This student completed all requirements on **<<Insert Date of Program Completion>>**, and this documentation will be provided to the student to maintain as a part of their professional portfolio (due to the variances related to records retention).

Regards,

<<Insert Faculty Signature>>

<<Insert Faculty Signature Block>>

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| **TEMPLATE #2A: Recommended Gap Analysis Grid, for clinician with NO courses accepted from another school/university**  **(should be submitted to ANCC on school letterhead, and signed)** |

<<Insert Student’s Name>>

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| **<<Insert Post-Graduate Certificate Program Name>>** | | |
| **<<Insert Post-Graduate School Name>>** | **Courses/Clinical Hours, accepted from Prior Graduate Program <<Insert Prior School Name>>** | **Courses and Clinical hours, completed during PGC program at <<Insert PGC School>>** |
| *Example: NURS 601 Advanced Pathophysiology* | *None or N/A* | *NURS 601 Advanced Pathophysiology* |
| *Example: NURS 695 Role of the APRN* | *None or N/A* | *NURS 695 Role of the APRN* |
| *Example: NURS 701 PMHNP Clinical I* | *None or N/A* | *NURS 701 PMHNP Clinical I (150 hours)* |
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