

AMERICAN HOLISTIC NURSES CREDENTIALING CORPORATION



CERTIFICATION CANDIDATE'S AGREEMENT WITH AHNCC

NOTE: This document is for reference only. A signed copy will be included as part of your certification application.

APPLICATION ACCURACY. All information contained in my application for American Holistic Nurses Credentialing Corporation (AHNCC) certification is true and accurate to the best of my knowledge.

AUTHORITY TO CONDUCT CERTIFICATION. I hereby authorize AHNCC and its officers, directors, committee members, employees, and agents (AHNCC Representatives) to review my application to sit for the AHNCC certification examination. I authorize AHNCC to determine my eligibility for AHNCC certification.

COMPLIANCE WITH ETHICS, RULES, STANDARDS, POLICIES AND PROCEDURES. I understand and agree that if I am granted AHNCC certification, it will be my responsibility to remain in compliance with all rules, standards, policies and procedures set by AHNCC, including but not limited to disciplinary policies which include eligibility rules and certification standards found in the AHNCC Certification Handbook and/or on the AHNCC website. By signing this Authorization, **I acknowledge that I have read, understood and agree to the rules, standards, policies, and ethical codes and the Professional Code of Ethics for AHNCC Certified Nurses as indicated in the AHNCC Certification Handbook.**

REVOCATION. I agree to revocation or other limitation of my certification if any information made on this application or hereafter supplied to AHNCC is false or inaccurate or if I violate any of the rules or regulations of AHNCC.

MAINTAINING CERTIFICATION. I understand that it is my responsibility to maintain valid certification status by submitting a valid renewal application and fee within 60 days prior to my certification expiration date.

MAINTAINING CURRENT STATUS. I understand that I am responsible for notifying AHNCC within 60 days of occurrence of any changes in name, address, telephone number, email address, and any other facts bearing on eligibility or certification (including but not limited to: filing of any civil or criminal charge, indictment or litigation conviction; plea of guilty; plea of nolo contendere; or disciplinary action by a licensing board or professional organization).

COOPERATION WITH CERTIFICATION REVIEW. I agree to cooperate promptly and fully in any review of my certification by AHNCC, including submitting such documents and information deemed necessary to confirm the information in this application.

RELEASE OF INFORMATION. I authorize the AHNCC Representatives to communicate any and all information relating to any AHNCC application, certification status and certification review to state and federal authorities, employers, and others. Certification review shall include but not be limited to the fact and the outcome of disciplinary proceedings. I agree that if I pass the examination, AHNCC may release my name and the fact that I have been granted AHNCC certification to newspapers and other publications. I agree that AHNCC may release my name and address in a listing of certified holistic nurses to individuals and/or organizations interested in holistic nursing as directed by AHNCC's Board of Directors.

CERTIFICATION EXAMINATION PROCEDURES. I understand that AHNCC reserves the right to refuse admission to any AHNCC examination to me if I do not have the proper identification (current government-issued photo ID and eligibility notice) or if I arrive later than my scheduled time. If I am refused admission for any of these reasons or fail to appear at the examination site, I will receive no refund of fees and there will be no credit for future examinations. I understand that the proctors at my assigned examination site will have the discretion to maintain a secure and proper test administration. I acknowledge that in this capacity the proctors may relocate me before or during the examination. I will not communicate with other examinees in any way.

SECRECY OF EXAMINATION. I understand that I may only seek admission to sit for the AHNCC examination for the purpose of seeking AHNCC certification, and for no other purpose. Because of the confidential nature of the AHNCC examination, I will not take any examination materials from the test site, reproduce the examination materials, or transmit the examination questions or answers in any form to any other person.

EXAMINATION RETAKE. I understand that if I fail the Certification Examination I may retake it one time. I will be required to reregister to sit for the retake examination, and pay all applicable fees and submit all required documentation. A minimum of 60 days between examinations is required. If not successful on the retake examination, I will be required to resubmit a new application, fees, and all required documentation to be qualified to take the certification examination again. I agree to resolve any disagreements I have in regard to the examination through AHNCC's own internal

processes, and release AHNCC from legal liability with respect to the examination. I agree that, with respect to the certification examination portion of the certification process, my only permissible challenge is a challenge to the accuracy of the computation of the scores. I waive all further claims of examination review and agree to indemnify and hold harmless AHNCC Representatives for any action taken pursuant to the rules and standards of AHNCC with regard to this application, the Certification Examination, and/or certification.

DISMISSAL FROM EXAMINATION/CANCELLED SCORES. I understand that I may be dismissed from the examination and that my test score may be cancelled for any of the following reasons: (1) failing to present current government-issued photo identification; (2) using unauthorized aids; (3) failing to follow test directions or procedures; (4) creating a disturbance; (5) giving or receiving help on the examination; (6) attempting to remove test materials or notes from the exam room; or (7) impersonating another candidate. I agree that if I am dismissed from the examination or my test score is cancelled because of such violation, I will receive no refund of the application or examination fees and there will be no credit for any future examination.

Agreement Information

I hereby apply for Certification by AHNCC. I understand that Certification depends upon my ability to meet all eligibility criteria and that all funds submitted for any phase of the Certification Process are non-refundable and non-transferable. I understand that information supplied is subject to audit and that failure to respond to a request for further information may be sufficient cause for the AHNCC to bar me from the examination, to invalidate the result of my examination, to withhold certification, to revoke certification, or to take other appropriate action. I further understand that the information acquired in the certification process may be used for statistical purposes and for the evaluation of the certification program. To the best of my knowledge, the information supplied in the Application is true, complete, and correct and is made in good faith. Furthermore, by signing, I acknowledge that I have read and understand the information included in the "Candidate's Agreement with AHNCC" and agree to abide by these terms. I understand that I have one (1) year from the date of application approval to sit for the certification examination. If I have not taken the examination within one year of application approval, my application will become inactive. A new application will be required for certification candidacy.

Your signature below indicates that you have read the Handbook, Application, Candidate's Agreement with AHNCC, and the Professional Code of Ethics for AHNCC Certified Nurses, and agree to the contents herein. The application must be completed in its entirety and submitted as a single set of documents to be processed. All documents submitted are the property of AHNCC and will not be returned.

CANDIDATE SIGNATURE: _____ DATE: _____

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