**AMERICAN HOLISTIC NURSES**

**CREDENTIALING CORPORATION**

**APPLICATION FOR**

**PROGRAM ENDORSEMENT**



**Revised November 24, 2014, January 31, 2015, June 14, 2016, August 31, 2016,**

**June 15, 2017, April 22, 2019**

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**American Holistic Nurses Credentialing Corporation**

**Endorsement Application**

**Benefits, Considerations, and Requirements**

**Benefits of Endorsement of Nursing Program**

* Graduates are prepared to practice Holistic Nursing.
* Graduates are eligible to sit for an AHNCC Holistic Nursing Certification examination upon successfully passing the NCLEX and/or graduating from the program.
* Graduates are eligible for a waiver of the continuing education and post-graduation practice requirements if certified within two years.
* Graduates pay a reduced application fee.

**Considerations**

Your school should apply for endorsement if:

* The curriculum is consistent with the AHNA Core Values and prepares your graduates to practice within the AHNA Scope and Standards of Holistic Nursing Practice (AHNA, ANA, 2013);
* Your faculty members are committed to the advancement of the holistic paradigm in nursing education;
* You wish to advertise your school as one that prepares Holistic Nurses who are qualified to sit for the AHNCC Certification examination; and
* You wish to have your school identified as a leader in Holistic Nursing education, preparing students to become change agents in health care reform.

**Required Documents and Fee**

* One copy of completed Application Form, Section 1. Table 1 & 2 saved in File 1 with Tables 3-5 for the first Program submitted.
* One copy of completed Application Form, Tables 3-5 *for each Program, i.e. Files 2, etc.*
* Additional supporting documents as needed may be added as Attachments.
* Nonrefundable application fee of $350 for a single program or $500 for two or more programs within the school of nursing.

**Preparation of Documents**

*All documents must be submitted in digital form.* Each Program submitted after the first (i.e. File 1) must be saved as a new word file, i.e. File 2, etc. **ONLY File 1 needs to include Section 1.** *To prepare your digital documents, create a new FOLDER with your School’s name on it, and save it for later****. Open the Application Submission Form and copy/paste or type in the required information, title it File 1, etc, and save it as a word document, and place it in your FOLDER.*** *(Your FOLDER may contain several files since e*ach program submitted requires a separate file. Don’t forget to save as you go so you don’t lose your work.

**Submission of Application**

When you have completed your application file(s) and are ready to send it to AHNCC,

 1) Save each file as a pdf (i.e. convert your word document to a pdf), in the FOLDER.

 2) Copy the entire folder on to a thumb drive. (You will send this to AHNCC).

 3) Copy it again on another thumbdrive or CD. (This is for your files).

 4) Check the thumbdrive to be sure that all files are included. That is be sure that an application titled (e.g., File 1, File 2, etc.) is enclosed in the folder for each program you plan to get endorsed.

 5) Confirm that you are ready to send your packet using the “Checklist” below.

**American Holistic Nurses Credentialing Corporation**

**Endorsement Application Checklist**

Please use this checklist to confirm that all materials are

included in the application packet.

1. [ ] The Application Form, Section 1: Tables 1-5, is **completed** for the first program and saved as File 1
2. [ ] The Application Form Section 2, Tables 3-5 is **completed** for each additional program submitted and saved as Files 2, 3, 4, etc.
3. [ ] Supporting documents may be submitted in digital format as Attachments, labeled as File 1, Attachment 1, File 1 Attachment 2, etc. For example, if a student assignment is indicated as evidence for one of the core values, the assignment description may be included to show the relevance and significance of the assignment.
4. [ ]  All documents are saved as pdf files and placed inside a single digital folder with your School’s name
5. [ ]  The single folder with your School’s name containing all pdf files are saved onto a thumb drive.
6. [ ]  A copy of the folder containing your file(s) is copied on a CD or thumbdrive for your records.
7. [ ]  Application fee may be paid online through PayPal, direct deposit, or check. Submit a receipt with the thumb drive. Contact the Executive Director for further information if needed at [www.AHNCC.org](http://www.AHNCC.org).
8. [ ]  Mail to AHNCC, Endorsement Packet, 811 Linden Loop, Cedar Park TX 78613.

**AHNCC ENDORSEMENT PROGRAM**

**APPLICATION SUBMISSION FORM**

This Application Submission Form is an interactive word document. You can type or copy/paste the required information directly onto this form by clicking in the space, i.e.       , that follows the specific information requested. *No other space is interactive; you can type only in the interactive space*.

**SECTION 1.**

**FRONT MATTER FOR YOUR ENDORSEMENT APPLICATION**

Only one copy of Section 1 Tables 1and 2, is required for the Application. Specifically, if you are requesting Endorsement for more than one program, you will need to complete and submit Tables 1-5 for the *first* program, and Tables 3-5 for each program thereafter. Thus, you will have File 1 for the first program that you submit or you may have File 1 (first program), File 2 (second program), etc. Save each program as a word document file as you work, and as a pdf when completed.

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| **TABLE 1. INTRODUCTORY INFORMATION** |
| **Cover letter**       |
| **Date Endorsement Application submitted**       |
|  |
| **Name of University/College**       |
| **Addres**s       |
| **City, State, Zip**       |
| **University/College accredited by**       **Expiration date of accreditation**       |
|  |
| **Name of School of Nursing**       |
| **Address**       |
| **City, State, Zip**       |
| **School of Nursing/Nursing Department accredited by**       **Expiration date of accreditation**       |
| **Website address**       |
|  |
| **Name, title, and credentials of *Chief Nursing Administrator***       |
| **Name, title, and credentials of *Lead Faculty*, Holistic Nursing Curriculum**       |
| **Curriculum vitae of *Lead Faculty***  |
| **Contact information for *Lead Faculty***: Telephone       FAX       email address       |
|  |
| **Name, title, and credentials of *Contact Person*, Holistic Nursing Curriculum** (if different than Lead Faculty)             |
| **Curriculum vitae of *Contact Person***  |
| **Contact information for Contact Person** (if different than Lead Faculty): Telephone       FAX       email address            |
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| **TABLE 2. SCHOOL OF NURSING/DEPARTMENT OF NURSING MISSION AND PHILOSOPHY** |
| **Mission Statement of the School of Nursing**  |
| **Philosophy of the School of Nursing**  |
| **Summary Statement (Description of the relationship of the school’s mission, philosophy and outcomes with the Philosophical Principles of Holistic Nursing and AHNA’s Code of Ethics)**  |
| **Letter of Support from Chief Nursing Administrator**  |
|  |
| **Name(s) of Programs submitted for AHNCC Endorsement (list all Programs here)**  |
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**SECTION 2.**

**PROGRAM INFORMATION**

Tables 3-5 must be completed for each Program to be endorsed. Space is provided for one Program. If more space is required save this as File 1, and start a new file, in the *Cover Letter* (Section 1) space, type in the name of the School of Nursing, Continued, File 2, name of Program, (e.g. University of Texas, Continued, File 2. CNS Program.) Do not complete Section 1 for Files 2-x.

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| **TABLE 3. PROGRAM SUBMITTED FOR ENDORSEMENT** |
| **Name of Program**       |
| **Contact Person for Program to be listed on AHNCC website** (if different than shown in Section 1)       |
| **Curriculum vitae for Contact Person** (if different than shown in Section I       |
| **Contact information for Contact Person** (if different than Lead Faculty listed in Section 1): Telephone       FAX       email       |
|  |
| **Mission of Program** if different than School of Nursing       |
| **Philosophy of Program** if different than School of Nursing       |
| **Program Outcomes**       |
| **Curriculum outline** (Show outline of program with course titles, descriptions, and key concepts presented by semester. Attachment 3 provides an example of a format to use to provide this information.)       |
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| **TABLE 4 CURRICULUM AND CORE VALUES** |
| **Show the relationship of curriculum to AHNA Core Values of Holistic Nursing[[1]](#footnote-1):** Complete the attached table demonstrating ways in which the program is consistent with holistic nursing core values. The evidence for integrating core values into the curriculum may include, but is not limited to, statements from course descriptions, items from the topical outlines, selected course objectives, and required course assignments. Include evidence from multiple courses, when appropriate, to demonstrate that holism is integrated throughout the curriculum.  |
| **Core Values** | **Evidence Provided from Course Descriptions, Course Objectives, Topical Outline, Assignments (Provide course number and name)** |
| 1. Holistic Philosophy, Theories and Ethics
 |       |
| 1. Holistic Caring Process

(intention, unconditional acceptance, etc) |       |
| 1. Holistic Communication, Therapeutic Healing Environment, and

Cultural Diversity (presence, sacred space) |       |
| 1. Holistic Education and Research
 |       |
| 1. Holistic Nurse Self-Reflection and Self-Care
 |       |
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| **TABLE 5. CURRICULUM AND STANDARDS OF PRACTICE[[2]](#footnote-2)** |
| Show the relationship of the Curriculum to AHNA Standards of Holistic Nursing Practice Complete the table below. Choose any *three* of the Standards of Holistic Nursing Practice for which the program provides exemplary evidence of integration into the curriculum. The evidence may include, but is not limited to, statements from course descriptions, items from the topical outlines, selected course objectives, and required course assignments.  |
| **Standard of Holistic Nursing Practice** | **Evidence Provided from Course Descriptions, Course Objectives, Topical Outlines, Assignments (Provide course number and name)** |
| Standard:       |       |
| Standard:       |       |
| Standard:       |       |
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**ATTACHMENT 1.**

**American Holistic Nurses Credentialing Corporation**

**Endorsement Application**

**Evaluation Guidelines for AHNCC Reviewers**

1. The Application Form provides all the information requested, including accrediting bodies of the college/university and the nursing programs.
2. The letter of support prepared by the dean/director provides an overview of the application documents and explains how the curriculum prepares students for the practice of Holistic Nursing at the designated level of the program.
3. The summary statement for the school includes a description of the relationship of the school’s mission and philosophy, with the Philosophical Principles of Holistic Nursing and AHNA’s Code of Ethics.
4. Curriculum materials include: program outcomes for each program, outline of all courses required by the program, course descriptions, and course objectives.
5. Curriculum materials provide evidence that holistic nursing is threaded throughout the program. A single elective course is not sufficient.
6. Practice hours meet the minimum practice hours required for national accreditation (AACN/NLN) for undergraduate programs. A minimum of 200 practice hours is required graduate programs.
7. Curriculum and Core Values table provides clear evidence of integration of the Five Core Values into the nursing curriculum.
8. Curriculum and Standards of Practice table clearly indicates that the curriculum provides evidence of integration of three Standards of Practice chosen by the faculty.
9. Lead faculty member is certified by AHNCC as an AHN-BC® Certificant (CV included).

**ATTACHMENT 2.**

**American Holistic Nurses Credentialing Corporation**

**Endorsement Application**

**Evaluation Form for AHNCC Reviewers**

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| --- | --- | --- | --- | --- |
| **Criterion** | Thoroughlymet | Adequately met | Unmet | Comments |
| 1. The Application Form provides all the information requested, including accrediting bodies of the college/university and the nursing programs.
 |  |  |  |  |
| 1. The letter of support prepared by the dean/director provides an overview of the application documents and explains how the curriculum prepares students for the practice of Holistic Nursing at the designated level of the program.
 |  |  |  |  |
| 1. The summary statement for each program includes a description of the relationship of the school’s mission, philosophy, and program outcomes with the Philosophical Principles of Holistic Nursing and AHNA’s Code of Ethics.
 |  |  |  |  |
| 1. Curriculum materials include:
2. program outcomes for each program
3. outline of all courses required by the program
4. course descriptions
5. course objectives.
 |  |  |  |  |
| 1. Curriculum materials provide evidence that holistic nursing is threaded throughout the program. A single elective course is not sufficient.
 |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Criterion** | Thoroughlymet | Adequately met | Unmet | Comments |
| 1. Curriculum and Core Values table provides clear evidence of integration of the Five Core Values into the nursing curriculum.
 |  |  |  |  |
| 1. Curriculum and Standards of Practice table clearly indicates that the curriculum provides evidence of integration of three Standards of Practice chosen by the faculty.
 |  |  |  |  |
| 1. Lead faculty member is certified by AHNCC as an AHN-BC® Certificant (CV included).
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Recommend approval of the program \_\_\_ Yes \_\_\_ No

Name of Reviewer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENT 3.**

This relates to Section 2. Table 3. Curriculum Outline - Show outline of program with course titles, descriptions, and key concepts presented by semester.

EXAMPLE OF A PROGRAM OUTLINE FOR TABLE 3

|  |  |  |
| --- | --- | --- |
| Course Name | Course Description and Objectives | Key Holistic Concepts |
| Semester 1 |  |  |
| List all courses |  |  |
|  |  |  |
| Semester 2 |  |  |
| List all course |  |  |
|  |  |  |

TO BE COMPLETED BY AHNCC OFFICE ONLY:

Date packet received from School:

Reviewer #1 : Name:

Date: Sent (to reviewer): Returned

Reviewer decision:

Reviewer #2 : Name:

Date: Sent (to reviewer): Returned

Reviewer decision:

Reviewer #3 : Name:

Date: Sent (to reviewer): Returned

Reviewer decision:

Board Action: Endorsed [ ]  Endorsed with stipulations [ ]  Not endorsed [ ]

Date of Board Action: Date School Notified

Endorsement period:

Notes/comments:

1. AHNA (2013). *Scope and standards of practice: holistic nursing.*2nd ed., Silver Springs, MD: American Nurses Association**.** [↑](#footnote-ref-1)
2. AHNA (2013). *Scope and standards of practice: holistic nursing.*2nd ed., Silver Springs, MD: American Nurses Association. [↑](#footnote-ref-2)