Annual Compliance Report
For RN and APRN Certification Programs

Please complete one form for each accredited RN or APRN Program

Name of Organization ______ Reporting Period: Start Date ______ End Date ______

Credential ______

Date of Initial Accreditation: ______ Date of Last Reaccreditation, if applicable: ______

Total number of registered certificants holding credential for period ending June 30 of the previous year: ______

Contact Person ______ Phone ______ Email ______

For the 12-month reporting period ending June 30th, have changes been made to any of the following that relate to the ABSNC accreditation standards?

Responses below should refer to both certification and recertification. Answer YES ***only if changes relate to the current ABSNC accreditation standard.*** If the answer to any of the following is **YES,** please attach information to this report documenting the change and describing how the change continues to demonstrate compliance with the relevant ABSNC standard.

	Yes	No
Bylaws; Purpose; Mission; Governance structure	❑	❑
Type, name, or number of certification examinations	❑	❑
Candidate eligibility criteria for certification	❑	❑
Certification (examination) development procedures	❑	❑
Certification (examination) administration, ADA, and security procedures	❑	❑
Examination specifications	❑	❑
Standard setting methods	❑	❑
Confidentiality policies	❑	❑
Discipline policies	❑	❑
Appeals policies	❑	❑
Other changes, including policies & procedures, that might affect ABSNC accreditation	❑	❑

Job Task Analysis/Role Delineation Study

In what year was the most recent job analysis (JTA)/role delineation study (RDS) for this certification program completed? ______

If the JTA/RDS was completed since the program's initial accreditation or last reaccreditation, attach the complete JTA/RDS Report. If the JTA/RDS is older than 5 years, document the rationale for not conducting another JTA/RDS during the past 5 years. Attach a document describing qualitative or quantitative reasons, reports from test vendor staff (e.g., meeting minutes, panel of experts), and other factors supporting the decision **NOT** to conduct a more recent JTA/RDS. Describe the schedule to be followed for updating the job analysis/RDS.

As a result of a recent JTA/RDS for this certification program, when was the passing point/standard setting process conducted? _______________

Is this ABSNC-accredited RN/APRN certification program no longer offered since your initial accreditation or last reaccreditation, or was it discontinued within the 12-month period preceding completion of the report?
Yes: ❑ No: ❑

If **YES,** which credential was retired? _______________

Attach a document describing the impact on certificants holding this credential. For example, are they able to recertify through an option other than re-examination? Are they grandfathered in to a new credential?

APRN Certification Programs Only

(Only organizations with APRN Certification Programs should complete this section)

Number of appeals considered for the 12-month period of July 1 – June 30 of the previous year related to the following (see Standard 16 - Appeals); if none, insert NA.

 # Due to Not Meeting Eligibility Requirement: _______________ **# Rejected:** _______________
 # Due to Discipline: _______________ **# Rejected:** _______________
 # Due to Other Reasons (Please specify): _______________ **# Rejected:** _______________

Number of cases of reported misrepresentation of credential for the 12-month period of July 1 of the previous year – June 30 (See Standard 17 – Misrepresentation and Noncompliance); if none, insert NA.

 # reported: _______________
 # investigated: _______________
 # reported to: Employer: ______ **State Board of Nursing:** ______ **Other (Please specify):** ______

Please provide the following information *for **each** test form administered for the prior 12-month period ending June 30.* You may copy pages/tables from technical reports and attach to this report or use additional copies of this table found at the end of this document. If data is not collected on a group (e.g., "Re-takers"), please note NA. Continue to next page.

Form: Time Frame of Administration:	# of Candidates Tested	Percent that Passed	Cut Score	Standard Deviation	Standard Error of Measurement	Reliability and Method Used to Calculate
First Time Test-Takers						
Persons recertifying by examination						
Re-Takers						
Total Number of Test -Takers						

My signature below represents to ABSNC that ____ ____ (Name of Organization), since submitting the last annual compliance report, has maintained compliance with the ABSNC Accreditation Standards for its accredited APRN certification program and that ABSNC has been informed, in writing, of any changes to the accredited certification program that would affect ongoing compliance with the ABSNC Standards.

____

Signature of Person Completing Report   Date

Must be signed by Director of Certification/Credentialing or individual responsible for enforcing certification policies

Title of Person Completing Report: ____________________

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