Pennsylvania Association of Directors of Nursing Administration (PADONA)

Application for certification examination for the designation of

CERTIFIED - NURSING DIRECTOR IN LONG TERM CARE (CNDLTC)

Note: Print (in ink) or type all information. Use additional sheets as necessary.

SECTION I

FULL NAME:Last		First		
PERMANENT MAILING ADDRESS:				
	Siece			
City		State	Zip	
RN LICENSE NUMBER:	STATE: EXPI	RATION DATE: _		
TITLE OF CURRENT POSITION:	START DATE:			
PRESENT EMPLOYER:				
BUSINESS ADDRESS:	Street			
TELEPHONE: HOME ()	WORK ()	State	1	
EDUCATION:	SECTION II			
ASSOCIATEYR DIPLOMAYR	BACCALAUREATEYR MASTER:	SYR DOCTO	RALYR	
EDUCATIONAL INSTITUTION	AREA OF MAJOR	<u>DEGREE</u> <u>YE</u>	AR RECEIVED	
MANDATORY ATTENDANCE at 4 DAY L	EADERSHIP DEVELOPMENT COURSE:	Dates of Cou	ırse	

SECTION III

TOTAL YEARS EXPERIENCE I	N A LONG TERM CARE FA	ACILITY AS	S: DIRECTOR OF N	URSING
ASSISTANT DIRECTOR OF NURSING SUPERVISOR _		STAFF NURSE		
YEARS EXPERIENCE AS A RE	GISTERED NURSE:			
LIST POSITIONS YOU HAVE H	IELD IN THE PAST FOUR	YEARS.		I ENOTH OF TRUE
EMPLOYER	<u>ADDRESS</u>		POSITION TITLE	LENGTH OF TIME FROM TO
	SECT	TION IV		
COMPLETE AS APPLICABLE A	ALL AREAS WHERE YOU	CURRENTL	Y HOLD CERTIFICAT	TION.
			<u>CE</u>	RTIFICATION AGENCY
GERONTOLOGICAL NURSE P	RACTITIONER			
GERONTOLOGICAL NURSING	ì			· · · · · · · · · · · · · · · · · · ·
MEDICAL-SURGICAL NURSIN	IG .			
NURSING ADMINISTRATION				· · · · · · · · · · · · · · · · · · ·
NURSING ADMINISTRATION,	ADVANCED			
PSYCHIATRIC AND MENTAL	HEALTH NURSE			
ADULT PSYCHIATRIC AND M	ENTAL HEALTH NURSE			
OTHER				
	SEC [*]	ΓΙΟΝ V		
To the best of my know	wledge, the information pr	ovided on t	his application is com	plete and accurate.
			/	
Signal	ture		ı	Date

To take the CNDLTC exam, please complete and return to Candace Jones via e-mail at cjones@padona.com OR fax at 856-780-5149.