Pennsylvania Association of Directors of Nursing Administration (PADONA)

Application for taking the 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 MI

PERMANENT MAILING ADDRESS: _____
Street

_____ _____ _____
City State Zip

RN LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

TITLE OF CURRENT POSITION: _____ START DATE:_____

PRESENT EMPLOYER: _____

BUSINESS ADDRESS: _____
Street

_____ _____ _____
City State Zip

TELEPHONE: HOME (_____) _____ WORK (_____) _____

SECTION II

EDUCATION:

ASSOCIATE___YR___ DIPLOMA___YR___ BACCALAUREATE____YR___ MASTERS___YR___ DOCTORAL___YR___

EDUCATIONAL INSTITUTION	AREA OF MAJOR	DEGREE	YEAR RECEIVED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MANDATORY ATTENDANCE at 4 DAY LEADERSHIP DEVELOPMENT COURSE: _____
Dates of Course

SECTION III

TOTAL YEARS EXPERIENCE IN A LONG TERM CARE FACILITY AS: DIRECTOR OF NURSING___

ASSISTANT DIRECTOR OF NURSING___ SUPERVISOR ___ STAFF NURSE___

YEARS EXPERIENCE AS A REGISTERED NURSE:___

LIST POSITIONS YOU HAVE HELD IN THE PAST FOUR YEARS.

EMPLOYER	ADDRESS	POSITION TITLE	LENGTH OF TIME FROM	TO

SECTION IV

COMPLETE AS APPLICABLE ALL AREAS WHERE YOU CURRENTLY HOLD CERTIFICATION.

		CERTIFICATION AGENCY
GERONTOLOGICAL NURSE PRACTITIONER	_____	_____
GERONTOLOGICAL NURSING	_____	_____
MEDICAL-SURGICAL NURSING	_____	_____
NURSING ADMINISTRATION	_____	_____
NURSING ADMINISTRATION, ADVANCED	_____	_____
PSYCHIATRIC AND MENTAL HEALTH NURSE	_____	_____
ADULT PSYCHIATRIC AND MENTAL HEALTH NURSE	_____	_____

OTHER

_____

_____

SECTION V

To the best of my knowledge, the information provided on this application is complete and accurate.

_____/_____

Signature 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.