

# ANCC National Healthcare Disaster Content Expert Application

## Instructions

This application may be used to apply for an ANCC Content Expert position to work on the development of the new National Healthcare Disaster Certification. For more information, please visit the [Content Expert webpage](#).

- Please complete all sections of the following application and submit:
  1. Resume
  2. Job description
  3. If self-employed, include a letter describing professional responsibilities and a statement of commitment and ability to participate.
- Please type all answers and save the file using your last name in the file name (for example, "SmithApplication.PDF").
- All documents must be returned to ANCC by email ([anccnationaldisaster@ana.org](mailto:anccnationaldisaster@ana.org)) or by fax (301.628.5004). If you are having difficulty submitting your documents, please contact [anccnationaldisaster@ana.org](mailto:anccnationaldisaster@ana.org).

For more information about becoming an ANCC Content Expert in this specialty, please visit our website: [www.disastercertification.org](http://www.disastercertification.org).

# ANCC National Healthcare Disaster Content Expert Application

## 1. GENERAL INFORMATION

**I am applying to serve as an ANCC Content Expert. I am interested in:** (check all that apply)

☐ Content Expert Panel ☐ Item Writing ☐ Standard-Setting Panel

**Use your legal name on the application.**

☐ Ms. ☐ Miss ☐ Mrs. ☐ Mr. ☐ Dr. ☐ Other: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Credentials (Academic Degree, Licensure/Stated Designation, etc.) Please spell out acronyms.

\_\_\_\_\_  
Current Professional License(s), if applicable

\_\_\_\_\_  
State Issued Expiration Date Years in Professional Specialty

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State ZIP/Postal

\_\_\_\_\_  
Preferred Phone ☐ Cell ☐ Home ☐ Work Alternate Phone ☐ Cell ☐ Home ☐ Work

\_\_\_\_\_  
Preferred Email Alternate Email

**Please provide information about someone we could contact in case of emergency.**

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Phone Email

## 2. CERTIFICATION(S)

Please spell out acronyms.

\_\_\_\_\_  
Name of Professional or Specialty Certification Certifying Body

\_\_\_\_\_  
Certification Number (if applicable) Expiration Date

Years of experience  
in this specialty area: \_\_\_\_\_

\_\_\_\_\_  
Name of Professional or Specialty Certification Certifying Body

\_\_\_\_\_  
Certification Number (if applicable) Expiration Date

Years of experience  
in this specialty area: \_\_\_\_\_

\_\_\_\_\_  
Other Certifications (name of certification held and certifying body that granted it)

Years of experience in this specialty area: \_\_\_\_\_

### 3. PRIMARY EMPLOYMENT INFORMATION

Employer Name

Position Title

Department

Dates of Employment

Employer Address

City

State

ZIP/Postal

Work Phone

Ext.

Work Fax

Work Email

### 4. FACULTY (academic only)

Are you a faculty member (includes full-time, part-time, and adjunct faculty)? ☐ Yes ☐ No

What levels of education do you teach?

☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate ☐ Other: \_\_\_\_\_

Are you *primarily* employed as faculty member? ☐ Yes ☐ No

Do you spend at least 50% of your professional time teaching in disaster preparedness, management and response? ☐ Yes ☐ No

Are you also working in the specialty area in other capacities? ☐ Yes ☐ No

What percentage of your time do you spend in the specialty in which you are applying to serve (including your work as faculty)? \_\_\_\_\_

### 5. PRACTICE SETTING

Are you currently working in disaster preparedness, management and response? ☐ Yes ☐ No

If yes, please describe your current work as it relates to this specialty.

Are you *primarily* employed in this specialty? ☐ Yes ☐ No

Please indicate if 50% of your professional time is engaged in work related to the disaster specialty area when an event is active. ☐ Yes ☐ No

## 6. ESSAY QUESTION

Please describe your experience with natural and/or human-made disaster-related activity (examples: large casualties, fires, tornadoes, hurricanes, mudslides, snowstorms, earthquakes, floods, etc.). Be sure to include relevant education (continuing education or academic), volunteer work and your day-to-day work.

## 7. EDUCATIONAL PREPARATION

**List your educational preparation.** List highest level first. Do not state "See CV."

Educational Institution	Area of Major Concentration	Degree	Year Awarded

## 8. PROFESSIONAL EXPERIENCE

**List your three most recent positions held.** Do not state "See CV."

Organization/Employer	Position/Title	Brief Description of Duties	Dates of Employment

## 9. PROFESSIONAL SERVICE

**List most recent/significant activities as they relates to your work.** For example, certifications, publications and dates, volunteer activities and offices held, presentations and to whom they were given, or honors (if applicable).

Have you ever served as a content or subject matter expert or competency expert (for example, an item writer or standard-setting/cut score participant)? ☐ Yes ☐ No

If yes, please explain (provide organization names and dates served).

## 10. OPTIONAL DEMOGRAPHICS

Providing information in this section is strictly voluntary.

**Sex:** ☐ Male ☐ Female

**Race/** ☐ American Indian/Alaska Native ☐ Asian/Pacific Islander ☐ Hispanic/Latino

**Ethnicity:** ☐ Black/African American ☐ White ☐ Other: \_\_\_\_\_

## 11. PROFESSIONAL ORGANIZATIONS

Please provide a list of any professional organizations in which you are a current member.

## 12. STATEMENT OF UNDERSTANDING FOR CONTENT EXPERT PANEL APPLICANTS

By typing my signature below I attest that the information I have provided is true and accurate to the best of my understanding.

**If selected and appointed, I agree to serve.**

\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
Date

\*Your typed name is sufficient as a signature. Remember to include with the application your resume, job description, and, if self-employed, a letter describing your professional responsibilities.