

HPCC NURSE reTEST ASSURED PROGRAM

Candidates who are unsuccessful in their initial exam may retake the same HPCC exam at a reduced rate of \$135.00. You must sit for the exam in one of the next three test windows to use the reTEST Assured program. Candidates must also meet the eligibility requirements at the time of submission.

Directions: Complete each section below and **email** the reTEST Assured form to PSI at ampexamservices@psionline.com. Applications are only accepted during open testing windows. Once processed, PSI will send an email with instructions on how to schedule your exam and pay the \$135.00 reTEST fee. Refer to the reTEST Assured Program section of the handbook for more information.

Note: *It may take up to 7-10 business days for PSI to process the reTEST application.*

Section I:

Select the statement below that applies to you.

☐ I am a reTEST Assured program candidate who was unsuccessful on my first attempt to sit for the exam and must retest in one of the next three windows.

Note: *Candidates can use the reTEST Assured program once after a non-passing score. Do not submit the reTEST Assured registration form until you are ready to take the test.*

☐ I am a reTEST Assured program candidate who has already submitted and has been approved for **Special Examination Accommodations**. I understand that once eligible I will only be able to schedule the exam by contacting PSI exam accommodation at 800.367.1565 ext. 6750.

Section II:

Candidate ID #

Last Name

First Name

MI

Home Street Address or PO Box

City

State

Zip Code

Home Phone

Work Phone

Cell Phone

Email Address (required)

Audits of HPCC Applications: To ensure the integrity of eligibility requirements, HPCC audits a percentage of randomly selected applications each year. Candidates whose applications are selected for audit will be notified and required to provide documentation of their professional license and verification of practice hours. The audit letter from PSI will indicate the date the documentation must be received. You will be notified by PSI when the audit is approved, and you are eligible to schedule the exam.

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Section III:

Attestation and Signature (check each box to attest to your agreement with the statements below.)

- ☐ I certify that I have read all portions of the Candidate Handbook and application, and I agree to all terms of the HPCC processing agreement. I certify that the information I have submitted in this application and the documents I have enclosed are complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed or voided, not released or invalidated by HPCC.

Non-disclosure of Exam Content

- ☐ Submission of this application indicates my agreement to keep the contents of the exam confidential and not disclose or discuss specific exam content with anyone except HPCC. Per HPCC policy, sharing of exam content is cause for revocation of certification. I certify that I have read that all examination questions are the copyrighted property of HPCC, and it is forbidden under federal copyright law to copy, reproduce, record, distribute, or display the examination questions by any means, in whole or in part. Doing so may subject me to severe civil and criminal penalties.

Ethics

- ☐ I understand the importance of ethical standards and agree to act in a manner congruent with the HPNA Code of Ethics for Nurses.

Attestation and Signature (your signature attests to your agreement with the above statements)

Name (Please Print)

Signature

Date

Section IV

Check below to confirm that you currently meet the eligibility requirements for the examination you are registering for:

Advanced Practice Registered Nurse Examination

- ☐ I am currently licensed as an advanced practice registered nurse in the United States, its territories, or the equivalent in Canada.
☐ Nurse Practitioner ☐ Clinical Nurse Specialist
- ☐ I have worked as an advanced practice registered nurse in hospice and palliative care for at least 500 hours in the most recent 12 months or 1000 hours in the most recent 24 months before submission of this application.
- ☐ Licensure: State _____ APRN License Number _____ License Expiration _____
- ☐ Completion of an accredited graduate, postgraduate, or doctoral Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS) educational program from a U.S. school or Canadian province NP or CNS educational programs approved by the Canadian Council of Registered Nurse Regulators (CCRN).
- ☐ Completion of three separate comprehensive graduate-level courses in advanced pathophysiology, advanced health assessment, and advanced pharmacology.

Registered Nurse Examination

- ☐ I am currently licensed as a registered nurse in the United States, its territories, or the equivalent in Canada.
- ☐ I have worked as a registered nurse in hospice and palliative care for at least 500 hours in the most recent 12 months or 1000 hours in the most recent 24 months before submission of this application.
- ☐ Licensure: State _____ RN License Number _____ License Expiration _____

Pediatric Registered Nurse Examination

- ☐ I am currently licensed as a registered nurse in the United States, its territories, or the equivalent in Canada.
- ☐ I have worked as a pediatric registered nurse in hospice and palliative care for at least 500 hours in the most recent 12 months or 1000 hours in the most recent 24 months before submission of this application.
- ☐ Licensure: State _____ RN License Number _____ License Expiration _____

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Licensed Practical/Vocational Nurse Examination

- ☐ I am currently licensed as a licensed practical/vocational nurse in the United States, its territories, or the equivalent in Canada
- ☐ I have worked as a licensed practical/vocational nurse under the supervision of a registered nurse in hospice and palliative care for at least 500 hours in the most recent 12 months or 1000 hours in the most recent 24 months before submission of this application.
- ☐ Licensure: State _____ LPN/LVN License Number _____ License Expiration _____

Nursing Assistant Examination

- ☐ I have worked as a nursing assistant under the supervision of a registered nurse in hospice and palliative care for at least 500 hours in the most recent 12 months or 1000 hours in the most recent 24 months before submission of this application.

Within the last five (5) years:

Yes No

- ☐ ☐ Have you ever been sued by a patient?
- ☐ ☐ Have you ever been found to have committed negligence or malpractice in your professional work?
- ☐ ☐ Have you ever had a complaint filed against you before a governmental regulatory board or professional organization?
- ☐ ☐ Have you ever been subjected to discipline, certificate or license revocation, or other sanctions by a governmental regulatory board or professional organization?
- ☐ ☐ Have you ever been the subject of an investigation by law enforcement?
- ☐ ☐ Have you ever been convicted of, pled guilty to, or pled nolo contendere to a felony or misdemeanor, or are any such charges pending against you?

I further affirm that no licensing authority has taken any disciplinary action in relation to my license to practice in the aforementioned or any other state, and that my license to practice has not been suspended or revoked by any state or jurisdiction. **I understand that no refunds will be issued once payment is processed.**

Name (Please Print)

Signature

Date

Nursing Practice Verification: Following is the contact information for my clinical supervisor or a professional colleague (RN or physician) who can verify that I have met the clinical hour eligibility requirements:

Verifiers Name (Last)

First

Facility Name

Verifiers Phone Number

Verifiers Email Address

You may not list yourself or a relative as your verifier.

HPCC reserves the right to contact you for further information as deemed necessary.