

# CNL Exam Application Step-by-Step Procedures

Thank you for your interest in applying for the Clinical Nurse Leader (CNL) certification exam. Before you begin the application process, please make sure you meet the eligibility requirements found [here](#).

After you have reviewed and determined that you are eligible to sit for the exam, you will need to review our [Exam Date and Fees](#) page. The CNL exam is hosted at Prometric testing centers. Below are lists of all the Prometric testing centers:

- [US Testing Centers](#)
- [International Testing Centers](#)
- [All Combined Testing Centers](#)

**NOTE:** You may have noticed the testing center lists only include the testing center's city, state, zip code, and country. Prometric does not list their exam dates, times, or testing center addresses until after you have submitted your application and payment and CNC staff have approved your application. After CNC staff have reviewed and approved your application you will receive a confirmation email with procedures on how to schedule your exam with Prometric.

## How to Submit the CNL Exam Application:

1. The first step is to [create a CNL account through the CNC Portal](#).

**Note:** the CNC Portal is only compatible with Google Chrome. We recommend saving the CNC Portal link since you will need to use it in the future to log into the portal.

2. Complete all the required fields to create your account:

Home >

## Create Account

**New to this site?**  
*If you are new to this system or not sure if you've used this site before, enter your information below and click Continue.*

First Name: *	<input type="text" value="Sam"/>
Last Name: *	<input type="text" value="Smith"/>
Email: *	<input type="text" value="sam@gmail.com"/>
Postal Code: *	<input type="text" value="20001"/>

Please enter your contact information below.

\* - indicates a required field.

## Basic Information

### Profile Photo



### Change Profile Photo

No file chosen

Images larger than 120x120 will be resized

Login (email address):  \*

Password: \*

Confirm Password: \*

Prefix:

First Name: \*

Last Name: \*

Suffix:

Email Address:  \*

Password must meet the following requirements:

Be at least 8 characters

At least 1 uppercase letter

At least 1 lowercase letter

At least 1 number

At least 1 symbol (^\$\*.[\{\}()?'-!"@#%&/\,><'";|\_~`')

## Phone Numbers

Use the **Preferred?** radio button to indicate the phone number at which you prefer to be contacted.

	Preferred?
Main Phone <input type="text"/>	<input type="radio"/>
Number: *	
Mobile Phone <input type="text"/>	<input type="radio"/>
Number:	
Work Phone <input type="text"/>	<input type="radio"/>
Number:	

## Address Information

### Main Address

Line 1: \*

Line 2:

Postal Code: \*

City: \*

State/Province: \*

Country: \*

[Validate Address](#)

### Work Address

Line 1:

Line 2:

Postal Code:

City:

State/Province:

Country:

[Validate Address](#)

- When you reach the **Communications Preference** section, please make sure to uncheck the boxes so that you receive email and mail notifications from CNC:

## Address Preferences

What is your preferred mailing address?

Main ▾

## Communication Preferences

### General Communication Options

Note that if you select **Do Not Email?** you will not receive any email blasts, but you will still receive confirmation emails.

Do Not Email?

Do Not Mail?

### Message Categories

Below you can opt out of certain "categories" of communication, allowing you to control what kinds of emails you get. When an email blast is sent, if you have chosen to opt out of the category you will be automatically excluded from the blast. Below are the message categories for which you will receive messages.

You are opted IN to these lists	You are opted OUT of these lists
CNL Monthly Newsletter	
CNL Job Bank Announcements	
CNL Research Symposium and Webinar Updates	
Call for Volunteers	
CNC Updates	
CNLA Updates	
CNL Renewal Updates	

## CNL Program

CNL ID Number:

I am a: \*

---- Select ---- ▾

4. Continue to complete the remaining requirements to create a CNL profile:

## CNL Program

CNL ID Number:

I am a: \*

School of Nursing: \*

Credentials:

## Employment Information

Current Employment Status: \*

Current Employment Setting: \*

If Other:

Location of Employment Setting: \*

Size of Facility: \*

## Employment Information - Company Profile

Company:

Job Title:

## Supervisor

Supervisor's Full Name: \*

*If currently not employed, please type N/A*

Supervisor's Title: \*

*If currently not employed, please type N/A*

Supervisor's Phone: \*

*If currently not employed, please type N/A*

Supervisor's Email: \*

*If currently not employed, please type N/A*

## Demographic Information

Date of Birth:

Gender:

Other:

Race/Ethnicity (check all that apply)

- Alaska Native
- American Indian
- Asian
- Black/African-American
- Hispanic or Latino
- Native Hawaiian
- Other Pacific Islander
- White
- Other

Next

Cancel

5. Once your account has been created click on **Apply for Certification:**

**My Profile**  
Sample Portal User

Preferred Contact #: (none)  
Email: sample@membersuite.com  
Login ID: \_\_MSPortalUser (change)

Edit My Information    Change My Password

**My Account**

Outstanding Balance: \$0.00  
Last Payment: No payments on file.

- Manage Saved Payment Options
- View Account History

**My Committees**

Committees I am currently on: 0  
No visible committees found.

- View My Committees
- Browse Committees

**Events**

Last Registration: No registration found

- Browse Events
- View My Event Registrations

**My CNL Certification**

Year-to-date Credits: 50.00  
Total # of Credits: 50.00

- **Apply for Certification**
- View Certification Application History
- View My Credit History
- View\Renew my Certification
- Report CEU Credits

6. Click on **Apply**:

Home > Program Category

## Apply for Certification

### CNL Certification

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The CNL Certification Exam application is strictly for:

- Students in their last term of a CNL Program,
- Graduates of a CNL Program and
- CNL Faculty

**Apply**

Go Back    Go Home

7. Select the appropriate application type and click **Continue**:

- **Student- CNL New Applicant:** current CNL student in their last semester or graduate of a CNL program applying for the exam for the first time.
- **Faculty- CNL New Applicant:** current CNL program faculty member applying for the exam for the first time.
- **Student-Exam Retake:** current CNL student in their last semester or graduate of a CNL program applying to retake the exam.

- **Faculty- Exam Retake:** current CNL program faculty member applying to retake the exam.

Home >

## CNL Certification - Select an Application Process

Please select the appropriate application process:

Student - CNL New Applicant

Faculty - CNL New Applicant

Student - Exam Retake

Faculty - Exam Retake

Continue

Cancel

**Important Note:** Do not skip around the application steps. Always make sure to click on the **Save & Continue** button at the bottom of each application step and complete all the required fields.

8. Review the eligibility requirements and click **Continue:**

### CNL Certification - Student - CNL New Applicant - Eligibility

#### Steps

1. Eligibility
2. RN Licensure
3. RN License Number
4. NCLEX
5. CNL Education Program
6. Degree Type
7. Clinical Hours
8. Clinical Immersion Experience
9. Practice Site
10. Documentation Form
11. Exam Location and Fee
12. ADA Accommodations
13. ADA Request Form
14. Standards of Conduct
15. Rights and Responsibilities
16. Review & Confirm

Congratulations on choosing to sit for the Clinical Nurse Leader<sup>SM</sup>  
(CNL<sup>®</sup>) Certification Examination!

**PLEASE READ THE INSTRUCTIONS ON EACH PAGE & CLICK CONTINUE AT THE BOTTOM  
OF EACH PAGE TO MOVE TO THE NEXT STEP.**

**To sit for the CNL Certification Exam, you must:**

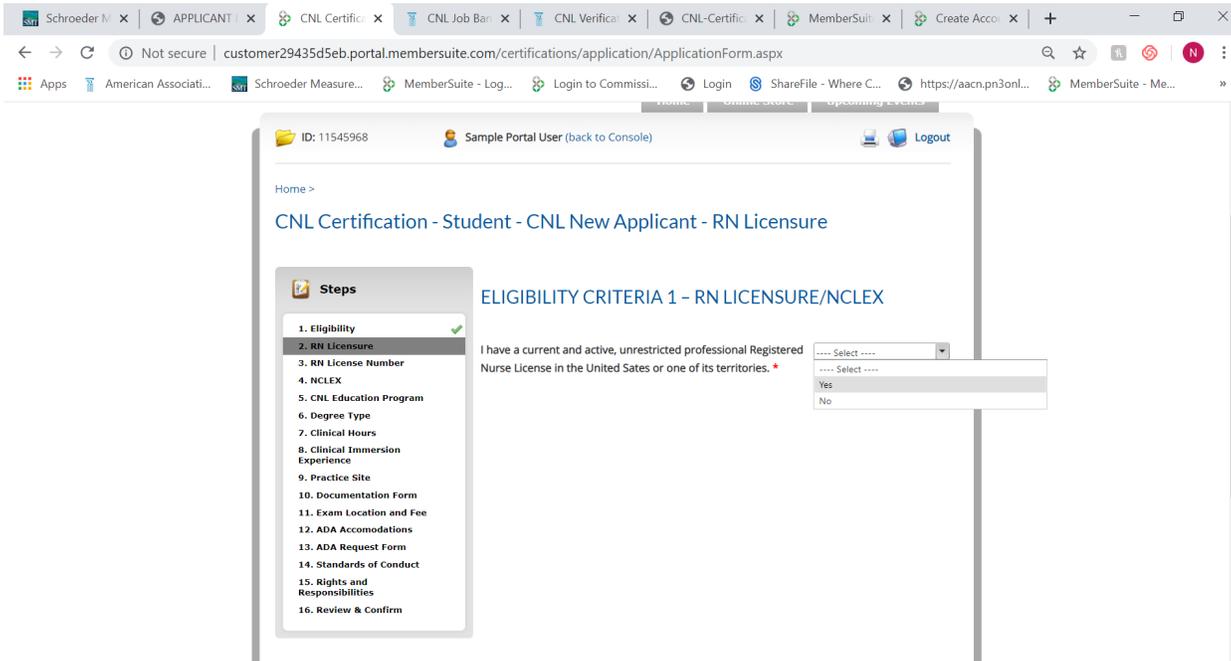
- Have started your last semester/term or be a graduate of a CNL master's or post-master's program, accredited by a nursing accrediting agency recognized by the U.S. Secretary of Education, that prepares individuals with the competencies delineated in the AACN's Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice.

**To be considered for full certification, the following is required:**

1. Active and current Registered Nurse licensure.
2. Submission of the candidates' Education Documentation Form by the CNL Program Director or Faculty Eligibility Form by the Dean.

Continue

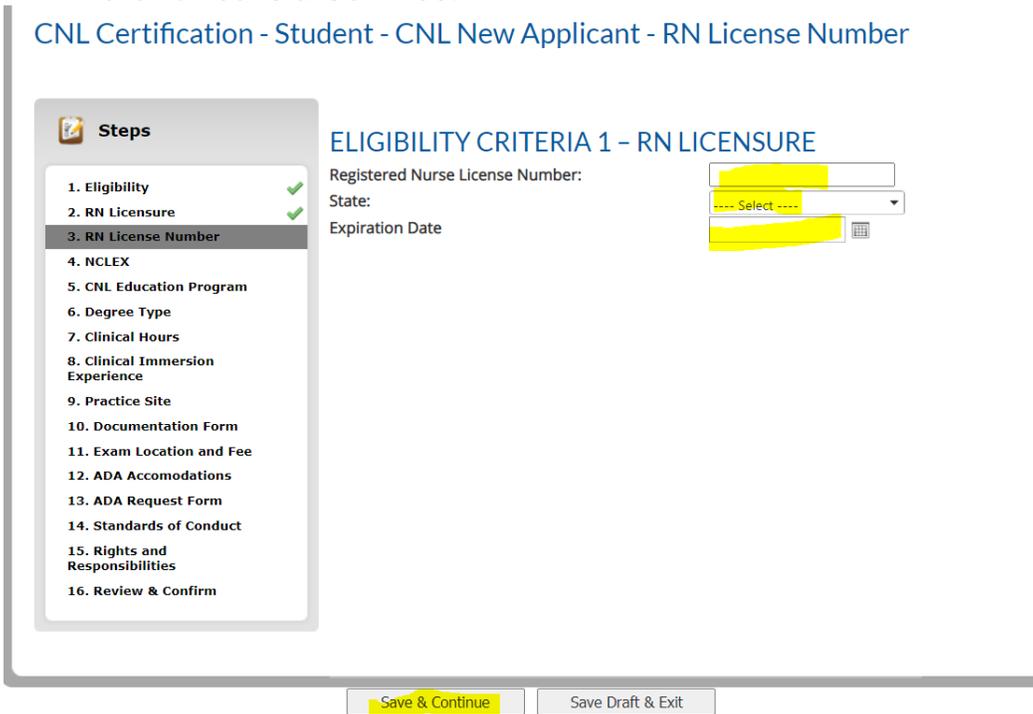
9. For RN Licensure, select either **Yes** or **No:**



10. Next, click **Save & Continue:**



11. For the NCLEX part of the application, if you selected **Yes**, fill in the required fields and then click on **Save & Continue:**



12. For the NCLEX part of the application, if you selected **No**, complete the required fields and then click on **Save & Continue:**

## CNL Certification - Student - CNL New Applicant - NCLEX

### Steps

1. Eligibility ✓
2. RN Licensure ✓
3. RN License Number ✓
4. NCLEX
5. CNL Education Program
6. Degree Type
7. Clinical Hours
8. Clinical Immersion Experience
9. Practice Site
10. Documentation Form
11. Exam Location and Fee
12. ADA Accommodations
13. ADA Request Form
14. Standards of Conduct
15. Rights and Responsibilities
16. Review & Confirm

### ELIGIBILITY CRITERIA 1 - NCLEX

NCLEX:

NCLEX Time:

13. For the CNL Education Program step, select **Yes** or **No** and then click on **Save & Continue**:

### CNL Certification - Student - CNL New Applicant - CNL Education Program

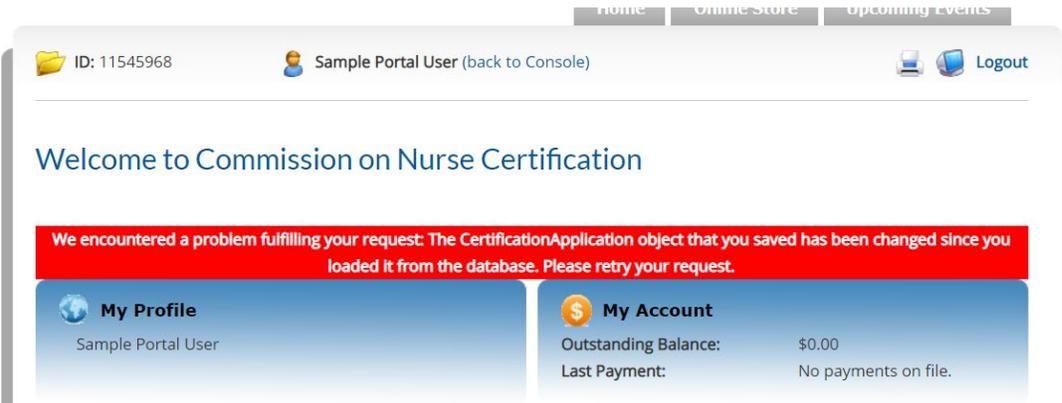
### Steps

1. Eligibility ✓
2. RN Licensure ✓
3. RN License Number ✓
4. NCLEX ✓
5. CNL Education Program
6. Degree Type
7. Clinical Hours
8. Clinical Immersion Experience
9. Practice Site
10. Documentation Form
11. Exam Location and Fee
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13. ADA Request Form
14. Standards of Conduct
15. Rights and Responsibilities
16. Review & Confirm

### ELIGIBILITY CRITERIA 2 - CNL PROGRAM

I graduated or will graduate this semester from a CNL master's degree program OR a post-master's certificate CNL program. \*

**Note:** If you select **No**, it means you are not eligible to apply for the exam and you will receive this error:



14. For the Degree Type step, complete the required fields and then click on **Save & Continue**:

### CNL Certification - Student - CNL New Applicant - Degree Type

**Steps**

1. Eligibility ✓
2. RN Licensure ✓
3. RN License Number ✓
4. NCLEX ✓
5. CNL Education Program ✓
6. Degree Type
7. Clinical Hours
8. Clinical Immersion Experience
9. Practice Site
10. Documentation Form
11. Exam Location and Fee
12. ADA Accommodations
13. ADA Request Form
14. Standards of Conduct
15. Rights and Responsibilities
16. Review & Confirm

Institution: \* Augusta University (Georgia F)

Degree Type: \* ---- Select ----

Date Degree Earned or to be Earned \*

Save & Continue Save Draft & Exit

Association Management Software

15. For the Clinical Hours step, select **Yes** or **No** and then click on **Save & Continue**:

## CNL Certification - Student - CNL New Applicant - Clinical Hours

### Steps

1. Eligibility ✓
2. RN Licensure ✓
3. RN License Number ✓
4. NCLEX ✓
5. CNL Education Program ✓
6. Degree Type ✓
7. Clinical Hours
8. Clinical Immersion Experience
9. Practice Site
10. Documentation Form
11. Exam Location and Fee
12. ADA Accommodations
13. ADA Request Form
14. Standards of Conduct
15. Rights and Responsibilities
16. Review & Confirm

### ELIGIBILITY CRITERIA 3 – CLINICAL HOURS

As part of my formal CNL education program, I completed or will have completed a minimum of 400 clinical hours (may include the 300 clinical immersion hours).

Eligibility Criteria 3: \*

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**Note:** If you select **No**, it means you do not meet the requirements to sit for the exam at this time and you will get this error message:

Home Online Store Upcoming Events

ID: 11545968 Sample Portal User (back to Console) Logout

## Welcome to Commission on Nurse Certification

**We encountered a problem fulfilling your request: The CertificationApplication object that you saved has been changed since you loaded it from the database. Please retry your request.**

### My Profile

Sample Portal User

### My Account

Outstanding Balance: \$0.00  
Last Payment: No payments on file.

**16.** For Clinical Immersion Experience step, select **Yes** or **No** and then click on **Save & Continue**:

## CNL Certification - Student - CNL New Applicant - Clinical Immersion Experience

### Steps

1. Eligibility ✓
2. RN Licensure ✓
3. RN License Number ✓
4. NCLEX ✓
5. CNL Education Program ✓
6. Degree Type ✓
7. Clinical Hours ✓
8. Clinical Immersion Experience
9. Practice Site
10. Documentation Form
11. Exam Location and Fee
12. ADA Accomodations
13. ADA Request Form
14. Standards of Conduct
15. Rights and Responsibilities
16. Review & Confirm

### ELIGIBILITY CRITERIA 4 – CLINICAL IMMERSION EXPERIENCE

As part of my formal CNL education program, I completed or will have completed a minimum of 300 clinical hours (can be part of the 400 total clinical hours) in a *Clinical Immersion Experience practicing in the CNL role.*

Eligibility Criteria 4: \*

**Note:** If you select **No**, it means you do not meet the requirements to sit for the exam at this time and you will get this error message:

Home Online Store Upcoming Events

ID: 11545968 Sample Portal User (back to Console) Logout

## Welcome to Commission on Nurse Certification

**We encountered a problem fulfilling your request: The CertificationApplication object that you saved has been changed since you loaded it from the database. Please retry your request.**

### My Profile

Sample Portal User

### My Account

Outstanding Balance: \$0.00  
Last Payment: No payments on file.

17. For the Practice Site step, type in the name of the site and click on **Save & Continue:**

## CNL Certification - Student - CNL New Applicant - Practice Site

**Steps**

1. Eligibility ✓
2. RN Licensure ✓
3. RN License Number ✓
4. NCLEX ✓
5. CNL Education Program ✓
6. Degree Type ✓
7. Clinical Hours ✓
8. Clinical Immersion Experience ✓
9. Practice Site
10. Documentation Form
11. Exam Location and Fee
12. ADA Accommodations
13. ADA Request Form
14. Standards of Conduct
15. Rights and Responsibilities
16. Review & Confirm

Clinical Immersion Practice Site

Provide the name of the practice site where the CNL Clinical Immersion Experience was completed:

### CNL Eligibility

Practice Site Where CNL Clinical Immersion Experience Done:

Association Management Sof

18. For the Documentation Form step, click on **Add Documentation Form**:

## CNL Certification - Student - CNL New Applicant - Documentation Form

**Steps**

1. Eligibility ✓
2. RN Licensure ✓
3. RN License Number ✓
4. NCLEX ✓
5. CNL Education Program ✓
6. Degree Type ✓
7. Clinical Hours ✓
8. Clinical Immersion Experience ✓
9. Practice Site ✓
10. Documentation Form
11. Exam Location and Fee
12. ADA Accommodations
13. ADA Request Form
14. Standards of Conduct
15. Rights and Responsibilities
16. Review & Confirm

### CNL Program Director/Dean Name and Email

As part of the eligibility requirement, the CNL Program Director at your school of nursing (for students/graduates) or Dean (for faculty) must submit your Documentation Form.

1. Click on **Add Documentation Form** below.
2. **Type in the CNL Program Director's name and email (for students/graduates) or Dean's name and email (for faculty).**
3. The CNL Program Director or Dean will be notified to complete the form for you.

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19. Add your CNL Program Director's **First Name, Last Name, Type (Education Documentation Form** if you are a student or alumni and **Faculty Eligibility Form** if you are a faculty member), and **Email Address** (double check spelling of the email address before you save) and then click on **Save**:

## CNL Certification - Student - CNL New Applicant - Documentation Form

### Steps

1. Eligibility ✓
2. RN Licensure ✓
3. RN License Number ✓
4. NCLEX ✓
5. CNL Education Program ✓
6. Degree Type ✓
7. Clinical Hours ✓
8. Clinical Immersion Experience ✓
9. Practice Site ✓
- 10. Documentation Form**
11. Exam Location and Fee
12. ADA Accomodations
13. ADA Request Form
14. Standards of Conduct
15. Rights and Responsibilities
16. Review & Confirm

### Add/Edit CNL Exam Education Documentation

#### CNL Program Director

First Name: \*

Last Name: \*

Type:

Email Address: \*

**Note:** The Education Documentation Form and Faculty Eligibility Form is only required for first-time applicants. If you are retaking the exam you do not need to complete this step.

20. Review the CNL Program Director's information one last time. If you make a grammatical error, click on **Edit** to update the information. If everything looks accurate click on **Continue**:  
[CNL Certification - Student - CNL New Applicant - Documentation Form](#)

Record saved successfully.

### Steps

1. Eligibility ✓
2. RN Licensure ✓
3. RN License Number ✓
4. NCLEX ✓
5. CNL Education Program ✓
6. Degree Type ✓
7. Clinical Hours ✓
8. Clinical Immersion Experience ✓
9. Practice Site ✓
- 10. Documentation Form**
11. Exam Location and Fee
12. ADA Accomodations
13. ADA Request Form
14. Standards of Conduct
15. Rights and Responsibilities
16. Review & Confirm

Type	First Name	Last Name	Email Address		
Education Documentation Form	sam	smith	same9@gmail.com	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

Association Management Software

21. For Exam Location and Fee step, find the testing cycle you are interested in and click on **(choose location)**:

## CNL Certification - Student - CNL New Applicant - Exam Location and Fee

**Steps**

- 1. Eligibility ✓
- 2. RN Licensure ✓
- 3. RN License Number ✓
- 4. NCLEX ✓
- 5. CNL Education Program ✓
- 6. Degree Type ✓
- 7. Clinical Hours ✓
- 8. Clinical Immersion Experience ✓
- 9. Practice Site ✓
- 10. Documentation Form ✓
- 11. Exam Location and Fee**
- 12. ADA Accommodations
- 13. ADA Request Form
- 14. Standards of Conduct
- 15. Rights and Responsibilities
- 16. Review & Confirm

**YOU MUST READ ALL OF THE INSTRUCTIONS ON THIS PAGE CAREFULLY!**

**Steps to Select the Exam Location Fee:**

**Note:** CNL exams are administered at Prometric testing centers only.

1. Click on the **(choose location)** option below for the exam testing period of your choice.
2. You will receive an email to select the testing center location, exam date and time **1 week before the beginning of the testing period.**

**Note:** You will not be able to proceed to the next screen until you click on **(choose location)** below.

Exam	Req.	Selected Location
CNL Exam - Summer 2020 (7\13 - 8\7)	Optional	No location/date selected <b>(choose location)</b>

Save & Continue    Save Draft & Exit

Accn

**Note:** If you skip this step, you will not be able to pay for the exam application. Do not skip this step.

**22.** Click on the circle next to **Administered at a Testing Center** and then click on **Save Selection:**

**CNL Exam - Summer 2020**

Below are all of the dates/locations for upcoming CNL Exam - Summer 2020 exams. Select a date/location.

Location	Address	Fee
<input type="radio"/> Administered at a Testing Center	Administered at a Testing Center	\$425.00

Save Selection    Cancel

**Note:** If you skip this step, the exam fee will not be generated, and you will not be able to pay for the exam.

**23.** After you click on **Save Selection**, you will be able to see that the **Select Location** has been updated. Click on **Save & Continue:**

## CNL Certification - Student - CNL New Applicant - Exam Location and Fee

### Steps

1. Eligibility ✓
2. RN Licensure ✓
3. RN License Number ✓
4. NCLEX ✓
5. CNL Education Program ✓
6. Degree Type ✓
7. Clinical Hours ✓
8. Clinical Immersion Experience ✓
9. Practice Site ✓
10. Documentation Form ✓
- 11. Exam Location and Fee**
12. ADA Accommodations
13. ADA Request Form
14. Standards of Conduct
15. Rights and Responsibilities
16. Review & Confirm

**YOU MUST READ ALL OF THE INSTRUCTIONS ON THIS PAGE CAREFULLY!**

#### Steps to Select the Exam Location Fee:

**Note:** CNL exams are administered at Prometric testing centers only.

1. Click on the (choose location) option below for the exam testing period of your choice.
2. You will receive an email to select the testing center location, exam date and time **1 week before the beginning of the testing period.**

**Note:** You will not be able to proceed to the next screen until you click on (choose location) below.

Exam	Req.	Selected Location	
CNL Exam - Summer 2020 (7\13 - 8\7)	Optional	Administered at a Testing Center	(choose location)

Save & Continue

Save Draft & Exit

24. For the ADA Accommodations step, select **Yes** or **No** and then **Save & Continue**:

## CNL Certification - Student - CNL New Applicant - ADA Accommodations

### Steps

1. Eligibility ✓
2. RN Licensure ✓
3. RN License Number ✓
4. NCLEX ✓
5. CNL Education Program ✓
6. Degree Type ✓
7. Clinical Hours ✓
8. Clinical Immersion Experience ✓
9. Practice Site ✓
10. Documentation Form ✓
11. Exam Location and Fee ✓
- 12. ADA Accommodations**
13. ADA Request Form
14. Standards of Conduct
15. Rights and Responsibilities
16. Review & Confirm

### ADA ACCOMMODATIONS

I have a disability that requires American Disabilities Act Special Accommodations during testing

Do you require ADA Special Accommodations?

No

Save & Continue

Save Draft & Exit

**Note:** If you select **Yes**, you will need to download the ADA request form found here and then upload it to this page:

## CNL Certification - Student - CNL New Applicant - ADA Request Form

### Steps

1. Eligibility ✓
2. RN Licensure ✓
3. RN License Number ✓
4. NCLEX ✓
5. CNL Education Program ✓
6. Degree Type ✓
7. Clinical Hours ✓
8. Clinical Immersion Experience ✓
9. Practice Site ✓
10. Documentation Form ✓
11. Exam Location and Fee ✓
12. ADA Accommodations ✓
13. ADA Request Form
14. Standards of Conduct
15. Rights and Responsibilities
16. Review & Confirm

ADA Request Form Instructions:

1. To download the ADA Request Form visit:  
<https://www.aacnnursing.org/Portals/42/CNL/SpecialAccm.pdf>
2. Part I must be completed by the exam applicant and Part II must be completed by the licensed healthcare professional.
3. Once you download the form, click on "Continue" at the bottom of this screen to proceed with your exam application. You are not required to submit the ADA form before submitting the application.
4. Once you receive the completed form by your licensed healthcare professional, log back into your MyCNL Profile and access this application, then click on Step 13 to your left and upload the form below.

Completed Form

Completed ADA Request Form:  No file chosen

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If you have trouble uploading the document you can send it to [cnl@aacnnursing.org](mailto:cnl@aacnnursing.org).

25. Next, review the **CNL Standards and Conduct** and mark the checkbox and then click on **Save & Continue**:

## CNL Certification - Student - CNL New Applicant - Standards of Conduct

### Steps

1. Eligibility ✓
2. RN Licensure ✓
3. RN License Number ✓
4. NCLEX ✓
5. CNL Education Program ✓
6. Degree Type ✓
7. Clinical Hours ✓
8. Clinical Immersion Experience ✓
9. Practice Site ✓
10. Documentation Form ✓
11. Exam Location and Fee ✓
12. ADA Accommodations ✓
13. ADA Request Form ✓
14. Standards of Conduct
15. Rights and Responsibilities
16. Review & Confirm

### CNL Standards of Conduct

As a certified Clinical Nurse Leader, I will adhere to CNC's CNL Standards of Conduct and uphold the following core set values and behaviors required of the CNL:

- Altruism
- Accountability
- Human Dignity
- Integrity and
- Social Justice

[View and Download the CNL Standards of Conduct](#)

I agree to the CNL Standards of Conduct

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26. Review the **Test Taker's Right and Responsibilities** and mark the checkbox after you have read this page and then click on **Save & Continue**:

### Steps

- 1. Eligibility ✓
- 2. RN Licensure ✓
- 3. RN License Number ✓
- 4. NCLEX ✓
- 5. CNL Education Program ✓
- 6. Degree Type ✓
- 7. Clinical Hours ✓
- 8. Clinical Immersion Experience ✓
- 9. Practice Site ✓
- 10. Documentation Form ✓
- 11. Exam Location and Fee ✓
- 12. ADA Accomodations ✓
- 13. ADA Request Form ✓
- 14. Standards of Conduct ✓
- 15. Rights and Responsibilities
- 16. Review & Confirm

### Test Taker's Rights and Responsibilities

As a candidate for the CNL exam, I attest that:

- I have read CNC's CNL Certification Guide.
- I comply with the application policies for the CNL exam.
- The information in my application is complete and accurate.
- I will not discuss questions and answers during and after the exam.
- CNC can release aggregate data on my score and status.
- I understand that my name will be included in the CNL Directory.
- I understand the renewal requirements for the CNL.
- I will act with integrity, comply with the law, avoid conflicts of interest and report any violations of the law or any unethical behavior.

[View and Download the CNL Certification Guide](#)

I agree to the Test Taker's Rights and Responsibilities

[Save & Continue](#) [Save Draft & Exit](#)

27. Review your application responses one last time before you click on **Process & Pay**:

Home > **CNL Certification - Student - CNL New Applicant - Review & Confirm**

ID: 11545968
Sample Portal User (back to Console)
Logout

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**Steps**

1. Eligibility ✓
2. RN Licensure ✓
3. RN License Number ✓
4. NCLEX ✓
5. CNL Education Program ✓
6. Degree Type ✓
7. Clinical Hours ✓
8. Clinical Immersion Experience ✓
9. Practice Site ✓
10. Documentation Form ✓
11. Exam Location and Fee ✓
12. ADA Accommodations ✓
13. ADA Request Form ✓
14. Standards of Conduct ✓
15. Rights and Responsibilities ✓
16. Review & Confirm

### Professional Experience

Employer	Title	Start	End
test	test	7/4/2016	

### Eligibility Criteria 1

I have a current and active, unrestricted professional Registered Nurse License in the United States or one of its territories. No

Registered Nurse License Number:

State:

Expiration Date

NCLEX: I plan to sit for the NCLEX

NCLEX Time: 8/1/2021

### Eligibility Criteria 2

I graduated or will graduate this semester from a CNL master's degree program OR a post-master's certificate CNL program. Yes

EC2 Program Completed:

Institution: Augusta University (Georgia Regents University) - 1054

Degree Type: CNL Master's Degree

Date Graduated from the CNL Program:

### Eligibility Criteria 3

Eligibility Criteria 3: Yes

### Eligibility Criteria 4

Eligibility Criteria 4: Yes

Practice Site Where CNL Clinical Immersion Experience Done:

### ADA Accommodations

Do you require ADA Special Accommodations? Yes

Name of Standardized Exam:

Date of Exam:

Accommodations Received:

Name of Institution:

Institution Date:

Accommodations Received - Institution:

Special Accommodations Requested:

Extended Testing Time (Minutes)

Maximum allowed extension is 90 minutes

Special Accommodations - Other:

Special Accommodations - Comments:

### Recommendations & References

Type	First Name	Last Name	Email Address
Education Documentation Form	sam	smith	sam9@gmail.com

### Exam Selection

Exam	Fee	Req.	Selected Location
		Optional	
CNL Exam - Summer 2020 (7,13 - 8,7)	\$425.00	Optional	Administered at a testing Center

Process & Pay

28. Select a payment option and then click on **Continue**:

Home Online Store Upcoming Events

ID: 11545968 Sample Portal User (back to Console) Logout

Home >

## Enter Billing Information

Amount Due: **\$425.00**

**How would you like to pay?**

**Use Your Saved Payment Options**  
Currently, you have no saved payment methods. When you check out, you can save your payment information on your account so you do not have to re-enter it again.

Pay With a New Credit/Debit Card

Pay With Your Bank Account

**Apply Discount/Promo Code**  
Apply discount/promo code:  
Code:

or [Cancel Your Order](#)

If you run into any issues send an email to [cnl@aacnnursing.org](mailto:cnl@aacnnursing.org)

29. After you have submitted your application, your CNL program director will receive a notification email to complete your Education Documentation Form/Faculty Eligibility Form. Your exam application will not be approved until this form has been completed. Please follow-up with your program director after you submit your application so that they know to complete the electronic form on your behalf.
30. After the Education Documentation Form/Faculty Eligibility Form has been completed by your program director, CNC staff will review your application and payment and send you a confirmation email with procedures on how you will schedule your exam at a Prometric testing center. You will not be able to schedule your exam until 2 weeks before the testing cycle starts.