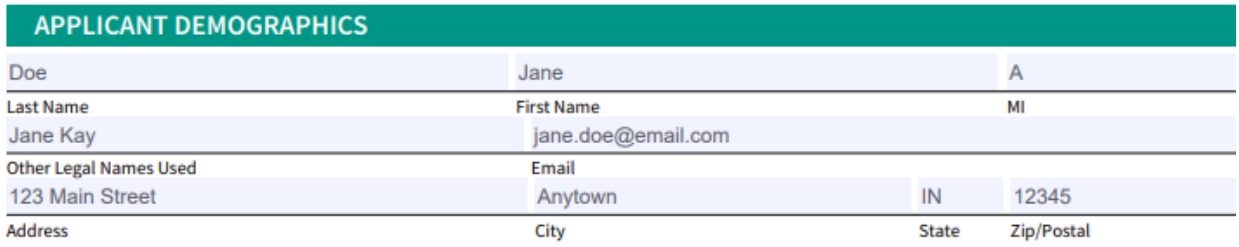
HOW TO FILL OUT THE ANCC VOE FORM

The ANCC VOE form (linked in your CORE ELMS document library under “Student Forms”) is already pre-filled with institutional details.

Follow the steps below to complete the remaining sections.

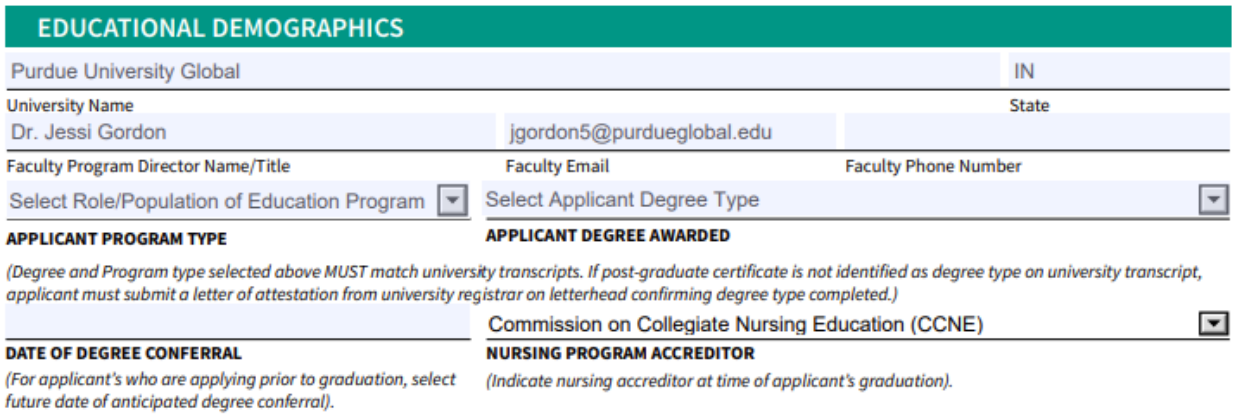
APPLICANT DEMOGRAPHICS

The VOE is a fillable PDF form. Click into a field and fill out the applicant demographic information on page 1 of the VOE.
Last Name, First Name, Middle Initial, Other Legal Names Used, Email, Address, City, State, Zip/Postal



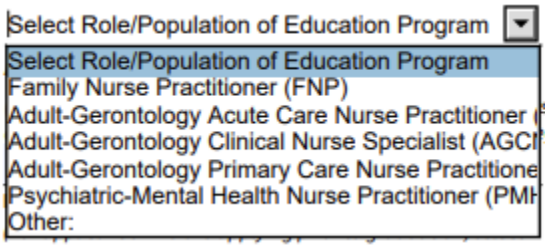
EDUCATIONAL DEMOGRAPHICS

Purdue Global has pre-filled the institutional details, such as University Name, Faculty Program Director Name, Faculty Email, and the Nursing Program Accreditor.
You will need to fill out the following fields: Applicant Program Type, Applicant Degree Awarded, and Date of Degree Conferral in this section.



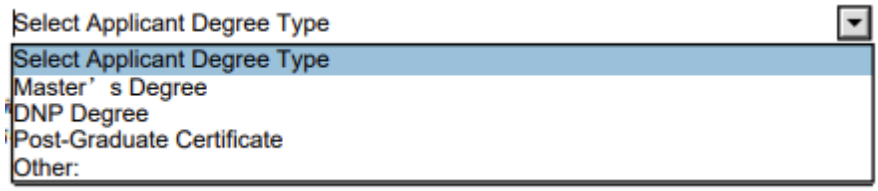
APPLICANT PROGRAM TYPE

For the **Applicant Program Type**, click on the dropdown arrow and select your program. If you do not see the arrow at first, click into the field and the dropdown arrow should appear.



APPLICANT DEGREE AWARDED

For the **Applicant Degree Awarded**, click on the dropdown arrow and select your degree type. If you do not see the arrow at first, click into the field and the dropdown arrow should appear.



DATE OF DEGREE CONFERRAL

The **Date of Degree Conferral** is the same date as your graduation date. Your graduation date is the last day (a Tuesday) of your last class.

PROGRAM ELIGIBILITY REQUIREMENTS

The **Program Eligibility Requirements** have already been pre-selected. **Leave this table as-is.**

PROGRAM ELIGIBILITY REQUIREMENTS		
Program includes content in **Health Promotion/Disease Prevention.**	☑ YES	☐ NO
Program includes content in **Differential Diagnosis and Disease Management**, including the use and prescription of pharmacologic and nonpharmacologic interventions.	☑ YES	☐ NO

APRN COURSE ELIGIBILITY REQUIREMENTS

For the **APRN Course Eligibility Requirements**, you will need to enter the Term/Year of Completion, Course Number, and Course Title.

If any of these were transferred to Purdue Global from a different school, click on the check box to indicate that they were transferred and enter the University Name where they were completed.

APRN CORE ELIGIBILITY REQUIREMENTS					
	Term/Year of Completion	Course Number	Course Title *Must match transcript(s)*	Course transferred *Check box*	University Name for *Transfer Course*
Advanced Physical and Health Assessment				☐	
Advanced Pathophysiology				☐	
Advanced Pharmacology				☐	

Below you will find three examples on how to fill this out:

- Example 1: Students who completed all courses with Purdue Global
- Example 2: Students who completed all courses with Purdue Global and completed MN552/NU552 as modules (M1-M5)
- Example 3: Students who transferred one or more courses from a different school

Example 1: Student who completed all courses with Purdue Global.
Please note, the course number and course title shown in the example below might be different from what's on your transcript (MN vs NU). **Please make sure the course number and course title match exactly what's on your transcript.**

APRN CORE ELIGIBILITY REQUIREMENTS					
	Term/Year of Completion	Course Number	Course Title *Must match transcript(s)*	Course transferred *Check box*	University Name for *Transfer Course*
Advanced Physical and Health Assessment	05/2025	NU552	Advanced Health Assessment and Diagnostic Reasoning	☐	
Advanced Pathophysiology	04/2025	NU551	Advanced Physiology and Pathophysiology Across the Lifespan	☐	
Advanced Pharmacology	05/2025	NU553	Advanced Pharmacology and Pharmacotherapeutics	☐	

Example 2: Student who completed all courses with Purdue Global and completed MN552/NU552 as modules (M1-M5).
If you completed MN552/NU552 as modules, enter the title of M5 for the Course Title.
Please note, the course number and course title shown in the example below might be different from what's on your transcript (MN vs NU). **Please make sure the course number and course title match exactly what's on your transcript.**

APRN CORE ELIGIBILITY REQUIREMENTS					
	Term/Year of Completion	**Course Number**	**Course Title** *Must match transcript(s)*	**Course transferred** *Check box*	**University Name for** *Transfer Course*
Advanced Physical and Health Assessment	05/2025	NU552 M1-M5	Comprehensive Patient Assessment Across the Lifespan	☐	
Advanced Pathophysiology	04/2025	NU551	Advanced Physiology and Pathophysiology Across the Lifespan	☐	
Advanced Pharmacology	05/2025	NU553	Advanced Pharmacology and Pharmacotherapeutics	☐	

Example 3: Student who transferred 1-3 of the courses from a different school.
Please note, the course number and course title shown in the example below might be different from what's on your transcript. **Please make sure the course number and course title match exactly what's on your transcript.**

APRN CORE ELIGIBILITY REQUIREMENTS					
	Term/Year of Completion	**Course Number**	**Course Title** *Must match transcript(s)*	**Course transferred** *Check box*	**University Name for** *Transfer Course*
Advanced Physical and Health Assessment	01/2024	NUR 50300	Advanced Health Assessment	☑	Purdue University
Advanced Pathophysiology	05/2025	NU551	Advanced Physiology and Pathophysiology Across the Lifespan	☐	
Advanced Pharmacology	01/2024	NUR 50200	Pharmacotherapeutics for Advanced Practice Nursing	☑	Purdue University

Clinical Eligibility Requirements

The **Clinical Eligibility Requirements** section asks you to enter the total number of clinical hours you completed in your program.

If you're in the PMHNP program, be sure to select "yes."

CLINICAL ELIGIBILITY REQUIREMENTS		
Indicate total number of **faculty-supervised clinical hours** completed by applicant directly related to the role/population of program identified above. Please submit a copy of clinical logs with Validation of Education Form		
For PMHNP applicants only. Clinical training in at least two psychotherapeutic treatment modalities.	☐ YES	☐ NO

Please also submit a request for a Clinical Hours Verification Letter at https://docs.google.com/forms/d/e/1FAIpQLScy2QL_p7oajWi6FpXCjdxbLmuFneByLr6tBKHJd_KD85EQcA/viewform

This letter can be submitted in place of your clinical logs and has been approved by ANCC.

ATTESTATION

Fill out the **attestation** at the bottom, sign, and date. Download (with changes) - or save - the completed form to your computer. Submit your VOE directly to ANCC according to their instructions on the first page of the VOE.

ATTESTATION

I, _____, the Applicant for Certification identified above (the "Applicant"), attest to and confirm that the information provided in this Validation of APRN Education Form ("Form") is true, accurate, and complete, and reflects the coursework and clinical hours actually completed by the Applicant.

- For applicants applying for Certification prior to degree conferral, this attestation confirms that all coursework and faculty-supervised clinical hours for the program and degree are complete;
- Applicant attests that the total number of faculty-supervised clinical hours do not include hours awarded for work experience or any hours other than faculty-supervised clinical hours in the role/population indicated on the VOE form above;
- For post-graduate certificate applicants, this attestation confirms that all transcript(s) and associated course syllabi (source documents) from the original degree program(s) were reviewed and validated by the faculty program director upon enrollment in the post-graduate certificate program. Applicant attests that the faculty program director conducted a formal gap analysis of transfer courses and has evaluated and validated that all transfer courses meet the current existing requirements for the post-graduate certificate program.

Required Applicant Signature	Printed Name	Date

ANCC reserves the right to request a more detailed accounting of educational demographics of applicants prior to continuation of application review. Requests may include, but are not limited to, the requirement to produce source documents such as course descriptions/syllabi from time applicant completed coursework. ANCC reserves the right to close applications where source documents are not provided. ANCC may contact the faculty program director with questions as needed.

Last Updated: 07/23/2025 AS