



National League *for* Nursing

The Center for Assessment and Evaluation
Fair Testing Committee Member
APPLICATION FORM

Information must be typed directly on this form.

| |
|--|
| Name (with credentials): |
| Home Street Address, City, State, Zip Code: |
| Home Telephone: |
| Name of Employer: |
| What type of organizations is this? 2-Year College <input type="checkbox"/> / 4-Year College <input type="checkbox"/> / 4-Year University <input type="checkbox"/> / Hospital <input type="checkbox"/> / Long-Term Care Facility <input type="checkbox"/> / Other _____ |
| Street Address, City, State, Zip Code: |
| Work Telephone: |
| Email: |
| NLN Member ID#: |
| Clinical Certification(s): |
| Non-Clinical Certification(s): |
| Race/Ethnicity: American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other/ Unknown <input type="checkbox"/> |
| Gender: Male _ Female _ |

Education (include basic preparation through highest degree held)



| Degree | Institution (Name, City, State) | Major Area of Study | Year Degree Awarded |
|--------|---------------------------------|---------------------|---------------------|
| | | | |
| | | | |
| | | | |

Are you currently employed as a teacher? Yes No

If so, what level do you teach? PN/VN ADN BSN
MSN PHD/DN

Clinical Experience (Most Recent First)

| Agency, City, State | Type of Agency | Position | Clinic Area | Dates (From/To) |
|---------------------|----------------|----------|-------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

| Select your Areas of Specialty | | | |
|--------------------------------|--------------------------|----------------|--------------------------|
| Adult Health | <input type="checkbox"/> | Woman's Health | <input type="checkbox"/> |
| Child Health | <input type="checkbox"/> | Mental Health | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | | |

Have you attended a workshop(s) for Item Writers?

| Date | Name | Location |
|------|------|----------|
| | | |
| | | |

Rate your familiarity with the NCLEX- RN® Test Plan

Very Familiar Somewhat Familiar Familiar Not Very Familiar Not Familiar

Rate your familiarity with the NCLEX- PN® Test Plan

Very Familiar Somewhat Familiar Familiar Not Very Familiar Not Familiar

Rate your familiarity with Bloom's Taxonomy of Cognitive Domain

Very Familiar Somewhat Familiar Familiar Not Very Familiar Not Familiar

Do you have any experience in item writing? Yes No

If yes, please explain.



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Please identify your areas of item writing expertise.

DIRECTIONS FOR SUBMITTING MATERIALS:

Save this completed form with the file name Fair Testing Committee_yourlastname and email it to lfurby@nlm.org. Include the word “Item Reviewer” in the subject line of the email. You will receive a confirmation email when your application is received. If you do not receive an email within five business days of your submission, please contact NLN at 800-732-8656.

PLEASE BE SURE TO:

- Read through your application to be sure that you have completed all sections.
- Attach your curriculum vita; including all item writing workshops and item writing experience.