



2019 CNS-CP Recertification by Contact Hours and Activities Application

APPLICATION CHECKLIST

The following must be included with your application. Incomplete submissions will be returned.

CNS-CP recertification application

CNS-CP recertification log

Payment

APPLICATION SUBMISSION

The application deadline is **December 31, 2019**. All applications must be postmarked by this date. Payment must accompany application.

Mail your application, supporting documents, and payment to:

CCI/CNS-CP Exam
2170 S. Parker Road, Suite 120
Denver, CO 80231

Email: info@cc-institute.org Fax: 303-695-8464

Questions? Contact Julie Mower at jmower@cc-institute.org or 303-368-6723

APPLICATION INFORMATION

Legal name

Birth Year

(As shown on driver's license or passport)

Address

City

State

Zip

Primary Phone

Primary E-mail

(All communications will be sent to this email address)

CNS-CP RECERTIFICATION FEE

I authorize my credit card to be charged the following:

Non-CNOR Certified - \$350.00

CNOR-Certified - \$300.00

If CNOR, provide CCI ID number:

Expiration date:

PAYMENT INFORMATION

Check or Money Order (Make payable to "CCI")

Visa Mastercard Discover Card American Express

Credit Card Number (required for credit card payment):

Expiration Month/Year Security Code

Billing Zip Code Today's Date

Card Holder Signature

EXPERIENCE

Starting with your current employer, list employers between January 1, 2014, and December 31, 2018. Total number of hours worked during that period must meet a minimum of 1,000 hours as a practicing CNS in the perioperative setting. Attach additional pages if necessary.

Current Employer		Title	
Employer Address			
City		State	Zip Code
Work Phone		Work E-mail	
Start date		Hours per Week	
Supervisor			
Supervisor Phone		Supervisor E-mail	
Past Employer		Title	
Start Date	End Date	Hours per Week	
Employer Address			
City		State	Zip Code
Work Phone		Work E-mail	
Supervisor			
Supervisor Phone		Supervisor E-mail	

LICENSURE

RN License Number _____ Expiration Date _____

APRN License Number _____ Expiration Date _____

My state does not license CNSs as APRNs.

State(s) in which you are currently licensed:

EDUCATION

MS in Nursing

Doctorate in Nursing (PhD or DNP)

Post-Master's Certificate

Year accredited CNS program completed:

Perioperative CNS Start Date:

Type of Facility

Academic Institution

Clinic

Agency/Travel Nurse

Hospital

Ambulatory-Free-standing

Military/Government Facility

Ambulatory-Hospital-based

Physician/Surgeon Office

Ambulatory-Office-based

Self-Employed

Magnet Status of Current Facility

Have Magnet designation

Working toward Magnet designation

Do not have Magnet designation

N/A

Advanced Practice Population Focus

Family/Individual across the Lifespan

Neonatal

Adult-Gerontology

Pediatrics

Woman's Health/Gender Related

Psych/Mental Health

CERTIFICATION REQUIREMENTS

Check the appropriate boxes to demonstrate your eligibility.

Required

I hold an active CNS-CP credential.

I am currently licensed, without provision or condition, as an RN and/or APRN in the US.

I am currently working full time or part time as a CNS in the perioperative setting in the area(s) of clinical expert, consultant, educator, and/or researcher.

I have completed 1,000 hours as a CNS in the perioperative setting in my 5-year recertification cycle in the area(s) of clinical expert, consultant, educator, and/or researcher.

STATEMENT OF UNDERSTANDING

I hereby apply for CNS-CP recertification as offered by Competency & Credentialing Institute (CCI). I understand that recertification depends upon the successful completion of the specified requirements. I further understand that the information acquired in the certification process may be used for statistical purposes and for evaluation of the certification program. I further understand that the information from my certification records shall be held in confidence and shall not be used for any other purposes without my permission. To the best of my knowledge, the information contained in this application is true, complete, correct, and made in good faith. I understand that information supplied is subject to audit, and that failure to respond to a request for further information will result in termination of the application process. I understand that CCI reserves the right to verify all information on this application.

I affirm that I have read and agree to abide by the Statement of Understanding.

Signature

Print Name

Date

CNS-CP Recertification Log

Name: _____

CNS-CP recertification in 2019 is by paper application only

The CNS-CP recertification program recognizes that advanced practice competency is maintained in a variety of ways through successful participation in various professional activities. In addition, results of the CNS-CP exam are incorporated into the next recertification cycle's plan. This log provides the means for tracking required continuing education and activities and must be submitted along with the CNS-CP recertification application and the appropriate fee. Please read all information thoroughly before beginning your log to ensure that you understand the requirements. If audited, the acceptable documentation listed for each activity must be submitted. The same contact hours/activities cannot be used for both CNS-CP and CNOR/CRNFA recertification. The same contact hours cannot be used for both the pharmacology requirement and domain-specific contact hours. The same contact hours may be used for both CNS-CP and primary (population focus) recertification. For additional information on recertification, please refer to the CNS-CP handbook [here](#).

There are three required elements of the CNS-CP recertification process:

Continuing Education: Two Parts

- A minimum of ten contact hours of APRN-approved pharmacology continuing education offerings.
- Continuing education based on performance on the CNS-CP exam. For domains scored below the competent level, the corresponding number of contact hours based on the percentage of questions pertinent to that domain must be obtained. For more information on your individual results, please contact Julie Mower at 303-368-6723. Depending on your performance on the exam, you may not need to complete Part Two of the continuing education recertification process.

Completion of professional activities.

- A total of 125 points must be accrued. Points do not need to be accrued in all eleven activities.

Use the following log to track your contact hours and activities.

CONTINUING EDUCATION (Two parts)

Part I. APRN-approved pharmacology contact hours

Program Title	Date of Program	Name of Provider	Program Accredited By	Contact Hours Awarded

TOTAL: _____ Contact Hours (Must have a minimum of 10 contact hours)

Acceptable documentation (only if audited): Copy of certificate(s) of attendance from an acceptable provider.

Part 2. Domain-related contact hours based on performance on exam. All continuing education must be applicable to role of CNS or advanced practice nursing.

If all domains were scored at or above the competent level, initial here _____. Otherwise, please complete the following information based on the table provided below.

If you scored less than the competent level in:	Then you must accrue	In subject area
Domain 1	31 contact hours	Delivery of advanced practice perioperative care
Domain 2	16 contact hours	Consulting
Domain 3	13 contact hours	Education (nurse, other healthcare providers, patient, family, and/or community)
Domain 4	15 contact hours	Clinical inquiry (EBP projects/research)
Domain 5	16 contact hours	Organizational/systems thinking
Domain 6	9 contact hours	Professional accountability

Domain #: _____ Required number of contact hours based on table above: _____

Program Title	Date of Program	Name of Provider	Program Accredited By	Contact Hours Awarded

TOTAL: _____ Contact hours (Must meet required number of contact hours as identified above)

Domain #: _____ Required number of contact hours based on table above: _____

Program Title	Date of Program	Name of Provider	Program Accredited By	Contact Hours Awarded

TOTAL: _____ Contact hours (Must meet required number of contact hours as identified above)

Acceptable documentation (only if audited): Copy of certificate(s) of attendance from an acceptable provider.

PROFESSIONAL ACTIVITIES

CNS-CP certificants may choose from nine professional activities. A maximum number of points are allowed for each activity. CNS-CPs must earn a total of 125 points to recertify their credential. These points are in addition to any CE requirement noted in Parts 1 and 2. All activities must be earned between Jan. 1, 2014 and Dec. 31, 2018. The same activities cannot be used for both CNS-CP and CNOR/CRNFA recertification.

Academic study-graduate or post-graduate level-Maximum of 100 points

Acceptable documentation (only if you are audited): Copy of unofficial transcript

Conversion rate for academic credits:

1 semester hour/credit	15 points
1 quarter hour/credit	10 points

Name of University	Title of Course	Semester/Quarter Hours Earned	Year	Points

TOTAL: _____POINTS (not to exceed 100)

Service as a Board Officer or Committee Member (e.g., facility APRN committee, NACNS or AORN APRN Specialty Assembly or task force)-Maximum of 60 points

Acceptable documentation (only if audited): Board report, minutes, committee report, or other documentation validating participation on committee; minimum four contacts/year.

Committee Position Held	POINTS AWARDED
International, national, or state board member	30 points/year
Local or facility level	15 points/year

Title of Board/Committee	Role on Board/Committee	Level of Committee (e.g., local, national)	Dates of Service	Points

TOTAL: _____ POINTS (not to exceed 60)

Clinical inquiry (EBP projects/research)-Maximum 80 points

Acceptable documentation (only if audited): A final report which summarizes evidence of participation in a research project or study, including its impact on current practice/patient outcomes.

Primary investigator	50 points
Co-investigator or Project Lead	30 points

Title of Project	Name of Facility	Level of Participation	Points

TOTAL: _____ POINTS (not to exceed 80)

Instructor, Academic Program-Maximum 90 points

Acceptable documentation (only if are audited): Course description, syllabus with course objectives, number of credits, and methods of evaluation. If your name does not appear as the instructor in the syllabus, a signed letter from the department chair on official school letterhead attesting to serving as instructor will suffice.

Conversion rate for teaching:

1 semester hour/credit	15 points
1 quarter hour/credit	10 points

Name of University	Title of Course	Semester/Quarter & Year Taught	Points

TOTAL: _____ POINTS (not to exceed 90)

Precepting Advanced Practice Student-Maximum 60 points

Acceptable documentation (only if audited): Letter from sponsoring institution (on official school letterhead and signed by faculty or department chair) indicating responsibilities as preceptor and dates/hours of preceptorship.

Conversion rate for precepting:

1 semester hour/credit	15 points
1 quarter hour/credit	10 points

Student's initials	Name of University	Title of Program	Semester/Quarter & Year Precepted	Points

TOTAL: _____POINTS (not to exceed 60)

Presentation for an advanced practice audience, non-academic (professional nursing organization, e.g., NACNS, AORN)-Maximum 50 points

Acceptable documentation (only necessary if you are audited): Flyer, brochure, handout, or website link with title of presentation, objectives, and outline of content. If poster is submitted, provide a picture of completed work with proof of acceptance at conference.

Type of Presentation	POINTS AWARDED
Podium presentation (minimum 30 minutes in length)	30 points
In-service (minimum 30 minutes in length)	25 points
Remote presentation (i.e., webinar, teleconference, etc.) (minimum 30 minutes in length)	20 points
Poster presentation	20 points

Title of Presentation	Name of Conference	Date of Presentation	Length of Presentation	Points

TOTAL: _____POINTS (not to exceed 50)

Author (book, journal article, patient/family educational materials)-Maximum 75 points

Acceptable documentation (only if audited): Copy of title page, table of contents, or abstract that includes your name as contributor and the publication date. A copy of the publisher notification of acceptance is required if the publication date occurs after the recertification cycle.

Type of Publication	Points Awarded
Primary author, chapter in book	50 points
Secondary author, chapter in book	30 points
Subject matter expert or reviewer for journal article or chapter in book	20 points
Author, book review	20 points
Doctoral dissertation	100 points
DNP capstone project	75 points
Editorial, peer-reviewed professional journal	30 points
Primary author, peer-reviewed professional journal article	50 points
Secondary author, peer-reviewed professional journal article	30 points
Development of patient education tool or healthcare professional fact sheet	20 points
Guest Editor, Peer-Reviewed Journal Issue	50 points

Title of Publication	Type of Publication	Contributing Role	Year Published	Points

TOTAL: _____POINTS (not to exceed 75)

Volunteer, CCI test development committee-Maximum 50 points

Acceptable documentation (only if audited): CCI acceptance letter

Committee Name	Points Awarded
Job analysis	40 points/appointment
Item writer	30 points/appointment
Cut score/standard setting	30 points/appointment
Item review	20 points/appointment
Form review	15 points/appointment
Problem Identification Notification	15 points/appointment
Other: Ad Hoc Committee (please specify)	15 points/appointment

Committee Name	Date(s) of Meeting	Points

TOTAL: _____POINTS (not to exceed 50)

APRN (CNS) primary certification/prescriptive authority achievement/maintenance-Maximum 45 points

Acceptable documentation (only if audited): Copy of certificate or wallet card

Primary APRN (CNS) Certification	Points Awarded
Initial APRN (CNS) primary (population focus) certification	30 points
Maintaining APRN (CNS) primary (population focus) certification	20 points/renewal period
Attaining/maintaining prescriptive authority	15 points/renewal period

Type of Certification	Date	Points

TOTAL: ___POINTS (not to exceed 45)

Earning another Accredited Perioperative Certification

A maximum of 100 points may be earned for earning an accredited perioperative-related certification or completing the recertification process for an accredited perioperative-related certification. Examples of accredited perioperative-related certifications include CAPA, CPAN, CRCST, or ABCGN. Accreditation by ANSI, ABSNC, or NCCA will meet these criteria.

This list is not intended to be all-inclusive. Other accredited certification deemed equivalent by the CEO of CCI in consultation with the Credentialing Manager may be accepted.

Attain/Maintain an Accredited Perioperative Certification	
Initial Certification	30 points
Completion of Certification	20 points

Name of certification	Accrediting Body	Valid through (provide dates)	Points

TOTAL: ___ POINTS (not to exceed 100)

Professional Perioperative-Related Volunteer Service

A maximum of 100 points may be earned for medically-related volunteer service activities. Examples include surgical mission trips and service at medically underserved clinics.

Role	Point Value
Professional Perioperative-Related Volunteer Service	20 points/year of service or project

Sponsoring agency	Date of service	Points

TOTAL: ___ POINTS (not to exceed 100)

WAIT! Did you:

TOTAL: ___ POINTS IN LOG (must have 125)

- Complete all sections of your recertification log?
- Fill out the application form?
- Include payment?

Please mail all documents in a single envelope to:

CCI
 Attn: CNS-CP recertification
 2170 South Parker Road, Suite 120
 Denver, CO 80231