

2018 CRNFA Certification Application

APPLICATION CHECKLIST

The following must be included with your application. All fields and questions are required; incomplete submissions will be returned.

- CRNFA certification application
- RN License (copies acceptable)
- Diploma for baccalaureate level or higher degree (copies acceptable)
- Certificate of completion for RNFA education/training program (copies acceptable)
- CRNFA Practice Hour Log with a minimum of 2,000 documented hours of practice as an RNFA. Hours may include preoperative, intraoperative, and postoperative patient care
- For RNFA program graduates with a program completion date of January 1, 2016 or beyond, a verification letter from the program is required. A template of the documentation letter is found on the CRNFA tab of the CCI website
- Payment

FOR APRN APPLICANTS (CNS, NP, CNM, CRNA)

- CRNFA certification application
- RN License (copies acceptable)
- Transcript for masters, doctoral, or post-master's certificate in an advanced practice program (copies acceptable)
- Certificate of completion for RNFA education/training program (copies acceptable)
- CRNFA Practice Hour Log with a minimum of 2,000 documented hours of practice as an RNFA. Hours may include preoperative, intraoperative, and postoperative patient care
- For RNFA program graduates with a program completion date of January 1, 2016 or beyond, a verification letter from the program is required. A template of the documentation letter is found on the CRNFA tab of the CCI website
- Payment

APPLICATION SUBMISSION

Mail your application, supporting documents and payment to:

CCI
Attn: CRNFA Exam
2170 S. Parker Road, Suite 120
Denver, CO 80231

Questions? Visit cc-institute.org or contact us at info@cc-institute.org or 888-257-2667.

APPLICANT INFORMATION

Legal Name (as shown on driver's license or passport)

Last 4 digits of SSN

Birth Year

Address

City

State

Zip

Home Work Cell

Primary Phone

Primary E-mail (all communications will be sent to this email address)

CRNFA CERTIFICATION FEE

\$550

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

Card Holder Signature

Billing Zip Code

Today's Date

EMPLOYMENT HISTORY

Work experience in the RNFA role is required to take the CRNFA certification examination. Starting with your current employer, list only the employers with which you have the RNFA practice hours. Attach additional pages if necessary.

Current Employer

Title

Employer Address

City

State

Zip

Work Phone

Work E-mail

Start Date

Hours per Week

Supervisor

Supervisor's Phone

Supervisor's Email

Past Employer

Title

Start Date

End Date

Hours per Week

Employer Address

City

State

Zip

Work Phone

Work E-mail

Supervisor

Supervisor's Phone

Supervisor's Email

LICENSURE

RN – State of Licensure : _____ Expiration Date of License _____

CERTIFICATION REQUIREMENTS

Check the appropriate boxes to verify your eligibility.

- I hold the CNOR credential
- I am an Advanced Practice Nurse and not required to hold the CNOR credential
- I hold a bachelor's degree or higher degree in any field.
- I am currently working full time or part time as an RNFA
- I have a minimum of 2,000 documented hours of practice as an RNFA. Hours may include preoperative, intraoperative, and postoperative patient care, defined as:
 - Preoperative Phase: Begins when the decision for operative and/or invasive procedure is made and ends when patient enters the operating room.
 - Intraoperative Phase: Begins when the patient enters the operating room and ends when the patient leaves the operating room.
 - Postoperative Phase: Begins when the patient leaves the operative room and ends with the resolution of the surgical sequelae.
 - Pre-, intra-, and postoperative care do not have to be for the same patient.
 - The 2,000 hours may include practice in an RNFA internship or practicum but may not include attendance of classes, programs or seminars.
- 500 of the required 2000 practice hours have been in the two years immediately preceding application.
- At least 1,000 hours of the 2000 required practice hours are first assisting practice during the intraoperative period.

STATEMENT OF UNDERSTANDING

I hereby apply for certification offered by the Competency & Credentialing Institute (CCI). I understand that certification 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 and attest that I have read and agree to abide by the Statement of Understanding.
- I attest by this signature that I have read and agree to the *Withdrawal Policy* found on the CCI website.
- I attest by this signature that I have read and agree to the *Transfer Policy* found on the CCI website.
- I attest by signature that I have practiced these hours as a RNFA and I am practicing at a minimum on a part time basis in the RNFA role.

Signature: _____

Print Name: _____ Date _____

ADA ACCOMMODATION

Whenever possible, CCI is committed to providing reasonable accommodation in its examination processes to otherwise qualified individuals with physical or mental disabilities in accordance with the Americans with Disabilities Act (ADA). Accommodations will be provided to qualified candidates with disabilities to the extent that such accommodation does not fundamentally alter the examination or cause an undue burden to the agency.

CHOOSE ONE OF THE FOLLOWING

- I do NOT require ADA accommodations,
- I DO require ADA accommodations.

Please indicate the type of accommodation below. Should you require a different type of accommodation, please contact CCI prior to mailing your application.

- Separate room
- Time and a half