

# 2017 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](http://cc-institute.org) or contact us at [info@cc-institute.org](mailto: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
_____		_____	
Primary Phone		Primary E-mail (all communications will be sent to this email address)	
<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell			

## CRNFA CERTIFICATION FEE

To receive the AORN member price, you must be a member of AORN on the day you submit this application.

AORN Member - \$425

Non-AORN Member - \$550

AORN Member# \_\_\_\_\_

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

\_\_\_\_\_  
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