CNOR®
Certified Perioperative Nurse

APPLICATION FOR SPECIALTY DESIGNATION

NAME: _____

CCI ID: _____

Which designation are you applying for:

- ☐ PEDIATRICS

I have met all of the following:

- ☐ I have a current CNOR.
- ☐ I have a minimum of an Associate's Degree in Nursing.

I have met one of the following:

- ☐ I have practiced 2000 hours within the specialty over the 5 years; ***OR***
- ☐ I have practiced 1000 hours within the specialty over the last 5 years **AND** I have completed the 50 contact hours within the specialty.

List of courses:

DATE OF ACTIVITY	COURSE NAME	PROVIDER	NUMBER OF CES

OR

I have completed 100 professional activity points within the specialty.

List of professional activity points:

DATE OF ACTIVITY	ACTIVTY NAME	PROVIDER	NUMBER OF POINTS

Attestation

By signing this form, I attest that all information completed as a part of this application is true, complete and accurate at the date of signing. I further attest that my CNOR® is current and active.

I acknowledge and agree that If audited, I will be required to provide verification documents to confirm any of the information provided herein, including, without limitation, proof of hours worked in a specialty and/or certificates for course completions. Professional points activities will be validated by the same validation items as outlined in the CNOR Handbook, a copy of which I acknowledge I have a copy of and understand the validation items.

Signature:_____ Date:_____

Please complete this application and submit it online at https://www.cc-institute.org/specialty-designations/