

## **APPLICATION FOR SPECIALTY DESIGNATION**

CCI ID:			
Which designation are you	ı applying for:		
☐ OBSTETRICS/GYNE	COLOGY		
I have met all of the follow	ving:		
☐ I have a current CN☐ I have a minimum	IOR. of an Associate's Degree in	Nursing.	
I have met one of the follo	wing:		
·	00 hours within the specia 00 hours within the specia vithin the specialty.		<b>D</b> I have completed the
List of courses:			
DATE OF ACTIVITY	COURSE NAME	PROVIDER	NUMBER OF CES

Additional space for courses can be found on page 3

NAME: \_\_\_\_\_



## 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 <a href="https://www.cc-institute.org/specialty-designations/">https://www.cc-institute.org/specialty-designations/</a>



## Additional List of courses:

DATE OF ACTIVITY	COURSE NAME	PROVIDER	NUMBER OF CES

