



**APPLICATION FOR SPECIALTY DESIGNATION**

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

CCI ID: \_\_\_\_\_

Which designation are you applying for:

- OBSTETRICS/GYNECOLOGY

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

*Additional space for courses can be found on page 3*



