



APPLICATION FOR SPECIALTY DESIGNATION

NAME: _____

CCI ID: _____

Which designation are you applying for (YOU CAN ONLY SELECT ONE AT A TIME):

BARI	PEDS	UROL	OMFS
CARD	ORTHO	VASC	TXPL
ROBO	NUERO	ENT	GEN
SURG-OB	PLAS	OPHT	GYN

NOTE: You may only choose ONE designation per application. To apply for a second designation, please complete and submit a second application.

I have met all of the following:

- ☐ I have a current CNOR.

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	ACTIVITY NAME	PROVIDER	NUMBER OF POINTS

Attestation

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

I acknowledge that If audited, I will be required to provide verification documents such as proof of hours worked in specialty and certificates for course completions. Professional points activities will be validated by the same validation items as outlined in the CNOR Handbook.

Signature: _____ Date: _____

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