



## APPLICATION FOR SPECIALTY DESIGNATION RECERTIFICATION

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

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

**Which designation are you recertifying:**

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 recertify 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 **BOTH** of the following:

- 50 NCPD/100 points
- Currently practicing in this specialty

***Please note the NCPD/Points requirement is not in addition to the CNOR requirement. NCPD and points can be combined with your CNOR requirements.***

### List of courses:

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

**OR**

I have completed 100 professional activity points within the specialty.

### List of professional activity points:

## Attestation

By signing this form, I attest that all information completed as a part of this recertification 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-designation-recertification-application/>

### Additional List of courses:

