



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:

DATE OF ACTIVITY	COURSE NAME	PROVIDER	NUMBER OF CES

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:

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 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:

