

## **CSSM CERTIFICATION FACILITY ORDER FORM TERMS & CONDITIONS**

The CSSM certification facility order form is available to hospitals and health systems interested in bulk purchase of exams for nursing staff.

### **Enrollment**

Facilities must complete the attached facility order form and submit payment. A minimum purchase of five (5) seats is required.

### **Definitions**

- Administrator – The person listed on the order form that manages Participants who take the exam within a facility. This person is the main point of contact with CCI, and CCI requires a minimum of one Administrator per facility.
- Participant – A nurse who is identified on the order form, and enrolled.
- Eligible nurse – A perioperative nurse that meets the eligibility requirements to apply for the CSSM certification.
- CSSM Certification Facility Order Form – A CCI promotion that allows facilities to purchase five (5) or more CSSM certifications for eligible nurses.
- Term – The 12-month period in which Participants must complete the CSSM exam to receive the certification.

### **Program Details**

Participants receive one attempt to pass the CSSM exam within the Term. Upon enrollment, the Administrator will receive an email receipt of payment to confirm the order has been processed and when the Term begins.

In order to participate, applications must be received by 11:59 pm (Eastern Time) on the last day of the ninth (9<sup>th</sup>) month of the Term. Failure to meet each requirement by the specific deadline will result in forfeiture of the applicable exam attempt.

**Term**

The one-year Term will commence as determined by the date CCI approves the CSSM certification facility order form and notifies the Administrator via email. If the approval is between the first (1<sup>st</sup>) and fifteenth (15<sup>th</sup>) of the month, the Term will begin on the first (1<sup>st</sup>) of the calendar month of order approval. If the approval is between the sixteenth (16<sup>th</sup>) and end of the month, the Term will begin on the first (1<sup>st</sup>) of the following month.

**Fees and Payment**

The CSSM certification facility order form includes a discount on CCI's standard fee, with a minimum requirement of five (5) CSSM-eligible nurses. No other discounts apply. The Term will not begin until payment is received. CCI accepts payments in the form of a Credit Card, Check and ACH Payment. A purchase order is not an acceptable form of payment.

**Adding Participants to the Original Term**

Facilities may add additional Participants to their original Term until the end of the fifth (5<sup>th</sup>) month of the Term; however, the original Term will not be extended or modified for new Participants. The attached CSSM certification order form addendum is required to add Participants. You may add one or multiple Participants to the original Term; the five-participant minimum is not required after the initial purchase of five exams. Both the Addendum and payment must be received by the end of the fifth (5<sup>th</sup>) month of the term.

**Guidelines & Restrictions**

- All Participants are subject to CCI's standard testing policies and procedures, as outlined in the [CSSM Handbook](#).
- Facility Participants may request a transfer of their testing appointment to a future date (fee required). The Participant may not withdraw from the exam.
- Once enrolled, Participants cannot transfer to other Participants, and refunds will not be given. Substitutions are not allowed, but you have the right to appeal. Appeals must be in writing, and once received, will be reviewed by CCI in accordance with CCI's Complaint, Disciplinary, and Appeals process as outlined in the [CSSM Handbook](#).
- All exams must be completed by the end of the Term. Any unused exams will be forfeited. Extensions to the original 12-month Term will not be granted.
- Pricing and availability of this promotion is subject to change at any time without notice.

**Contact Us**

Email [partners@cc-institute.org](mailto:partners@cc-institute.org) | Phone 303.368.6725

Please type your information using fillable PDF. Handwritten forms will be returned.

## ADMINISTRATOR INFORMATION

Facility Name	Healthcare System (if applicable)	
Business Address 1	Business Address 2	
City	State	Zip Code
Administrator Name	Credentials	Title
Administrator Work Phone	Administrator Work Email	

## PARTICIPANT INFORMATION – Minimum of five (5) required

1	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
2	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
3	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
4	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
5	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
6	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
7	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
8	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
9	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
10	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID

## PARTICIPANT INFORMATION – If you are enrolling more than 10 Participants, use this additional page

**11**

Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
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**12**

Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
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Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
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Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
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## EXAM PREPARATION

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**CSSM Exam Prep Book \$120** - The *CSSM Exam Prep*, Second Edition, is a comprehensive resource for CSSM test preparation. Featuring case studies, exam tips, and a comprehensive review of all seven subject areas, this guide makes exam prep easy and efficient.

\_\_\_\_\_ X \$120 per eligible candidate = \_\_\_\_\_  
Number of participants Total Due

☐

**CSSM Exam Prep Bundle \$220** - The *CSSM Exam Prep Bundle* includes the CSSM On-Demand Prep Course and the Online Practice Exam contains 380 practice questions to help you prepare for the CSSM exam at your own pace!

\_\_\_\_\_ X \$220 per eligible candidate = \_\_\_\_\_  
Number of participants Total Due

☐

**CSSM On-Demand Prep Course \$195** - The *CSSM On-Demand Prep Course* is an interactive online course designed to provide foundational information relevant to preparing for the CSSM exam. Each chapter has a content presentation with questions interspersed.

\_\_\_\_\_ X \$195 per eligible candidate = \_\_\_\_\_  
Number of participants Total Due

☐

**CSSM Online Practice Exam \$50** - The *CSSM Online Practice Exam* contains 180 practice questions covering all CSSM exam subject areas.

\_\_\_\_\_ X \$50 per eligible candidate = \_\_\_\_\_  
Number of participants Total Due

As a certification organization, CCI's role is in developing and administering certification examinations to determine the qualifications of candidates for certification. CCI does not require or endorse any specific study guides, review products, and/or training courses to prepare for its exams. Candidates may prepare for certification examinations with any educational materials they choose. CCI offers various study resources for the certification examinations such as an online practice exam, sample questions, and flashcards. No study resources are prerequisites for the certification examinations. Purchase of CCI review materials is not a requirement for testing, nor does use of any review materials (CCI or otherwise) imply successful performance on the certification examinations.

## ORDER DETAILS

**Exam Seats** \_\_\_\_\_ X \$368 per eligible candidate = \_\_\_\_\_  
Number of participants Total Due

**Exam Preparation** = \_\_\_\_\_  
Total Due

**Grand Total** = \_\_\_\_\_

## PAYMENT INFORMATION

Payment Method (select one): ☐ ACH Pay ☐ Check ☐ Credit Card ☐ Call CCI with Credit Card

Credit Card Type (select one): ☐ Visa ☐ Discover ☐ MasterCard ☐ American Express

Cardholder Name

Credit Card Number

Expiration Date

CVV Security Code

Billing Zip Code

Signature

Date

## ACH PAYMENT DETAILS

Account Type: Checking

Account Name: Competency & Credentialing Institute

Bank Name: Wells Fargo

Account Number (#): 1440058034

Routing Number (#): 102000076

## CHECK DETAILS

Please include a copy of your order form with your check payment.

Check Number

**Address for Standard Shipping**

Competency & Credentialing  
Institute  
PO BOX 209644  
Dallas, TX 75320-9644

**Address for Overnight Shipping**

Lockbox Services – 209644  
Competency & Credentialing Institute  
2975 Regent Blvd, Suite #100  
Irving, TX 75063

## ORDER PROCESS

1. Complete CSSM certification facility order form and submit with payment to CCI.

**EMAIL:** [partners@cc-institute.org](mailto:partners@cc-institute.org)

2. Your contract will be processed within five (5) business days.
3. Administrators will be notified of contract execution and term.

## TERMS AND CONDITIONS

***By signing or typing my name below, I agree to the Terms and Conditions for this purchase.***

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Signature

Print Name

Date

Please type your information using fillable PDF. Handwritten forms will be returned.

## ADMINISTRATOR INFORMATION

Facility Name	Healthcare System (if applicable)		
Administrator Name	Work Phone	Work Email	
Original Contract Period	Start Date	End Date	

## PARTICIPANT INFORMATION – No minimum required; original facility Term applies

1	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
2	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
3	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
4	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
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9	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
10	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
11	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID



## ORDER DETAILS

<u>Number of participants</u>	X	\$368 per eligible candidate	=	<u>Total Due</u>
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## PAYMENT INFORMATION

Payment Method (select one): ☐ ACH Pay ☐ Check ☐ Credit Card ☐ Call CCI with Credit Card

Credit Card Type (select one): ☐ Visa ☐ Discover ☐ MasterCard ☐ American Express

Credit Card Number

Billing Zip Code

Date

## ACH PAYMENT DETAILS

Account Name: Competency &amp; Credentialing Institute

Routing Number (#): 102000076

[CHECK DETAILS](#)

Please include a copy of your order form with your check payment.

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Check Number

**Address for Overnight Shipping**

Lockbox Services – 209644  
Competency & Credentialing Institute  
2975 Regent Blvd, Suite #100  
Irving, TX 75063

## ORDER PROCESS

1. Complete CSSM certification facility order form addendum and submit with payment to CCI.

**EMAIL:** [partners@cc-institute.org](mailto:partners@cc-institute.org)

2. Your Participants will be added to your original Term within three (3) business days.
3. Administrators will be notified of contract execution and term.

## TERMS AND CONDITIONS

***By signing or typing my name below, I agree to the Terms and Conditions for this purchase.***

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Signature

Print Name

Date