

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 no later than the last day of the ninth (9th) month of the Term. Participants who do not apply for their exam by the ninth (9th) forfeit their ability to test.

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 (1st) and fifteenth (15th) of the month, the Term will begin on the first (1st) of the calendar month of order approval. If the approval is between the sixteenth (16th) and end of the month, the Term will begin on the first (1st) of the following month.

Fees and Payment

The CSSM certification facility order form includes a \$50 discount on CCI's standard \$400 fee, with a minimum requirement of five (5) CSSM-eligible nurses. No other discounts apply. The Term will not begin until payment is received; a purchase order is not a form of payment and will not be accepted as such.

Adding Participants to the Original Term

Facilities may add additional Participants to their original Term until the end of the fifth (5th) 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.

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-insitute.org | Phone 888.257.2667

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

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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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| 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 |
|---|-------|-------|-----------------|

ORDER DETAILS

| | £500 per eligible candidate | Total Due |
|------------------------|-----------------------------|-----------|
| Number of participants | | |

Payment Method ☐ Check (payable to CCI) ☐ Credit Card

| Cardholder Name | Payment Type (Visa, Discover, MasterCard, AmericanExpress) |
|-----------------|--|
| John Doe | Visa |
| Jane Smith | Discover |
| Michael Johnson | MasterCard |
| Sarah Williams | AmericanExpress |

| | | | | |
|--------------------|-----------------|-------------------|------------------|-----------|
| Credit Card Number | Expiration Date | CVV Security Code | Billing Zip Code | Signature |
|--------------------|-----------------|-------------------|------------------|-----------|

ORDER PROCESS

1. Complete CSSM certification facility order form and submit with payment to CCI (a purchase order is not considered payment).
MAIL: CCI Facility Orders, 400 Inverness Pkwy, Suite 265, Englewood, CO 80112
EMAIL: partners@cc-institute.org
FAX: 303.695.8464
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.

| | | |
|-----------|------------|------|
| 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

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

ORDER DETAILS

_____ X \$350 per eligible candidate = _____
Number of participants Total Due

PAYMENT INFORMATION

Payment Method ☐ Check (payable to CCI) ☐ Credit Card

Cardholder Name Payment Type (Visa, Discover, MasterCard, AmericanExpress)

Credit Card Number Expiration Date CVV Security Code Billing Zip Code Signature

ORDER PROCESS

1. Complete CSSM certification facility order form addendum and submit with payment to CCI (a purchase order is not considered payment).
MAIL: CCI Facility Orders, 400 Inverness Pkwy, Suite 265, Englewood, CO 80112
EMAIL: partners@cc-institute.org
FAX: 303.695.8464
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.

Signature Print Name Date