



### CNAMB EXAM TAKE 2 FACILITY PROGRAM TERMS & CONDITIONS

### **Program Eligibility**

The CNAMB Exam Take 2 Facility Program is available to hospitals and health systems interested in bulk purchase of exams for nursing staff.

#### **Enrollment**

Facilities must complete the attached CNAMB Exam Take 2 Facility Order Form and submit payment.

### **Definitions**

- Administrator The person listed on the order form that manages Participants who take the CNAMB 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 CNAMB Exam Take 2 Facility Order Form and enrolled.
- Eligible nurse A perioperative nurse that meets the eligibility requirements to apply for the CNAMB Exam.
- CNAMB Exam Take 2 Facility Program A CCI promotion that allows facilities to purchase five (5) or more CNAMB Exams for eligible nurses at a discounted rate. The program includes two exam takes per Participant in a 12-month period if the first attempt is unsuccessful.
- Term The 12-month period in which Participants must take the CNAMB Exam.

#### **Program Details**

Participants receive two attempts to pass the CNAMB 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.

Participants can access two attempts within the application when the following conditions are met:

- The application for the first attempt must be received by 11:59 pm (Eastern Time) on the last day of the fifth (5th) month of the contract's term.
- The application for the second attempt must be received by 11:59 pm (Eastern Time) on the last day of the ninth (9th) month of the contract's term.

Failure to meet each requirement by the specified deadline will result in the forfeiture of the applicable exam attempt.





### **Term**

The one-year Term will commence as determined by the date CCI approves the CNAMB Exam Take 2 Facility Order Form and notifies the Administrator via email. If the approval is between the first  $(1_{st})$  and fifteenth  $(15_{th})$  of the month, the Term will begin on the first  $(1_{st})$  of the calendar month of order approval. If the approval is between the sixteenth  $(16_{th})$  and end of the month, the Term will begin on the first  $(1_{st})$  of the following month.

### **Fees and Payment**

The CNAMB Exam Take 2 Facility Program includes a \$45 discount on CCI's standard \$420 Take 2 fee, with a minimum requirement of five (5) CNAMB-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 (5th) month of the Term; however, the original Term will not be extended or modified for new Participants. The attached CNAMB Exam Take 2 Facility Participant 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 CNAMB 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. Both exam takes must still be completed in the original 12-month Term.
- 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 CNAMB Handbook
- All exam attempts must be completed by the end of the Term. Any unused attempts will be forfeited. Extensions to the original 12-month Term will not be granted.
- Participants who pass the CNAMB Exam on the first attempt will not receive another exam attempt. The second attempt cannot be transferred to another nurse and is non-refundable.
- Pricing and availability of this promotion is subject to change at any time without notice.

#### **Contact Us**

Email <a href="mailto:partners@cc-institute.org">partners@cc-institute.org</a> | Phone 888.257.2667



# CNAMB EXAM TAKE 2 FACILITY ORDER FORM | INVOICE

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

### ADMINISTRATOR INFORMATION

Facility Name	Healthcare System	Healthcare System (if applicable)			
Business Address 1	Business Address 2	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		
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID		
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID		
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID		
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID		
6					
Legal Name (from yourgovernment-issued ID)  7	Email	Phone	CCI Customer ID		
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID		
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID		
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID		
10					



Legal Name (from your government-issued ID)

Phone

CCI Customer ID

Email

# 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
12				
	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
13				
-5	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
14				
	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
15				
	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
16				
-0	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
17				
	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
18				
	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
19				
_	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
20				
	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
21				
	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
22				
	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
23				
	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
24				
	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
25				
-	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
26				
	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID



EXAM PREPARATION		
CNAMB On-Demand Prep Course \$195 provide foundational information relevant t	<del>-</del>	urse is an interactive online course designed to
Number of participants	\$195 per eligible candidate	Total Due
certification. CCI does not require or endorse any spe prepare for certification examinations with any educa	cific study guides, review products, and/o tional materials they choose. CCI offers van nd flashcards. No study resources are pren	nations to determine the qualifications of candidates for r training courses to prepare for its exams. Candidates may rious study resources for the certification examinations equisites for the certification examinations. Purchase of or otherwise) imply successful performance on the
ORDER DETAILS		
The CNAMB Exam Take 2 Facility Prog  X  Exam Seats Number of participants	\$375 per eligible candidate =  Exam Preparation =	Total Due
PAYMENT INFORMATION		
Payment Method (select one): ACH Pay	Check Cred	it Card Call CCI with Credit Card
Credit Card Type (select one): Visa	Discover Mas	sterCard American Express
Cardholder Name	Cree	dit 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 913614 Denver, CO 80291-3614 Address for **Overnight Shipping** 

Lockbox Service: 913614 Competency & Credentialing Institute MAC C7301-L10 1750 Lincoln St Denver, CO 80274-002

### ORDER PROCESS

1. Complete CNAMB Exam Take 2 Facility Order Form and submit with payment to CCI.

EMAIL: 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.

Signature Print Name Date





# CNAMB EXAM TAKE 2 FACILITY PARTICIPANT ADDENDUM

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

	ADMINISTRATOR INFORMATION					
Facility Name		Healthcare System (i	Healthcare System (if applicable)			
A	dministrator Name	Work Phone		Work Email		
0	riginal Contract Period	Start Date		End Date		
	PARTICIPANT INFORMATION - N	o minimum require	ed; 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		
_			e.ie	33. 33.5.113. 13		
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)	Farail	Phone	CCI Customer ID		
	Legal Name (from your government-issued ib)	Email	Phone	CCI Customer ID		
9	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID		
1	0					
	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID		

Email



Legal Name (from your government-issued ID)

Phone

CCI Customer ID

Number of participants	\$375 per eligible candidate =	Total Due		
PAYMENT INFORMATION				
Payment Method (select one):  Credit Card Type (select one):  Visa	Check Credit C			
Cardholder Name	Credit C	ard 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 Accou	nt 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 913614 Denver, CO 80291-3614

### Address for **Overnight Shipping**

Lockbox Service: 913614 Competency & Credentialing Institute MAC C7301-L10 1750 Lincoln St Denver, CO 80274-002



ORDER DETAILS

# ORDER PROCESS

EMAIL: partners@cc-institute.org

2. \	Your Participants	will be added to your orig	ginal Term within three (3) busines	ss days.		
3. /	Administrators w	ill be notified of contract	execution and term.			
ERM	IS AND CO	NDITIONS				
		By signing or typing my r	name below, I agree to the Terms	and Conditions for this purc	hase.	
Sign	ature		Print Name		Date	

1. Complete CNAMB Exam Take 2 Facility Participant Addendum and submit with payment to CCI.

