

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.

In order to receive two attempts within the Term, Participants must apply to take their first exam no later than the last day of the fifth (5th) month of the Term, and their second attempt no later than the last day of the ninth (9th) month of the Term. Participants who do not apply for their first exam by the end of the fifth (5th) month of the Term forfeit their second take. In this case, the Participant must apply to take their first exam by the end of the ninth (9th) month of the Term. If this requirement is not met, the Participant forfeits their first take.

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 (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 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 or 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 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

ORDER DETAILS

The CNAMB Exam Take 2 Facility Program includes two exam takes in a 12-month period if the first attempt is unsuccessful.

_____ X \$375 per eligible candidate = _____
Number of participants Total Due

PAYMENT INFORMATION

Payment Method (select one): ACH Payment 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

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

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	_____	_____	_____	_____
	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	_____	_____	_____	_____
	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

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

ADMINISTRATOR INFORMATION

Facility Name	Healthcare System (if applicable)
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Administrator Name	Work Phone	Work Email
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Original Contract Period	Start Date	End Date
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PARTICIPANT INFORMATION – No minimum required; original facility Term applies

1

Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
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2

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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