



Application for CNS-CP Recertification

On receipt of this application and the \$394 fee (\$354 if application for recertification is submitted by March 31st), you will be provided with access to an electronic account and the materials to complete your CNS-CP recertification.

RECERTIFICATION APPLICATION SUBMISSION

Applications must be submitted via e-mail:

cns-cp@cc-institute.org

APPLICANT INFORMATION

Legal name: _____ Primary phone: _____ Cell Home Work

(As shown on driver's license or passport)

Home Address: Street: _____ City: _____ State: _____ Zip: _____

Primary e-mail _____

CNOR number identification number (if held): _____ Certification valid through (date) _____ *Note: This information is required to qualify for discount*

EMPLOYMENT HISTORY

(Note: Starting with your current employer, list only the employers related to practice hour requirements for eligibility purposes)

Current Employer	Title/position		
Employer Address	City	State	Zip
Work phone	Work email		
Start Date	Hours per week		
Supervisor's Name	Supervisor's Phone		
Supervisor's email			
Past Employer	Title/position		
Past Employer Address	City	State	Zip
Work phone	Work email	Hours per Week	
Start Date	End Date		
Supervisor's Name	Supervisor's Phone		
Supervisor's email			

LICENSURE

RN License Number	Expiration Date
APRN License Number (if held)	Expiration Date

My state does not license CNSs as APRNs

State(s) in which you are currently licensed

Check the appropriate boxes to verify your eligibility:

- Hold an active CNS-CP credential.
- Hold a current, unrestricted RN and/or APRN license.
- Be currently employed as a CNS in the perioperative setting in one or more of the following areas:
 - Clinical expert in delivery of advanced perioperative care
 - Consultant (intra- and multidisciplinary)
 - Educator of nurses, other healthcare providers, patient, family, and/or community
 - Researcher

PAYMENT INFORMATION

Please call CCI at 888-257-2667 to pay the recertification application fee of \$394 (\$354 for recertification applications submitted by March 31st).

STATEMENT OF UNDERSTANDING

By completing this recertification application and submitting the recertification fee, I understand that I am applying to recertify my CNS-CP credential.

I understand that the information collected during my recertification process may be used for statistical purposes to evaluate the recertification program. Any such information will be compiled with other program and certificant data and reported in aggregate, and I hereby grant CCI permission to use my information in this manner.

I understand that the information contained in my certification records is private and shall be held in confidence. Competency and Credentialing Institute, as administrator of the CNS-CP credential will take reasonable precautions to protect and safeguard my information and shall not use, or allow it to be used, for any purposes other than the above stated, without my written permission.

To the best of my knowledge, the information in this recertification application is true, complete, correct, and made in good faith.

By signing below, I affirm and attest that I have read and agree to the terms of this Statement of Understanding.

Please note: your signature must be original. Print out the completed form to sign.

Signature

Questions? Please contact cns-cp@cc-institute.org