CNS-CP

Application for CNS-CP Recertification

On receipt of this application and the $350 fee ($310 if application for recertification is submitted by June 30th), you will be provided with access to an electronic account and the materials to complete your CNS-CPR recertification.

RECERTIFICATION APPLICATION SUBMISSION

By mail:

CCI

Attn: CNS-CP Certification Application

400 Inverness Pkwy, Suite 265

Englewood, CO 80112

By Fax:

(303) 695-8464

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

I authorize my credit card to be charged the recertification application fee of $350 ($310 for recertification applications submitted by June 30th).

- ☐ Visa
- ☐ Mastercard
- ☐ Discover Card
- ☐ American Express

_____ _____/_____ _____

Credit Card Number (required for credit card payment) Expiration month/year Security Code

Billing State: _____ **Zip Code:** _____

Amount to be charged to my credit card: $_____

Card holder signature **Today's date**

_____ _____

☐ Check or money order (Make payable to "CCI")

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.

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