



Application for CNS-CP Certification by Professional Portfolio

On receipt of this application and the \$375 fee (\$335 if applicant also holds the CNOR credential), you will be provided with access to an electronic account and the materials to complete your CNS-CP professional portfolio.

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:

- I am currently working full- or part-time as an advanced practice Clinical Nurse Specialist in the perioperative setting.
- I hold a current, full, unrestricted RN and/or APRN license in the United States.
- I have a minimum of 2 years and 2,400 hours of work experience in the perioperative setting.
- If my accredited CNS program did NOT meet current accreditation standards (e.g., 3 P's, population-specific courses, and a 500-hour clinical practicum), I have 2 years and 2,400 hours as a practicing CNS in the perioperative setting.

PAYMENT INFORMATION

I authorize my credit card to be charged the application fee of \$375 (\$335 for CNOR certificants)

- 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 application and submitting the application fee, I understand that I am applying for the CNS-CP credential.

I understand that the information collected during my certification process may be used for statistical purposes to evaluate the certification 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 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