

The Nurses' Certification Support Fund

APPLICATION INFORMATION

The Nurses' Certification Support Fund, a special branch of the Nurses' Professional Development Fund, was developed to assist UVAHS nurses in funding the process of achieving certifications. **If approved, applicants for initial certification will receive up to \$325, and applicants for recertification will receive up to \$100.** Applicants can only apply for funding once per year.

Criteria:

- Nurses must have already taken and passed the certification examination in order to apply for reimbursement through the fund, and must submit a copy of their new certification card with the application.
- The certification being reimbursed must be one appearing on the "Eligible Certifications" list (see below).
- An application for reimbursement must be made within six (6) months of passing the certification exam.
- The applicant must have worked at UVAHS for at least one year.
- The applicant's manager must provide supportive comments on the application.
- **Please note:** In order to distribute limited funds as broadly as possible, each RN is eligible to receive certification support funding **only once** per year.
- Recipients must commit to six (6) months of continued employment following receipt of certification funds.

Application Process: Submit this application to the PNSO Support Office after successful completion of the certification class (see address below). Funds are distributed based on clinical career ladder level (priority is given to Clinicians II and III; however, all clinical levels may apply, as long as the certification is not one required for the role), years of service at UVA, and availability of monies in the Certification Support Fund. A decision letter is sent to each applicant regarding funding status.

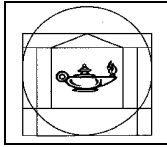
The Professional Development Committee is building a certification study-resource section in the Health Sciences Library, based on donations from nurses who have finished using their own certification materials. Please consider donating study materials! For more information on donating or accessing these materials, contact Elaine Attridge at 924-2507 or emb7a@virginia.edu.

INSTRUCTIONS:

- Check the attached Eligible Certifications list to confirm the eligibility of your application.
- Prepare your application packet:
 - ▢ Complete the information on the application form below.
 - ▢ **IMPORTANT: Attach a copy of your Certification Card** when submitting your application.
 - ▢ **IMPORTANT: Attach the original receipt for the Certification Exam Fee.**
- Submit your application packet to the PNSO Support Office after successfully passing the certification exam.
- NOTE: Your application must be made within 6 months of passing your certification exam.

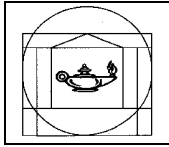
Send application materials to:

PNSO Support Office
Box 800135, McKim Hall Room 1055
(Phone 434-924-8780)



CERTIFICATION SUPPORT FUND APPLICATION FORM

Date of Application: ____ Initial Certification ____ Recertification	Applicant's Name and Clinical Level/Title:
Applicant's Clinical Level/Title: (Check one) <input type="checkbox"/> Full-time Clin 2, Clin 3 or full-time unit-based Wage <input type="checkbox"/> Part-time Clin 2, Clin 3 or part-time unit-based Wage <input type="checkbox"/> Per Diem Pool <input type="checkbox"/> Advanced Practice Nurse, e.g., Clin 4, APN 1 or APN 2, and Nurse Manager ____ Full-time ____ Flex	Length of Nursing Service at UVAHS (no. of years): (Note: Preference given to length of nursing service at UVA; must have been employed here for at least 1 year to be eligible to apply.)
Email Address:	Social Security Number:
Unit/Clinic/Department Where Employed:	
Home Address:	
Work Phone:	Home Phone:
Note: Last 4 digits of SSN and home information are kept confidential. Accounting needs this information to create the funding check. If you prefer, you can leave these items blank until notified of funding status.	
Name of Certification (refer to Eligibility List below): Abbreviation: Name of Certifying Body:	How does this certification enhance your job?
Date of Exam: Passed the Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No Remember to submit copy of Certification Card!	Expenses of Certification Process: Exam Fee: \$ _____ *must attach original receipt Review Course Fees: \$ _____ Materials Costs: \$ _____ Other: _____ \$ _____
Have you already received, or will you receive, funding from other UVA sources? <input type="checkbox"/> Yes <input type="checkbox"/> No • If Yes, how much? _____ • If No, Manager must confirm in "Manager Comments" section that other sources of funding are unavailable.	Have you applied to the Professional Development Fund before? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, did you receive funding? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you applied to the Certification Support Fund before? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, did you receive funding? <input type="checkbox"/> Yes* <input type="checkbox"/> No (* Note: to distribute limited funds as broadly as possible, each RN is eligible to receive Certification Support funding only once.)
Supporting Comments from Manager: Pursuit of certification has been pre-negotiated as part of the individual/area Professional Development Plan. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not pre-negotiated, but I support this individual's certification. Certification is relevant to our practice area. <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: No other UVA funding source for this Certification is available, including local funds. <input type="checkbox"/> True <input type="checkbox"/> No Comments: Signed: _____ Title: _____	



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ELIGIBLE CERTIFICATIONS LIST (revised August 20th 2007)

The PNSO Professional Development Committee reviews this list annually, with approval from the Chief Nursing Officer. If you have questions or suggestions regarding the list, please email PNSO@virginia.edu.

The following role-appropriate Baccalaureate and Associate/Diploma level American Nurses Credentialing Center exams:

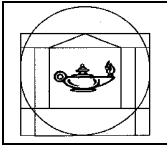
- Ambulatory Care Nurse: **RN, BC/C**
- Cardiac Vascular Nurse: **RN, BC/C**
- Case Management: **RN, BC/C**
- Gerontological Nurse: **RN, BC/C**
- Home Health Nurse: **RN, BC/C**
- Med-Surg Nurse: **RN, BC/C**
- Nursing Administration: **RN, BC/C**
- Professional Development Nurse: **RN, BC/C**
- Pediatric Nurse: **RN, BC/C**
- Perinatal Nurse: **RN, BC/C**
- **Psych & Mental Health Nurse: RN, BC/C**

Certification defines competency in specialty practice and contributes to optimal patient outcomes. Certification is encouraged and recognized as a significant achievement throughout the UVAHS. The above listing includes those certifications currently receiving support via the PNSO. The Professional Development Committee will evaluate the list annually.

(Reviewed and updated-August 20th 2007)

The following 79 nationally-recognized Specialty Organizations and Accrediting Bodies within role specifications:

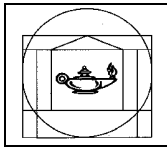
- Addictions Registered Nurse(International Nursing Society on Addictions) **CARN**
- Advanced AIDS Certified Registered Nurse **AACRN**
- Advanced Practice Addictions Nurse **CARN-AP**
- AIDS/HIV Certified Registered Nurse (HIV/AIDS Nursing Certification Board) **ACRN**
- Certified Ambulatory Perianesthesia Nurse **CAPA**
- Certified Asthma Educator (National Asthma Educator Certification Board) **AE-C**
- Certified Breastfeeding Educator (Certification of Breastfeeding Educators) **CBE**
- Certified Case Management Nurse (Commission for Case Manager Certification) **CCM**
- Certified Childbirth Educator **CCE**
- Certified Clinical Transplant Coordinator (American Board for Transplant Certification) **CCTC**
- Certified Developmental Disabilities Nurse (Developmental Disabilities Nurses Association) **CDDN**
- Certified Enterostomal Therapy Nurse **CETN**
- Certified Flight Nurse (Board of Certification for Emergency Nursing) **CFRN**
- Certified Foot Care Nurse (Wound Ostomy Continence Certification Board) **CFCN**
- Certified Health Education Specialist **CHES**
- Certified Hemodialysis Nurse **CHN**
- Certified Legal Nurse Consultant (National Alliance of Certified Legal Nurse Consultants) **CLNC**
- Certified Life Care Planner **CLCP**
- Certified Managed Care Nursing (American Board Of Managed Care Medicine) **CMCN**
- Certified Menopause Educator (North American Menopause Society) **CME**
- Certified Nurse Midwife (American College of Nurse Midwives) **CNM**
- Certified Nutrition Support Nurse (National Board of Nutrition Support Certification) **CNSN**
- Certified Nursing Administrator (American Nurses Credentialing Center) **CNA, CNAA**
- Certified Peritoneal Dialysis Nurse (Board of Nephrology Examiners Nursing & Technology) **CPDN**
- Certified Plastic Surgical Nurse (Plastic Surgical Nurse Certification Board) **CPSN**
- Certified Post Anesthesia Nurse (American Board of Perianesthesia Nursing) **CPAN**
- Certified Procurement Transplant Coordinator (American Board for Transplant Certification) **CPTC**
- Certified Registered Nurse First Assistant (Certification Board Peri operative Nursing) **CRNFA**



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- Certified Registered Nurse in Infection Control **CIC**
- Certified Registered Nurse In Ophthalmology (American Society of Ophthalmic Registered Nurses) **CRNO**
- Certified Transport Registered Nurse (Emergency Nurses Association) **CTRN** (*same organization as CEN & CFRN*)
- Certified Wound Care Nurse (Wound, Ostomy Continence Nursing Certification Board) **CWOCN/CWCN/COCN/CCCN**
- Certified Wound Ostomy Nurse (Wound Ostomy Continence Nurses Certification Board) **CWON**
- Clinical Nurse Specialist (**Adult, Gerontological, Public/Community Health**) **APRN, BC**
- Community Health Nurse **CHN**
- Critical Care Clinical Nurse Specialist (American Association of Critical Care Nurses) **CCNS**
- Critical Care Registered Nurse-Adult, Neonatal & Pediatric (AACN Certification Corporation) **CCRN**
- Dermatology Nurse Certified (Dermatology Nurses Association) **DNC**
- Diabetes Nurse (National Certification Board for Diabetes Educator) **CDE**
- Emergency Nurse (ENA Board of Certification for Emergency Nursing) **CEN**
- Gastroenterology Nurse (Certifying Board of Gastroenterology Nurses & Assoc) **CGRN**
- Holistic Nurse (American Holistic Nurses Association) **HN-BC /AHN-BC**
- Hospice & Palliative Care Nurse (National Board for Certification of Hospice & Palliative Nurses) **CHPN, ACHPN**
- Infusion Nurse (Infusion Nurses Society's Certification Corporation) **CRNI**
- Inpatient Obstetric Nurse (National Certification Corporation) **RNC: INPT**
- Lactation Consultant (International Board of Lactation Consultant Examiners) **IBCLC**
- Legal Nurse Consultant Certified (American Legal Nurse Consultant Certification Board) **LNCC**
- Maternal Newborn Nurse (National Certification Corporation) **RNC: MN**
- Med-Surg Nurse (Academy of Medical-Surgical Nurses' Certification Board) **CMSRN**
- Neonatal Intensive Care Nurse (National Certification Corporation) **RNC: NIC**
- Nephrology Nurse (Nephrology Nurses' Certification Commission) **CNN** or **CDN**
- Neuroscience Nurse (American Board of Neuroscience Nursing) **CNRN**
- Occupational Health Nurse (American Board of Occupational Health Nurse) **COHN/COHNS**
- Oncology Nurse (Oncology Nursing Certification Corporation) **OCN/CPON/AOCN/CRNO**
- Orthopedic Nurse (Orthopedic Nurses Certification Board) **ONC**
- Otorhinolaryngology and Head-Neck Nurse (National Certifying Board of Otorhinolaryngology and Head-Neck Nurses) **CORLN**
- Pain Management Nurse(American Academy of Pain Management) **FAAPM**
- Pediatric Nurse (National Certification Board of Pediatric Nurses) **CPN**
- Perioperative Nurse (Certification Board of Perioperative Nursing) **CNOR**
- Progressive Care Nurse (American association Critical care Nurses) **PCCN**
- Quality Registered Nurse (Healthcare Certification Board) **CPHQ**
- Radiology Certified Nurse (American Association of Radiology Nurses) **CRN**
- Registered Health Information Administrator (American Health Information Management Association AHIMA-**RHIA**)
- Rehabilitation Nurse (Rehabilitation Nursing Certification Board) **CRRN**
- Research Registered Nurse (Association of Clinical Research Professionals) **CRA/CRC**
- Sexual Assault Nurse Examiner (International Association of Forensic Nurses) **SANE-A**
- Transcultural Certified Registered Nurse (Transcultural Nurses Certification Corp) **CTN**
- Transplant Nurse (NATCO's American Board for Transplant Certification) **CCTN**
- Urology Nurse (Certification Board for Urology Nurses and Associates) **CURN**



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Applicant's Name _____ Clinical Level _____ Date of Review _____

Is this for initial certification? Yes No

Is this for recertification? Yes No

CERTIFICATION APPLICATION ASSESSMENT WORKSHEET

(For Committee Reviewer use only; included for applicant's information on the decision-making process)

Eligibility Essentials -- Some answers automatically disqualify the application:

- Certification is on Eligibility List Yes No - disqualify
- Applicant already passed the Certification Exam Yes No - disqualify
- Applicant submitted Certification Card as evidence Yes No - disqualify
- Manager provided signed supportive comments Yes No - disqualify
- Applicant has previously received Certification Support Funding No Yes - disqualify
- Applicant has worked at UVAHS at least one year Yes No - disqualify

Weighted criteria help fairly distinguish between applications, in the event that limited monies are available within the fund and not all applicants would be able to be funded.

Weighted Criterion 1: What is Applicant's Clinical Level?

Applicant's Points: _____

- Full-time Clin 2, Clin 3 or full-time unit-based Wage = 10 points
- Part-time Clin 2, Clin 3 or part-time unit-based Wage = 8 points
- All Per Diem Pool = 7 points
- Advanced Practice Nurse, e.g., Clin 4, APN 1 or APN 2, and Nurse Manager = 5 points

Weighted Criterion 2: Applicant's Years of Nursing at UVAHS

Applicant's Points: _____

- 9 or more years = 10 points
- 4-8 years = 5 points
- 1-3 years = 1 point

Weighted Criterion 3: Has Applicant requested funding before?

(Preference given to applicants who have previously been denied funding)

Applicant's Points: _____

- Yes, either PD Fund or Certification Support Fund - was rejected in past due to lack of funds = 10 points
- Yes, either PD Fund or Certification Support Fund - previous application was denied = 7 points
- Never applied before, and this application meets qualifications = 5 points

TOTAL POINTS _____

FOLLOW-UP NOTATIONS FOR APPLICATION RECORDS:

Applicant Selected for Funding?

Yes No – Reasons: _____

Date on which Letter sent, informing Applicant of funding status: _____

We received information for Accounting: SSN Home Address Home Phone

If not funded, any follow-up (if requested) _____

With which Committee Member _____

Notes on conversation: _____