

Certification Quick Guide – Updated 5 2018

ANCC Success Pays (American Nurses Credentialing Center):

<https://www.nursingworld.org/certification/>

Eligible IU Health Nurses may take the following certification exams offered by the ANCC:

Ambulatory Care Nursing	National Healthcare Disaster	Child/Adolescent Psychiatric–
Cardiac Rehabilitation Nursing	Acute Care Nurse Practitioner	Mental Health Clinical Nurse
Cardiac-Vascular Nursing	Adult Nurse Practitioner	Specialist
Certified Vascular Nurse	Adult-Gerontology Acute Care Nurse	Clinical Nurse Specialist Core
College Health Nursing Community Health	Practitioner	Gerontological Clinical Nurse
Nursing General Nursing Practice	Adult-Gerontology Primary Care Nurse	Specialist
Gerontological Nursing	Practitioner	Pediatric Clinical Nurse Specialist
Home Health Nursing	Adult Psychiatric-Mental Health Nurse	Public/Community Health Clinical
Informatics Nursing	Practitioner	Nurse Specialist
Medical-Surgical Nursing	Family Nurse Practitioner	Emergency Nurse Practitioner
Nurse Executive	Pediatric Primary Care Nurse Practitioner	Faith Community Nursing
Nurse Executive—Advanced Nursing	Psychiatric–Mental Health Nurse Practitioner	Forensic Nursing—Advanced
Case Management	School Nurse Practitioner	Genetics Nursing—Advanced
Nursing Professional Development	Adult-Gerontology Clinical Nurse Specialist	Hemostasis Nursing
Pain Management Nursing	Adult Health Clinical Nurse Specialist	Public Health Nursing—Advanced
Pediatric Nursing	Adult Psychiatric–Mental Health Clinical	Rheumatology Nursing
Perinatal Nursing	Nurse Specialist	
Psychiatric–Mental Health Nursing		
School Nursing		
Genetics Nursing—Advanced		
Hemostasis Nursing		

Step 1: Eligible IU Health nurses must complete the Certification Request form (Appendix B) and obtain approval (signatures from their manager). This form is then given to their facility certification contact.

Step 2: Once the nurse has approval to take his/her respective exam, the facility certification contact provides the code for the nurse to submit to the ANCC.

Step 3: If the nurse fails, they may retake the test one additional time during the contract period.

ONCC (Oncology Nursing Certification Program) <http://www.oncc.org/certifications>

Eligible IU Health Nurses may take the following certification exams offered by the ONCC:

AOCNP – Advanced Oncology CNP	AOCNS – Advanced Oncology CNS
BMTCN – BMT Certified RN	CBCN – Certified Breast Care Nurse
CPHON – Certified Pediatric Hematology Oncology Nurse	OCN – Oncology Certified Nurse

Step 1: Eligible IU Health nurses must complete the Certification Request form (Appendix B) and obtain approval (signatures) from their manager. This form is then given to their facility certification contact.

Step 2: The facility certification contact sends the completed form to Sandy Headford. Sandy will then send the facility certification contact a signed application.

Step 3: The facility certification contact will send the signed application to the clinical nurse wishing to sit for the exam. The clinical nurse submits the signed application along with the required documentation of eligibility (e.g. CE certificates, transcripts) to the ONCC FreeTake program.

AACN Certification Value Program (American Assoc. of Critical Care Nurses)

<https://www.aacn.org/certification>

Eligible IUH Nurses may use a voucher purchased by IU Health to take one of the following exams:

CCRN – Adult (Acute Critical Care Nursing)
CCRN – Pediatric (Acute Critical Care Nursing)
CCRN – Neonatal (Acute Critical Care Nursing)
CCRN – E (Tele-ICU)

CCRN – K – Adult (Educ, CNS, Mgr, Supervisor)
CCRN – K – Pediatric (Educ, CNS, Mgr, Supervisor)
CCRN – K – Neonatal (Educ, CNS, Mgr, Supervisor)
PCCN (Progressive Care)

Step 1: Eligible IUH nurses must complete the complete the Certification Request form (Appendix B) and obtain approval (signatures) from their manager.

Step 2: The facility certification contact sends the completed form to Sandy Headford. Sandy will then send the facility certification contact the requested voucher. (That employee’s department must provide the cost center number to reimburse Nursing Administration for the cost of the voucher.)

BCEN “Yes You Can!” (Board of Certification for Emergency Nursing) Voucher Program

<https://www.bcencertifications.org/Yes-You-Can>

Eligible IUH Nurses may take the following certification exams offered by the BCEN (Board of Certification for Emergency Nursing):

CEN – Certified Emergency Nurse
CFRN – Certified Flight Registered Nurse
CTRN – Certified Transport Registered Nurse

CPEN – Certified Emergency Pediatric Nurse
TCRN – Trauma Certified Registered Nurse

Step 1: Eligible IUH nurses must complete the Certification Request form (Appendix B) and obtain approval (signatures) from their manager.

Step 2: The facility certification contact sends the completed form to Sandy Headford. Sandy will then send the requested voucher number for the BCEN program to the applicant. (The employee’s department must provide the cost center number to reimburse Nursing Administration for the cost of the voucher.)

Note: *IU Health nurses that work in the AHC EMTC will follow the process already in place for that area. Please contact Angie DeMott (ademott@iuhealth.org) with questions.*

Certification: ANCC Success Pays, ONCC FREETAKE, AACN/BCEN Voucher

APPLICANT INFORMATION

Date of Submission: _____

Name: _____ Position: _____

Unit/ /Facility: _____ Cost Center to Charge: _____

Home Address: _____

Preferred email: _____ Preferred phone: _____

CERTIFICATION INFORMATION

Exam Date: _____

Certification: _____

Certification is accepted by the ANCC Magnet Recognition Program

If applicable, Certification is accredited by:

American Board of Nursing Specialties (ABNS) or National Comm for Certifying Agencies (NCCA)

This is my first second certification in my current area of practice

I have read and understand my professional responsibilities and timeframes for testing, providing proof of pass/fail to my leadership office and entering my certification into Lawson per policy NADM 1.24 AP.

Signature: _____ Date: _____

MANAGER AND DIRECTOR SUPPORT

Manager Signature: _____ Date: _____

Director Signature: _____ Date: _____

CNO/AMBULATORY/PROCEDURAL LEADER APPROVAL Approved Not Approved

Signature: _____ Date: _____

ANCC SUCCESS PAYS/ONCC Freetake/ACCN /BCEN Voucher/Process Steps/Office Processing

Date Access Code/Voucher given to employee _____

Date employee provided pass/fail proof to this office _____

