



Let's Get Certified – phase III

U.S. Department of Veterans Affairs • U.S. Department of Defense (DoD)

The Infusion Nurses Certification Corporation (INCC) is pleased to support the *“Let's Get Certified Campaign”* by offering a \$75 discount on our Certified Registered Nurse Infusion (CRNI®) certification exam. In addition, we are offering a 20% discount on several of our CRNI® exam prep materials.

To complete an application at the discounted price, visit the INCC *“Let's Get Certified Campaign”* Web page at: www.incc1.org/LetsGetCertified. You will also find an LGC study resource form on the site. Only those applications completed on the official LGC form and including the coupon below will be entitled to the discount.

CRNI® Discounted Pricing

- CRNI® Exam Application
 - \$75 discount off all levels of pricing (see INCC Web site)
- CRNI® Exam Prep Materials
 - 20% discount off the member price
 - Includes:
 - Infusion Nursing: An Evidence-Based Approach
 - Infusion Nursing Standards of Practice
 - CRNI® Exam Preparation Guide and Practice Questions
 - Core Curriculum for Infusion Nursing
 - CRNI® Examination Preparatory Review CD-ROM

Let's Get Certified discounts/rates are available from June 1, 2010, to May 30, 2011

For more information on the INCC CRNI® Examination or the *Let's Get Certified Campaign*, please contact INCC at **(800) 434-INCC** or visit www.incc1.org.



Special One-Time Offer!

This coupon entitles you to \$75 off the CRNI® exam, as well as 20% off CRNI® exam prep materials.

Please complete the following and submit with your registration/order:

Name _____ Membership Number _____

VA Facility _____ Facility Number _____

DoD Facility _____ Facility Location _____

- Army
 Navy
 Air Force
 US Public Health Service Corps



CRNI® Examination Application Form
Let's Get Certified - Phase III

MAIL TO INCC at
 315 Norwood Park South
 Norwood, MA 02062
 (800) 434-INCC
 Fax: (781) 440-9409
 www.incc1.org

Use your legal name on the application. This name must match photo identification used for exam entry and will be the name printed on your certificate.

Ms. Mrs. Mr. Dr.

Last Name _____ First Name _____ Middle Initial _____

INS Membership # _____ exp. date _____ Joining INS Nonmember

PREFERRED ADDRESS

Title _____ Company _____ (if preferred address is business)

Address _____ City _____ State _____ Zip Code _____

(International Only) Province _____ Country _____ Postal Code _____

Preferred Address Home Business (affects mailings from INS and INCC)

Phone Number _____

E-mail Address _____

Which exam are you taking? March _____ or September _____
 Year Year

Application Deadlines		
Applications received after regular deadlines are not guaranteed acceptance and will incur a \$50 late fee.	Early Bird Includes \$50 discount	Regular
March Exam	December 10, 2010	January 10, 2011
September Exam	June 10, 2011	July 10, 2011
Exam Fees		
INS Member	<input type="checkbox"/> \$285	<input type="checkbox"/> \$335
Joining INS <i>(includes 1-year INS membership)</i>	<input type="checkbox"/> \$375	<input type="checkbox"/> \$425
Nonmember	<input type="checkbox"/> \$410	<input type="checkbox"/> \$460

NOTE: INS Membership fees are nonrefundable.

Have you remembered to include the following?

Documentation of your current, active, unrestricted RN license.

Clinical Practice Documentation Form and Affirmation.

Employer Appreciation Information.

Any special requests with appropriate documentation.

Registration Fee (from selection in box) \$ _____

Let's Get Certified Discount \$ **\$75**
 (Subtract \$75 from appropriate registration fee)

Other. Please specify _____ \$ _____

DISCOUNTS CANNOT BE COMBINED

TOTAL fee enclosed

METHOD OF PAYMENT

Check/money order (payable to INCC)

MasterCard VISA AMEX

Card # _____

Exp. Date _____

Signature _____

INCC does not discriminate among candidates on the basis of age, gender, race, religion, national origin, disability, sexual orientation, or marital status.

Clinical Practice Documentation and Affirmation Form

This form is for new certification candidates only.

Recertification candidates should use the form found in the CRNI® *Recertification Handbook*.

Affirmation

By signing and submitting this Affirmation Form, I accept the conditions stated in the Infusion Nurses Certification Corporation CRNI® *Bulletin* concerning the administration of the exam, the reporting of scores, the release of information to INS, and the certification and recertification processes and policies. I certify that the information in this application is true, complete, and correct to the best of my knowledge and is made in good faith. I understand that if any information is later determined to be false, INCC reserves the right to revoke any certification granted on the basis of that false information. I understand that if I take the CRNI® Examination as a means to recertify, I forfeit the option to recertify through continuing education. I understand that the proctors at any assigned test center are authorized by me to take all actions they deem necessary and proper to administer the test securely, fairly, and efficiently. I acknowledge that the proctors may relocate me before or during the exam.

I further affirm that no nursing licensing authority has taken any disciplinary action in relation to my license to practice nursing in any state, and that my license to practice nursing has not been suspended or revoked by any state or jurisdiction.

Candidate Signature

Date

Clinical Practice Documentation

Certification candidates must submit written verification that they meet the clinical practice eligibility criteria for taking the exam. They should be involved in assessing, planning, implementing, and evaluating the care and needs of patients and clients who require infusion therapy in the course of their care. 1,600 hours of direct clinical bedside experience is not a prerequisite; registered nurses functioning as educators, administrators, or researchers in the infusion nursing practice are also eligible. The minimum requirement for clinical practice is 1,600 hours within the two years prior to the date of application.

Please ask your supervisor to sign this Documentation Form. You may duplicate the form and have it completed by as many former employers as it takes to provide evidence of infusion experience equivalent to 1,600 hours within the two years prior to the date of application.

Candidate's name (please print or type) _____

The individual named above is applying for CRNI® certification. Eligibility criteria require candidates to document their clinical experience during the previous two years.

Please complete the following to document the candidate's clinical experience, as defined above.

I verify that _____ was actively involved in the infusion nursing specialty for a minimum of 1,600 total hours within the previous two years.

Supervisor's Signature

Date

Supervisor's Name

Title

Company

Address

City

State

Zip Code

Telephone

Special Accommodation Request Form (if applicable)

Special Accommodations for Candidates with Disabilities

In compliance with the Americans with Disabilities Act of 1990, all reasonable special requests will be accommodated. Complete this Special Accommodation Request Form and submit it to INCC, with your application and fee, and a letter stating your requirements from a healthcare or education professional. *Applications for special accommodations must be received by regular deadlines.*

Scheduling Your Exam

Candidates requesting a special accommodation must schedule their exam by calling AMP at (888) 519-9901.

Candidate Name _____
(Last) (First) (MI)

Test Site Location _____

Please describe briefly the special accommodations you will need _____

(Signature)



CRNI® Study Aid Order Form
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MAIL TO INCC at
 315 Norwood Park South
 Norwood, MA 02062
 (800) 434-INCC
 Fax: (781) 440-9409
 www.incc1.org

Study Aids can also be ordered at www.incc1.org.

	Quantity	Regular Price	LGC Price	Total
CRNI® Exam Preparation Guide		\$20	\$16	
CRNI® Examination Preparatory Review CD-ROM		\$60	\$48	
Core Curriculum for Infusion Nursing, 3rd ed.		\$51	\$41	
Infusion Nursing Standards of Practice (2006)		\$18	\$15	
Infusion Nursing: An Evidence-Based Approach		\$97	\$78	
		Massachusetts Residents add 6.25% Tax		
		Shipping and Handling (see below)		
			Total	

Check here if joining INS

INS Membership Number _____ Exp. Date _____

Name _____

Title _____ Company _____

(if preferred address is business)

Address _____

City _____ State _____ Zip _____

(International Only)

Province _____ Country _____ Post Code _____

Phone _____ Fax _____

E-mail _____

Method of Payment

Check made payable to INCC

Credit Card MasterCard VISA AMEX

Credit Card Number _____ Exp. Date _____

Signature _____

Shipping & Handling
 Orders up to:

\$75.....	\$10.00
\$120.....	\$12.00
\$150.....	\$15.00
over \$225.....	\$18.00

Please note: All orders are shipped ground. For shipping outside the US, or to Alaska and Hawaii, an additional shipping charge may apply.

LCG