# GUIDELINES FOR RECERTIFICATION THROUGH CONTINUING EDUCATION

**QUALIFICATION CRITERIA**

To apply for recertification through continuing education, 75 nursing contact hours (CH) of continuing education must be submitted for consideration before your current CRNO expires. Ophthalmology specific content is not automatically accepted. Providers must meet the criteria stated below. Know and understand the accreditation requirements.

All CHs must have been completed during the five years prior to the candidate's certification renewal date and may be accumulated in any combination of the following:

- A *minimum* of 60 contact hours must be in sections I through IV of the content outline included in the Certification Handbook for Candidates. These are (I) Ocular Conditions, (II) Pharmacology, (III) Nursing Assessment of the Ophthalmic Patient, and (IV) Ophthalmic Nursing Interventions and Patient Education. Contact hours must be representative of a variety of content areas. All 75 CH may be ophthalmology specific.
- Up to 15 contact hours may be in Academic Courses or on Professional Issues (handbook section V).

**A. CONTINUING EDUCATION PROGRAMS.** These may include workshops, seminars, professional development offerings, home-study courses, webinars, online, and state or national conferences. The continuing education offering must be provided by or approved for nursing contact hours by one of the following (Please note that ACLS, BCLS, PALS, and CPR courses/credits are not accepted toward recertification):

- An organization accredited as a provider or an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC-COA).
- A state nurses association (SNA).
- A Registered Nurse or a Registered Nursing organization that is accredited as a provider of continuing education for nurses by a State Board of Registered Nursing (BRN).
- An ophthalmology-related organization accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide physician CME. One 60 minute physician session accredited by the ACCME equals 1.0 nursing contact hour.

The Contact Hour provider/sponsor must be identified to allow a reviewer to recognize the organization and the type of accreditation they maintain. Use state abbreviations, names of nursing organizations, names of hospital or college, etc. The applicant may be requested to show proof of number of hours for each CH completed.

**B. ACADEMIC COURSES.** Each individual academic credit will be considered as ten (10) CHs. Courses may be undergraduate or graduate level and a transcript of successful completion may be requested.

**C. OTHER TYPES OF CREDIT.** Credits can be earned by participating in the following activities:

- Publication writing: 5 CHs per chapter (limit 25 CHs per renewal)
- Journal article writing: 2 CHs per article (limit 10 CHs per renewal)
- Educational Presentations: 2 CHs per presentation (Limit 10 CHs per renewal. Presentation must be preapproved and last at least 60 minutes to be considered.)
- Multimedia/Poster: 2 CHs per media item (limit 10 CHs per renewal)
- Research Abstract: 1 CH per abstract (limit 5 CHs per renewal)
- Text Book Editor: 10 CHs per text (limit 40 CHs per renewal)

All program information must be listed on the Application for Ophthalmic Nursing Recertification through Continuing Education and must include date, program title, provider or sponsor, type of accreditation and number of CHs awarded. Candidates will be notified of application decision within four weeks of the end of the respective examination period (March 19 or September 24). If criteria are deemed fulfilled, a new five-year certificate, effective the renewal date, will be issued to the CRNO.

**DEADLINES:** All applications for CE recertification must be received by:

- January 31 for those who first certified or recertified in February or March.
- July 31 for those who first certified or recertified in August or September.

**DENIAL OF RECERTIFICATION:** Recertification may be denied for failure to meet the criteria of 75 contact hours as outlined above in the first paragraph of these guidelines, falsification or misrepresentation of information, failure to apply before the stated deadlines, or failure to verify information when proper documentation is requested. Recertification will be denied to any candidate who does not have a current RN license.

**AUDIT:** All applications are subject to potential audit. Copies of certificates and/or transcripts will be requested. Applications will be randomly selected for audit and the candidate will receive written notice of the audit at that time.

**APPEAL PROCESS:** NCBORN provides an appeal mechanism for challenging the denial of recertification. It is the responsibility of the candidate to initiate the process in writing.

**LAPSE:** If certification has lapsed, a candidate must meet current eligibility requirements and take the Certification Examination for Ophthalmic Registered Nurses.

**CONTACT:** Applications for Ophthalmic Nursing Recertification through Continuing Education are available from Professional Testing Corporation, 1350 Broadway, 17th Floor, New York, New York 10018, (www.ptcny.com) or (212) 356-0660.

**COMPLETION OF APPLICATION**

*NOTE: A # 2 pencil or black or blue ink may be used to complete the Application.*

**PAGES 1 AND 2:**

- In the Candidate Information Box on page 1 of the Application, print your name, email, complete address and telephone numbers in the rows of empty boxes, as shown in the marking sample.
- IMPORTANT: At the bottom of the Candidate Information Box, indicate the date(s) of your original NCBORN certification and (if applicable) recertification, then enter your RN license information, including state and expiration date.
- The Eligibility and Background Information Box beginning on page 1 of the Application contains a series of questions identified by the letters A, B, C, D, etc. Fill in the oval that reflects your response to each question. *NOTE: All questions must be answered.*
- Be certain to fill the corresponding ovals completely. Do not make x's, dots, circles, or check marks, but fill the oval completely making your marks dark enough so that the letter in the oval cannot be seen.
- OPTIONAL INFORMATION: The information requested on page 2 of the application form relating to race, gender, and age is optional. It is requested to assist in complying with equal opportunity guidelines. It will be used only in statistical summaries and will in no way affect your recertification.
- Sign and date the application in the space provided at the bottom of page 2.

**PAGES 3, 4 AND 5:**

- Following the directions on pages 3 and 4, and 5 complete Sections A, B, C and D, as appropriate in full.
- Sign and date the authorizing statement in Section E on page 5. *NOTE: Unsigned applications will not be accepted.* Mail the completed application form along with the appropriate fee to:

NCBORN Recertification Processing
Professional Testing Corporation
1350 BROADWAY, 17th FLOOR
NEW YORK, NY 10018

**FEES**

Application fee for Recertification of Ophthalmic Registered Nurses through Continuing Education:

ASORN Member.....$325.00
ASORN NonMember.....$425.00

**CHECK OR MONEY ORDER:** Make payable to PROFESSIONAL TESTING CORPORATION.

**CREDIT CARD:** Complete the Credit Card Payment section on page 2 of the Application.

**NOTE:** There will be no refunds of recertification application fees.

NCBORN
NATIONAL CERTIFYING BOARD FOR OPHTHALMIC REGISTERED NURSES

# Application for Ophthalmic Nursing Recertification through Continuing Education

***MARKING INSTRUCTIONS:*** This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →

A B C D E F 1 2 3 4 5 6

## Candidate Information

**Please enter your Name exactly as it appears on a Government Issued Photo I.D.**

○ Mr.
○ Mrs.
○ Ms.
○ Dr.

First Name

Middle Initial

Last Name

Suffix (Jr., Sr. , etc.)

Home Address - Number and Street

Apartment Number

City

State/Province

Zip/Postal Code

Country

Daytime Phone - -

Evening Phone - -

Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)

Date of Initial Certification / Month Year

Date of Most Recent Recertification / Month Year

State/Province/Country:

License Expiration (Month/Year) / Month Year

Current RN License Number:

## Eligibility and Background Information

*Darken only one choice for each question unless otherwise directed.*

**A. PERCENT OF WORKING TIME CURRENTLY SPENT IN OPHTHALMIC NURSING:**

○ Less than 25%
○ 25 to 50%
○ 51 to 75%
○ More than 75%

**B. PRIMARY AREA OF RESPONSIBILITY:**

○ Administration
○ Office Management
○ Diagnostic Testing
○ Surgical Assisting/Scrub/Circulator
○ Patient Education
○ Patient Care (Office)
○ Patient Care (Bedside)
○ Marketing
○ Nursing Education
○ Other

**C. EXPERIENCE IN OPHTHALMIC NURSING:**

○ 3 - 5 years
○ 6 - 10 years
○ More than 10 years

**D. PRIMARY PRACTICE SETTING:**

○ Private or Group Physician Practice
○ Private or Community Hospital/Clinic
○ University Hospital/Clinic
○ Ambulatory Surgery Center
○ Prepaid Health Plans
○ Governmental
○ Self-employed
○ Other

**E. HIGHEST ACADEMIC LEVEL ATTAINED:**

○ Associate Degree in Nursing
○ Diploma in Nursing
○ Bachelor's Degree in Nursing
○ Bachelor's Degree (non-Nursing)
○ Master's Degree in Nursing
○ Master's Degree (non-Nursing)
○ Doctoral Degree

**F. MEMBER OF ASORN:**

○ No ○ Yes

**G. RECORD TOTAL NUMBER OF CONTACT HOURS FROM PAGE 5.**

**Total Contact Hours:**

***(Continue on page 2)***

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NCBORN
NATIONAL CERTIFYING BOARD FOR OPHTHALMIC REGISTERED NURSES

# Application for Ophthalmic Nursing Recertification through Continuing Education



## Optional Information

**Note:** Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your recertification.

**Race**

- ◯ African American
- ◯ Asian
- ◯ Hispanic
- ◯ Native American
- ◯ White
- ◯ No Response

**Age Range:**

- ◯ Under 25
- ◯ 25 to 29
- ◯ 30 to 39
- ◯ 40 to 49
- ◯ 50 to 59
- ◯ 60+

**Gender:**

- ◯ Male
- ◯ Female

*COMPLETE ALL FOUR PAGES OF THE APPLICATION BEFORE SIGNING BELOW.*

## Candidate Signature

I have read the Handbook for Candidates and the Guidelines for Recertification and understand I am responsible for knowing their contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete.

***CANDIDATE SIGNATURE:*** _____ ***DATE:*** _____

**CREDIT CARD PAYMENT** *If you want to charge your application fee on your credit card provide all of the following information.*

Name (as it appears on your card): _____

Address (as it appears on your statement): _____

_____

Charge my credit card for the total fee of: $ ____

Expiration date (month/year): ____ / ____

Card type: ◯ Visa ◯ MasterCard ◯ American Express

Card Number: ____

Signature: _____

FOR OFFICE USE ONLY
1541
Date

Fee: ____

☐ CC ☐ Check

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 ALL RIGHTS RESERVED 

**NAME** _____

# Documentation Form for CRNO Recertification through Continuing Education

**Directions:** To recertify through continuing education, the candidate must document 75 contact hours (CH) of qualifying continuing education. A minimum of 60 contact hours must be in varied areas of I –IV of the content outline: (I) Ocular Conditions, (II) Pharmacology, (III) Nursing Assessment of the Ophthalmic Patient, (IV) Ophthalmic Nursing Interventions and Patient Education. An individual may accumulate a maximum of 5 contact hours for teaching ophthalmology-specific courses; 1 hour per presentation. The remaining 15 contact hours may be in academic courses or Section (V) of the content outline Professional Issues. All applicable contact hours must have been completed during the five years preceding the candidate's certification renewal date. Contact hours may be accumulated in any combination of (A) continuing education programs, and (B) academic courses. All CRNO's are responsible for maintaining continuing education records used for this Application. All Applications are subject to audit and may be randomly selected for verification of the information provided. Candidates whose Applications are selected for audit will be notified of receipt of Application and will be requested to document all entries.

**A. CONTINUING EDUCATION PROGRAMS** (These may include workshops, seminars, professional development offerings, home-study courses, and state or national conferences approved or provided by an ANCC accredited organization, a SNA, a BRN accredited Registered Nurse or Registered Nurse organization provider, or an ACCME accredited organization (see accreditation definitions on Guidelines for Recertification document). Candidates must have written documentation of the number of hours for each program completed. List programs in date order, beginning with the most recent. Print or type all information.) ACLS, BCLS, PALS and CPR courses are not acceptable for recertification. Please review sample form carefully before completing.

| Mo/Yr of Program | Program Title | Program Code * | Full Name of Program Provider | Accreditation Type | Numbers of Hours |
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* Program Code: W = Workshop/Seminar C = State/National Conferences H = Homestudy/Correspondence I = Internet S = Speaker O = Other

List additional programs on separate sheet of paper, if needed, for 75 hours.
Enclose with but do not staple to Application

***ENTER TOTAL NUMBER OF CONTACT HOURS FROM CONTINUING EDUCATION:*** _____

NAME _____

# Documentation Form for CRNO Recertification through Continuing Education

**B. ACADEMIC COURSES** (Each individual academic credit will be considered as ten (10) contact hours and may be at undergraduate or graduate level. A maximum of 15 contact hours will be eligible. A transcript of successful course completion must be available, if audited. List courses in date order, beginning with the most recent. **Print** or **type** all information.)

| Month/Year Completed | Institution (Name & State) | Course Title | Course Credits | Equivalent Contact Hours (Credit x 10) |
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***ENTER TOTAL NUMBER OF EQUIVALENT CONTACT HOURS FROM ACADEMIC COURSES (maximum 15):*** _____

**C. OTHER TYPES OF CREDIT.** Credits can be earned by participating in the following activities: Publication writing: 5 CHs per chapter (limit 25 CHs per renewal), Journal article writing: 2 CHs per article (limit 10 CHs per renewal), Educational Presentations: 2 CHs per presentation (Limit 10 CHs per renewal. Presentation must be preapproved and last at least 60 minutes to be considered.), Multimedia/Poster: 2 CHs per media item (limit 10 CHs per renewal), Research Abstract: 1 CH per abstract (limit 5 CHs per renewal), Text Book Editor: 10 CHs per text (limit 40 CHs per renewal)

| Month/Year Completed | Publication, Article, Presentation, or Abstract Title | Credit Type* | Number of Chapters, Presentation Time, etc | Equivalent Contact Hours (refer to guidelines) |
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* Credit Type: **P** = Publication Writing J = Journal Article EP = Educational Presentation M/P = Multimedia/Poster RA = Research Abstract TBE = Text Book Editor

***ENTER TOTAL NUMBER OF EQUIVALENT CONTACT HOURS FROM OTHER TYPES OF CREDIT:*** _____

**NAME** _____

# Documentation Form for CRNO Recertification through Continuing Education

**D.** Before signing Candidate Affirmation, PRINT your name exactly as it appears on your current CRNO Certificate:

_____

Name (PRINT)

***ENTER TOTAL CONTACT HOURS HERE AND IN THE BOXES INDICATED ON PAGE 1, ROUNDING TO THE NEAREST WHOLE NUMBER.***

**E. CANDIDATE AUTHORIZATION**

I affirm that all statements given on this Application are true and correct to the best of my knowledge and that the NCBORN is hereby authorized to contact any organization or individual listed hereon to verify my continuing education history.

_____

SIGNATURE Date

_____

Current RN License Number State

**Mail with completed application form and documentation form along with the appropriate fee to:**

**NCBORN Recertification Processing**
**Professional Testing Corporation**
**1350 Broadway, 17th Floor**
**New York, NY 10018**

# SAMPLE

## Documentation Form for CRNO Recertification through Continuing Education

**A. CONTINUING EDUCATION PROGRAMS** (These may include workshops, seminars, professional development offerings, home-study courses, and state or national conferences approved or provided by an ANCC accredited organization, a SNA, a BRN accredited Registered Nurse or Registered Nurse organization provider, or an ACCME accredited organization (see accreditation definitions on in Guidelines for Recertification document). Candidates must have written documentation of the number of hours for each program completed. List programs in date order, beginning with the most recent. Print or type all information.) ACLS, BCLS, PALS and CPR courses are not acceptable for recertification. Please review sample form carefully before completing

| Mo/Yr of Program | Program Title | Program Code * | Full Name of Program Provider | Accreditation Type | Numbers of Hours |
|---|---|---|---|---|---|
| 08/2015 | Combined Ophthalmic Symposium Nurse and Tech Program | C | American Society of Ophthalmic Registered Nurses | ANCC | 11.75 |
| 10/2015 | Ocular Emergencies: Screening Tool and Alert Protocol | H | ASORN Journal/Insight | ANCC | 1.25 |
| 04/2015 | EyeQ Webinar: Compounding Medications | I | American Society of Ophthalmic Registered Nurses | ANCC | 1.0 |

* Program Code: W = Workshop/Seminar C = State/National Conferences H = Homestudy/Correspondence I = Internet S = Speaker O = Other

List additional programs on separate sheet of paper, if needed, for 75 hours. ***ENTER TOTAL NUMBER OF CONTACT HOURS FROM CONTINUING EDUCATION:*** _____

**B. ACADEMIC COURSES** (Each individual academic credit will be considered as ten (10) contact hours and may be at undergraduate or graduate level. A maximum of 15 contact hours will be eligible. A transcript of successful course completion must be available, if audited. List courses in date order, beginning with the most recent. **Print** or **type** all information.)

| Month/Year Completed | Institution (Name & State) | Course Title | Course Credits | Equivalent Contact Hours (Credit x 10) |
|---|---|---|---|---|
| 05/2015 | University of California, Davis | Healthcare Administration | 3 | 30 |
| | | | | |
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***ENTER TOTAL NUMBER OF EQUIVALENT CONTACT HOURS FROM ACADEMIC COURSES (maximum 15):*** _____

**C. OTHER TYPES OF CREDIT.** Credits can be earned by participating in the following activities: Publication writing: 5 CHs per chapter (limit 25 CHs per renewal), Journal article writing: 2 CHs per article (limit 10 CHs per renewal), Educational Presentations: 2 CHs per presentation (Limit 10 CHs per renewal. Presentation must be preapproved and last at least 60 minutes to be considered.), Multimedia/Poster: 2 CHs per media item (limit 10 CHs per renewal), Research Abstract: 1 CH per abstract (limit 5 CHs per renewal), Text Book Editor: 10 CHs per text (limit 40 CHs per renewal)

| Month/Year Completed | Publication, Article, Presentation, or Abstract Title | Credit Type* | Number of Chapters, Presentation Time, etc | Equivalent Contact Hours (refer to guidelines) |
|---|---|---|---|---|
| 10/2014 | Patient profile and follow up compliance in refractive surgery | M/P | 1 | 2 |
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* Credit Type: **P** = Publication Writing J = Journal Article EP = Educational Presentation M/P = Multimedia/Poster RA = Research Abstract TBE = Text Book Editor

***ENTER TOTAL NUMBER OF EQUIVALENT CONTACT HOURS FROM OTHER TYPES OF CREDIT:*** _____