



## CRNFA Certification Application Packet



## CONTENTS

CRNFA Certification Application.....	1
Applicant Information.....	3
Eligibility Requirements.....	4
Statement of Understanding.....	5
ADA Accommodation.....	6
Audit Process.....	6
Verification letter from RNFA program.....	7



## CRNFA CERTIFICATION APPLICATION

### APPLICATION CHECKLIST

The following must be included with your application. All fields and questions are required; incomplete submissions will be returned.

#### For RN Applicants

- CRNFA certification application
- RN License (copies acceptable)
- CNOR certification (copies acceptable)
- Diploma for bachelor's level or higher degree (copies acceptable)
- Certificate of completion for RNFA education/training program (copies acceptable)
- CRNFA Practice Hour Log with a minimum of 2,000 documented hours of practice as an RNFA. Hours may include preoperative, intraoperative, and postoperative patient care. A log template is included in this application.
- For RNFA program graduates with a program completion date of January 1, 2016 or later, a verification letter from the program is required. A template of the documentation letter is found in this packet.
- Payment

#### For APRN Applicants (CNS, NP, CNM, CRNA)

- CRNFA certification application
- RN License (copies acceptable)
- National certification as an APRN (copies acceptable)
- Certificate of completion for RNFA education/training program (copies acceptable)
- CRNFA Practice Hour Log with a minimum of 2,000 documented hours of practice as an RNFA. Hours may include preoperative, intraoperative, and postoperative patient care. A log template is included in this application.
- For RNFA program graduates with a program completion date of January 1, 2016 or later, a verification letter from the program is required. A template of the documentation letter is included in this application.
- Payment



**TO APPLY FOR CRNFA CERTIFICATION, PLEASE SEND APPLICATION AND PAYMENT TO:**

1. Mail: NASC, 8547 E. Arapahoe Rd., Ste. J-262, Greenwood Village, CO 80112-1436
2. Email: [application@nascertification.org](mailto:application@nascertification.org)
3. Fax: 866-681-6272
4. Questions? Email Customer Service at [info@nascertification.org](mailto:info@nascertification.org) or call 866-681-NASC (6272)

**CRNFA CERTIFICATION FEE**

\$550

**PAYMENT INFORMATION**

Visa  Mastercard  Discover Card  American Express  Check or Money Order (Make payable to "NASCS")

Cardholder Name \_\_\_\_\_

Credit Card Number (required for credit card payment) \_\_\_\_\_

Expiration Month/Year \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ Today's Date \_\_\_\_\_

Amount to be charged to credit card: \$ \_\_\_\_\_



## APPLICANT INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
Primary email (to which all communications will be sent) \_\_\_\_\_  
Secondary email \_\_\_\_\_  
I am an  RN  APRN  
Education  Bachelor's Degree  BSN  MS  Other \_\_\_\_\_  
RN - State of Licensure \_\_\_\_\_ RN License # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
CNOR Certification # (not required for APRNs) \_\_\_\_\_

### EMPLOYMENT HISTORY

Work experience in the RNFA role is required to take the CRNFA certification examination. Starting with your current employer, list only the employers with which you have RNFA practice hours. Attach additional pages if necessary.

**Current Employer** \_\_\_\_\_ Title \_\_\_\_\_  
Employer Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Start Date \_\_\_\_\_ Hours per Week \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor \_\_\_\_\_  
Phone \_\_\_\_\_  
Supervisor Email \_\_\_\_\_  
Number of practice hours submitted: Pre-op \_\_\_\_\_ Intra-op \_\_\_\_\_ Post-op \_\_\_\_\_  
**Past Employer** \_\_\_\_\_ Title \_\_\_\_\_  
Employer Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Start Date \_\_\_\_\_ Hours per Week \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor Phone \_\_\_\_\_  
Supervisor Email \_\_\_\_\_  
Number of practice hours submitted: Pre-op \_\_\_\_\_ Intra-op \_\_\_\_\_ Post-op \_\_\_\_\_



## ELIGIBILITY REQUIREMENTS

Check the appropriate boxes to verify your eligibility to apply for CRNFA certification.

**Select one:**

- I hold the CNOR credential and a bachelor's degree or higher in any field.
- I am an Advanced Practice Nurse and not required to hold the CNOR credential.

**Additional eligibility criteria:**

- I am currently working full time or part time as an RNFA.
- I have a minimum of 2,000 documented hours of practice as an RNFA. Hours may include preoperative, intraoperative, and postoperative patient care, defined as:
  - Preoperative Phase: Begins when the decision for operative and/or invasive procedure is made and ends when patient enters the operating room.
  - Intraoperative Phase: Begins when the patient enters the operating room and ends when the patient leaves the operating room.
  - Postoperative Phase: Begins when the patient leaves the operative room and ends with the resolution of the surgical sequelae.
    - » Pre-, intra-, and postoperative care do not have to be for the same patient.
    - » The 2,000 hours may include practice in an RNFA internship or practicum but may not include attendance of classes, programs, or seminars. Hours may not include practice before entering an acceptable RNFA program.
- At least 500 of the required 2,000 practice hours have been in the 2 years immediately preceding application.
- At least 1,000 of the 2,000 required practice hours involve first assisting practice during the intraoperative period.



## STATEMENT OF UNDERSTANDING

I hereby apply for certification offered by the National Assistant at Surgery Certification (NASc). I understand that certification depends upon the successful completion of the specified requirements. I equally understand that the information acquired in the certification process may be used for statistical purposes and for evaluation of the certification program. I further understand that the information from my certification records shall be held in confidence and shall not be used for any other purposes without my permission. To the best of my knowledge, the information contained in this application is true, complete, correct, and made in good faith. I recognize that information supplied is subject to audit, and that failure to respond to a request for further information will result in termination of the application process. I understand that NASc reserves the right to verify all information on this application. All of the information I have submitted for certification is true and correct to the best of my knowledge. I realize that if I have submitted any false or misleading statements/documentation, my application to certify may be denied and/or may be subject to disciplinary action. I authorize NASc to verify and/or disclose any credentialing verification information provided herein with schools, employers, and institutions.

- I affirm and attest that I have read and agree to abide by this Statement of Understanding.
- I attest by this signature that I have read and agree to the *Transfer and Withdrawal Policy* found on the NASc website.
- I attest by this signature that I have practiced these hours as a RNFA and I am practicing at a minimum on a part-time basis in the RNFA role.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_



## ADA ACCOMMODATION

Whenever possible, NASc is committed to providing reasonable accommodation in its examination processes to otherwise qualified individuals with physical or mental disabilities in accordance with the Americans with Disabilities Act (ADA). Accommodations will be provided to qualified candidates with disabilities to the extent that such accommodation does not fundamentally alter the examination or cause an undue burden to the companies involved.

### CHOOSE ONE OF THE FOLLOWING

- I DO NOT require ADA accommodations,
- I DO require ADA accommodations.

Please indicate the type of accommodation below. Should you require a different type of accommodation, please contact NASc prior to mailing your application at [info@nascertification.org](mailto:info@nascertification.org).

- Separate room
- Time and a half

## AUDIT PROCESS

A percentage of certification applications will be randomly selected for audit. If your application is selected for audit, you may be notified after you have submitted your certification application that verification of application materials is being performed by NASc. Applicants chosen for audit may be required to submit additional verification materials if needed.





## VERIFICATION LETTER FROM RNFA PROGRAM

(This form should be completed by the organization's Program Director or designee only.)

The [insert name of RNFA program] \_\_\_\_\_  
attests that [insert name of RNFA student] \_\_\_\_\_ has completed its  
RNFA program on this date \_\_\_\_\_. At the time of this student's graduation, the RNFA program  
included the following elements:

- is equivalent to one academic year of formal, post-basic RN education.
- awards college credits and degrees or certificates of completion upon satisfactory completion of all requirements.
- is associated with all of these entities:
  - »» a college or university that is accredited by an institutional accrediting agency that is recognized by the US Department of Education;
  - »» a nursing unit (eg, school, college, department of nursing) that is accredited by a national nursing accrediting agency that is recognized by the US Department of Education; and
  - »» a nursing unit that is approved/recognized/accredited by a state board of nursing.
- adheres to the current version of the *AORN Position Statement on RN First Assistants* and the *AORN Position Statement on the Perioperative Advanced Practice Nurse*.
- incorporates content from the current edition of the *Core Curriculum for the RN First Assistant*.

Admission requirements include the following:

- Proof of licensure to practice as an RN in the state in which the clinical internship is undertaken.
- Verification that the student has or is eligible for one of the following credentials:
  - »» CNOR®—if the student is not certified as a CNOR at the time of admission, proof of certification must be submitted before a certificate of completion is awarded.
  - »» APRN—proof of recognition must be submitted before a certificate of completion is awarded.

### ATTESTATION AND SIGNATURE

I state that I have read the above information about my RNFA program and that to the best of my knowledge and belief, the organization complies with these program requirements.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



