



## CRNFA Recertification Application Packet

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## CRNFA RECERTIFICATION APPLICATION BY POINTS OR CONTACT HOURS

TO APPLY FOR RECERTIFICATION OF YOUR CRNFA CREDENTIAL BY POINTS OR CONTACT HOURS, 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 [info@nascertification.org](mailto:info@nascertification.org) or call 866-681-NASC (6272)

### CRNFA RECERTIFICATION FEES—POINTS OR CONTACT HOURS

	EARLY RECERTIFICATION FEES JANUARY 1- JULY 1	STANDARD RECERTIFICATION FEES JULY 2 – DECEMBER 31
Points	\$450	\$500
Hours	\$450	\$500

*Applications must be postmarked or sent by fax or email by July 1 to receive the early discount.*

### PAYMENT INFORMATION

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

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: \$ \_\_\_\_\_

### CRNFA RECERTIFICATION DEADLINES

IF YOUR CERTIFICATION EXPIRES	PERIOD TO ACCRUE YOUR PRACTICE HOURS AND CONTACT HOURS/POINTS	PERIOD TO SUBMIT YOUR RECERTIFICATION APPLICATION
December 31, 2025	Jan. 1, 2020 to Dec. 31, 2024	Jan. 1 – Dec. 31, 2025
December 31, 2026	Jan. 1, 2021 to Dec. 31, 2025	Jan. 1 – Dec. 31, 2026
December 31, 2027	Jan. 1, 2022 to Dec. 31, 2026	Jan. 1 – Dec. 31, 2027
December 31, 2028	Jan. 1, 2023 to Dec. 31, 2027	Jan. 1 – Dec. 31, 2028
December 31, 2029	Jan. 1, 2024 to Dec. 31, 2028	Jan. 1 – Dec. 31, 2029
December 31, 2030	Jan. 1, 2025 to Dec. 31, 2029	Jan. 1 – Dec. 31, 2030



NATIONAL ASSISTANT AT SURGERY  
CERTIFICATION

## APPLICANT INFORMATION

Recertification Method

☐ Points ☐ Contact Hours

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 \_\_\_\_\_



List facilities where you have practiced as an RNFA over the past two years, beginning with your present facility. Do not send a resume. Use an additional sheet of paper if more space is needed.

FROM MO/DAY/YEAR	TO MO/DAY/YEAR	EMPLOYER AND ADDRESS	POSITION, TITLE, SPECIALTY EX. STAFF RNFA	SUPERVISOR'S NAME	HOURS PER WEEK

## EMPLOYMENT

Please provide contact information for your supervisor. Current employment is not a requirement for recertification.

Current Supervisor's Name \_\_\_\_\_

Current Supervisor's Email \_\_\_\_\_

Current Supervisor's Phone \_\_\_\_\_

Please provide contact information for a surgeon you currently work with, so we may verify your role and performance as a first assistant at surgery.

Surgeon Name \_\_\_\_\_ Facility \_\_\_\_\_

Surgeon Phone \_\_\_\_\_ Surgeon Email \_\_\_\_\_

## PRACTICE HOUR REQUIREMENT

State the total number of hours you have practiced as a CRNFA in the five years preceding this application.

Total Practice hours (not years) \_\_\_\_\_

## POINTS OR CONTACT HOURS

Total points \_\_\_\_\_ (if recertifying by points)

Total contact hours \_\_\_\_\_ (if recertifying by contact hours)



## STATEMENT OF UNDERSTANDING

I hereby apply for CRNFA recertification offered by the National Assistant at Surgery Certification (NASC). I understand that recertification depends upon the successful completion of the specified requirements. I equally understand that the information acquired in the recertification process may be used for statistical purposes and for evaluation of the recertification program. I further understand that the information from my recertification 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 any or all information on this application. All of the information I have submitted for recertification 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 recertify 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.

- ☐ If recertifying by points or contact hours, I attest by this signature that I have practiced these hours as an RNFA.
- ☐ I affirm and attest that I have read and agree to abide by this Statement of Understanding.

Signature \_\_\_\_\_

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

## RECERTIFICATION BY POINTS

If you are recertifying by points, please complete this Points Activity Log. If you are recertifying by contact hours, please skip this section and turn to Page 14.

### POINTS REQUIREMENTS

The number of points you must earn to recertify depends on the number of clinical practice hours you have worked over the past 5 years.

IF YOU HAVE	YOU NEED
1,000 clinical practice hours or more	400 points
Between 500 and 1,000 clinical practice hours	500 points

### POINTS ACTIVITY LOG

#### 1. CONTINUING EDUCATION THROUGH CONTACT HOURS—MAX 250 POINTS

Contact hours must be earned through offerings sponsored by acceptable accredited providers as listed in the CRNFA Candidate Handbook. In addition, each certificate you are awarded for your continuing education activities must have an accreditation statement and/or provider number.

You may submit Category 1 CME Credits in fulfillment of the contact hour requirements.

- 1 Contact Hour = 2 points
- 1 CME Category 1 Credit = 2 points

PROGRAM TITLE	DATE OF PROGRAM	NAME OF PROVIDER	ACCREDITED BY	CONTACT HOURS/CME	POINTS
<b>Total</b>				Max 125	Max 250

## 2. ACADEMIC STUDY — UNLIMITED POINTS

CRNFAs may use academic credits in fulfillment of the requirements for the recertification by contact hours. Academic credits must be relevant to clinical practice or must be courses required for a higher academic degree or additional bachelor's degree. A grade of C or better must be earned for each course.

1. 1 semester hour/credit = 30 points
2. 1 quarter hour/credit = 20 points

NAME OF COLLEGE OR UNIVERSITY	TITLE OF COURSE	SEMESTER OR QUARTER HOURS	YEAR	POINTS
<b>Total</b>				<i>Unlimited</i>



[illegible]

4. SERVICE AS PRECEPTOR FOR THE RNFA ROLE—MAX 100 POINTS

Each precepted employee = 25 points

LEARNER'S INITIALS	INCLUSIVE DATES OF PRECEPTOR EXPERIENCE	POINTS
		<b>Total</b>
		<i>Max 100</i>

5. SERVICE AS MENTOR FOR THE RNFA ROLE—MAX 60 POINTS

Each mentored employee = 15 points

LEARNER'S INITIALS	INCLUSIVE DATES OF PRECEPTOR EXPERIENCE	DATES OF COMPLETION OF ORIENTATION	POINTS
			<b>Total</b>
			<i>Max 60</i>

## 6. SERVICE AS A BOARD MEMBER—MAX 100 POINTS

CRNFA recertification candidates can earn a maximum of 100 points by serving as a member of a board whose work is related to perioperative care or the perioperative setting. Attendance at a minimum of four meetings is required. Each board membership earns 20 points per year

TITLE OF BOARD	ROLE ON BOARD OR COMMITTEE	DATES OF SERVICE	POINTS
<b>Total</b>			<i>Max 100</i>

## 7. SERVICE AS A COMMITTEE MEMBER—MAX 80 POINTS

CRNFA recertification candidates can earn a maximum of 80 points by serving as a member of a committee whose work is related to perioperative care or the perioperative setting. Attendance at a minimum of four meetings is required. Each board membership earns 20 points per year.

TITLE OF BOARD	ROLE ON BOARD OR COMMITTEE	DATES OF SERVICE	POINTS
<b>Total</b>			<i>Max 80</i>

## 8. PERIOPERATIVE VOLUNTEER SERVICE—MAX 150 POINTS

Medically-related volunteer service activities. Examples include surgical mission trips and service at medically underserved clinics.

Perioperative Volunteer = 5 points/hour of service

NAME OF ORGANIZATION	INCLUSIVE DATE OF SERVICE	DESCRIPTION OF ACTIVITY	HOURS	POINTS
				<b>Total</b>
				<i>Max 150</i>

## 9. ATTAIN/MAINTAIN PERIOPERATIVE-RELATED CERTIFICATION—MAX 100 POINTS

For those who have earned an accredited perioperative certification. Examples of accredited perioperative-related certifications include CNOR, CPAN, CRCST, or ABCGN. Accreditation by ANSI, ABSNC, or NCCA will meet these criteria. The list is not intended to be all-inclusive. Other accredited certifications deemed equivalent by NASc may be accepted.

Initial Certification = 30 points

Recertification = 20 points

NAME OF ORGANIZATION	INCLUSIVE DATE OF SERVICE	DESCRIPTION OF ACTIVITY	HOURS	POINTS
				<b>Total</b>
				<i>Max 100</i>



TITLE OF PUBLICATION	TYPE OF PUBLICATION	CONTRIBUTION ROLE	YEAR PUBLISHED	POINTS
			Total	
				Max 150

### 11. NASC TASK FORCE/COMMITTEE—MAX 100 POINTS

Job Analysis Task Force = 40 points

Standards Committee = 30 points

Peer Review Committee= 30 points

Item Writer = 20 points

Other Ad Hoc = 15 points

NAME OF COMMITTEE	DATE(S) OF SERVICE	POINTS
		<b>Total</b>
		<i>Max 100</i>

### 12. NASC PORTFOLIO EVALUATION PANEL —MAX 200 POINTS

Each portfolio evaluated= 10 points

DATES OF SERVICE	NUMBERS OF PORTFOLIOS EVALUATED	POINTS
		<b>Total</b>
		<i>Max 200</i>

### 13. CLINICAL INQUIRY—MAX 100 POINTS

Quality Improvement (QI), Quality Assurance (QA), Evidence-Based Practice (EBP) and Research projects are accepted under this heading. To receive points under this activity, you must have primary responsibility for developing, implementing, and/or evaluating projects in these categories. The activity must show evidence of the participation in or application of clinical inquiry that improves current practice and/or patient outcomes.

Primary Investigator or Primary Project Leader = 50 Points

Co-Investigator or Project Lead = 30 Points

NAME OF RESEARCH PROJECT	DATE COMPLETED	ROLE	POINTS
			<b>Total</b>
			<i>Max 100</i>

### 14. CCI Free Educational Activities – Max 75 points

YEAR	CCI POINTS
Total	Max 75

If you are recertifying by contact hours, please complete this Contact Hour Log.

IF YOU HAVE	YOU NEED	THE CHS MUST BE
1,000 clinical practice hours or more	400 points	150 RNFA/Periop related
Between 500 and 1,000 clinical practice hours	500 points	150 RNFA/Periop related

You may submit Category 1 CME Credits in fulfillment of the contact hour requirements.

PROGRAM TITLE	DATE OF PROGRAM	NAME OF PROVIDER	ACCREDITED BY	CONTACT HOURS
Total this page				

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## ACADEMIC STUDY — UNLIMITED CONTACT HOURS

CRNFAs may use academic credits in fulfillment of the requirements for the recertification by contact hours. Academic credits must be relevant to clinical practice or must be courses required for a higher academic degree or additional bachelor's degree. A grade of C or better must be earned for each course.

1. 1 semester hour/credit = 15 contact hours
2. 1 quarter hour/credit = 10 contact hours

NAME OF COLLEGE OR UNIVERSITY	TITLE OF COURSE	SEMESTER OR QUARTER HOURS	YEAR	CONTACT HOURS
<b>Total</b>				<i>Unlimited</i>

## AUDIT DOCUMENTATION

A percentage of recertification applications will be randomly selected for audit. If you are selected, you will be notified after you have submitted your recertification application. Applicants chosen for audit will be required to submit copies of specific documentation, as outlined below.

### 1. CONTINUING EDUCATION THROUGH CONTACT HOURS

- Copies of certificate(s) of attendance from an acceptable provider.

### 2. ACADEMIC STUDY

- Copy of unofficial transcript

### 3. TEACHING/PRESENTING

- Syllabus or course description.
- Completed evaluation
- Program brochure
- Activity Documentation Form (ADF)

### 4. SERVICE AS PRECEPTOR IN THE RNFA ROLE

- Letter from applicant's supervisor confirming precepting experience.

### 5. SERVICE AS MENTOR IN THE RNFA ROLE

- Letter from applicant's supervisor confirming mentoring experience.

### 6. SERVICE AS A BOARD MEMBER

- Board summary or minutes (minimum of four meetings per year required).

### 7. SERVICE AS A COMMITTEE MEMBER

- Minutes, or committee report (minimum of four meetings per year required).

### 8. PERIOPERATIVE VOLUNTEER SERVICE

- Letter from supervisor or mission director on organization letterhead attesting to dates and contributions of volunteer.

### 9. PERIOPERATIVE-RELATED CERTIFICATION

- Copy of certificate or wallet card

### 10. PUBLICATION

- Copy of the title page, table of contents, or abstract indicating you are the author or contributor.

### 11. NASC TASK FORCE/COMMITTEE

- Copy of certificate issued by NASC.

### 12. NASC PORTFOLIO EVALUATION PANEL

- Copy of certificate issued by NASC.

### 13. CLINICAL INQUIRY ACTIVITIES

- A final report which summarizes evidence of participation in a QA, QI, EBP, or research project, including its impact on current practice and/or patient outcomes.

### 14. CCI FREE EDUCATIONAL ACTIVITIES

- Transcript from CCI showing points earned.