

# MSCN RECERTIFICATION GUIDELINES

## DURATION OF CERTIFICATION

The Multiple Sclerosis Certified Nurse (MSCN) certification is recognized for five years. The expiration date of the MSCN certificate is the fifth year after certification. For those who certified in May/June, the expiration date will be June 30<sup>th</sup>, and those who certified in November, the expiration date will be December 31<sup>st</sup>. Application for recertification must be submitted at least 3 months prior to the expiration date. To renew certification, the applicant must be a licensed, registered nurse, complete and file the application with fees, and choose **one** of the **three** options listed below. Eligible learning activities and practice hours must be obtained during the five-year certification period.

Prior to certification expiration you will need to obtain an MSCN Recertification Application Form. It should be sent to you automatically by Professional Testing Service (PTC), but should you not receive it, it is available through (PTC) by written request or from their web site. It is the responsibility of the MSCN to initiate the recertification process and to notify PTC\* or the Multiple Sclerosis Nurses International Certification Board (MSNICB)\*\* of any name or address changes. The deadline for recertification submissions for each certified group will be identified in the application package and web site. Applications received after the application deadline are subject to a \$75.00 late administration fee. Applications received after the certification expiration date will be **denied**. At this point, candidates will need to rewrite and pass the certification examination to maintain their MSCN.

## Lapsed Certification

If you do not recertify when the five-year term has ended, your MSCN certification is considered lapsed. To regain recertification you must meet the eligibility criteria (registered nurse with at least two years experience in MS nursing), submit an application for initial certification, and write and pass the certification examination.

## ELIGIBILITY FOR RECERTIFICATION

1. Current licensure as a registered nurse or the equivalent country regulatory requirement.
2. Completion and filing of the MSCN Recertification/Certification Application form with required payment.
3. There are 3 options available to fulfill recertification requirements:  
**Option 1:** Write and pass the Multiple Sclerosis Nursing International Certification Examination.

**OR**

**Option 2:** Submit a record of **75** MS learning activity hours completed over the five-year certification period.

**OR**

**Option 3:** Submit a record of 50 MS learning activity hours and evidence of 1000 MS practice hours completed over the five-year certification period.

*\*Candidates for recertification who choose to write the examination and fail will not be eligible to recertify with options 2 or 3 (learning activities or practice hours and learning activities), and must retake the exam and pass to recertify.*

## **WHAT ARE MS LEARNING ACTIVITIES?**

Examples of MS nursing learning activities are MS-related courses, presentations, conferences, publications, independent study, professional development, and mentoring activities **over and above** those activities that are a required activity of your employment. See following definition of MS Practice hours. (See Guidelines for Learning Activities starting below).

### **Definition of MS Practice Hours**

Multiple sclerosis nursing practice hours include clinical patient care practice, consultation, research, administration, or education related to the field of multiple sclerosis that are considered a **required function of your employment**.

### **GUIDELINES FOR LEARNING ACTIVITIES (LA)**

Each LA must be relevant to MS. Not all LA hours must be nursing activities, but all LA hours should promote improved knowledge and/or skills in MS nursing. If you repeat an identical LA during the five-year certification term, it can only be counted once. Subtract the time taken for breaks, lunch, etc. from your LA. ALL LA hours must be earned during the five-year certification term. Pre-authorization from IOMSN is not required for your LA to count. But if you are questioning whether an activity qualifies, please don't hesitate to contact the MSNICB or IOMSN office for clarification.

### **Academic Courses**

1. The course must be applicable to MS.
2. Courses taken toward degree completion can be counted if they apply to MS nursing.  
For example, a MSCN taking a family studies course towards a nursing degree has focused one's assignment on family issues in MS nursing.
3. Allow one LA hour for every hour you spend attending the course (e.g., 2hours/week x 10 weeks = 20 LA hours).
4. Learning Activity credit from academic courses shall not exceed 20 LA hours over the five-year certification period.
5. Ph.D. degree/dissertation equals 40 LA hours and must be completed within the five year certification period.
6. Master's degree/thesis equals 20 LA hours and must be completed within the five-year certification period.

## **Conferences, Teleconferences, Video-Conferences, Seminars, Workshops, and Internet Offerings**

1. Must be MS-related. Medical and allied health educational activities can be used if they enhance MS nursing practice.
2. One LA hour for 1 hour (50-60 minutes) of attendance.
3. Maximum 25 LA hours.

## **In-Service for Staff**

1. Attendance at staff MS-related educational in-service(s) (i.e., nursing grand rounds or physiotherapy in-service on the benefits of stretching exercises for spasticity where nursing C.E.U.'s are offered). One LA hour for 1 hour in attendance.
2. Maximum 10 LA hours.

## **Participating in Certification Examination Development**

1. Examples include translating the examination, participating in item review, and item writing for the MSNICB examination.
2. Examination content must be MS-related.
3. Item Writing and/or Item Review. See the following definitions:

***“Item Writing”*** – developing/writing exam questions. Five exam questions = 3 Learning Activities.

***“Item Review”*** – with others, reviewing already written exam questions for appropriateness, difficulty, potential use in the exam. Usually lasts 4-8 hours. Learning Activities for item review = actual number of hours of review meeting, not to exceed 8 hours.

4. Maximum 15 Learning Activity hours.

## **MS Patient Care Guidelines**

1. Participation in the development, implementation, or publication of MS-related practice guidelines, pathways, or protocols.
2. One hour Learning Activity = 1 hour of participation.
3. Maximum 15 LA hours.

## **Independent Study**

1. Completing the requirements for continuing education credits related to MS articles in professional journals, on-line journals, on-line MS education monographs. Follow the continuing education credit submission guidelines as outlined by the journal.
2. Learning activities will equal credits allotted by the journal.
3. Maximum 50 LA hours.

## Preceptorship

1. Preceptorship is a formal one-on-one relationship of predetermined length, between an experienced nurse (preceptor) and novice nurse (preceptee). The preceptor facilitates learning activities with the preceptee to develop MS nursing knowledge and practice experience.
2. Maximum number of LA hours claimed by either the preceptor or the preceptee is 15.

## Research

1. Research activities must be MS-related. Research activities are defined as conducting a study, participation in collaborative study, or utilizing research in practice (critique of research article or implementing evidence-based care criteria).
2. Participation as Study Coordinator, or other paid position on the research team does **not** meet LA criteria.
3. Each hour of research activity counts as one LA.
4. Maximum of 15 hours allowed.

## Publication

1. Material published must be relevant to MS.
2. LA hours allowed:
  - a. Authorship or co-authorship of a book, 20 LA hours.
  - b. Contribution to a book chapter, journal article, monograph, or patient education pamphlet, 10 LA hours.
  - c. Manuscript review for publication or MS-related journal article or book chapter, 2 LA hours.
3. Maximum 40 LA hours.

## Poster Presentation

1. One poster equals 3 LA hours.
2. Maximum 15 LA hours.

## Presenter/Lecturer

1. Presentation or lecture(s) to other health professionals or community groups on topics related to MS. This must be a presentation/lecture you wrote rather than just delivering someone else's program.
2. A presentation of 30 minutes is worth 2 LA hours. A presentation of 60 minutes is 3 LA hours.
3. Duplication of a presentation cannot be counted toward LA unless the presentation is significantly revised.
4. Presentations/lectures that are expectations of one's employment, i.e. weekly patient support group leader, ongoing education sessions, orientation classes on MS, etc. **do not** fulfill LA requirements for either the presenter or an RN attending.
5. Maximum 15 LA hours.

## Professional Committee Membership/Participation

1. The committee must be MS-related.
2. Activities could include MS conference planning committee, community volunteer, board member or executive committee (e.g., IOMSN, CMSC, MS Society or national equivalent, MSNICB).
3. Participation in committee activities per year is worth 5 LA hours.
4. Maximum 15 LA hours.

## KEEPING TRACK OF LEARNING ACTIVITIES

Professionally and ethically you are the best judge of which learning activities apply toward recertification. Keep a list of all your learning activities. Identify activity/title, sponsor or provider, date of activity, and hours of activity credit. For example: Conference CMSC 2003, sponsored by the Biosymposia, Inc. May 28-June 1, 23.5 LA hours. Submit your list at the time of application for recertification. Maintain a file of all LA documentation (e.g., educational certificates, course outlines, Program objectives, etc.). It is important to refer to the learning activity guidelines to ensure you are providing allowable activities. You may want to list more than the required LA hours to ensure you meet your recertification requirements.

## QUALITY ASSURANCE AUDITS

MSNICB will randomly audit 10% of the candidates applying for recertification by learning activities. **If you are audited, you will be required to provide documented proof of learning activities (educational certificates, course outlines, program/course objectives, etc.) so keep your file up to date.**

## APPEALS PROCESS

Any candidate has the right to appeal the decision of denial. An appeal must be made in writing to the MSNICB\*\* within 30 days of being notified of denial of recertification either due to failing the exam or invalid or inadequate documentation of a learning activity. Full details of the appeal process can be requested from the Professional Testing Corporation or obtained from their website.

## FREQUENTLY ASKED QUESTIONS

The MSNICB expects there may be questions about whether a certain activity qualifies as a Learning Activity or can be considered acceptable for meeting recertification criteria. Below is a list of frequently asked questions which may help clarify confusions that may arise. The MSNICB Board encourages anyone to contact the MSNICB or IOMSN office if further questions arise.

**Q Can I get credit for any programs I give for patients in the evenings or on weekends?**

**A** Credit can be claimed if this is an activity you have volunteered for and is not part of your work duties. If it is an expectation of your employment to do evening/weekend presentations, then this would NOT be acceptable for Learning Activity credit.

**Q I am on a Pharmaceutical Advisory Board. Am I allowed to claim this as a Learning Activity for the number of hours I am in the meeting?**

**A** Unfortunately, one usually is paid by the Pharma Company for participation on an Advisory Board, and therefore, is considered “employment”. In addition, there is no continuing education credit associated with Advisory Board meetings and therefore, cannot be considered a “learning activity”.

- Q** I am a member of a Pharmaceutical Speakers Bureau. Can I claim presentations I make for the Pharma Company as Learning Activities?
- A** As with other activities for which you get paid, this does NOT qualify as an appropriate Learning Activity, since it is considered part of an employment agreement.
- Q** I am an MSCN and work for a pharmaceutical company. It is part of my job responsibilities to set up patient programs, e.g. arrange a speaker, find a location, organize refreshments/meal, arrange CEU credit, etc. If I attend the program, can I claim credit for the CEU's granted and use them as Learning Activities?
- A** If the program is information NEW to you, and you are claiming CEU's for program attendance, then it would be considered appropriate for Learning Activities equal to the number of CEU's granted. If, however, this is similar to other program(s) you have arranged, this does **NOT** qualify as LA's.
- Q** I am a team leader on my floor and occasionally am called on by my supervisor to assist with orientation of new nurses. Would I be able to count any of the orientation material as a Presentation for LA credit?
- A** If the material is MS-related and not just general orientation info, **PLUS** if you have **written/developed** the presentation outside of work hours, this would be an appropriate learning activity. However, if this were an already developed "package" you are just presenting for each group of new employees, it would **not** count as a LA.

## CONTACT SOURCES

\* Professional Testing Corporation, 1350 Broadway, 17th Floor, New York, New York, 10018 USA  
([www.ptcny.com](http://www.ptcny.com))

\*\* MSNICB c/o IOMSN, 3 University Plaza Drive Suite 116, Hackensack, New Jersey 07601 USA  
([www.iomsn.org](http://www.iomsn.org))

**FOR COMPLETE DETAILS ON RECERTIFICATION, PLEASE VISIT PROFESSIONAL TESTING CORPORATION WEBSITE: [www.ptcny.com](http://www.ptcny.com)**

DOWNLOAD: MSNICB-R APPLICATION (THROUGH LEARNING ACTIVITIES)

Please submit your completed application and fee by the following dates:

APRIL 1st (May/June Expiration)

SEPTEMBER 3rd (December Expiration)

\*Recertification application sent after application deadlines must include late administration fee in addition to the application fee.

\*Recertification applications received after expiration dates will be **denied**.

To:  
MSNICB-R  
Professional Testing Corporation  
1350 Broadway, 17th Floor  
New York, NY 10018

Application Fee: \$ 300

Late administration fee for applications submitted after application deadline: \$ 75

Make check or money order payable to **MSNICB RECERTIFICATION**. **Credit Cards** are also accepted.  
Complete Credit Card Payment section on Page 2 of Application.



**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.

|   |   |   |   |   |   |   |   |   |   |   |   |
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### Candidate Information

Mr. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Dr. \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix (Jr., Sr., etc.) \_\_\_\_\_

Number and Street \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

Current RN License Number \_\_\_\_\_ Most Recent MSCN Certificate Number (required) \_\_\_\_\_

State/Province/Country: \_\_\_\_\_ Date of Initial Certification: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Most Recent Certification (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Expiration: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Credentials \_\_\_\_\_

### Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

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

- Less than 20%     51 to 80%  
 20 to 50%     More than 80%

**HOW MUCH OF YOUR TIME SPENT IN MULTIPLE SCLEROSIS NURSING IS SPENT IN THE FOLLOWING:**

**1. CLINICAL PRACTICE:**

- Less than 25%     25 to 50%     More than 50%

**2. ADMINISTRATION:**

- Less than 25%     25 to 50%     More than 50%

**3. EDUCATION:**

- Less than 25%     25 to 50%     More than 50%

**4. RESEARCH:**

- Less than 25%     25 to 50%     More than 50%

**B. YEARS OF EXPERIENCE IN MULTIPLE SCLEROSIS NURSING:**

- Less than 2     10 to 15  
 2 to 3     15 to 20  
 4 to 5     More than 20  
 6 to 10

**C. HIGHEST ACADEMIC LEVEL ATTAINED:**

- Associate Degree     Doctorate (Nursing)  
 Bachelor's Degree (Nursing)     Doctorate (Nonnursing)  
 Bachelor's Degree (Nonnursing)     Certificate  
 Master's (Nursing)     Other  
 Master's (Nonnursing)

(Continue on Page 2)







**Eligibility and Background Information**

- D. PRIMARY PRACTICE SETTING:** *(Darken only one response.)*
- Rehabilitation Center
  - Hospital
  - Multiple Sclerosis Center or Clinic
  - Home or Community Care
  - Nursing Home
  - Pharmaceutical or Other Commercial Organization
  - Research Facility
  - Academic

- E. MEMBER OF IOMSN OR IOMSN AFFILIATE?**
- No  Yes
- Note:** Membership in IOMSN is not required.

- F. PRIMARY LANGUAGE:**
- English
  - Spanish
  - French
  - Italian
  - German
  - Dutch
  - Other

- G. HAVE YOU ATTENDED AN MS NURSING COURSE DURING THE PAST YEAR?**
- No  Yes

**H. INDICATE YOUR OPTION FOR RECERTIFICATION THROUGH LEARNING ACTIVITIES:**

- Option 2: 75 LA hours
- Option 3: 50 LA hours AND 1000 practice hours

**I. RECORD TOTAL NUMBER OF LEARNING ACTIVITIES HOURS FROM PAGE 3.**

**TOTAL LA HOURS:**

**J. IF OPTION 3 FROM QUESTION H WAS SELECTED, RECORD TOTAL NUMBER OF MS PRACTICE HOURS FROM PAGE 4.**

**TOTAL MS PRACTICE HOURS:**

**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.

- |  |                                |                              |
|--|--------------------------------|------------------------------|
| <b>Race:</b>                           | <b>Age Range:</b>              | <b>Gender:</b>               |
| <input type="radio"/> African American | <input type="radio"/> Under 25 | <input type="radio"/> Male   |
| <input type="radio"/> Asian            | <input type="radio"/> 25 to 29 | <input type="radio"/> Female |
| <input type="radio"/> Hispanic         | <input type="radio"/> 30 to 39 |                              |
| <input type="radio"/> Native American  | <input type="radio"/> 40 to 49 |                              |
| <input type="radio"/> White            | <input type="radio"/> 50 to 59 |                              |
| <input type="radio"/> Other            | <input type="radio"/> 60+      |                              |

**Candidate Signature**

**COMPLETE ENTIRE APPLICATION BEFORE SIGNING BELOW.**

I have read the Guidelines for Recertification and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with the Guidelines and is accurate, correct, and complete. I give permission to the MSNICB to use demographic information in this Application solely for statistical purposes in supporting recertification.

**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:

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**FOR OFFICE USE ONLY**

Date

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CC  Check

60287



# APPLICATION FOR RECERTIFICATION OF MULTIPLE SCLEROSIS CERTIFIED NURSES THROUGH LEARNING ACTIVITIES – CONTINUED

**Directions:** To recertify through learning activities (LA), the candidate must document either 75 MS learning activity hours over the five-year certification term OR 50 MS learning activity hours and 1000 MS practice hours over the five-year certification term. Each LA must be relevant to MS. Not all LA hours must be nursing activities, but all LA hours should promote improved knowledge and/or skills in MS nursing. If you repeat an identical LA during the five-year certification term, it can only be counted once. Subtract the time taken for breaks, lunch, etc. from your LA. ALL LA hours must be earned during the five-year certification term. Pre-authorization from IOMSN is not required for your LA to count. All MSCNs are responsible for maintaining learning activities documentation 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 on receipt of Application and will be requested to document all entries.

**LEARNING ACTIVITIES** (These may include academic courses, conferences, seminars, workshops, internet offerings, in-service, examination development, MS patient care, independent study, preceptorship, research, publication, poster presentation, presenter/lecturer, and professional committee membership/participation. Refer to the Guidelines for Recertification for the number of LA hours permitted for each category. 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.)

| Item No.  | Learning Activity (LA): Type of activity, name/title (e.g., conference, course, research, presentation) | Name of Organization, Program Sponsor, Journal, Publisher, Committee | Date                | No. of Hours               | Office Use Only |
|-----------|---|--|---------------------|----------------------------|-----------------|
| Example 1 | Conference, CMSC 2003 "Spectrum in MS Care"   | BioSymposia Inc.   | May 28-June 1, 2003 | 23.5 hours                 |                 |
| Example 2 | Research "Quality of Life in MS Patients Living with Chronic Pain"                                      | University Hospital  | July 2002-June 2004 | 15 hours (maximum allowed) |                 |
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List additional LAs on separate sheet of paper, if needed. Enclose with but do not staple to Application.

**ENTER TOTAL NUMBER OF HOURS OF LEARNING ACTIVITIES:** \_\_\_\_\_

**APPLICATION FOR RECERTIFICATION OF MULTIPLE SCLEROSIS CERTIFIED NURSES THROUGH LEARNING ACTIVITIES – CONTINUED** PAGE 4

**MULTIPLE SCLEROSIS PRACTICE HOURS** (Multiple sclerosis nursing practice hours include clinical practice, consultation, research, administration, or education related to the field of multiple sclerosis. To apply through option 3, one must submit 50 learning activity hours AND 1000 MS practice hours over the five-year certification term. Candidates must have written documentation of the number of hours for each program completed. List practice hours in date order, beginning with the most recent. Print or type all information.)

| Full Name of Employer/Hospital and Address | Title/Responsibilities | Dates of Employment<br>From mm/yy to mm/yy | Total Number of<br>Practice Hours |
|--|------------------------|--|-----------------------------------|
|  |                        |  |                                   |
|  |                        |  |                                   |
|  |                        |  |                                   |
|  |                        |  |                                   |

List additional MS Practice Hours on separate sheet of paper, if needed. Enclose with but do not staple to Application.

Before signing Candidate Affirmation, PRINT your name and number exactly as they appear on your current certificate.

**ENTER TOTAL NUMBER OF MS PRACTICE HOURS:** \_\_\_\_\_

\_\_\_\_\_  
Name (PRINT) MSCN Number

**CANDIDATE AFFIRMATION/AUTHORIZATION**

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

\_\_\_\_\_  
Signature of MSCN Date

\_\_\_\_\_  
Current Registered Nurse License Number State

**\*\*\*\*APPLICATION CHECKLIST\*\*\*\***

- \_\_\_\_\_ Pages 1 and 2; completed and signed
- \_\_\_\_\_ Pages 3 and 4; completed and signed
- \_\_\_\_\_ Appropriate Fee enclosed: \$300.00
- \_\_\_\_\_ Late administration fee for applications submitted after application deadline: \$75.00