GUIDELINES FOR RECERTIFICATION OF OPHTHALMIC REGISTERED NURSES 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.

A minimum of 60 contact hours must be in areas I through IV of the content outline. These are (I) Ocular Conditions, (II) Pharmacology, (III) Nursing Assessment of the Ophthalmic Patient, (IV) Ophthalmic Nursing Interventions and Patient Education. Breadth of ophthalmic knowledge is required! Contact hours must be representative of a variety of content areas.

- Up to 5 contact hours may be claimed for teaching ophthalmology-specific courses that relate to areas I-IV of the content outline. 1 contact hour per presentation.
- The remaining 15 contact hours may be in academic courses or in Section V of the content outline - Professional Issues. 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 noted in the Continuing Education Programs section below:
- Please note that ACLS, BCLS, PALS, and CPR courses/credits are not accepted toward recertification.

A. CONTINUING EDUCATION PROGRAMS. These may include workshops, seminars, professional development offerings, home-study courses, and state or national conferences. The continuing education offering must be provided by or approved for nursing contact hours by one of the following:
- 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
  - 1 60 minute physician session = 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. A maximum of 15 contact hours may be submitted. Courses may be undergraduate or graduate level and a transcript of successful completion may be requested.

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 following the current year’s test date. If criteria are deemed fulfilled, a new five-year certificate, effective the renewal date; will be issued to the CRNO.

DEADLINES: All applications for recertification in the year 2011 must be postmarked by December 31, 2010 for those whose certification expires in February 2011, or by June 30, 2011 for those whose certification expires in August or October 2011.

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.

PAGES 3 and 4

Following the directions on pages 3 and 4, complete Sections A, B (if appropriate) and C in full.

Sign and date the authorizing statement in Section D on page 4, AND sign and date the application in the space provided at the bottom of page 2. NOTE: Unsigned applications will not be accepted. Mail the completed application with the appropriate fee to:

CRNO RECERTIFICATION
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
Non-ASORN Member ........................................................................................................ $425.00

MAKE CHECK OR MONEY ORDER PAYABLE TO:
CRNO RECERTIFICATION
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.

Candidate Information

- First Name
- Middle Initial
- Suffix (Jr., Sr., etc.)
- Last Name
- Number and Street
- Apartment Number
- City
- State/Province
- Zip/Postal Code
- Daytime Phone
- Evening Phone
- Email Address
- Date of Initial Certification
- Date of Most Recent Recertification
- Current RN License Number

Eligibility and Background Information

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 4.
- Total Contact Hours: [Space for entries]
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.

Age Range:
- Under 25
- 25 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60+

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

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: $ __________

Card type:
- Visa
- MasterCard
- American Express

Expiration date (month/year): __________ / __________

Card Number: ___________________________

Signature: ___________________________