UAB Hospital

American Nurses Credentialing Center (ANCC)
Success Pays Certification Program

**Purpose**
Certification is a profession's official recognition of achievement, expertise, and clinical judgment. It is a mark of excellence. As a national leader in the practice of professional nursing, UAB demonstrates excellence and leadership as evidenced by promoting professional specialty certification. UAB Hospital has entered into contract with ANCC to provide an opportunity for its eligible employees to take ANCC certification exams for which they are qualified at no cost to the employee.

**Eligibility Requirements**
In order to be eligible to participate in the program, all applicants must:
- be applying for initial (first) professional nursing specialty certification
  1. meet all ANCC certification examination application eligibility requirements for the specialty certification
  2. be a full-time or regular part-time employee of UAB Hospital working within a designated nursing service division.
  3. have completed a minimum of twelve months of service at UAB Hospital prior to the year of the examination.
  4. have demonstrated performance at or above the established performance standard and no written counseling for the past 12 months.

**Application Process**
1. Employee is to complete and sign the UAB Hospital Nursing Services Specialty Certification Examination Program application.
2. Employee is to submit the UAB Hospital Nursing Services Specialty Certification Examination Program Application to your respective Nurse Manager.

**Approval Process**
1. Prior approval from both the Nurse Manager and Director shall be required. Nurse Manager or designee will verify that eligibility requirements are met.
2. Validation of employment status and current performance level of all applicants shall be completed by the Nurse Manager or designee prior to final approval by the Director.
3. Fax completed UAB Hospital Nursing Services Specialty Certification Examination Program Application to 996-7410.
4. Following verification of eligibility, the hospital discount code will be issued to the eligible employee by the Center for Nursing Excellence.
Testing/Retesting

1. Review the online registration system user instructions.

2. Use a hospital discount code instead of payment to register for an ANCC certification exam that falls within the UAB Hospital ANCC Success Pays Program guidelines.

3. Within **four weeks** from the date you mailed your application, you will receive a Receipt of Application Notice in the mail.

4. Within **six weeks** from the date you mailed your application, you will receive either an Eligibility Notice OR a letter requesting additional information OR a letter stating you are not eligible to take the exam. If you are not eligible, the letter will explain why.

5. After receiving an **Authorization to Test Notice** from ANCC, schedule an appointment to take the ANCC certification exam. All ANCC examinations are computer-based and offered through the Prometric testing system. You can schedule an appointment online at the Prometric Registration Web site at www.prometric.com/ANCC or by calling the Prometric Registration Center at 1.800.350.7076. You cannot schedule an appointment prior to receiving the Authorization to Test Notice or after the **90 day** expiration date on the Authorization to Test Notice.

6. If you fail the first time, you may retake the test one additional time during the contract period. You may retest after **60 days** from the date you last tested.

7. If you fail a second time, and wish to test a third time, you must reapply through the regular individual application process. You will be responsible for the cost of the ANCC certification exam at the price then in effect.
American Nurses Credentialing Center (ANCC)

Eligibility Criteria

Ambulatory Care Nursing Certification
Credential Awarded: RN-BC

Hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country.

Have practiced the equivalent of 2 years full-time as a registered nurse.

Have a minimum of 2,000 hours of clinical practice in ambulatory care and/or telehealth nursing within the last 3 years.

Have completed 30 hours of continuing education in ambulatory care and/or telehealth nursing within the last 3 years.

Cardiac-Vascular Nursing Certification
Credential Awarded: RN-BC

Hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country.

Have practiced the equivalent of 2 years full-time as a registered nurse.

Have a minimum of 2,000 hours of clinical practice in cardiac-vascular nursing within the last 3 years.

Have completed 30 hours of continuing education in cardiac-vascular nursing within the last 3 years.

Gerontological Nursing Certification
Credential Awarded: RN-BC

Hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country.

Have practiced the equivalent of 2 years full-time as a registered nurse.

Have a minimum of 2,000 hours of clinical practice in the specialty area of gerontological nursing within the last 3 years.

Have completed 30 hours of continuing education in gerontological nursing within the last 3 years.
Informatics Nursing Certification

Credential Awarded: RN-BC

Hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country.

Hold a bachelor's or higher degree in nursing or a bachelor's degree in a relevant field.

Have practiced the equivalent of 2 years full-time as a registered nurse.

Have completed 30 hours of continuing education in informatics nursing within the last 3 years.

Meet one of the following practice hour requirements:

- Have practiced a minimum of 2,000 hours in informatics nursing within the last 3 years.
- Have practiced a minimum of 1,000 hours in informatics nursing in the last 3 years and completed a minimum of 12 semester hours of academic credit in informatics courses that are part of a graduate-level informatics nursing program.
- Have completed a graduate program in informatics nursing containing a minimum of 200 hours of faculty-supervised practicum in informatics nursing.

Medical-Surgical Nursing Certification

Credential Awarded: RN-BC

Hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country.

Have practiced the equivalent of 2 years full-time as a registered nurse.

Have a minimum of 2,000 hours of clinical practice in the specialty area of medical-surgical nursing within the last 3 years.

Have completed 30 hours of continuing education in medical-surgical nursing within the last 3 years.

Nurse Executive Certification

Credential Awarded: NE-BC

Hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country.

Hold a bachelor's or higher degree in nursing.

Have held a mid-level administrative or higher position (e.g., nurse manager, supervisor, director, assistant director) OR a faculty position teaching graduate students nursing
administration OR a nursing management or executive consultation position full-time for at least 24 months (or the equivalent) in the last 5 years.

Have completed 30 hours of continuing education in nursing administration within the last 3 years. This requirement is waived if you have a master’s degree in nursing administration.

**Nurse Executive, Advanced Certification**

**Credential Awarded: NEA-BC**

Hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country.

Hold a master's or higher degree in nursing, or hold a bachelor's degree in nursing and a master's in another field.

Have held an administrative position at the nurse executive level, or a faculty position teaching graduate students executive-level nursing administration full-time for at least 24 months (or the equivalent) in the last 5 years.

Have completed 30 hours of continuing education in nursing administration within the last 3 years. This requirement is waived if you hold a master's degree in nursing administration.

**Nursing Professional Development Certification**

**Credential Awarded: RN-BC**

Hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country.

Hold a bachelor’s or higher degree in nursing.

Have practiced the equivalent of 2 years full-time as a registered nurse.

Have a minimum of 4,000 hours of clinical practice in nursing professional development within the last 5 years.

Have completed 30 hours of continuing education in nursing professional development within the last 3 years.

**Pain Management Nursing Certification**

**Credential Awarded: RN-BC**

Hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country. Have practiced the equivalent of 2 years full-time as a registered nurse.
Have practiced in a nursing role that involves aspects of pain management nursing (e.g., pain assessment and management, pain management nursing education, research) for at least 2,000 hours in the 3 years prior to applying to take the examination.

Have completed 30 hours of continuing education in the 3 years prior to taking the exam, of which a minimum of 15 hours must be related to pain management.

**Psychiatric–Mental Health Nursing Certification**

**Credential Awarded: RN-BC**

Hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country.

Have practiced the equivalent of 2 years full-time as a registered nurse.

Have a minimum of 2,000 hours of clinical practice in psychiatric–mental health nursing within the last 3 years.

Have completed 30 hours of continuing education in psychiatric–mental health nursing within the last 3 years.
UAB Hospital Nursing Services

ANCC Success Pays Specialty Certification
Examination Program Application

I.

Last Name _____________________________ First Name: __________________ MI _______
Nursing Unit: ___________________________ Nursing Division_________________________
Home Address:________________________________________________________________
City: __________________________________ State: _______________ Zip Code: _______
Date of Employment:_______________ Years in Present Position: _________________

ANCC Certification Examination to Be Taken:
___ Ambulatory Care Nursing         ___ Nurse Executive
___ Cardiac-Vascular Nursing       ___ Nurse Executive, Advance
___ Gerontological Nursing        ___ Nursing Professional Development
___ Informatics Nursing             ___ Pain Management Nursing
___ Medical-Surgical Nursing ___________ Psychiatric-Mental Health Nursing

II. I agree to take the above ANCC specialty certification exam within the contract period (April 2014-
April 15, 2015). I understand that if I fail the first time, I may retake the test one additional time after 60
days from the date I last tested. I understand that if I fail a second time, and wish to test a third time, I am
responsible for the cost of the ANCC certification exam at the price then in effect.

____________________________________________________
Employee Signature
Date

III. Eligibility Verification: (To be completed by immediate Supervisor)

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Eligibility Criteria</th>
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<td>Registered Nurse practicing within a patient care unit within the Nursing Services Division</td>
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<td>Employed full-time or regular part-time by UAB Hospital</td>
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<td>Employed by UAB Hospital for at least 12 months prior to application</td>
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<td>Recent performance evaluation meets or exceed performance standard</td>
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<td>No disciplinary action in the past 12 months at or above the written warning level</td>
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____________________________________________________
Manager/Director
Date

III. Management Approval:

___ Request Approved                     ___ Request Declined

____________________________________________________
Manager Signature
Date

____________________________________________________
Director Signature
Date