

2010 CNOR® Certification Application Continued

11. List employers, dates employed for the past two years, beginning with present employment. (Do not send resume.)

From	To	Employer & Address Write out employer's name	Position, Title, Specialty Example: Staff Nurse, RN, OR	Supervisor's Name	Number of Hours/Week
mo/day/year	mo/day/year				
mo/day/year	mo/day/year				
mo/day/year	mo/day/year				

12. Please provide contact information for a registered nurse colleague where you currently practice. This will be used to verify employment in perioperative nursing.

(Print RN Colleague Name)	(Employer)
(RN Colleague Position & Title)	(Address)
(Work Phone)	(City, State, Zip)
(E-mail)	

13. Statement of Understanding:

I hereby apply for certification offered by the Competency & Credentialing Institute. I understand that certification depends upon successful completion of the specified requirements. I further 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 understand 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 CCI reserves the right to verify any or all information on this application.

Whenever possible, the Competency and Credentialing Institute 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 agency. Candidates with disabilities must notify the CCI in writing no later than 60 days prior to the examination testing window stating the specific type of accommodation needed and providing appropriate documentation of the disability. Please refer to the CNOR Handbook for more information.

Applicant's Signature _____ **Printed Name:** _____ **Date:** _____