



CMSRN
Recertification
&
Exam Exemption
Application Guide

Please return completed application to:

MSNCB
Medical-Surgical Nursing Certification Board
East Holly Avenue Box 56
Pitman, New Jersey 08071

Delivery Service
200 East Holly Avenue
Sewell, New Jersey 08080

Telephone Toll-Free: 866-877-2676
Fax: 856-589-7463
www.msncb.org
cmsrn@ajj.com

May 2011

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MEDICAL-SURGICAL NURSING RECERTIFICATION AND EXAM EXEMPTION APPLICATION GUIDE

INTRODUCTION

Congratulations on your commitment to certification in medical-surgical nursing. The purpose of this guide is to assist you in completing the application to either renew your CMSRN® certification through our recertification process or to become a CMSRN through our exam exemption process.

This guide contains information, instructions and forms necessary for you to apply..

Review all materials, including examples, before beginning to complete your application. You may duplicate forms if additional space is required. Make and retain a complete copy of the application and items submitted for your personal records.

RECERTIFICATION:

Recertification is required to maintain the Certified Medical-Surgical Registered Nurse (CMSRN) credential through the Medical-Surgical Nursing Certification Board (MSNCB).

By Continuing Education: You may apply for recertification one year prior to your current certification expiration date, or up to one (1) year after the expiration date*. To recertify, you must meet specific eligibility requirements based on RN licensure, proof of medical-surgical certification, practice experience, and continuing education (see eligibility criteria on the following page).

*Once your certification has expired, you will need to pay a late fee to recertify. You may not use your CMSRN credential after your expiration date. Contact hours earned after your expiration date may be used one time only.

By Exam: If you do not have the continuing education contact hours to recertify, you may renew your certification by taking the CMSRN examination. To recertify by examination, you must meet the exam criteria, comply with any exam application deadlines, complete the CMSRN Exam Application, and pay the appropriate exam fee. (see the Exam Application and Guide available online at www.msncb.org.) You may also opt to request to be placed on Inactive Status (see page 2).

EXAM EXEMPTION:

Recertification by exam exemption is offered to those registered nurses who are already certified in *medical-surgical nursing* by the American Nurses Credentialing Center (ANCC). You may apply for exam exemption certification prior to your current ANCC certification expiration date or up to one (1) year after the expiration date.* You must meet specific eligibility requirements based on RN licensure, proof of current or past medical-surgical certification, practice experience, and continuing education (see eligibility criteria below).

*Once your ANCC certification has expired, you will need to pay a late fee to recertify. Contact hours earned after your expiration date may be used one time only.

ELIGIBILITY CRITERIA

To earn CMSRN recertification or CMSRN certification by exam exemption, applicants must meet all of the specified eligibility requirements when the application is submitted.

Recertification Requirements:

1. Hold a current certification in medical surgical nursing through MSNCB or the American Nurses Credentialing Center (ANCC).*

AND

2. Hold a current, full, and unrestricted license as a registered nurse (RN) in the United States or its territories;

OR

Hold a current, full, and unrestricted license as a first-level nurse in the country in which one's nursing education was completed, and meet the eligibility for licensure as a registered nurse (RN) in the United States in accordance with the requirements of the Commission on Graduates of Foreign Nursing Schools (CGFNS).

AND

3. Have accrued a minimum of 1,000 hours of nursing practice over the last five (5) years in a medical-surgical setting. Practice may include clinical, management, or education.

MSNCB recognizes 3 distinctive components of nursing practice: service, education, and research. Practice may be direct or indirect and include acute, subacute, long-term care, clinics/offices, home care/community health, surgery, education, research, and administration. These are not requirements, just descriptions of practice.

RN students in a nursing baccalaureate, master's, or doctoral degree program can waive the employment eligibility requirement by submitting documentation signed by a school official verifying full-time status and matriculation. This documentation must be submitted along with the application for recertification. Academic courses must be biopsychosocial content and must be offered by an accredited educational institution.

AND

4. Have earned 90 approved contact hours (CH) over the five year period – 68 CH or 75% of these approved contact hours must be medical-surgical related. The remainder of the contact hours may be professional development or other nursing related subjects.

The contact hours (CH) must be provided by an entity that is accredited as a provider or approver of continuing nursing education. Education programs must be presented by an individual, state, or national organization accredited as a provider of continuing nursing education. Education programs may be in any format including, but not limited to, courses, workshops, and independent study.. Contact hours earned as of January 1 of the year of certification / recertification through the expiration date are acceptable. All contact hours will be counted as awarded.

* A late fee will be assessed to all applications postmarked after the current certification expiration date. Late applications are accepted for one (1) year after the expiration date. No applications will be accepted after the one (1) year extension of the certification expiration date. There are no exceptions or extensions to this time frame.

Options for Recertifying CMSRNs Only: (Do not apply to exam exempt applicants.)

Inactive Status: Current CMSRNs unable to meet the continuing educational requirement or the practice requirement may apply for Inactive CMSRN Status. Inactive status is for one three-year period only and is a one-time career option. Under no circumstances will the inactive period be extended beyond the three years. To apply for Inactive Status, the Recertification Application minus the documentation forms must be submitted along with a detailed letter of explanation for requesting Inactive Status. Applications for Inactive Status must be submitted no later than 90 days prior to expiration. If granted, the Inactive Status begins the day after CMSRN certification expires and lasts for 3 years from the expiration date. During this 3-year period, the CMSRN may not use their certifying credential (CMSRN). Any nurse who uses the CMSRN credential during their Inactive Status will have their certification revoked. Nurses on Inactive Status will receive recertification reminders in the last year of their Inactive Status and must meet current recertification requirements.

Retired Status: Current CMSRNs who have retired within the five years of their current certification, but who wish to stay connected with other CMSRNs, may apply for Retired Status. The Recertification Application minus the documentation forms must be submitted along with a letter of explanation for requesting Retired Status. Applications for Retired Status must be submitted no later than 90 days prior to expiration. If granted, the Retired Status begins the day after CMSRN certification expires. The retired CMSRN may use "CMSRN Retired" on your resume or below your name and credential on a business card, but may NOT be used after your signature (e.g. patient chart, name badge, etc.). The CMSRN Retired designation is renewable every 5 years. If the CMSRN Retired re-enters the nursing workforce, the nurse must regain the CMSRN credential by meeting the current exam eligibility criteria at that time and retesting.

APPLICATION INSTRUCTIONS

- Make copies of blank forms as needed.
- Complete all sections of the application, including the MSNCB Contact Hour Documentation Form. (The MSNCB Contact Hour Documentation Form is not required when applying for Inactive or Retired Status.)
- Print or type all information.
- If your current medical-surgical certification is through ANCC, attach a copy of your medical-surgical certification card.
- If your current certification is through MSNCB, it is not necessary for you to attach a copy of medical-surgical certification card.
- Include payment for all applicable fees. Make checks payable to MSNCB. Please do not staple the check to the application.
- DO NOT INCLUDE ANY CONTINUING EDUCATION CERTIFICATES. These will be requested only if the application is randomly selected for audit and you will be notified at a later time.
- Make and retain a complete copy of the application and items submitted for your personal records.
- Mail the application with attachments and payment to:
MSNCB
Recertification
East Holly Avenue, Box 56
Pitman, NJ 08071

The application will be considered incomplete if any of the requested information or the appropriate fees is not provided. An incomplete or illegible application will be returned to the candidate. Faxed applications are not accepted.

AUDIT

Random audits of applications are conducted to ensure candidates are eligible for recertification. Candidates selected for random audit will be notified by email or letter and asked to submit copies of contact hour certificates and any additional information by a deadline date. Failure to provide this information by the deadline date will delay your recertification and could result in your recertification being denied.

CHANGE OF ADDRESS

It is the professional responsibility of the applicant to notify MSNCB of any change in mailing address, phone number and/or email address. These changes may be made online by updating your account after logging in or may be directed to MSNCB at:

MSNCB National Office
East Holly Avenue, Box 56
Pitman, NJ 08071-0056
Phone: 800-877-2676
Email: msnbc@ajj.com

RECERTIFICATION APPLICATION FEES

Prices are subject to change without notice. It is the applicant's professional responsibility to have the most current information. Please check the Web site, www.msnbc.org for the most current information.

Application Fee:

These fees include a non-refundable processing/administrative fee of \$75.00.

\$275.00	Regular
\$175.00	AMSN member - Membership must be current to be eligible for the reduced fee.
\$160.00	AMSN member whose membership fee is paid by a facility participating in AMSN's Hospital Group Membership Program. Memberships must be current to be eligible for the reduced fee.

If you are joining AMSN at the same time as applying:
Online: Join AMSN before completing the recertification application in order to receive the reduced member fee.

By Mail: If mailing a membership application and recertification application, make membership check payable to AMSN and make certification check payable to MSNCB. Mail both applications to MSNCB in the same envelope.

Financial Aid:

Financial aid is available through AMSN, our affiliated association, to AMSN members of 2 years or more from the Scholarships and Awards Committee. For more information go to www.amsn.org and click on Scholarship, Grants and Awards.

Late Application Fee:

\$75.00

(nonrefundable) A late fee is assessed for applications postmarked after the current certification expiration date. Late applications are accepted for one (1) year after the expiration. No applications will be accepted after the one (1) year grace period. There are no exceptions or extensions to this time frame. After this extension, recertification through MSNCB may be obtained by taking the certification exam. You may not use the CMSRN credential during this one (1) year grace period.

Returned Check Fee:

\$30.00

Any applicant whose personal check is returned for insufficient funds is required to pay this fee. Remittance of fees thereafter must be made by money order, certified check, or credit card.

Inactive Status Fee:

\$165.00

Regular

\$105.00

AMSN member - Memberships must be current through the expiration month to be eligible for the reduced fee.

Retired Status Fee:

\$100.00

Regular

\$75.00

AMSN member - Memberships must be current through the expiration month to be eligible for the reduced fee.

APPROVAL

If CMSRN is granted through the recertification process, the applicant will receive a certificate and a wallet card with the new certification expiration date. Please allow six (6) weeks for processing.

If CMSRN is granted through the exam exemption process, the applicant will receive a certificate, a wallet card and a CMSRN lapel pin. Please allow six (6) weeks for processing.

Recertification as a CMSRN is valid for a period of five (5) years. Recertification is available by examination or by continuing education. Certified nurses will be sent notification for the next recertification period approximately one (1) year in advance of the expiration of their certification.

DENIAL AND REVOCATION OF CERTIFICATION

The occurrence of any of the following actions will result in the denial, suspension or revocation of certification by the Medical-Surgical Nursing Certification Board:

1. Failure to meet certification or recertification criteria.
2. Any restrictions to professional RN license, such as revocation, suspension, probation, or other sanctions by a nursing authority.
3. Failure to pay any appropriate and required fees.
4. Failure to supply requested material by deadline.
5. Falsification of information on the MSNCB examination/recertification applications, or supporting documentation.
6. Cheating on the certification examination.
7. Misrepresentation of certification status.

Any other claims or causes for denial, suspension or revocation will be decided on a per case basis by the MSNCB Directors after thorough investigation. If certification is denied, suspended or revoked for any reason, no fee will be refunded.

RIGHT OF APPEAL

An appeal must be submitted in writing to the President of the Medical-Surgical Nursing Certification Board within thirty (30) days of recertification denial notification. The appeal shall state specific reasons why the candidate is entitled to recertification.

The President will submit the appeal to the MSNCB Appeals Committee which has thirty (30) days to review blinded copies of all materials related to the appeal request. The Committee Chairperson will notify the appeals

applicant and MSNCB of the Committee's decision in writing. Any action required by the appeals decision will be carried out by the MSNCB Directors.

CONTINUING EDUCATION CONTACT HOURS

To document contact hours earned, complete the enclosed Contact Hour Documentation Form. All educational activities should be listed in chronological order from the date of certification or recertification to the present. Do not send copies of your certificates with your renewal. Copies of certificates are required only if audited. Permission is given to photocopy the form as needed.

MEDICAL-SURGICAL NURSING CONTACT HOURS:

Medical-surgical nursing contact hours are defined as: Contact hours specific to medical-surgical nursing practice or adult health. If the content of the activity is included in the CMSRN exam blueprint, then the contact hours may be applied to the medical-surgical nursing practice/adult health category. A minimum of 68 contact hours of the required 90 hours must apply to this category.

PROFESSIONAL DEVELOPMENT AND OTHER HEALTH RELATED CONTACT HOURS:

Professional development and health related topic contact hours are defined as: Contact hours related to the broad area of health care, general nursing, and other continuing education activities planned to meet the individual's potential for professional growth. Examples include nursing informatics, interviewing, and financial management. A maximum of 22 contact hours of the required 90 hours may apply to this category.

CREDIT AWARDED:

Credit will be given according to the number of contact hours awarded. Contact Hours earned from January 1 of the first year of current certification may be submitted for recertification. Example: Date certified was 5/1/2010. Contact Hours earned since 1/1/2004 may be submitted for the recertification period ending 4/30/2015.

ACCEPTABLE EDUCATION ACTIVITIES

Continuing Nursing Education (CNE) Activities

These CNE activities include CH awarded for attendance at education activities as well as independent study activities such as journal articles or Internet-based education. CNE activities must be provided or co-provided by an individual, state, or national organization accredited as a provider or approver of continuing nursing education. These education activities may be in any format including, but not limited to courses, workshops, and independent study.

- Contact hours in this category may be counted toward medical-surgical practice or professional development, depending on the content.
- Education programs must be presented by an individual, state, or national organization accredited as a provider or approver of continuing nursing education.
- ACLS and BLS course work:
 - BLS course work is not accepted as it is generally required for registered nurses.
 - ACLS course work is accepted one (1) time only during the five (5) year period.
- Contact hours earned at an education convention or seminar with multiple sessions may be listed as a total amount for the entire convention or seminar. MSNCB reserves the right to request additional information on convention or seminar content or objectives.
- All contact hours earned at the AMSN annual convention and through all AMSN publications will be considered entirely as medical-surgical contact hours.
- Continuing Medical Education (CME) credits are acceptable when the content is also applicable to medical-surgical nursing. If audited, course outline and/or objectives must be submitted.
 - One CME equals one contact hour

Preceptorship/Mentoring

Preceptors/Mentors must provide clinical supervision to baccalaureate, masters or doctoral degree students and/or newly hired nurses.

- Contact hours in this category may be counted toward medical-surgical practice.
- Documentation must be provided from the school of nursing or by the nurse manager.
- The required form is included with the application.
 - Thirty (30) hours as a medical-surgical focused preceptor/mentor = 5 contact hours, with a maximum of 20 CH per recertification period.

Academic Courses

A registered nurse enrolled in an accredited baccalaureate, masters, or doctoral degree program may receive CH credit for academic course work related to medical-surgical nursing or adult health.

- Contact hours in this category may be counted toward medical-surgical practice or professional development, depending on the content.
- General education courses may not be used.
- A copy of a transcript must be provided with the application.
- Each academic hour = 15 contact hours with a maximum of 75 CH allowed per recertification period.
- In the event of an audit, an official transcript must be provided.

Presentation

This category includes the presentation of new content for academic courses and continuing nursing education program.

- Contact hours in this category may be counted toward medical-surgical practice or professional development, depending on the content.
- Presentations must be awarded academic credit or be approved by an accredited provider or approver of continuing nursing education.
- This credit applies one time only per course in the recertification period regardless of how many times the course is taught.
- Each one (1) hour of presentation = 3 contact hours with a maximum of 45 CH per recertification period.
 - E.g. a college level medical-surgical course of 12 one-hour class sessions is presented during a semester for a 3-credit course. The educator may claim 36 CH. (12 X 3 = 36 CH)
 - E.g. an RN presents a 2-hour CNE class one time only within the healthcare system. The RN may claim 6 CH. (2 X 3 = 6 CH)
- If audited, a letter from the event organizer must be provided.

Test Development/Item Writing for MSNCB

CMSRN members of the MSNCB Test Development/Item Writer Committee may count their volunteer time when recertifying.

- Contact hours in this category may be counted toward medical-surgical practice.
 - One (1) volunteered weekend session = 5 CH with a maximum of 20 CH per recertification period.

Professional Publications

The format must be a manuscript, research paper, book, or book chapter and must be published by a recognized publisher or professional journal.

- Contact hours in this category may be counted toward medical-surgical practice or professional development, depending on the content.
 - Authors, co-authors or editors of a book earn twenty-five (25) CH with a maximum of 25 CH per recertification period.
 - Authors or co-authors of a book chapter earn ten (10) CH with a maximum of 25 CH per recertification period.
 - Authors or co-authors of a published article earn five (5) CH with a maximum of 25 CH per recertification period.
- If audited, the following materials must be submitted for consideration:
 - Title of publication
 - Name of publication, if book chapter or article
 - Publisher
 - Date
 - Objectives
 - Bibliography

Multimedia Program Development

This category includes the development of program content and script for videotapes, audiotapes, or other electronic media.

- Contact hours in this category may be counted toward medical-surgical practice or professional development, depending on content.
- The program must be awarded contact hours.
 - The production of one 60 minute program equals five (5) CH, with a maximum of 20 CH per recertification period.

- If audited, the following materials must be submitted for consideration:
 - Media type
 - Objectives
 - Script or program outline
 - Bibliography

Conference Poster Presentation

The poster must be relevant to medical-surgical nursing and presented at a regional or national meeting.

- Contact hours in this category may be counted toward medical-surgical practice or professional development, depending on content.
- If the poster presentation is offered more than once, credit will be allowed for one presentation only during the recertification period.
 - Five (5) CH will be awarded per poster, with a maximum of 20 CH per recertification period.
- If audited, proof of poster development and presentation must be provided (e.g., meeting syllabus).

Membership on a National Nursing Organization Board or National Committee Chair

- Contact hours in this category may be counted toward professional development.
 - One (1) hour of participation = 1 CH with a maximum of 5 CH per recertification period.
- If audited, a letter verifying service from the president of the national nursing organization must be provided.

Research/Evidence Based Practice Projects

The project must have gone through the IRB process at your hospital / facility.

- Contact hours in this category may be counted toward medical-surgical practice.
- Contact hours can be claimed by the primary investigator only.
- A copy of the research proposal submitted to your facility must be included.
 - One research/evidence based practice project = 30 CH with a maximum of 30 CH per recertification period.

APPLICATION SUBMISSION

Submit your application as early as possible; processing requires 6 weeks. If your application is randomly selected for audit, this process may take longer. It is suggested that all materials be mailed certified, return receipt requested.

Faxed applications are not accepted. Please retain all contact hour certificates in your personal files in the event of an audit.

INFORMATION ABOUT MSNCB

The Medical-Surgical Nursing Certification Board (MSNCB) is a nonprofit organization whose mission is to recognize the professionalism and expertise of the medical-surgical nurse. MSNCB was formed in 2002 as a task force of the Academy of Medical-Surgical Nurses (AMSUN). Our goal was two-fold: to validate the request from AMSUN members that another option for certification for medical-surgical nurses was needed and that we could fulfill that need. We gave our pilot exam in October of the same year. Our first national test was given in May 2003. Today, MSNCB certifies thousands of medical-surgical nurses each year.

MSNCB is composed of five (5) board members who are experienced medical-surgical nurses, one (1) public member and one (1) ex officio member (the current president of AMSUN). MSNCB nurse members are appointed to represent the diverse roles and settings in which medical-surgical nurses practice, as well as varied demographic characteristics.

Certification in Medical-Surgical Nursing demonstrates to nurse colleagues, patients, employers, and others in the healthcare system that you are knowledgeable of, experienced in, and committed to medical-surgical nursing specialty practice. Individuals who earn the certified medical-surgical registered nurse (CMSRN[®]) credential obtain objective validation of their expertise. The process of becoming certified enhances your professional development and provides opportunities for professional growth.

The CMSRN exam is the only medical-surgical certification test endorsed by the Academy of Medical-Surgical Nurses. The CMSRN exam is accredited by the Accreditation Board for Specialty Nursing Certification (ABSNC), formerly the ABNS Accreditation Council.

Contact information:

MSNCB National Office
East Holly Avenue, Box 56
Pitman, NJ 080710056

Toll-Free Telephone: 866-877-2676
Fax: 856-589-7463
Email: amsn@ajj.com
Web Site: www.amsn.org

INFORMATION ABOUT AMSN

The Academy of Medical-Surgical Nurses (AMSN) is the only national professional nursing specialty organization dedicated to the practice of medical-surgical nursing. For further information about AMSN, please visit their website at www.amsn.org, or contact AMSN at:

AMSN National Office
East Holly Avenue, Box 56
Pitman, NJ 080710056

Toll-Free Telephone: 866-877-AMSN (2676)
Fax: 856-589-7463
Email: amsn@ajj.com
Web Site: www.amsn.org

SAMPLE

MSNCB CONTACT HOUR DOCUMENTATION

(1)	(2)	(4)	(5)	(6)		(7)
Program/Course Title	Date of Program (chronological Order)	Accredited Provider Name	Program Location	Number of Approved Contact Hours		Office Use Only
				Medical- Surgical Nursing	Professional Develop- ment/Other Health Related	
<i>Pain is the Fifth Vital Sign</i>	<i>6/24/06</i>	<i>ANCC</i>	<i>Web based</i>	1.2		
<i>Traumatic Abdominal Injuries</i>	<i>10/18/06</i>	<i>Tampa General Hospital/Florida Board of Nursing</i>	<i>Web based</i>	2		
<i>Nursing Research Workshop</i>	<i>10/29/07</i>	<i>Florida Board of Nursing</i>	<i>Broward General Medical Center</i>		4	
<i>The Effect of Music Therapy on Patients' Perception and Manifestation of Pain, Anxiety, and Patient Satisfaction</i>	<i>February 2007 Vol. 16/No. 1</i>	<i>AMSN and Anthony J. Jannetti, Inc.</i>	<i>N/A</i>	1.3		
<i>Poster Presentation: Back-seat Leadership</i>	<i>10/2007</i>	<i>Anthony J. Jannetti, Inc.</i>	<i>AMSN Convention, Las Vegas, NV</i>		5	
<i>Mentor – 2 new RNs- forms attached</i>	<i>9-10/2008</i>	<i>Faulkner Hospital</i>	<i>Faulkner Hospital</i>	10		
			COLUMN TOTALS	14.5	9	
			COLUMN TOTALS	14.5	9	
			TOTAL OF PAGE 1 -	14.5	9	

**FREQUENTLY ASKED QUESTIONS
ABOUT CMSRN RECERTIFICATION AND EXAM EXEMPTION**

Q. I have returned to school to work on my BSN. Will courses I take while working on my degree meet the criteria for recertification or certification exam exemption?

A. If you have been accepted into an accredited baccalaureate, master or doctoral degree program, academic courses may be counted toward medical-surgical practice or professional development, depending on the content. General education courses may not be used and a copy of a transcript must be provided with the application. Each academic hour = 15 contact hours with a maximum of 75 CH allowed per recertification period.

Q. I attended a medical-surgical program that offered continuing medical education (CME) credit, but not nursing contact hours. Will this be accepted as credit toward recertification or certification by exam exemption?

A. Yes.

Q. I am the second author of a medical-surgical nursing article published in a recognized professional journal. Can I receive partial or full credit for publication?

A. Both authors and co-authors receive full credit.

Q. Do all medical-surgical nursing contact hours have to be awarded through AMSN?

A. No. CNE activities must be provided or co-provided by an individual, state, or national organization accredited as a provider or approver of continuing nursing education. However, AMSN is an excellent resource for medical-surgical nursing education programs through its annual convention, Online Library, and various publications. AMSN co-provides these contact hours with Anthony J. Jannetti, Inc., an accredited provider of continuing nursing education through the American Nurses Credentialing Center's Commission on Accreditation (ANCC-COA).

Q. I attended a certification review course prior to testing. I passed the exam, but will I be able to use this course's contact hours when I recertify in 5 years?

A. Yes, you may use contact hours earned from January 1 of the year you recertify until the date of recertification.

Q. I sat for the MSNCB exam on the 15th of the month and attended a continuing education program over the next 3 days. Now that I have passed the exam, will I be able to use the approved contact hours from that program for recertification?

A. Yes, you may use contact hours earned from January 1 of the year you recertify until the date of recertification.

Q. I have more contact hours of continuing education than the required amount. Should I list and provide evidence of all activities I attended in case some contact hours are not accepted?

A. Yes. A maximum of 5 to 10 additional contact hours are recommended. Some candidates list contact hours as medical-surgical when they are actually professional development/health care related hours. A small "cushion" of medical-surgical contact hours may help.

Q. What will happen if I am unable to meet the continuing education requirements for certification via exam exemption?

A. If you are unable to meet the continuing education requirements for certification via exam exemption, you can either obtain certification by taking the examination or obtain additional contact hours prior to application.

Q. Must I wait until my current ANCC certification as a medical-surgical nurse is about to expire to apply for the CMSRN?

A. No. You may apply at any time during your ANCC medical-surgical certification and up to one year after it expires.

Q. Do I have to send in copies of all of my contact hour certificates?

A. No. Submit the application with the Contact Hour Documentation Form listing contact hours earned within the past 5 years of certification. You would only need to submit copies of contact hour certificates if your application is randomly selected for audit.



MEDICAL-SURGICAL NURSING
CERTIFICATION BOARD
RECERTIFICATION APPLICATION
EXAM EXEMPTION APPLICATION



I am applying for:

- Recertification of my current CMSRN certification. My CMSRN certification expires on
Recertification as a medical-surgical nurse by Exam Exemption. I am already certified as a medical-surgical nurse by ANCC. My current certification expires on. Enclose a copy of ANCC certification.
Inactive Status (for CMSRNs ONLY)
Retired Status (for CMSRNs ONLY)

ALL FIELDS ARE REQUIRED -- INCOMPLETE APPLICATIONS WILL BE RETURNED

1. PERSONAL INFORMATION:

Last Name First Name MI Last 4 digits of Soc. Sec. #

Home Street Address

City State Zip Code

Home Phone w Area Code Email (required)

2. EMPLOYER INFORMATION:

Employer Name

Employer Address Dept./Unit Work Phone w Area Code

City State Zip Code

Supervisor's Name Supervisor's Contact Email Daytime Phone Number w Area Code

3. CERTIFICATE and LICENSE INFORMATION:

Name on RN License

RN License: State/Province RN Permanent Number RN Original Start Date RN Current Exp. Date

4. PRACTICE EXPERIENCE

I attest that I have accrued a minimum of 1,000 hours of practice over the last five (5) years in a medical-surgical setting.

Sign:

Date:

Legal Signature

5. POLICY ON DENIAL, SUSPENSION OR REVOCATION OF CERTIFICATION:

The occurrence of any of the following actions will result in the denial, suspension, or revocation of CMSRN certification: 1) failure to meet certification or recertification criteria; 2) denial of any restrictions to professional RN license such as revocation, suspension, probation, or other sanction by a nursing authority; 3) failure to pay appropriate and required fees; 4) failure to supply requested information by deadline; 5) falsification of any material information on the MSNCB exam/recertification application or supporting documentation; 6) cheating on the certification exam; 7) misrepresentation of CMSRN status. Any other causes for denial, suspension or revocation will be decided on a per case basis after thorough investigation. If certification is denied, suspended or revoked for any reason, no fee will be refunded.

6. STATEMENT OF UNDERSTANDING:

I hereby attest that I have read and understand the policy of the Medical-Surgical Nursing Certification Board (MSNCB) concerning Denial, Suspension, or Revocation of Certification as explained in Section 5 and that its terms shall be binding on all applicants for certification / recertification and all certified CMSRN nurses for the duration of their certification. I hereby apply for certification / recertification offered by MSNCB. I understand that certification depends upon successful completion of the specified requirements. I further understand that the information accrued in the certification process may be used for statistical purposes and for evaluation of the certification program. I understand MSNCB maintains a searchable directory of all CMSRNs. I understand that the information from my certification records shall be held in confidence and shall not be used for any other purpose without my permission. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I understand that MSNCB reserves the right to verify any or all information on the application.

Sign:

Date:

↑ Legal Signature

7. DEMOGRAPHIC INFORMATION

1. Years of experience as an RN:

1. Less than 2
2. 2-5
3. 6-10
4. 11-15
5. 16-20
6. 21-25
7. 26 or more

2. Years of experience in medical-surgical nursing:

1. Less than 2
2. 2-5
3. 6-10
4. 11-15
5. 16-20
6. 21-25
7. 26 or more

3. Primary Practice:

1. Inpatient acute
2. Inpatient critical care
3. Inpatient long-term care
4. Ambulatory services
5. Other: _____

4. Current Position:

1. Staff nurse
2. Clinical Nurse Specialist
3. Nurse Practitioner
4. Educator/Faculty
5. Researcher
6. Unit Manager/Head Nurse
7. Administrator/Director
8. Student
9. Other: _____

5. Highest Level of **Nursing** Education completed:

1. Diploma-nursing
2. Associate degree-nursing
3. Associate degree-other
4. Baccalaureate degree-nursing
5. Baccalaureate degree-other
6. Master's degree-nursing
7. Master's degree-other
8. Doctoral degree-nursing
9. Doctoral degree-other

6. Gender:

1. Male 2. Female

7. What is your birthday month?

8. What is your birthday year?

8. PAYMENT INFORMATION

Prices are subject to change without notice. It is the applicant's responsibility to have the most current application form and information. For the most up to date application and guide, please check our Web site, www.msncb.org. Check the appropriate fee and submit payment with application.

- \$275.00 **Regular fee** \$175.00 **AMSN member fee**
 \$160.00 **Hospital Group Membership member fee**
 (AMSN member whose membership fee is paid by a facility participating in AMSN's Hospital Group Membership Program)
 \$75.00 **Late fee** (nonrefundable) Application is postmarked on or after the current certification expiration date.

- \$165.00 **Regular Inactive fee** – Remember to include a detailed request letter. \$105.00 **AMSN member Inactive fee** – Remember to include a detailed request letter
 \$100.00 **Regular Retired fee** – Remember to include a detailed request letter. \$75.00 **AMSN member Retired fee** – Remember to include a detailed request letter.

Payment by Check Check or Money Order Enclosed **Make payable to MSNCB**
Payment by Credit Card American Express Discover Master Cared Visa

Card Number: _____

Exp. Date: _____ Security Code: _____ (last 3 digits on back of card or 4 digits on front)

Name on Card: _____

Signature: _____

Date: _____

By entering my name and the date, I attest that I agree to this credit card charge.

Card Holder's Billing Address (if different from application address):

Street or PO Box Number: _____

Zip Code: _____

RETURNED CHECK FEE: \$30.00 - If a check is returned for insufficient funds, an additional fee of \$30.00 will be charged. Fees thereafter must be paid by money order, certified check, or credit card.

DENIAL, SUSPENSION OR REVOCATION OF CERTIFICATION - The occurrence of any of the following actions will result in the denial, suspension, or revocation of CMSRN certification: 1) failure to meet certification or recertification criteria; 2) denial of any restrictions to professional RN license such as revocation, suspension, probation, or other sanction by a nursing authority; 3) failure to pay appropriate and required fees; 4) failure to supply requested information by deadline; 5) falsification of any material information on the MSNCB exam/recertification application or supporting documentation; 6) cheating on the certification exam; 7) misrepresentation of CMSRN status. Any other causes for denial, suspension or revocation will be decided on a per case basis after thorough investigation. If certification is denied, suspended or revoked for any reason, no fee will be refunded.

To earn CMSRN recertification or CMSRN certification by exam exemption, applicants must meet all of the eligibility requirements at the time the application is submitted.



MEDICAL-SURGICAL NURSING
CERTIFICATION BOARD

PRECEPTOR/MENTOR



VERIFICATION FORM

If you are applying for CMSRN recertification or certification through exam exemption and claiming preceptor/mentor hours, you must complete this form and submit it with your application.

Thirty (30) hours as a medical-surgical focused preceptor/mentor = 5 contact hours, with a maximum of 20 CH per recertification period.

This preceptorship must be verified by the signature of the faculty member or educator who supervised your preceptorship/ mentorship.

Please print clearly.

Preceptor's Last Name: _____ First Name: _____

1. The individual named above has completed _____ hours of preceptorship/mentorship.

2. The preceptorship/mentorship was with:

- Generic Nursing Student(s) New Graduate Nurse(s) Newly Hired Nurse(s)

The dates of preceptorship/mentorship were

3. _____ through _____

4. Name of the facility/institution where preceptorship/mentorship occurred:

OR Name of the educational institution for which preceptorship/mentorship occurred:

SUPERVISOR: I attest that the above named candidate has completed the number of preceptor/mentor hours indicated:

Print Name: _____

Signature: _____

Address: _____

Email: _____ Phone: _____

MSNCB CONTACT HOUR DOCUMENTATION FORM

(1)	(2)	(3)	(4)	(5)		
Program/Course Title	Date of Program (chronological order)	Accredited Provider Name	Program Location	Number of Approved Contact Hours		Office Use Only
				Medical- Surgical Nursing	Professional Development/Other Health Related	
NAME:			COLUMN TOTALS			
PAGE 1 OF _____			COLUMN TOTAL PAGE 1			

MSNCB CONTACT HOUR DOCUMENTATION FORM

(1)	(2)	(3)	(4)	(5)		
Program/Course Title	Date of Program (chronological order)	Accredited Provider Name	Program Location	Number of Approved Contact Hours		Office Use Only
				Medical- Surgical Nursing	Professional Development/Other Health Related	
NAME:			COLUMN TOTALS	NAME:		
PAGE 2 OF _____			COLUMN TOTAL PAGES 1-2			

MSNCB CONTACT HOUR DOCUMENTATION FORM

(1)	(2)	(3)	(4)	(5)		
Program/Course Title	Date of Program (chronological order)	Accredited Provider Name	Program Location	Number of Approved Contact Hours		Office Use Only
				Medical- Surgical Nursing	Professional Development/Other Health Related	
Name: _____			COLUMN TOTALS			
PAGE 3 OF _____			COLUMN TOTAL PAGES 1-3			

MSNCB CONTACT HOUR DOCUMENTATION FORM

Copy this page as needed.

(1)	(2)	(3)	(4)	(5)		Office Use Only
Program/Course Title	Date of Program (chronological order)	Accredited Provider Name	Program Location	Number of Approved Contact Hours		
				Medical- Surgical Nursing	Professional Development/Other Health Related	
Name: _____			COLUMN TOTALS			
PAGE _____ OF _____			COLUMN TOTAL PAGES _____ - _____			