# NCBON CNS RECOGNITION PROCESS

## **STEP 1** ~ SUBMIT REQUIRED DOCUMENTATION

Use chart below to determine what to provide to the NCBON.

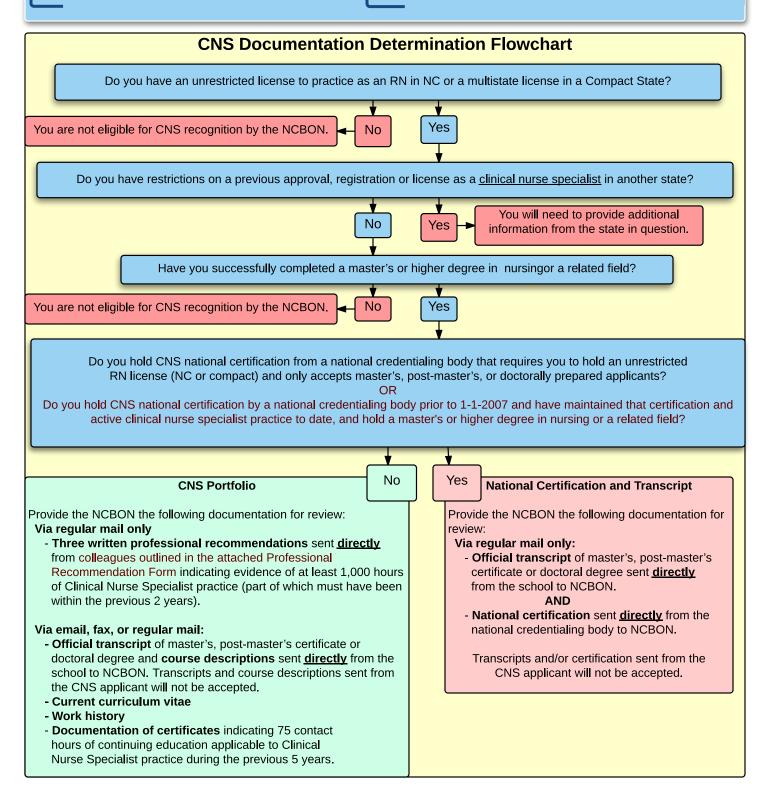
#### MAILING ADDRESS

Teresa Werlau, APRN Coordinator NCBON - PO Box 2129 - Raleigh, NC 27602 FAX 919-781-9461 ATTN Teresa EMAIL teresaw@ncbon.com

## STEP 2 ~ COMPLETE THE ONLINE CNS APPLICATION

To submit an application for Clinical Nurse Specialist Recognition, please access APRN Application located under 'Licenses/Certificates' once you're logged in to your Nurse Gateway profile. https://portal.ncbon.com

If you have any issues with the online CNS application, please contact Lonzell Fogle, IT Department, at lfogle@ncbon.com.





#### CLINICAL NURSE SPECIALIST (CNS) PORTFOLIO REVIEW PROFESSIONAL RECOMMENDATION LETTER

Effective July 1, 2015, per 21 NCAC 36 .0228 CLINICAL NURSE SPECIALIST PRACTICE, an applicant seeking NCBON recognition as a CNS who does not hold a clinical nurse specialist certification in his/her specialty must provide the NCBON with supporting documentation to be reviewed for the purpose of determining equivalence to national certification. Note: this provision applies when CNS national certification is not available in the specialty.

The supporting documents must include **three written professional recommendations** sent <u>directly</u> from colleagues (**type listed below**) indicating evidence of at least 1,000 hours of Clinical Nurse Specialist practice (part of which must have been within the previous 2 years).

## **General Information**

Name of Applicant	Applicant's RN Number					
Name of Individual Completing Recommendation Letter		Title				
Type of Practitioner (check appropriate box)	DON/CNO	Direct Supervisor	□ APRN	□ PA	□ MD or DO	
Practice Name/Address						
Approval/License Number	Phone		Email _			
Evaluation of Applicant's CNS Practic	ce Related to	o CNS Core Comp	oetencies	5		
Below, please describe your evaluation of the ap To review said competencies, please go to <u>www</u> located under the March 2010 heading.						cies are
			· · · · · · · · · · ·			

Number of hours the applicant has been active in CNS practice as your colleague \_\_\_\_\_

Dates during which the applicant has been active in CNS practice as your colleague Recommendation (competent or not competent to function as a CNS)

Date

### Signature of Individual Completing Recommendation Letter

By signing/dating above, you attest that you have direct knowledge of the applicant's Clinical Nurse Specialist practice as it relates to the CNS Core Competencies, and the information you have provided is accurate to the best of your knowledge.

Please send this Recommendation Letter (original signature/dated) via regular mail to: Teresa Werlau - APRN Coordinator - NCBON - PO Box 2129 - Raleigh NC 27602

If you have already requested that documents be sent to the NCBON based on the form requirements outlined in the initial "New CNS Rule" Notice of April 2015, **please do not resend**. If the NCBON requires additional information, you will be contacted.

Orig: 4-2015 Revision: 5-2015; 7-2015 - 4 -