

2010 NCC APPLICATION FOR CORE EXAMS

Professional Education Center Course Attendance

This application is valid for Professional Education Center
(PEC) Registered Course Attendees ONLY.

The following Course/Exam with Exam Dates Apply:

In-Patient OB Course

Inpatient Obstetric Nursing Exam

Location/Exam - 8:00 am

Las Vegas, NV	<input type="checkbox"/>	February 6
San Francisco, CA	<input type="checkbox"/>	February 10
Atlanta, GA	<input type="checkbox"/>	March 24
Orlando, FL	<input type="checkbox"/>	March 27
Silver Spring, MD	<input type="checkbox"/>	April 21
Philadelphia, PA	<input type="checkbox"/>	April 24
New York, NY	<input type="checkbox"/>	April 28
Chicago, IL	<input type="checkbox"/>	October 6
Boston, MA	<input type="checkbox"/>	October 9
Portland, OR	<input type="checkbox"/>	November 3
Sacramento, CA	<input type="checkbox"/>	November 6

Maternal-Newborn Course

**You may apply for one of these exams:

Maternal Newborn Nursing Exam or

Low Risk Neonatal Nursing Exam

Location/Exam - 8:00 am

Seattle, WA	<input type="checkbox"/>	February 6
Honolulu, HI	<input type="checkbox"/>	February 11
Raleigh, NC	<input type="checkbox"/>	April 17
Anaheim, CA	<input type="checkbox"/>	May 15
New York, NY	<input type="checkbox"/>	September 16
Atlantic City, NJ	<input type="checkbox"/>	October 16

** Both exams will be offered each site/date listed above

This application must be postmarked no later than 21 days prior to course exam date.

NICU-Review Course

Neonatal Intensive Care Nursing Exam - Location/Exam - 12:30 pm

San Francisco, CA	<input type="checkbox"/>	March 6	Silver Spring, MD	<input type="checkbox"/>	September 24
Atlantic City, NJ	<input type="checkbox"/>	May 7	Chicago, IL	<input type="checkbox"/>	October 16

MAIL TO: Send application and fee to:
NCC 142 E. Ontario #1700, Chicago, IL 60611

(Do NOT include this application with your PEC registration.)

NCC is NOT RESPONSIBLE for lost or misdirected mail.

2010 NCC APPLICATION FOR CORE EXAMS

Professional Education Center Course

FOR OFFICE USE ONLY

Date Received _____

STATUS: OK Incomplete Ineligible

Authorization _____

1. Current (Active) Licensure

Current RN # _____

Expiration Date ____/____/____ State _____
month/year**2. Original License Information:** What date did you first become licensed as a RN U.S. or Canada____/____/____ Issuing State _____
month/year**3. Have you taken this examination before?** Yes No If so, when _____**4. Year of Birth** _____**5. Last Name** _____

First Name _____ Middle Initial _____

6. Address _____

City _____ State _____ Zip _____

7. Contact Information

Work Phone (____)-____-____

Home Phone (____)-____-____

Email Address _____

Can NCC contact you by Email? Yes No**8. Do you hold membership in** AACN AWHONN NANN ANA ACNM ACC I don't belong to an organization Other _____

Affidavit: I have read the policies in the attached Memo of Understanding (see reverse) and recognize that I will be subject to those policies. I certify that all information contained in this application is complete and correct. I understand and agree that any knowingly false information provided by me may result in denial or revocation of my certification.

X _____
Signature of the Applicant (above) Date _____**10. What Exam are you taking?** Inpatient Obstetric Nursing Neonatal Intensive Care Nursing Maternal Newborn Nursing Low Risk Neonatal Nursing**11. This application is valid only with PEC course attendance.****What City-Date are you attending and taking this exam?**

City _____

Date _____

*(Please see PEC brochure for complete course and exam dates offered)***12. Fees** \$200 discount rate applies to PEC course attendees only**CHECKS: Payable to NCC**

Check # _____

Credit Card: American Express VISA MasterCard

Account Number: _____

Exp. Date ____/____/____ Amount \$200.00
month/year

Printed Name of Cardholder: _____

Signature: _____

A \$25 fee will be assessed for any returned check, or chargeback on a credit card for any reason, or for an incomplete application.**For exam content information, download NCC Candidate Guide from the NCC website at www.nccwebsote.org**

FORM A DOCUMENTATION OF PRACTICE EXPERIENCE

I am applying for the following Exam:

- Inpatient Obstetric Nursing Neonatal Intensive Care Nursing
 Maternal Newborn Nursing Low Risk Neonatal Nursing

**ALL ELIGIBILITY CRITERIA
MUST BE MET AT THE TIME
OF APPLICATION**

EMPLOYER VERIFICATION OF EMPLOYMENT

Applicant's Name _____

Applicant's Title _____

Applicant's Specialty Area _____

Has the applicant worked for your institution as an RN with the title and specialty area as noted above for at least 24 months as of the date you sign this form? YES NO

If NO, please list dates of employment:

From Month/Year ____/____/____ To Month/Year ____/____/____

Number of practice hours in the specialty in current position:

- 2000 or more Less than 2000 hours

If the applicant worked less than 24 months in the position and specialty as noted above or has worked less than 2000 hours, additional documentation from previous employer(s) totaling 24 months of practice experience and 2000 hours of practice experience must be submitted. Applications will be returned if this information is not included and are subject to the non-refundable \$25 processing fee.

STATEMENT OF VERIFICATION

To the best of my knowledge, I verify the above information is complete and correct.

Supervisor's Signature _____

(original signature in ink is required)

Supervisor's Title _____

Date Signed _____

Institution Name _____

Address _____

City _____ State _____ Zip _____

Telephone (include area code) (____) _____ - _____

Email _____

EMPLOYMENT HISTORY

THIS IS REQUIRED INFORMATION

Record the last five years of employment (list most recent first) including current employment:

Employer/Institution _____

Dates of Employment From _____ To _____
(Month/Year) (Month/Year)

Job Title _____

Specialty Area _____

Employer/Institution _____

Dates of Employment From _____ To _____
(Month/Year) (Month/Year)

Job Title _____

Specialty Area _____

Employer/Institution _____

Dates of Employment From _____ To _____
(Month/Year) (Month/Year)

Job Title _____

Specialty Area _____

If you need more space, attach as a separate sheet

ELIGIBILITY CRITERIA

- Current Licensure in the US or Canada is required and must be recorded on application - Section 1 and 2
- Documentation of two years (24 months) of experience comprised of at least 2000 practice time as a U.S. or Canadian RN in the exam specialty you are applying for must be verified.
- All practice experience must have occurred while you are/were a U. S. or Canadian RN. *This practice time can occur anytime during your nursing career.*
- RECENT EMPLOYMENT: You must have been employed in the designated exam specialty area sometime in the last 24 months. Employment is defined as direct clinical practice, education, administration or research. This must be verified by your employer on this form. (Above)
- PRIOR TO SUBMISSION:** Double check that all pages are complete, including: License information, test site and that you have signed and dated the form. Complete Form A above Read and sign "Memo of Understanding" on reverse.

- Include FEE and Mail by deadline listed on cover to NCC at:

NCC 142 E. Ontario #1700, Chicago, IL 60611

There is no online, Email or FAX registration available.

**MEMO OF UNDERSTANDING FOR
PROFESSIONAL EDUCATION CENTER (PEC) COURSE ATTENDEES IN 2010:**

- Inpatient Obstetric Nursing (INP) Neonatal Intensive Care Nursing (NIC)
 Maternal-Newborn Nursing (MNN) Low Risk Neonatal Nursing (LRN)

This form must be signed by the individual applicant and returned with completed NCC Core Exam application and documentation. All communications and applications for NCC Core Exam at PEC seminar must be sent directly to NCC

An applicant who chooses to be tested in the NCC core exam listed above at a PEC 2010 seminar test site is subject to the following policies and must sign this Memo of Understanding. By signing this form, the applicant acknowledges receipt of these policies and understands that he or she will be subject to the stated policies without exception. It should be understood that these policies *may* be different from those for an applicant taking an NCC examination at standard or other sites. PEC applicants for 2010 will be subject to the policies stated below. An applicant for the NCC Core exam listed above at the PEC site acknowledges and understands that **THERE IS NO CONNECTION BETWEEN PEC AND NCC AND THE POLICIES FOR APPLYING FOR AND TAKING THE PEC SEMINAR ARE NOT POLICIES OF NCC.**

REFUNDS: No refund will be issued for any reason. An applicant who signs up for the NCC exam and does not successfully complete the PEC course, fails to take the exam after signing up for the exam, fails to appear at the site, or fails to take the exam for any other reason will not be entitled to a refund from NCC.

WITHDRAWAL: Once the applicant is determined eligible for the exam, withdrawal from the process will not be allowed. No application may be transferred to another person or to another test date.

UNSUCCESSFUL APPLICANTS: An applicant who sits for the exam and does not receive a passing score is not eligible for any refund nor for any credit on any later NCC exam.

REGISTRATION: All applicants must complete an application and send it along with the stated payment on the application to NCC. The application must be received by the stated deadline date. All applicants must be approved by NCC to sit for the exam. PEC has no authority to accept or to allow any applicant to take the NCC Core exam. Incomplete applications or those postmarked after the deadline for the NCC Core exam listed above will be returned.

INCOMPLETE APPLICATIONS are defined as those that are missing any requested information or documentation; contain wrong, or have no, fees; do not contain original signatures or for any other reason resulting in an inability to determine applicant eligibility status. Such applications, if re-filed, are subject to a \$25 re-processing fee, but all documents and fees must be reconciled in full no later than 21 days prior to the exam. **INELIGIBLE APPLICATIONS** are subject to a \$50 non-refundable fee.

PAYMENT: All applications must include full payment. If a check is returned for NSF, stop payment or any other reason, or if a credit card charge is disputed, the applicant will no longer be eligible to take the exam at the PEC site if payment is not fully reconciled in full no later than 21 days prior to the exam. It is therefore recommended that all applications be sent in with accurate data, valid checks or credit card information, and at the earliest possible date.

TEST RESULTS: NCC shall provide final test result reports to individual applicants within 6 weeks of receipt of the answer sheets. All communications regarding the exam must be to NCC at bsobala@nccnet.org.

Please sign below to indicate your understanding that you are subject to the policies as stated in this Memo of Understanding. *All policies are subject to change without notice.*

Signature

Date