

Certified Managed Care Nurse (CMCN)

Criteria for Certification Renewal and Continuing Education

CONTINUING EDUCATION REQUIREMENTS FOR CERTIFICATION RENEWAL

The American Board of Managed Care Nursing (ABMCN) believes that nurses certified in managed care should continue to expand their knowledge and skills to maintain their competency. The ABMCN's renewal requirements are designed to encourage each Certified Managed Care Nurse (CMCN) to continue his/her professional development through courses that will assist the CMCN to serve the public more effectively. The initial CMCN certification is valid for three years.

GUIDELINES FOR CERTIFICATION RENEWAL

- Twenty-five (25) contact hours of approved continuing education will be required every three years. Continuing education hours earned may not be carried over to the next renewal period.
- Each certification renewal cycle is three (3) years beginning on January 1 of the year following completion of the certification examination. The cycle ends on December 31 of the third year.
- You are responsible to maintain a record of your own continuing education during the three-year cycle.
- Documentation that the license on which your CMCN credential was based is active and in good standing. A copy of your current license must accompany your certification renewal application.
- Failure to submit the required continuing education hours will result in revocation of your certification.

CONTINUING EDUCATION PROGRAMS

The American Board of Managed Care Nursing (ABMCN) recognizes the following credentialing agencies for their continuing education programs:

- American Nurses Credentialing Center (ANCC)
- American Association of Critical Care Nurses (AACCN)
- American Association of Nurse Anesthetists (AANA)
- Commission for Case Management (CCM)
- Healthcare Quality Certification Board (HQCB)
- National Association of Pediatric Associates and Practitioners (NAPAP)
- State Boards of Nursing

The above listing may not be inclusive. Other professional organizations may be approved for continuing education and will be reviewed for acceptance.

CE CATEGORIES

I. ACADEMIC COURSES

Academic courses in nursing taken for credit may be used to meet the requirements for continuing education. One academic semester hour is equal to 15 contact hours. You must achieve a grade of C or better or pass on a pass/fail system. The courses must meet the requirements that lead to a degree in nursing or related to health care.

II. HOME STUDY

Home study courses or self-study activities are acceptable for CE credit. These courses must be approved by one of the credentialing organizations. All requests for approval will be reviewed in detail and notifications of approval/disapproval will be forwarded to you within 60 days.

III. SEMINAR ATTENDANCE

Calculate only actual educational hours of conference/seminar excluding lunches and breaks.

IV. SPEAKING ENGAGEMENTS/WORKSHOPS PRESENTED

Participating in workshops, seminars, conferences, or in-service training programs over and above your normal work or paid employment responsibilities may be accepted for continuing education. These may include presentations made by you as a guest speaker at a college or the development of presentations, curriculum, and in-service training programs. Four (4) CE hours are applied for each one (1) hour of presentation. Presentations given more than one time with the same content may be claimed only one time during each cycle. Formal publication of articles or books authored by the CMCN on content that relates to the CMCN exam will qualify as four (4) CE hours per each full page 8 ½ x 11 published page. Poster presentations at conferences are also recognized for four (4) CE hours for the author.

FEES

The fee for certification renewal is \$55.00. This fee must be submitted with your application for renewal every three years.

- Certification renewal material submitted after January 31st must include an additional penalty fee of \$25.00, for a total of \$80.00.
- Request for written verification of certifications from an outside organization (recruiter, health plan etc) will require a \$15.00 processing fee. Verbal verification will not be given. Upon renewal of certification, candidates will receive written documentation at no charge.
- Certification renewal fees are retrospective, not prospective. Fees are not due until three years after passing the initial examination.

All fees are subject to change. Payment may be made in the form of a money order, Visa, MasterCard, American Express, or company/personal check. Checks and money orders should be made out to ABMCN. A handling fee of \$35.00 will be assessed for any checks returned for non-sufficient funds. **All fees are non-refundable.**

RESTORING A REVOKED CREDENTIAL

- You are provided one year following the end of your certification renewal cycle to restore to “active” status through continuing education. In the event the criteria is not met you must renew your certification through re-examination.

APPEALS

ABMCN’s appeal process is available to any individual who feels that the review committee inaccurately or unfairly applied the criteria for certification renewal.

NAME AND/OR ADDRESS CHANGES

Please notify the business office of the ABMCN of any change in name or address change as soon as possible.

The ABMCN will make every reasonable effort to send the certification renewal information to current certified members. It is your responsibility to renew your certification. You therefore acknowledge that the information you have provided is accurate

SUMMARY OF PROCEDURES

- Each certification renewal cycle is three years, beginning on January 1 of the year following completion of the certification examination.
- You are required to complete **25** applicable continuing education hours during this certification renewal period.
- Failure to submit these requirements will result in revocation of your certification.
- You are responsible for maintaining your own continuing education records during the three-year cycle.
- Certification renewal forms will be forwarded to each CMCN prior to the end of the three-year cycle.
- Fees must be submitted with your application for certification renewal.

If a certification was granted on the basis of misleading or inaccurate information the American Board of Managed Care Nursing (ABMCN) has the right to revoke or suspend the certification.

**SUMMARY OF CONTINUING EDUCATION ACTIVITIES
 CERTIFIED MANAGED CARE NURSE (CMCN)
 CERTIFICATION RENEWAL PROGRAM**

CMCN# _____ (the # on your CMCN certificate. If one is not available, please use your SSN#)

CE hours for period of January 1, _____, forward

(Use the back of this form or copy if additional space is needed)

Name _____ Telephone (Work) _____ (Home) _____
 Last First Middle Initial

(If name has changed since examination or last certification renewal, please include previous name & documentation to verify change.) Email _____

Mailing Address: _____ Is this a change from a previous address? Yes No
 Address, City, State, Zip

CE Category	Program Title	Program Sponsor	Location City, State	Program Start/End Dates or Completion Date	CE Hours
CE Categories	I. Academic Courses II. Self-Study	III. Seminar Attendance IV. Speaking Engagements/Workshops Presented		Total hours submitted: (minimum 25 hours; listing more than 35 is not needed)	Total #

If postmarked with check or faxed with credit card by January 31 the fee is \$55 USD. If sent **AFTER January 31**, the fee is \$80 USD (which includes the late charge). Mail your completed form and fee to ABMCN, 4435 Waterfront Drive, Ste. 101, Glen Allen, Virginia 23060, (804) 527-1905. If paying by credit card, you may fax (804) 747-5316 or mail your form. If you send your form by fax, DO NOT MAIL the original as this may result in second charge to your credit card. The fee covers review of CE activities submitted for this cycle and services provided to ABMCN during the three-year cycle just completed and is not refundable. ABMCN Tax ID # 54-1905803

Check # _____ \$ _____ (payable to ABMCN) Please fax receipt to: _____
 MasterCard Visa Amex
 *Credit Card Security Code _____

Card # _____ Exp. Date _____
 Cardholder's Name _____ Signature _____

*(Credit Card Security Code is a 3 or 4 digit number on the back of your credit card)

FOR ABMCN ONLY

Processing number _____ Audit Y N
 Total hours accepted by ABMCN _____ Result _____
 Validated by _____ Date _____ ©ABMCN

_____ Date submitted _____ CMCN signature (mandatory) _____