

## BHI Nursing Certification Program

### Redefining Nursing Excellence

At Baptist Hospital, Inc. the Life Long Learning (LLL) program promotes and encourages the pursuit of higher education. The LLL program is designed to support team members seeking relevant degrees through tuition assistance. Professional specialty certifications are not part of the Life Long Learning program. All requests for certification reimbursement are to be reviewed/ considered at the departmental level. The information provided below describes the process for requesting funding for professional specialty nursing certification in the patient care services areas.

#### **Why should I consider professional specialty certification?**

Board Certification represents an increasingly significant factor in the assurance of high standards for patient and family care efforts. Nursing, like health care in general has become increasingly complex. While a registered nurse license provides entry to general nursing practice, the knowledge-intensive requirements of contemporary nursing practice are enhanced through extensive education, as well as a strong personal commitment to excellence.

Obtaining national board certification is encouraged for all registered nurses in one of the many nursing certification specialties. This aspect of professional development is supported through the funding of approved initial certifications.

#### **How does the Nursing Certification Program work?**

The Program involves access to the ANCC/BCEN Success Pays Program which provides registered nurses, who meet eligibility criteria, to receive a unique code that serves as payment for approved ANCC/BCEN Nursing Certification Exams. A few ANCC/BCEN Nursing Certifications are provided below. Always refer to the ANCC or BCEN website for the most current list of approved certification exams

<http://www.nursecredentialing.org/Magnet/Magnet-CertificationForms>) - ANCC

<https://www.bcencertifications.org/Get-Certified> - BCEN

#### **A Few - ANCC SPECIALTY CERTIFICATIONS (March 2018)**

Ambulatory Care Nursing	Community Health Nursing
Cardiac Rehabilitation Nursing	Faith Community Nursing
Cardiac-Vascular Nursing	Forensic Nursing—Advanced
Certified Vascular Nurse	General Nursing Practice
College Health Nursing	Genetics Nursing—Advanced

## BHI Nursing Certification Program

Hemostasis Nursing  
Home Health Nursing  
Informatics Nursing  
Medical-Surgical Nursing  
Nurse Executive  
Nurse Executive—Advanced  
Nursing Case Management  
Certified Emergency Nurse  
Certified Pediatric Emergency Nurse  
Trauma Certified Registered Nurse

Nursing Professional Development  
Pain Management Nursing  
Pediatric Nursing  
Perinatal Nursing  
Public Health Nursing—Advanced  
Psychiatric–Mental Health Nursing  
School Nursing  
Certified Flight Registered Nurse  
Certified Transport RN

### **What if my desired certification is not on the ANCC approved list?**

If the certification exam that you are seeking is not listed, please contact the Professional Resources Division at [BHC Professional Resources Division@bhcpns.org](mailto:BHC_Professional_Resources_Division@bhcpns.org) or call 850.434.4911 for information related to:

- I. Other authorized, professional nursing specialty certifications, and
- II. The reimbursement process for the allowed certifications that are not on the ANCC approved list.

Reimbursement for these certifications occurs only after the following:

- The Nursing Certification Program Application must be completed and submitted prior to the certification test.
- The application must be approved prior to receiving any reimbursement from the Certification Program.
- The provision of written evidence of successful exam completion, the certification document, and the paid certification exam expense invoice from the certifying body.

Nurses must meet the eligibility requirements (refer to next section) for certification funding for BHC team members and also the requirements for taking the certification exam, as outlined according to certification type that can be found on the ANCC website (such as hours worked in specialty area, hours of continuing education, etc.) or the certifying body website for non ANCC allowed certifications.

### **How can I determine if I am eligible?**

New team members are eligible to apply to the program after 90 days of satisfactory employment\*.

Existing team members must have a current evaluation on file with satisfactory employment\*.

## BHI Nursing Certification Program

\*Satisfactory employment is defined as having a 90 day/annual evaluation on file with a rating of Does Job Well or Role Model. Those on probation or final warning are not eligible for the program until they have at least one year of satisfactory employment on record.

### Exclusions

Team members seeking certification that is not authorized according to program guidelines.

Team members in a PRN status.

Professional certification renewals are excluded from the program.

### **Before you apply – certification guidance:**

Send an email to [BHC Professional Resources Division@bhcpns.org](mailto:BHC Professional Resources Division@bhcpns.org) with the words **Certification Code** in the subject line. Please indicate the certification for which you are applying in the body of the email. You will then receive an application to complete with your manager in order to verify your eligibility to sit for the exam. After the completed application is reviewed and approved by the Professional Resources Division, you will receive a promotional code to use for your exam registration. The nurse will complete a certification exam application through the ANCC or BCEN website.

At the checkout page for your exam registration, enter the hospital code/voucher number. This will adjust the price to zero dollars and will allow the applicant to check out.

Once ANCC and BCEN receive the applications, the applicant will be notified if eligible and has met all of the requirements to take the certification exam.

ANCC will then send the applicant notification of eligibility and instructions for setting up a testing date.

If a nurse does not pass the ANCC qualified exam the first time, one retest or resubmission is available at no additional cost.

### **Application Submission**

Applications may be submitted to the Professional Resources Division via email at [BHC Professional Resources Division@bhcpns.org](mailto:BHC Professional Resources Division@bhcpns.org) or hand delivered to the Nursing Administration Office at Baptist Hospital.

## BHI Nursing Certification Program

For any questions, please contact the Professional Resources Division at [BHC Professional Resources Division@bhcpns.org](mailto:BHCProfessionalResourcesDivision@bhcpns.org) or call 850.434.4911.

### **Next Steps**

Carefully consider which professional certification is appropriate for your practice. Discuss this with your leader; complete the application; obtain all required signatures; and submit completed document by the deadline to the Professional Resources Division.

## BHI Nursing Certification Program

### Section 1: Applicant Information

<b>Nursing Certification Program Application</b>	
Date of application	
Employee ID #	
Last Name	
First Name	
Contact Information	
Hospital & Department Name	
Hire Date	
Position Title	
Supervisor Name	
Current Employment Status (full-time/part-time)	
Certification Name / Certifying Body	
<i>Professional Resources Division Office Use Only</i>	
<i>Request Approved</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No. If not approved, provide reason/detail:
<i>Certification Exam Date</i>	
<i>Certification Exam Results</i>	

I have read and understand the Nursing Certification Program guidelines.

I understand application approval is dependent upon budgetary allotments and my request does not guarantee reimbursement.

I understand this application must be approved PRIOR to receiving any benefit from the Certification Program.

BHI Nursing Certification Program

PAGE 2 – Nursing Certification Program Application

I confirm that I have been employed by BHC for at least 90 days at the time of application and have a current evaluation on file with satisfactory employment.

I understand I am responsible for adhering to the correct registration procedures through the ANCC or other certifying body.



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Employee Signature (REQUIRED)

Date

**Would you be interested in participating in the Nursing Peer Review Board?** (Circle One) Yes or No

How do you prefer to be notified of application status?

Email \_\_\_\_\_

Phone \_\_\_\_\_

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Department Head / Supervisor Name (PLEASE PRINT)



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Department Head / Supervisor Signature (REQUIRED)

Date

*Signature indicates eligibility requirements have been successfully met*