UPSTATE
UNIVERSITY HOSPITAL

**NURSING DEPARTMENT
ADMINISTRATIVE
MANUAL**

UPSTATE
UNIVERSITY HOSPITAL
COMMUNITY CAMPUS

Policy Number:	**NDM B-29**	Approved by:	Nursing Congress
Issue Date:	01/04/2012	Applies to:	Downtown and Community
Value(s): *Respect, Integrity, Innovation*		Page(s): 1 of 5	

Nursing Department Certification Program

Review Date:	Change Description:
06/07/2017	
Revised Date:	**Change Description:**
06/07/2017	Application process to request reimbursement funding for purchase of certification review test questions/materials.

Standard:

Advance professional and clinical expertise in the delivery of excellent patient care in a specialty.

Applies to:

Nursing

Policy:

To advance professional and clinical expertise in delivering excellent patient care in a specialty.

Upstate University Hospital (Upstate) will support all Nursing Department employees in pursuing certification in a specialty to advance professional and personal skill in delivering excellent patient care. The certification must be related to current position and job title.

Procedure:

I. To be eligible for the payment of specialty certification, the applicant must:
    A. Be employed and actively working at Upstate and have a satisfactory performance evaluation and a satisfactory time and attendance record.

    B. Meet the criteria of the specific certification agency. The certifying agency will be a national specialty based organization.

    C. Assure certification applied for be related to current Upstate job title and position.

II. Exclusions:
    A. Research Foundation /Med Best Employees outside of the Nursing Department reporting structure.

    B. Training courses such as ACLS, PALS, ATLS are not considered nursing certifications.

    C. Certification required for employment.

III. Upon meeting Upstate eligibility standards to sit for the approved specialty certification exam, Upstate will:
    A. Pay for the exam in advance and prior to the employee sitting for the exam.

Nursing Department Certification Program (cont.)   NDM B-29

Page 2 of 5

B.   Once Upstate pays for the specialty exam, if an employee is unsuccessful in passing the exam, repeated tests are to be paid for by the individual. Employees must provide a copy of pass/fail results and certificate to their direct supervisor and the Certification Assistance Coordinator (the Administrative Assistant to the Director of Professional Practice, Innovation and Quality) within 180 days of initial application.

C.   Prior to further approvals of applications for additional certifications, outstanding pass/fail results of previous certification exams must be submitted.

D.   If a certification review course is paid for by Upstate, the expectation is that the associated certification exam is taken within 6 months (180 days) of course date completion and/or explanation/provided to supervisor for delay with plan for exam completion. If certification exam is not taken, Upstate will not pay for any other exam until certification exam associated with course attended is completed.

E.   A separate application must be submitted to the Certification Assistance Coordinator to request approval for funding to complete an on-line certification review course. Funding is limited to a maximum of $300 per certification review course and will be through a reimbursement to the employee.

F.   Proof of successful completion/results of the on-line certification review course must be submitted for reimbursement to the Certification Assistance Coordinator within 30 days of completion. Submission follow-up will be monitored by the Certification Assistance Coordinator.

G.   A separate application must be submitted to the Certification Assistance Coordinator for reimbursement for purchase of associated test questions related to a certification review course. Proof of registration for the certification review exam must be included. Funding is limited to a maximum of $100 per certification review course and will be through a reimbursement to the employee.

H.   The Organizational Training & Development (OTD) representative proctoring the certification review course will inform employees taking the course that the expectation is to sit for the certification exam within six (6) months of taking the review course and a copy of the certification is required for tracking and recognition purposes (see III. B. above).

I.   Once the review course is complete, OTD will enter the attendance roster into Oracle Tracker and provide a copy to the Director of Professional Practice and Innovation. The Director (or designee) is responsible to be in contact with the employee to encourage them to sit for the certification exam within the six (6) month time period. Communication, via email reminder, will be sent to the employee at two (2), three (3) and five (5) months post-certification review course.

J.   Once the employee successfully attains certification in a specialty and necessary proof is submitted, Upstate will pay for re-certification application process and/or for retaking the certification exam as long as application criteria continue to be met.

K.   Applicable information regarding certification attainment and compliance with above policy will be included in annual performance review.

Nursing Department Certification Program (cont.)   NDM B-29

Page 3 of 5

IV.   **Approval/Application Process for Certification/Re-certification for payment in Advance to Certifying Agency:**

    A.   **Employee will complete "Certification Assistance Application". The application requests the following information:**

        1.   **The specialty exam to be taken.**

        2.   **A written career plan that explains the rationale for the requested nursing certification and a plan to maintain the certification.**

    B.   **The application must be submitted at least six (6) weeks prior to the test registration/re-certification submission deadline.**

    C.   **If the application is not submitted with sufficient time to complete the hospital approval process, the employee may pay test fee/registration fee and will request to be reimbursed (see V. below).**

    D.   **Completed copy of "Certification Assistance Application" and an original copy of Certification Test/Renewal Application will be submitted to the Manager/Supervisor for approval.**

    E.   **Once the approving manager signs the application, the Manager/Supervisor will forward the "Certification Assistance Application" and Specialty Test Application/supporting materials to the Certification Assistance Coordinator for processing of the application.**

    F.   **A separate application must be submitted for each specialty exam to be taken.**

    G.   **Proof of successful completion/results of certification examination must be submitted to the employee's Manager/Supervisor and to the Certification Assistance Coordinator within 180 days of application. Submission follow-up will be monitored by the Certification Assistance Coordinator.**

    H.   **Once proof of successful attainment of certification has been received, a copy of the certification is placed in the employee's personnel folder and certification is documented in Oracle Tracker by the Certification Assistance Coordinator or designee.**

    I.   **Applicable information regarding certification attainment and compliance with above policy will be included in annual performance review.**

V.   **Approval/Application Process for Reimbursement of Certification/Re-certification payment:**

    A.   **This process is used for Upstate employees when they have submitted payment for certification/re-certification and request reimbursement.**

    B.   **Employee will complete "Certification Assistance Application". The application requests the following information:**

        1.   **The specialty exam to be taken/or completed.**

        2.   **For reimbursement of fees already paid to the certifying agency, the following are required:**

            a.   **Proof of payment to specialty organization (proof of payment includes a cancelled check/money order/credit card statement).**

Nursing Department Certification Program (cont.)   NDM B-29

Page 4 of 5

      b.   Evidence that the employee is registered to take the exam or has re-certified (evidence in writing from the certifying agency that the employee has successfully registered for the certification exam and/or completed re-certification process).

C.   The completed Specialty "Certification Assistance Application" and proof of payment will be submitted to the employee's Manager /Supervisor for approval.

D.   Once the approving manager signs the application, the manager will forward the "Certification Assistance Application" to the Certification Assistance Coordinator for processing of the application.

E.   A separate application must be submitted for each specialty exam to be taken.

F.   Proof of completion/results of certification examination must be submitted to the Certification Assistance Coordinator within 180 days of application submission. Submission follow-up will be monitored by the Certification Assistance Coordinator.

G.   Once proof of successful attainment of certification has been received, a copy of the certification is placed in the employee's personnel folder and certification is documented in Oracle Tracker by the Certification Assistance Coordinator or designee.

Corresponding Clinical Procedure(s):
    N/A

Patient Education/Related Resources:
    None

Form Name(s) and Number(s):
    Nursing Department Specialty Certification Assistance Application

Originating Department: Nursing Executive Cabinet
Contributing Department(s):   None

Evidence-Based Reference(s) for Policy:

American Nurses Credentialing Center - ANCC. Retrieved February 24, 2011, from http://www.nursecredentialing.org/

American Nurses Credentialing Center. & American Nurses Credentialing Center. Magnet Recognition Program. (2008). *Application manual magnet recognition program: Recognizing nursing excellence*. Silver Spring, MD.: American Nurses Credentialing Center.

Practice consistent with existing regulatory agency guidelines and statutes; no research-based evidence found.

Nursing Department Certification Program (cont.)   NDM B-29

Page 5 of 5

Nursing Department Specialty Certification Assistance Application

Personal Data:

Name: _____**NYS Emp. ID: (found on paycheck)** _____

Address: _____**Hospital ID#**_____

City: _____ **State:** _____ **ZIP:** _____

County: _____ **Phone:** _____

Work Data:
Title: _____ **Nursing Unit/Department:** _____
Supervisor:_____ **Work Status: Full time Part time Per Diem**
Unit Phone:_____

Specialty Certification Information:
Specify Specialty Certification Requested:_____
Application Submission Deadline to Certifying Agency:_____
Cost of Exam:_____
Attach Specialty application for Certification

Applicant is: Applying to: ☐**take certification exam** ☐**Recertifying** ☐ **On-Line Certification Review**

Request is for:
☐**Advance Payment for Certification exam to be taken on: Date of exam:**_____
☐**Advance payment for re-certification date of renewal:**_____
☐**Reimbursement (employee paid for certifying exam and employee requests reimbursement)***
☐**Reimbursement (employee paid for certification renewal and requests reimbursement)***
☐**Reimbursement (employee paid for on-line certification review course and requests reimbursement)***

*For reimbursement, employee must submit proof of payment- (original money order, cancelled original check, credit card statement) and proof certification in process (test scheduled or completed and or re-certification successful).

Pass/fail results and proof of certification must be submitted by the Employee to the Manager and Certification Assistance Coordinator within 180 days of original application.

Please provide a succinct career plan explaining the rationale for the requested nursing certification and a plan to maintain the certification.
_____
_____
_____

Employee Signature: _____ **Date**_____

Manager/Supervisor Signature: _____ **Date**_____

Phone Extension: _____ **Unit** _____ **Cost Center**_____

*** Please complete all parts of the application to avoid delay in processing.