**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.

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**CNS Documentation Determination Flowchart**

1. **Do you have an unrestricted license to practice as an RN in NC or a multistate license in a Compact State?**
   - **No**
   - **Yes**

2. **Do you have restrictions on a previous approval, registration or license as a clinical nurse specialist in another state?**
   - **No**
   - **Yes**
     - You will need to provide additional information from the state in question.

3. **Have you successfully completed a master’s or higher degree in nursing or a related field?**
   - **No**
   - **Yes**

4. **Do you hold CNS national certification from a national credentialing body that requires you to hold an unrestricted RN license (NC or compact) and only accepts master’s, post-master’s, or doctorally prepared applicants?**
   - OR
   - **Do you hold CNS national certification by a national credentialing body prior to 1-1-2007 and have maintained that certification and active clinical nurse specialist practice to date, and hold a master’s or higher degree in nursing or a related field?**

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**CNS Portfolio**

- **Provide the NCBON the following documentation for review:**
  - **Via regular mail only**
    - Three written professional recommendations sent directly from colleagues outlined in the attached Professional Recommendation Form indicating evidence of at least 1,000 hours of Clinical Nurse Specialist practice (part of which must have been within the previous 2 years).
  - **Via email, fax, or regular mail:**
    - Official transcript of master’s, post-master’s certificate or doctoral degree and course descriptions sent directly from the school to NCBON. Transcripts and course descriptions sent from the CNS applicant will not be accepted.
    - Current curriculum vitae
    - Work history
    - Documentation of certificates indicating 75 contact hours of continuing education applicable to Clinical Nurse Specialist practice during the previous 5 years.

- **National Certification and Transcript**
  - **Provide the NCBON the following documentation for review:**
    - **Via regular mail only:**
      - Official transcript of master’s, post-master’s certificate or doctoral degree sent directly from the school to NCBON.
      - National certification sent directly from the national credentialing body to NCBON.
    - Transcripts and/or certification sent from the CNS applicant will not be accepted.
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 directly 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 Practice Related to CNS Core Competencies

Below, please describe your evaluation of the applicant's CNS practice as it relates to the CNS Core Competencies. To review said competencies, please go to www.nacns.org/html/competencies.php. The 2006-2008 CNS Core Competencies are located under the March 2010 heading.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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) __________________

Signature of Individual Completing Recommendation Letter  Date

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.