QUALIFICATIONS to be a Certified Professional Patient Navigator (CPPN) by the Patient Centered Education and Research Institute (PCERI).

Degree and Experience Required:

1. Licensure as a healthcare, counseling, or social work professional with an associate's degree or higher – OR an associate’s degree or higher plus completion of a PCERI Certified Education Provider patient navigation program.

2. Completion of 100 hours of a directed patient navigation internship – OR – six months of supervised patient navigation experience AND completion of an Experience Verification Form.

3. Completion of the CPPN – MEIQ Assessment of emotional intelligence.

4. Completion of the CPPN Competency Exam with a passing score of 75.

* In order to qualify, a degree must have been earned at a regionally accredited college or university or CAHME approved healthcare program. Licensed healthcare professionals may meet requirements based on their healthcare/social work/counseling training even if it is not at the Associate’s level.

Professional Knowledge Requirements:

1. Healthcare System
2. Communications Skills
3. Clinical Terminology/Assessment/Treatment
4. Interprofessional Collaboration and Team Work
5. Legal and Ethical issues in Helping Professions
6. Social and Cultural Issues
7. Community Resource Identification & Use
8. Research and Program Evaluation

A list of competencies is available at [http://patient-institute.org/competencies.html](http://patient-institute.org/competencies.html)

Patient Navigator Educators (PNEs) with qualifying degrees who are currently employed in patient navigation education programs do not need to submit an Experience Verification Form. In lieu of the form, PNEs must submit a statement on letterhead from the department chair, provost or academic vice president attesting to their involvement with the patient navigator education program. PNEs must also submit a completed application, an official sealed transcript reflecting the qualifying degree, and the $150 application and examination fee.

REQUIRED DOCUMENTATION

Transcript: An official sealed transcript listing the qualifying degree is required. If you have recently graduated, do not request a transcript until you know that the registrar has posted your degree.

Non-U.S. Degree Equivalency Note: Candidates who earned degrees outside the United States must have the degree(s) evaluated by an international transcript evaluation service and must submit the results to PCERI with the application. PCERI aPCERIpts evaluations completed by World Education Services, Inc.; Educational Credential Evaluators, Inc.; American Association of Collegiate Registrars; and Admissions Officers’ Office of International Education Services.

Experience Verification Form: The Experience Verification Form, completed by your supervisor, human resources official or similar authority in your workplace, is required. You may photocopy the
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blank form to distribute if you need to report experience from more than one employer to meet the experience requirement. The completed Experience Verification Form is required for all education levels except Patient Navigator Educators working in college or university settings.

ASSESSMENT
All applicants are required to take the CPPN Exam and CPPN MEIQ in order to successfully complete the application process. You may submit an application at any time. It will take approximately four weeks from the date of receipt for the initial application review to be completed. Upon PCERI's approval of your application, examination materials will be forwarded to you, and you will be eligible to register for the CPPN Exam and the CPPN-MEIQ Assessment.

APPLICATION TIMELINE
Applicants who do not document that they have satisfied the education and experience requirements will not be approved to take the assessments. Applications remain open for one year from the date of receipt, during which time applicants can submit additional documentation for consideration.

CPPN applicants and certificants are responsible for ensuring that their behavior adheres to the standards identified in the Patient Navigator Code of Ethics. An applicant must complete all portions of the CPPN application, including the Ethics Attestation and the Applicant Agreement & Release Authorization. Application disclosures and other ethics matters are reviewed in accordance with CPPN procedures. Disclosures do not automatically render an individual ineligible for certification. PCERI reserves the right to deny eligibility based on a disclosure. Application fees are nonrefundable.


FEES

Application, Assessment, and Registry Fee is $150. Fees are nonrefundable and nontransferable. Applicants who are not approved for the examinations will have an opportunity to submit additional documentation during the one year their application remains open.

Annual Certification Registry Fee is $50.
The annual registry fee for CPPN is $50. The first year's registry fee is included in the Application for certification. PCERI will send certificants an annual statement who must remit the fee by the due date to maintain certification. If PCERI does not receive payment by the due date, the individual's certification becomes inactive. Reactivation requires a reinstatement application, and a $60 reinstatement fee. Certifications inactive after three years require a re-application and assessment.

INQUIRIES

Once your application fee has been processed, PCERI will send a postcard/email to the address provided on your application. Your application will be reviewed within four weeks of the date the postcard/email is sent. Please do not call to check the status of your application unless at least three weeks have passed since you mailed it and you have not received a postcard/email from PCERI.

PCERI will send you written notification when the review of your application is completed. If additional documentation is required, that documentation will be reviewed within four weeks of receipt. To avoid unnecessary delays, be sure to include all required documentation with your application. Applications and documentation should be submitted electronically.
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If you have specific questions regarding the CPPN application process and certification, you can contact PCERI at:

Patient Centered Education and Research Institute
9312 Old Six Mile Lane
Louisville, KY 40299
Telephone: 270-883-2775
E-mail: certification@patient-institute.org


Revised: January 2015
Every year, current CPPN certificants must recertify in order to continue using the designation. A recertification form is available at [http://patient-institute.org/certification.html](http://patient-institute.org/certification.html). In order to recertify, CPPN certificants must:

- Adhere to the Patient Navigator Code of Ethics.
- Complete 15 clock hours of continuing education during each 12 month period of certification, including a minimum of two hours specific to ethics. Continuing education must be specific to the following competency areas:
  1. Healthcare System Knowledge
  2. Communications Skills
  3. Clinical Terminology/Assessment/Treatment
  4. Interprofessional Collaboration and Team Work
  5. Legal and Ethical issues in Helping Professions
  6. Social and Cultural Issues
  7. Community Resource Identification & Use
  8. Research and Program Evaluation
- Sign and return a statement attesting to completion of the required continuing education and continued adherence to the Patient Navigator Code of Ethics to PCERI with all fees due prior to the certification expiration date.
- Provide documentation of continuing education activities if selected for audit. Notification and instructions are included in the recertification notice.

**IMPORTANT:** PCERI sends recertification notices with instructions at least 30 days prior to the certification expiration date. CPPN certificants who do not receive a recertification notice during this time should contact PCERI immediately. If PCERI does not receive the signed recertification attestation and payment by the expiration date on the certificate, the credential will expire. Reinstatement of an expired credential requires a reinstatement application, $60 reinstatement fee, and documentation of 15 clock hours of continuing education if it has been one year or more since your certification assessment.
CPPN APPLICATION FORM

1. Last Name: ___________________________ First:_________________ Middle:____________________

2. Previous Names: ________________________________________________________________

3. Home Address: __________________________________________________________________

   City, State/Province/ZIP: ___________________________________________________________

4. Business Name: __________________________________________________________________

   Business Address: __________________________________________________________________

   City, State/Province: ______________________________________________________________

   ZIP/Postal Code, Country: __________________________________________________________

   Preferred Mailing Address: Home Business ____________________________________________

   City, State/Province, ZIP __________________________________________________________


7. Preferred E-mail: _________________________________________________________________

   Salutation: Dr. Mr. Mrs. Ms. ______

   ___Please check here if you do NOT want your contact information shared with continuing education providers.

8. Gender: ___Male   ___Female   ___Other

9. Date of Birth (mm/dd/yyyy): __________________________

10. How did you hear about the CPPN credential? _______________________________________

11. Ethnic Origin (for statistical purposes only):

    □ African American □ Native American □ Asian □ Caucasian □ Hispanic/Latino

    □ Native Hawaiian □ Multiracial □ Other

12. Examination: A passing score on the Certified Professional Patient Navigator Examination (CPPN-E) is required.

FOR OFFICE USE ONLY

REF.#:__________ AMOUNT:__________ BATCH #:__________ DATE:__________
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CPPN APPLICATION FORM (page 2 of 3)

Applicant Name:
_________________________________________________________________________________

Education/Degree (Official sealed transcript must be enclosed or sent from awarding institution):
Note: If registrar will not provide you with a sealed transcript, please have your official sealed transcript sent directly to PCERI. Include a brief note on the front of your application stating that the transcript is being sent separately.

Indicate below either PN degree (see below) or highest level non-PN degree that meets the educational requirements detailed on page 2.

Name of Degree* ____________________________________________________________

Degree Earned ________________________________________________________________

Institution Name and City/State __________________________________________________

Date Degree Conferred _______________________________________________________

* e.g., Associate of Science in Allied Health, Bachelor of Science in Social Work, etc.

PCERI accredits patient navigator degree programs. If your degree program was accredited by PCERI at the time of your graduation, you do not need to submit an Experience Verification Form. However, you must submit a printout of the accredited program list (found at http://patient-institute.org) with your degree program highlighted.

Licenses/Certifications/Registrations/Credentials/Memberships (Include copy of license/certificate).

Issuing State or Organization: _______________________________________________________

License/Certificate: ______________________________________________________________

Membership Number: __________________________

Issue Date: ______________________________

License/Certificate/Membership Type: ______________________________________________

Expiration Date: __________________________

Request Form and supporting documentation with your application. Requests that are not accompanied by the required documentation cannot be approved.
Ethics Attestation: (Please respond to each statement below)

1. Have you ever been or are you currently the subject of any public or private complaint, investigation or professional disciplinary action, including licensure board and membership matters? ______________

2. Have you ever been or are you currently charged with any criminal offense? ____________

3. Have you ever been or are you currently named in a civil or other legal action? ____________

If you answered “YES” to any of the above questions, you must include a complete, detailed explanation related to the response. You must also provide copies of relevant documentation, such as copies of the complaint, pleadings and compliance with final orders. Place these materials in a sealed envelope marked “Attention: Ethics Department” and return with your application. Failure to provide required information will delay the processing of your application.

Applicant Agreement & Release Authorization:

All information I provided in this application, including supporting documentation, is accurate and complete to the best of my knowledge. If I have knowledge of any changes concerning my responses in this application, including my responses in section 16 above, I agree to report this to PCERI in writing within 60 days.

I agree that PCERI has the right to contact any person or organization regarding this application, and I authorize the release of any information requested by PCERI to verify the accuracy. I understand that all application materials become the property of PCERI and will not be returned.

I understand that certification through PCERI depends upon my fulfillment of all required criteria and compliance with PCERI policies, which include the PCERI Code of Ethics and the PCERI certification mark and trademark use policy. I understand that certification does not create membership in PCERI. I understand that PCERI certification is personal to me and may not be transferred to another individual or group.

I understand that professional biographical and certification data is considered to be public information and will be made available in response to public inquiries. I agree that data related to my participation in PCERI certification may be used for research and statistical purposes.

I recognize that any certification granted by PCERI does not represent licensure or other authorization to practice business activities for a fee. I release PCERI from all liability and claims arising from any professional activity.

Signature: ___________________________________________ Date: ___________________
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CPPN EXPERIENCE VERIFICATION FORM

NOTE: This form is not required of patient navigator educators in college or university settings or graduates of PCERI-accredited programs.

Applicant's Name: ________________________________________________________________

I am applying to the Patient Centered Education and Research Institute for the Certified Professional Patient Navigator (CPPN) credential. I am required to provide documentation of my post degree work as a navigation practitioner.

Please complete the information below and return the form to me. My application cannot be processed without this form.

My degree was conferred ________________________________ (mm/dd/yyyy).

Applicant’s Signature: ___________________________ Date __________________

INFORMATION BELOW TO BE COMPLETED BY EXPERIENCE VERIFIER (not applicant)

Please complete all information below.

I verify that the applicant named above worked in a healthcare or social services position from __________ (mm/yyyy) to __________ (mm/yyyy) AFTER completing his/her degree and completed __________ total hours of work as a healthcare or social services practitioner.

This applicant was/is employed in the position of (job title) ________________________________________.

Briefly identify and describe work experience related to patient navigation.

To the person verifying experience: Please provide the following information about yourself. Please print.

1. Verifier’s name:______________________________________________________________

2. Agency/institution: ________________________________________________________

3. Your title at agency/institution: _____________________________________________

4. Your current contact information: Phone:________________ Email:______________

Verifier Signature: __________________________________ Date:__________________

Return to the Applicant for submission
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PAYMENT VOUCHER FOR CPPN APPLICATION

PLEASE PRINT CLEARLY IN INK

APPLICATION FEE

Total Fee: $150 includes application fee and the examination fees. Fees are nonrefundable and nontransferable.
• All fees must be paid in U.S. dollars.
• PCERI will review your packet within two weeks of its receipt.
• PCERI will notify you in writing of your status and if further information is needed.
• Applicants who do not meet the requirements for this credential will forfeit the application fee.

APPLICATION CHECKLIST

Before mailing your completed application packet, make sure that you have included the following:
□ Application Form
□ Experience Verification Form(s)
□ Transcript for highest level degree that meets the educational requirements detailed in this application
□ Application fee and this Payment Voucher

METHOD OF PAYMENT

_____Enclosed is a check or money order—payable to PCERI—in the amount of $150 (U.S. dollars)

_____Please charge the credit card as listed below in the amount of $150 (U.S. dollars).

Card Type:

_____ VISA

_____ MasterCard

_____ American Express

Name on Card:______________________________________________________________

Card Number:___________________________________________________________

Expiration Date:________________________________________________________

Card Security Code (from back of card):_______________________________

Cardholder Signature: ________________________________ Date (mm/dd/yyyy): ______________

Applicant’s Name: __________________________________ Phone:________________________

MAILING INSTRUCTIONS: Patient Centered Education and Research Institute, 9312 Old Six Mile Lane, Louisville, KY 40299