Certified Professional Patient Navigator (CPPN)

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

REQUIRED

1. Licensure as a healthcare, mental health, or social work professional – OR completion of a PCERI Certified Education Provider patient navigation program, OR three or more years of documented patient navigation experience.

2. Completion of 100 or more 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 70. *

*Prior to taking any CPPN Assessments or Exams, the first two requirements must be met.

PROFESSIONAL KNOWLEDGE EXPECTATIONS

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


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 this 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 and an application-examination fee.

REQUIRED DOCUMENTATION

Licensed Professionals: A copy of your qualifying license.

Education Provider Qualified Applicants: A copy of your official transcript or certification letter from a patient navigation education provider indicating completion of their program.

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

ASSESSMENT

Applicants who do not document that they have satisfied the education and/or experience requirements will not be approved to take the assessments.

Applicants must take the CPPN MEIQ and pass the CPPN Exam in order to complete the application process for the CPPN Registry.

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 instructions will be forwarded to you.

Those who fail to achieve a passing score on the CPPN Exam will be provided with one additional opportunity to complete this requirement within six months of their initial testing date. There is an additional test fee of $50 for a retake.

APPLICATION TIMELINE

Applications remain open for six months from the date of receipt, during which time applicants can submit additional documentation for consideration.

CPPN applicants are responsible for ensuring that their behavior adheres to the standards identified in the Professional 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 institute 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 six months their application remains open.

Annual CPPN Registry Fee is $50.

The first year’s registry fee is included in the Application for certification. PCERI sends certificants an annual statement who must remit the fee by the due date to maintain certification. 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 is received, PCERI will notify you by email. Your application will be reviewed within four weeks of the date the 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 an email from PCERI.

PCERI will notify you 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.

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: February 2016
Certified Professional Patient Navigator (CPPN)

RECERTIFICATION

Every year, current CPPN certificants must recertify in order to continue using the designation. A recertification form is available at [http://patient-institute.org](http://patient-institute.org). 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 of healthcare 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. Notification and instructions are included in the recertification notice.

**IMPORTANT:** PCERI sends recertification notices with instructions at least 60 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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Preferred Salutation:** □ Ms. □ Mr. □ Mrs. □ Dr.

**Previous Names**

**Home Address**

**Business/Employer Name**

**Business Address:**

**Preferred Phone:**

**Preferred Email:**

---

*Data below are for statistical and identification purposes only.*

**Gender Preference:** □ Male □ Female □ Other

**Ethnic/Racial Identity**

- □ African American
- □ Native American
- □ Asian/Pacific Islander
- □ Caucasian/White
- □ Hispanic/Latino
- □ Multiracial
- □ Other __________________________

**Date of Birth** (month/day/year)

**How did you learn about the CPPN?**

- □ Check here if you do **NOT** want contact information shared with continuing education providers.

---

**FOR OFFICE USE ONLY**

REF.#: ___________ AMOUNT: ___________ BATCH #: ___________ Revd DATE: ___________
## CPPN Application Form (Page 2 of 3)

<table>
<thead>
<tr>
<th>Last Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest Education Achieved:</td>
<td>Institution:</td>
</tr>
<tr>
<td>Date Degree Conferred:</td>
<td>City and State:</td>
</tr>
</tbody>
</table>

### Licensure or Certification Information

<table>
<thead>
<tr>
<th>Issuing Organization:</th>
<th>Title of Award:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference or License Number:</td>
<td>Issue Date:</td>
</tr>
<tr>
<td></td>
<td>Expiration Date (if any):</td>
</tr>
</tbody>
</table>

### Other Related Licenses/Certifications

<table>
<thead>
<tr>
<th>Issuing Organization:</th>
<th>Title of Award:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference or License Number:</td>
<td>Issue Date:</td>
</tr>
<tr>
<td></td>
<td>Expiration Date (if any):</td>
</tr>
</tbody>
</table>

*Include copies of any licenses or certifications that apply to this application*
Ethics Attestation: (Please respond to each statement below)

1. Have you or are you currently the subject of any public or private complaint, investigation or professional disciplinary action, including licensure board and membership matters?
   ☐ Yes ☐ No

2. Have you ever been or are you currently charged with any criminal offense? ☐ Yes ☐ No

3. Have you ever been or are you currently named in a civil or other legal action? ☐ Yes ☐ No

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 responses 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 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: __________________
Certified Professional Patient Navigator (CPPN)

EXPERIENCE VERIFICATION FORM

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 work as a navigation practitioner.

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

Dates I served in a patient navigation role were: __________________________________________.

Applicant’s Signature: ___________________________ Date__________________

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

I verify that the applicant above worked in a healthcare or social services position from:

_________________ to ________________ and completed ____________ total hours of work in a patient navigation role.

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

Briefly identify and describe work experience related to patient navigation.

Verifier: 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:__________________________
Certified Professional Patient Navigator (CPPN)

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 four weeks of its receipt.
• PCERI will notify you by email 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)
☐ Copies of Certifications, Licenses, Transcripts relayed to this application.
☐ Application fee and this Payment Voucher

METHOD OF PAYMENT

_____ I have submitted payment of $150 (U.S. dollars) through the Paypal link at http://patient-institute.org.

Date (mm/dd/yyyy): _______________________

Applicant’s Signature: ____________________________________________________________

SUBMISSION INSTRUCTIONS: Scan and email you application packet to the Patient Centered Education and Research Institute, certification@patient-institute.org.