

Certified Professional Patient Navigator (CPPN)

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

REQUIRED

1. Licensure as a healthcare, mental health, or social work professional – OR completion of PCERI approved patient navigation training – OR three or more years of documented patient navigation experience.
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 Exam with a passing score of 70 on all sections.*

** Prior to taking the CPPN Exams, the first two requirements must be fulfilled.*

PROFESSIONAL KNOWLEDGE EXPECTATIONS

- Healthcare System
- Communications Skills
- Clinical Terminology/Assessment/Treatment
- Interprofessional Collaboration and Team Work
- Legal and Ethical issues in Helping Professions
- Social and Cultural Issues
- Community Resource Identification & Use
- Research and Program Evaluation

A list of competencies is available at <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 navigation education program. PNEs must also submit a completed application and the application - examination fee.

REQUIRED DOCUMENTATION

Licensed Professionals: A copy of your qualifying license.

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 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.



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ASSESSMENT

You may submit an application at any time. It will take approximately two 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.

Applicants who do not document that they have satisfied the education or experience requirements will not be permitted to take the CPPN Exams.

Applicants must take and pass the CPPN Exam and complete the CPPN MEIQ in order to qualify for the national registry and designation as a CPPN.

APPLICATION TIMELINE

Applications remain open for three months 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 Professional Patient Navigation *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 are reviewed in accordance with Institute procedures. Disclosures do not render an individual ineligible for certification but, PCERI reserves the right to deny eligibility based on a disclosure.

The Patient Navigation *Code of Ethics* is available at <http://patient-institute.org>.

FEES

Application, Assessment, and Registry Fee is \$350. Fees are nonrefundable and nontransferrable but can be submitted following acceptance but before taking the CPPN.

Applicants who are not approved for the examinations will have an opportunity to submit additional documentation during the three months their application remains open.

Annual Certification Registry Fee is \$30.

The annual registry fee for CPPN is \$30. 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.



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INQUIRIES

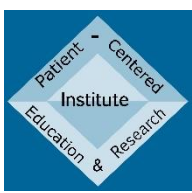
Once your application fee has been processed, PCERI will notify you by email to the address provided on your application. Your application will be reviewed within two weeks of the date the email is sent. Please do not call to check the status of your application unless at least fifteen days have passed since you submitted it.

PCERI will notify you when the review of your application is completed and request payment if not already processed. If additional documentation is required, that documentation will be reviewed within two 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
9714 Southern Breeze Lane, Louisville, KY 40299
Telephone: 270-883-2775
E-mail: certification@patient-institute.org

Information is also available on PCERI's Web site, <http://patient-institute.org>.



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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/certification.html>. In order to recertify, CPPN certificants must:

- Adhere to the Patient Navigation Code of Ethics.
- Complete 15 clock hours of continuing healthcare education during each 12 month period of certification, including a minimum of two hours specific to ethics/equity. 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 Navigation *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.

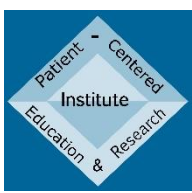
IMPORTANT: PCERI sends recertification notices with instructions at least 30 days prior to the certification expiration date. CPPN certificants who do not receive a recertification notice during this time should contact PCERI immediately. If PCERI does not receive the signed recertification attestation 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.



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CPPN APPLICATION FORM

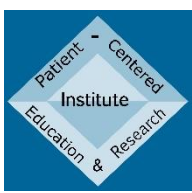
Last Name	First Name	Middle Name
Preferred Salutation: <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____		
Previous Names		
Home Address		
Business/Employer Name		
Business Address:		
Preferred Phone:	Preferred Email:	
<i>Data below are for statistical and identification purposes only.</i>		
Gender Preference: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Ethnic/Racial Identity <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> Other _____		
Date of Birth (month/day/year)	How did you learn about the CPPN?	
<input type="checkbox"/> Check here if you do <u>NOT</u> want contact information shared with continuing education providers.		
FOR OFFICE USE ONLY		
REF.#: _____ AMOUNT: _____ BATCH #: _____ Rcvd DATE: _____		



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CPPN APPLICATION FORM (page 2 of 3)

Last Name:	
Highest Education Achieved:	Institution:
Date Degree Conferred:	City and State:
Licensure or Certification Information	
Issuing Organization:	Title of Award:
Reference or License Number:	Issue Date:
	Expiration Date (if any):
Other Related Licenses/Certifications	
Issuing Organization:	Title of Award:
Reference or License Number:	Issue Date:
	Expiration Date (if any):
<i>Include copies of any licenses or certifications that apply to this application</i>	



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CPPN APPLICATION FORM (page 3 of 3)

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 detailed explanation related to the response. Provide copies of relevant documentation, such as copies of the complaint, pleadings and compliance with final orders. Place in a separate file called **ethics issues** 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.

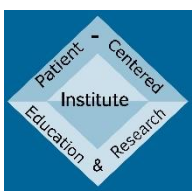
I understand that professional biographical and certification data is considered to be public information and will be made available in response to public inquiries. I agree that data related to my participation in PCERI certification may be used for research and statistical purposes.

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: _____

All submitted information will remain confidential except as waived above.



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EXPERIENCE VERIFICATION FORM

Applicant's Name: _____
I am applying to the Patient Centered Education and Research Institute for the Certified Professional Patient Navigation (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.**

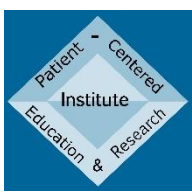
1. Verifier's Name: _____

2. Agency/institution: _____

3. Your title at agency/institution: _____

4. Your current contact information: Phone: _____ Email: _____

Verifier Signature: _____ **Date:** _____



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PAYMENT VOUCHER FOR CPPN APPLICATION

PLEASE PRINT CLEARLY IN INK

APPLICATION FEE

Total Fee: \$350 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 by email of your status and if further information is needed.
- Applicants who do not meet the requirements will not be billed for the application..

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 related to this application.

METHOD OF PAYMENT

____ I will submit payment of \$350 (U.S. dollars) through the PayPal link at <http://patient-institute.org.upon> acceptance.

Date (mm/dd/yyyy): _____

Applicant's Signature: _____

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