



Dermatology Nurse Practitioner Certification Brochure

GENERAL INFORMATION

Certification provides an added credential beyond licensure and demonstrates by examination that the Nurse Practitioner has acquired specialized knowledge in dermatology and adheres to practice standards. It assures consumer protection and confers peer and public recognition to those individuals who prove proficient in their practice.

ELIGIBILITY CRITERIA

To become a certified dermatology nurse practitioner (DCNP), the DNCB requires that candidates meet all eligibility criteria at the time of application, complete the enclosed application form, submit all fees, and successfully pass the certification examination. No individual shall be excluded from the opportunity to participate in the DNCB certification program on the basis of race, color, national origin, religion, sex, age or disability. To be eligible to participate in the examination, candidates must meet the following requirements:

- Current NP State Licensure
 - Master's degree in nursing
 - National certification as a nurse practitioner
 - Minimum of 3,000 hours of general dermatology practice with current practice in dermatology (hours obtained from a formal dermatology NP academic program count towards the 3,000 hours)
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MISSION STATEMENT OF THE DNCB

The Dermatology Nursing Certification Board (DNCB) promotes the highest standards of dermatology advanced nursing practice and establishes credentialing mechanisms for validating proficiency as a nurse practitioner working in dermatology.

APPLICATION INSTRUCTIONS

1. Complete all sections of the application. Be sure to include the last four digits of your Social Security number since it will serve as your identification number for the certification files.
2. Print or type all information except for your signature.
3. Attach to the application a photocopy of your current NP license, your master's diploma or an official transcript, proof of national certification as an NP and, if applicable, a photocopy of your current DNA membership card.
4. Include fee for certification examination, plus late fee if applicable. Make all checks payable to C-NET.
5. Mail the application form with attachments and your check/money order to:

DCNP Certification Program
c/o C-NET
35 Journal Square, Suite 901
Jersey City, NJ 07306
Phone: 800-463-0786

The application will be considered incomplete if any of the requested information or the appropriate fees are not provided. Candidates will be informed of the measures to take to complete their applications. Exam permits are issued only to candidates with complete applications.

Substitution of candidates cannot be made and no such request will be honored. The Dermatology Nursing Certification Board reserves the right to verify the employment and licensure of any applicant.

FEE STRUCTURE

The fees for the Dermatology Nurse Practitioner Certification Examination are as follows:

\$ Application Fee

NP Society Member	\$300
Current DNC status	\$300
NP Society Non-member	\$400

This includes a non-refundable application fee of \$50.

Membership in the DNA must be current through the examination date to be eligible for the reduced fee.

\$ Recertification Fee

NP Society Member	\$175
NP Society Non-member	\$250

--or-- payment of the examination fee if re-examination is selected as the method of certification.

\$ Late Application Fee \$25.00

For applications postmarked after the deadline. (Late applications are accepted for two weeks after the deadline.)

\$ Returned Check Fee \$20.00

Any applicant whose personal check is returned for insufficient funds is required to pay this fee. Remittance of fees thereafter must be by money order or certified check.

\$ Re-examination Fee

A candidate who does not pass the examination has one year to re-take the examination at a reduced fee. The fee is \$225 for NP Society members and \$325 for nonmembers.

A candidate who does not pass the second examination is considered failed. Any repeat examination will require completion of a new application and payment of the full fee.

CANCELLATIONS

Cancellations must be made in writing to C-NET and will be accepted until two (2) weeks prior to the examination. Cancellations after that time will not be refunded, but application and fee may be applied to a certification examination scheduled during the next twelve (12) months only.

EXAMINATION PERMIT

Pending the completeness of your application, you will be issued an examination permit by mail approximately two (2) weeks before the test date. The permit will include the test date, test center address, the time you should report to the test center, as well as instructions to bring a proper photo ID. You will not be admitted to the examination if you are not on the exam roster and/or do not have proper photo ID.

If you do not receive your examination permit five (5) days prior to the examination date, please notify C-NET at 201-217-9083. If you lose your permit, notify C-NET immediately and request a duplicate authorization. Exam managers are instructed to admit only those candidates who are listed on the attendance roster for the test center and who have examination permits or special authorization.

SPECIAL DISABILITY ARRANGEMENTS

In accordance with the Americans with Disabilities Act, C-NET will provide special exam accommodations for any certification candidate with documentation of a diagnosed disability.

There are several steps to this process. They must be completed as described to receive special accommodation(s) for a certification exam.

1. When completing the application for the certification exam you are applying for, enter "Testing Accommodation" in the space provided for "Exam Site" on page 1 of the application. As most accommodations require separate rooms, there is not a publicly listed exam date for you to request.
2. Please mail the application at least 10 weeks before you wish to sit for the exam. Submit your completed application with payment to:

**Special Testing Department-Nursing
C-NET
35 Journal Square, Suite 901
Jersey City, NJ 07306**

Once your application is determined to be complete and eligible for the certification exam, we will contact you and forward the necessary documentation to begin the accommodation coordination process.

NOTIFICATION OF EXAMINATION SCORES

A total score of approximately 72% is required to pass the certification examination. Candidates will be notified of their scores approximately four (4) weeks after test administration. C-NET will forward all examination scores to the candidate as follows:

- A total score will be provided for candidates who successfully pass the examination.
- A total score and sub scores in all the major test areas of concentration will be provided for candidates who do not pass the examination.

YOU WILL RECEIVE A CERTIFICATE IN THE MAIL FROM THE DNCB APPROXIMATELY 6-8 WEEKS AFTER SCORE NOTIFICATION.

CONFIDENTIALITY OF EXAMINATION

To insure the security of the examination, the test materials are confidential and will not be released to any person or agency. Also, information about a candidate's individual test results will be released only to the candidate, upon written request.

DESIGNATION OF CERTIFICATION

Certification is awarded to those who successfully complete the certification process by meeting the eligibility criteria and passing a written multiple choice examination. The designated credential is Dermatology Certified Nurse Practitioner (DCNP). This credential (DCNP) may be used in all correspondence or professional relations.

Certification as a Dermatology Certified Nurse Practitioner is valid for a period of three (3) years. Recertification is available by examination or by continuing education. Dermatology Certified Nurse Practitioners will be sent application forms for recertification approximately six (6) months in advance of the expiration of their certification.

It is the responsibility of the applicant to notify the DNCB of any change in address. Questions related to the certification program should be directed to the DNCB President at the following address:

DNCB National Office
1120 Route 73, Suite 200
Mount Laurel, NJ 08054
P: 856-439-0500
F: 856-439-0525
Email: dbright@ahint.com

RIGHT OF APPEAL

A candidate who has been deferred, failed, or had their certification revoked has the right of appeal. This appeal must be submitted in writing to the President of the Dermatology Nursing Certification Board within three (3) months of notification. The appeal shall state specific reasons why the candidate feels entitled to certification.

At the candidate's request and expense, the DNCB shall appoint an Appeals Committee of three (3) certified dermatology nurse practitioners who will meet with the candidate and make recommendations to the DNCB. The Appeals Committee will meet in conjunction with a regularly scheduled DNCB meeting. The final decision of the DNCB will be communicated in writing to the candidate within one month of the DNCB meeting. Failure of the candidate to request an appeal or appear before the Appeals Committee shall constitute a waiver of the candidate's right of appeal.

EXAMINATION DESCRIPTION

The Dermatology Nurse Practitioner's certification exam is based on a practice analysis of dermatology nurse practitioner practice. The practice analysis and the exam were developed with the assistance of the Center for Nursing Education and Testing (C-NET). The test consists of approximately 175 multiple choice items, written within the Nurse Practitioner scope of practice. The examination is approximately 4 hours in length. The content areas, their corresponding percentages and objectives are as follows:

Objectives of the Examination

The Dermatology Nurse Practitioner Certification Examination is designed to measure the nurse practitioner's ability to:

- Assess and diagnose acute and chronic conditions that occur across the life span in dermatology. (35%)
- Prescribe interventions, including evidence-based treatment, therapies, and procedures. (33%)
- Teach patients, significant others, community, and colleagues about prevention and management of dermatological conditions. (24%)
- Consult for and with peers and other health care professionals regarding specific cases. (5%)
- Analyze research data in order to implement effective evidence-based data. (3%)

Certification granted by the DNCB is pursuant to a voluntary procedure intended solely to test for special knowledge. The DNCB does not purport to license, to confer a right to privilege upon, nor otherwise to define the qualifications of any person for nursing practice. The significance of certification in any jurisdiction or institution is the responsibility of the candidate to determine. The candidate should contact the appropriate state board of nursing or institution in order to determine practice implications.

**DERMATOLOGY NURSE PRACTITIONER
CERTIFICATION EXAMINATION**

APPLICATION

Please fill in applicable date and site:

Exam Date: _____

Exam Site: _____

**ALL APPLICATION MATERIALS MUST BE POSTMARKED BY THE
DEADLINE DATE, EIGHT WEEKS PRIOR TO TEST DATE**

Print or type all information requested.

1. Name _____ (_____) _____
Last Maiden First Middle Initial

**Please indicate how you want your name to appear on your certificate and wallet card.
The only credential listed will be DCNP:**

2. Social Security Number: _____

3. Home Address: _____

_____ City State Zip code

4. Phone: (_____) _____ (_____) _____
Home (area code) number Work (area code) number

5. E-mail address: _____

6. NP License: State _____ Permanent Number _____

Date of Original License _____ Expiration Date _____

Additional State of Licensure _____ License Number _____

Date of Original License (if applies for 2nd license) _____ Expiration Date _____

7. Years of experience as an NP in dermatology nursing: _____

8. Check the appropriate practice setting you have worked in during the past three years:

_____ (1) Outpatient Unit

_____ (2) Physician's Private Practice

_____ (3) Other, please specify: _____

9. Highest level of education completed:

____(1) Baccalaureate Degree--Nursing

____(2) Baccalaureate Degree--Other

____(3) Master's Degree--Nursing

____(4) Master's Degree—Other

____(5) Doctorate

____(6) Other, please specify: _____

10. Check the area of your clinical practice:

____(1) General Dermatology

____(2) Dermatologic Surgery

____(3) Geriatrics

____(4) Pediatrics

____(5) Other, please specify: _____

11. Are you currently certified in any other specialty? ____ Yes ____ No

If yes, please specify which specialty: _____

12. How did you become aware of the DCNP Certification program? Check all that apply.

____(1) DNA *FOCUS* Newsletter

____(7) Dermatologist

____(2) DCNP Certification Application Brochure

____(8) Employer

____(3) *Dermatology Nursing* Journal

____(9) DNA Annual Convention

____(4) DNCB Internet Web Page

____(10) Educational activity other than Convention

____(5) DNA Chapter Meeting

____(11) Other, please specify:

____(6) Colleague

13. Employment history for past 5 years, beginning with present employment. Please do *not* send resumes. (Use a blank sheet of paper if additional space is needed.)

Dates	Employer & Address	Position Title	Supervisor or Collaborating Physician	Hrs/Wk
FROM: ____/____ Month/Year TO: ____/____ Month/Year	_____ _____ _____			
FROM: ____/____ Month/Year TO: ____/____ Month/Year	_____ _____ _____			
FROM: ____/____ Month/Year TO: ____/____ Month/Year	_____ _____ _____			
FROM: ____/____ Month/Year TO: ____/____ Month/Year	_____ _____ _____			

14. **Denial, Suspension, or Revocation of Certification.** The occurrence of any of the following actions will result in the denial, suspension, or revocation of Dermatology Nurse Practitioner Certification: (1) falsification of the DNCB application; (2) falsification of any material information requested by the DNCB; (3) any restrictions such as revocation, suspension, probation, or other sanctions of professional NP license by nursing authority; (4) misrepresentation of DCNP status; (5) cheating on the DCNP examination.

STATEMENT OF UNDERSTANDING

I hereby attest that I have read and understand the DNCB policy on Denial, Suspension, or Revocation of Certification and that its terms shall be binding on all applicants for certification and all certified dermatology nurses for the duration of their certification. I hereby apply for certification offered by the Dermatology Nursing Certification Board. I understand that certification depends upon successful completion of the specified requirements. I further understand that the information accrued in the certification process may be used for statistical purposes and for evaluation of the certification program. I further understand that the information from my certification records shall be held in confidence and shall not be used for any other purpose without my permission. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I understand that the Dermatology Nursing Certification Board reserves the right to verify any or all information on this application.

Legal Signature: _____ Date: _____

15. Check the appropriate fee and submit payment with this application:

_____ \$300 Current NP Society Member and/or Current DNC _____ \$400 Nonmember
_____ \$25 late fee, if applicable

16. Include with this application a photocopy of your current NP license, your master's diploma or an official transcript, proof of national certification as an NP and, if applicable, a photocopy of your current DNA membership card. Make sure the expiration dates are clearly visible. **Make the check/money order payable to C-NET.**

NOTE: If you fail the exam on your first attempt, you will have one year to retake the exam at a reduced rate:

Reduced fee for individuals who took the exam one time and did not pass: \$225 for DNA members and \$325 for non-members

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