



Dermatology Nursing Certification Brochure

GENERAL INFORMATION

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

MISSION STATEMENT OF THE DNCB

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

ELIGIBILITY CRITERIA

To become a dermatology nurse certified (DNC) 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:

- Hold a current and unrestricted license as a registered nurse (RN) in the U.S. or Canada.
- Have a minimum of 2 years of dermatology nursing experience as an RN.
- Have a minimum of 2,000 hours of work experience in dermatology nursing within the past 2 years in a general staff, administrative, teaching, or research capacity.

APPLICATION INSTRUCTIONS

1. Complete all sections of the application. Be sure to include 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 RN license 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:

DNCB 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 Nurses Certification Exam are as follows:

Application Fee

DNA member	\$200
Non DNA member	\$275

This includes a non refundable application fee of \$25.

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

Recertification Fee

DNA member	\$135.00
Non DNA member	\$210.00

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

Late Application Fee \$25.00

For applications postmarked up to 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 \$125 for DNA members and \$200 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 800-463-0786. 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 75% is required to pass the certification examination. Candidates will receive their exam scores by mail approximately 4-6 weeks after test administration. C-NET will forward all examination scores to the candidate as follows:

PASSING CANDIDATES 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 Nurse Certified (DNC). This credential (DNC) may be used in all correspondence or professional relations.

Certification in Dermatology nursing is valid for a period of three (3) years. Recertification is available by examination or by continuing education. Certified dermatology nurses 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 nurses 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 Nursing certification examination is based on a job analysis of dermatology nursing practice. The job analysis and the examination were developed with the assistance of the Center for Nursing Education and Testing (C-NET). The test consists of 175 multiple choice items, written within the framework of the nursing process. The examination is approximately 4 hours in length. The exam objectives are as follows:

Objectives of the Examination

The Dermatology Nursing Certification examination is designed to measure the nurse's ability to:

- Assess and monitor the status of patients with dermatologic disorders before, during, and after treatment. (30%)
- Plan, administer (or assist others to administer), and monitor the medical, surgical, and phototherapeutic interventions for patients with dermatologic disorders. (30%)
- Select appropriate strategies to meet the educational, health promotion, and psycho-socio-cultural needs of dermatology patients, their significant others, and the community. (29%)
- Coordinate care to ensure safe, efficient delivery of high-quality dermatology care, in collaboration with other health care providers and community resources. (11%)

Exam content with corresponding percentages can be found under Exam Information online.

Certification granted by the DNBC is pursuant to a voluntary procedure intended solely to test for special knowledge. The DNBC 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 NURSING
CERTIFICATION EXAMINATION**

APPLICATION

Please fill in applicable date and site:

Exam Date: _____

Exam Site: _____

**ALL APPLICATION MATERIALS MUST BE POSTMARKED BY THE
DEADLINE DATE ON THE WEBSITE**

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:
The only credential listed will be DNC**

2. Social Security Number: _____

3. Home Address: _____

City	State	Zip code
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4. Phone: (____) _____ (____) _____
Home (area code) number Work (area code) number

5. E-mail Address (required) _____

6. RN License: State _____ **Permanent Number** _____

Date of Original License _____ Expiration Date _____

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

8. a. Have you practiced as an RN in dermatology nursing for at least two (2) years?

_____ Yes _____ No

b. Have you worked at least 2000 hours in dermatology nursing within the past two (2) years?

_____ Yes _____ No

9. Check the appropriate current position:

- | | |
|---|---|
| <input type="checkbox"/> (1) Staff Nurse | <input type="checkbox"/> (6) Administrator |
| <input type="checkbox"/> (2) Head Nurse | <input type="checkbox"/> (7) Research Nurse |
| <input type="checkbox"/> (3) Clinical Specialist | <input type="checkbox"/> (8) Nurse Practitioner |
| <input type="checkbox"/> (4) Supervisor/Coordinator | <input type="checkbox"/> (9) Other, please specify: |
| <input type="checkbox"/> (5) Instructor | _____ |

10. Check the appropriate practice setting:

- | | |
|---|---|
| <input type="checkbox"/> (1) Inpatient Unit | <input type="checkbox"/> (6) Day Care Unit |
| <input type="checkbox"/> (2) Outpatient Clinic | <input type="checkbox"/> (7) Phototherapy Unit |
| <input type="checkbox"/> (3) Extended Care Facility | <input type="checkbox"/> (8) Derm Surgery Unit |
| <input type="checkbox"/> (4) Critical Care Unit | <input type="checkbox"/> (9) Other, please specify: |
| <input type="checkbox"/> (5) Physician's Practice | _____ |

11. Highest level of education completed:

- | | |
|---|---|
| <input type="checkbox"/> (1) Diploma--Nursing | <input type="checkbox"/> (5) Bachelor's Degree--Other |
| <input type="checkbox"/> (2) Associate Degree--Nursing | <input type="checkbox"/> (6) Master's Degree--Nursing |
| <input type="checkbox"/> (3) Associate Degree--Other | <input type="checkbox"/> (7) Master's Degree--Other |
| <input type="checkbox"/> (4) Bachelor's Degree--Nursing | <input type="checkbox"/> (8) Doctorate |

12. Check the area of your clinical practice:

- | | |
|---|--|
| <input type="checkbox"/> (1) General Practice | <input type="checkbox"/> (6) Pediatrics |
| <input type="checkbox"/> (2) Acne | <input type="checkbox"/> (7) Phototherapy |
| <input type="checkbox"/> (3) Cutaneous Malignancies | <input type="checkbox"/> (8) Reconstructive Surgery |
| <input type="checkbox"/> (4) Dermatological Surgery | <input type="checkbox"/> (9) Wound Healing |
| <input type="checkbox"/> (5) Geriatrics | <input type="checkbox"/> (10) Other, please specify: |
| | _____ |

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

If yes, please specify which specialty: _____

14. How did you become aware of the DNCB Certification program? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> (1) DNA <i>FOCUS</i> Newsletter | <input type="checkbox"/> (7) Dermatologist |
| <input type="checkbox"/> (2) DNCB Certification Application Brochure | <input type="checkbox"/> (8) Employer |
| <input type="checkbox"/> (3) <i>Dermatology Nursing Journal</i> | <input type="checkbox"/> (9) DNA Annual Convention |
| <input type="checkbox"/> (4) DNCB Internet Web Page | <input type="checkbox"/> (10) Educational activity other than Convention |
| <input type="checkbox"/> (5) DNA Chapter Meeting | <input type="checkbox"/> (11) Other, please specify: |
| <input type="checkbox"/> (6) Nurse Colleague | _____ |

15. Employment history 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	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	_____ _____ _____			

- 16. Denial, Suspension, or Revocation of Certification.** The occurrence of any of the following actions will result in the denial, suspension, or revocation of Dermatology Nursing 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 RN license by nursing authority; (4) misrepresentation of DNC status; (5) cheating on the DNCB 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:** _____

- 17. Check the appropriate fee and submit payment with this application:**

_____ \$200 DNA member _____ \$275 Nonmember

_____ \$25 late fee, **if applicable**

- 18.** Attach a photocopy of your current RN license and, if applicable, your current DNA membership card. Make sure expiration dates are clearly visible. Attach the photocopies to this application. 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: \$125 for DNA members and \$200 for non-members.

- 19. Mail payment to C-NET:**

**DNCB Certification Program
c/o C-NET
35 Journal Square, Suite 901
Jersey City, NJ 07306**