Breast Patient Navigator Certification Program
APPLICATION

CONTACT INFORMATION

First name                               Last name
______________________________________________________

Professional credentials certification/licensing (i.e., MD, RN, RT, LSW, NP) 
______________________________________________________

☐ NONE

Professional title
_______________________________________________________________

Facility name
______________________________________________________________

Facility mailing address              Suite number
_______________________________________________________________

City   State   ZIP
_______________________________________________________________

Phone number                                                 Cell phone number
______________________________________________________________

E-mail address

How did you hear about Navigator Certification?  ____bpnc.org  ____mailer ____breastcare.org ____CoC newsletter ____NCBC newsletter  ___colleague

Location:

___ NYC Wednesday July 17, 2019

___ Flowood, MS Friday November 15, 2019

Questions: 574-401-8114

Send application with copy of licensure (except advocates) via fax: 574-267-8268 or email to christine@breastcare.org

CERTIFICATION PROGRAM CRITERIA FOR APPLICATION CONSIDERATION

At least one choice from EACH GROUP is required:
I.  __ I am applying for certification in (see description):
   a. ___ Imaging (I)
   b. ___ Management/Social Work (M)
   c. ___ Advocate (A)
   d. ___ Clinical (C)
   e. ___ Provider (P)
   f. ___ Registered Nurse (N)

Proof of Licensure Required  (exception for Lay/Volunteers (A))

AND

II.  __ Breast specific navigation is at least 25% (500 hours) of my job responsibility OR  __ I have supervision of breast patient navigators;

AND

__ I have six months or more experience navigating breast patients or 3 months of experience and a certificate of attendance at a Breast Patient Navigator training.

DESCRIPTION of available CERTIFICATIONS

CN-BI = Diagnostic Imaging/Treatment Techs (All technologists from diagnostics to treatments)
CN-BM = Management/Social Worker (All social workers and managers of navigators)
CN-BA = Advocate (All volunteers/lay navigators)
CN-BC = Clinical (All certified medical assistants, technicians, licensed practical/vocational nurses)
CN-BP = Provider (All breast care diagnosticians, nurse practitioners, physicians, physician assts, breast care PhDs)
CN-BN = RN (All registered nurses from breast care, diagnostic imaging, treatment, survivorship, genetics)

Length of time you have been navigating_______________________

I understand that this is a Certification, where my skills and knowledge as a Breast Patient Navigator will be validated by obtaining a minimum score of 80% on the examination to be certified as a Breast Patient Navigator.

I have read and understand the Test Policies and Exam Security protocol (click here for document). I further understand this is a certification and not an educational course. Study material will be sent via email if registered at least 10 days prior to certification exam date.

Applicant signature required