Location:

Please visit https://www.navigatorcertifications.org/certification-schedule/ for current availability

Questions: 574-401-8113

Send application with copy of licensure (except advocates) via email to aerial@breastcare.org

CERTIFICATION PROGRAM CRITERIA FOR APPLICATION CONSIDERATION

Please initial next to each requirement

BHCN = Breast Health Clinical Navigator (Licensed healthcare professionals (i.e., all nurses, all technologists) – this test was previously the CN-BN, CN-BI, CN-BP, and CN-BC)

CN-BM = Certified Nurse- Breast Management/Social Worker (Social Workers and Managers of Navigators)

CN-BA = Certified Navigator – Breast Advocate (Volunteer/Lay Navigators)

I am applying to take the ________ exam

Length of time you have been navigating ________________

PROGRAM UNDERSTANDING AGREEMENT

I understand that this is a Certification, where my skills and knowledge as a Breast Navigator will be validated by obtaining a minimum score of 81% on the CN-BM or CN-BA examination to be certified as a Breast Navigator.

I understand that this is a Certification, where my skills and knowledge as a Breast Navigator will be validated by obtaining a minimum score of 75% on the BHCN A examination or a 79% on the BHCN B examination to be certified as a Breast Navigator.

I have read and understand the NCBC Certification Exam Security & Test Policies protocol (document emailed with this application) I further understand this is a certification and not an educational course. Registration materials will be sent via email if registered at least 10 days prior to certification exam date.

Applicant Signature Required: ________________________________