



# Breast Navigator Certification Program APPLICATION



## CONTACT INFORMATION

First name \_\_\_\_\_ Last name \_\_\_\_\_

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

Professional title \_\_\_\_\_  NONE

Facility name \_\_\_\_\_

Facility mailing address \_\_\_\_\_ Suite number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number \_\_\_\_\_ Cell phone number \_\_\_\_\_

Work E-mail address \_\_\_\_\_

Home E-mail address \_\_\_\_\_

### 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](mailto:aerial@breastcare.org)

Home Address: \_\_\_\_\_

Home City: \_\_\_\_\_

Home State: \_\_\_\_\_

Home Zip: \_\_\_\_\_

Preferred Contact Information: Home: \_\_\_\_\_ Work: \_\_\_\_\_

## CERTIFICATION PROGRAM CRITERIA FOR APPLICATION CONSIDERATION

### DESCRIPTION of available CERTIFICATIONS

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 \_\_\_\_\_

BHCN certification requires meeting each of the following requirements:

- 1. Licensure:** Provide proof of valid medical license as a Registered Nurses or medical imager/radiologic technologist within the applicant’s professional role and scope of practice. \_\_\_\_\_
- 2. Experience:** Complete a minimum of 1 year breast care navigation practice (defined as 1500 hours) prior to certification testing. Experience must be within the past 2 years. \_\_\_\_\_
- 3. Education:** Complete at least eight hours of relevant focused educational courses in breast care, breast cancer and or breast navigation. Up to four hours of tumor board participation can be included. \_\_\_\_\_
- 4. Register:** Pay the testing fee of \$295 and register at [www.Breastcare.org](http://www.Breastcare.org)
- 5. Exam:** Pass the BHCN examination.

## 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 Signautre is Required: \_\_\_\_\_