**Application Check List for CRN-BCTM Certification by Portfolio**

This checklist may be used to ensure all required documents are included with your certification application submission. Detailed instructions can be found in the candidate handbook and in the additional supplemental information for CE, Professional Development, and exemplar. Please follow instructions exactly as stated; incomplete submissions or failure to follow instructions may delay your review or result in failure to obtain sufficient points and incomplete application may incur a $20 administrative fee. Please save the completed documents listed below in a file using the naming conventions that follows each:

□ **Application:** (see forms) Use the following naming convention, substitute your name and insert the submission deadline month either 04 or 10 and year (20XX).

Example:

04.2021\_**1.App**\_ LastName.FirstName (or) 10.2021\_**1.App**\_ LastName.FirstName

*Note: The first two digits are the deadline months April (04) or October (10). Please use the deadline review date for which you are submitting.*

□ **Continuing Education Record:** (see forms): Use the following naming convention

04.2021\_**2.CE**\_ LastName.FirstName (or) 10.2021\_**2.CE**\_ LastName.FirstName

□ **Continuing Education Certificates:** (see supplemental information) Use the following naming convention

04.2021\_**2.CEcerts**\_ LastName.FirstName (or) 10.2021\_**2.CEcerts**\_ LastName.FirstName

□ **Professional Development Activities Record:** (see forms & supplemental information) Use the following naming convention

04.2021\_**3.PD**\_ LastName.FirstName (or) 10.2021\_**3.PD**\_ LastName.FirstName

If applicable include:

□ **Preceptor Form:** (see Forms) Use the following naming convention

04.2021\_**3.Precept**\_ LastName.FirstName (or) 10.2021\_**3.Precept** \_ LastName.FirstName

□ **Mentor Form:** (see Forms) Use the following naming convention

04.2021\_**3.Mentor**\_ LastName.FirstName (or) 10.2021\_**3.Mentor**\_ LastName.FirstName

□ **Resume:** Follow the resume template on page 11 in the Candidate Handbook exactly. Use the following naming

convention

follows:

04.2021\_**4.R**\_ LastName.FirstName (or) 10.2021\_**4.R** \_ LastName.FirstName

□ **Exemplar:** (see instructions in the candidate handbook & supplemental information) Use the following naming convention

04.2021\_**5.EX**\_LastName.FirstName (or) 10.2021\_**5.EX** \_ LastName.FirstName

□ In one email, send your completed application and documents to **CRNCertification@gmail.com.** Please enter the

following in the subject line: **CRN Application Packet Last Name, First Name**

□ **Fees:** Once your certification submission is complete, you will receive a confirmation email with a link to PayPal. Following confirmation of payment, your portfolio application will be placed in the review cue that begins at the close of the deadline (April 1/Oct 1).

IACRN members: $345; All others: $495 from [CRNcertification@gmail.com](mailto:CRNcertification@gmail.com).

Application submission deadlines are April 1st and October 1st. Applications received after the deadline will be included in the next review cycle (either April or October).

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