



Breast Patient Navigator Certification Program APPLICATION

CITY AND DATE SELECTION

- Baltimore (Linthicum), MD September 11th and 12th, 2010, Comfort INN (This program was held at John Hopkins in 2009 we have out grown the facility)
- Chicago, IL, September 25th and 26th, 2010, Advocate Christ Medical Center
- Las Vegas, NV March 12th and 13th, Planet Hollywood Resort and Casino

CONTACT INFORMATION

First name Last name

Professional Initials Certification/Licensing (i.e., MD, RN, RT)

Professional title

Facility name

Department

Facility mailing address Suite Number

City State ZIP

Phone number Cell Phone Number

Fax number

E-mail address

Website

Address to send program binder if different from business address

Mailing address Suite Number

City State ZIP

CERTIFICATION PROGRAM CRITERIA FOR APPLICATION CONSIDERATION

Required:

- I have the required minimum of two years experience navigating breast patients.
- I navigate breast patients for at least 50% of my work time.
- I am providing a copy of my current license or certification.
- I am an MD, RN, NP/PA, RPA, RT or are Master level prepared in a related field.
If you hold a medical license or certification other than one of the above and would like to be considered to sit for this certification please contact the NCBC office at 574-267-8058 or email at NCBC@breastcare.org.

Choose the type of breast center in which you perform navigation. Visit www.breastcare.org, which describes each type center in detail.

- Screening Breast Center
- Diagnostic Breast Center
- Clinical Breast Center
- Breast Cancer Treatment Center
- Comprehensive Breast Cancer Treatment Center
- Other: Describe _____

Length of time you have held professional license/certification _____

Length of time you have been navigating _____

Identify the stages through which you navigate patients by number or number range using the breast patient Navigator™

I understand that this is a **Certification Program**, where my skills and knowledge as a Breast Patient Navigator **will be validated** by obtaining a minimum score of

- 1) 80% on the imaging examination to be certified as a Breast Patient Navigator in Imaging (BPNC-I) or
- 2) 80% on the cancer examination to be certified as a Breast Patient Navigator in Cancer (BPNC-C) or
- 3) 80% on both the imaging and cancer examinations to be certified as a Breast Patient Navigator in Imaging and Cancer (BPNC-IC).

I understand that this program will provide patient navigation information and networking among peers but education is not being provided on how to become a navigator or how to start a navigation program. I further understand this is a certification not an education course.

Applicant signature required _____

PAYMENT INFORMATION

Regional program participation and examination for 2010 is \$300 per person for members of NCBC or the Breast Patient Navigator Network. For non-members, the cost of program participation and examination for 2010 is \$395, which includes membership into the Breast Patient Navigator Network for one year. Certification for those meeting the minimum standards of the program is considered "Life Time", renewable annually. Upon receipt of payment new "non Beta" applicants will be sent program binder; beta applicants may purchase an update to their initial binder for \$50

2009 BETA Year Attendees

- \$150 registration any NCBC membership status
- \$50 for a 2010 complete program binder
- \$ 0 for 2010 updates to 2009 beta binder

NON-BETA Year Attendees

- \$300 registration for current NCBC members
- \$395 registration for non-NCBC members

Total Amount _____

Submit Application to :

Payment Method

- Credit card VISA, MasterCard and Discover
- American Express
- Payment by Check
- Payment is Being Processed by my facility
(Payment must be received prior to sitting for certification or credit card authorization must be on file to ensure payment.)

Credit Card Information

Credit Card Number *CVV2 #

Expiration Date

Print Card Holder's Name

Authorized Signature

National Consortium of Breast Centers, Inc. Fax: 574-267-8268 Voice: 574-267-8058
US Mail: P.O. Box 1334, Warsaw, IN 46581 Email: NCBC@breastcare.org
Fed Ex : 1017 E Winona Ave, Warsaw, IN 46580 Website: www.breastcare.org

* This is the 3 digit number on the back of all American Express Credit Cards.