Vascular Access Recertification Application

Please print clearly and neatly. Fill out the application completely.
Incomplete applications will be returned unprocessed.

Items to note:

1. Please make a copy of this form for your records.
2. If you are not selected for an audit you will receive a confirmation e-mail within 3-5 days of the application deadline. A certificate and wallet card will be mailed to you within six (6) to eight (8) weeks after the end of your certification period to the address provided on the application.
3. If you are selected for an audit you will receive notice that you have been selected via e-mail within 3-5 days of the application deadline. You will be sent instructions about how to submit your supporting documentation. Supporting documentation will be accepted electronically only. Please allow 2 weeks for the audit process. You will be e-mailed the results of the audit. If approved, a certificate and wallet card will be mailed to the address on your application.

Section 1. Candidate Information (print clearly)

First Name*	Last Name*	Middle Initial/Name	
Street Address/PO Box			
City	State/Province	ZIP/Postal Code	Country
Home Phone Number (including area code)	Email Address (must have a valid working e-mail)		
Credentials	AVA member #		
Organization/Business	Job Title		
Street Address			
City	State/Province	ZIP /Postal Code	Country

VA-BC™ Certification Number: _____(found on your wallet card and certificate)

Recertification Continuing Education Credits Earned

Year one	Year two	Year three	Total
_____	_____	_____	_____

Demographic and Employment Information

Highest Degree (select one) *

- ☐ Certificate
- ☐ Diploma
- ☐ Associates
- ☐ Bachelor's
- ☐ Masters
- ☐ Doctorate (MD, DO, PhD, DNP)
- ☐ Other

Employment status (select one) *

- ☐ Full time
- ☐ Part-time
- ☐ Per diem/casual
- ☐ Not currently working

Primary Job Function (select one) *

- ☐ Management/Supervisory
- ☐ Education
- ☐ Patient Care
- ☐ Other

Primary Patient Population (select one) *

- ☐ Adult
- ☐ Adult and Pediatric
- ☐ Adult, Pediatric, neonatal
- ☐ Pediatric
- ☐ Neonatal

Current Position (select one) *

- ☐ Clinical Nurse Specialist
- ☐ Nurse Practitioner
- ☐ Physician
- ☐ Practical Nurse/Vocational Nurse
- ☐ Pharmacist
- ☐ Radiologic Technologist
- ☐ Registered Nurse
- ☐ Registered Radiologist Assistant
- ☐ Respiratory Therapist
- ☐ Industry (Medical Science Liaison/clinical specialist/research and Development)
- ☐ Other

Employment Setting (select one) *

- ☐ Hospital/Medical Center
- ☐ Ambulatory Care
- ☐ Skilled Nursing Facility
- ☐ Public Health Care
- ☐ Home Infusion
- ☐ Military
- ☐ Hospice Care
- ☐ Industry/Manufacturer (Clinicians Only)
- ☐ Emergency Medical Services
- ☐ Pharmacy
- ☐ Other

Who is paying for your certification? (Select one) *

- ☐ I am paying with my own funds
- ☐ My employer is paying
- ☐ I will be reimbursed by my employer upon successful certification
- ☐ Scholarship
- ☐ Other

Biographical Data (optional)

Race

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Hispanic or Latino
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Caucasian/White
- ☐ Other Race

Gender

- ☐ Male
- ☐ Female

* **Required**

Section 2. Practice Requirements

Eligibility Criteria

All candidates must have a minimum of a post-secondary education

Certification candidates must attest they meet one of the following criteria

1. Health Care Professionals in the field of Vascular Access involved in assessing, planning, implementing, and evaluating the care and needs of patients and clients who require vascular access in the course of their care.

2. Professionals working in a field that complements Vascular Access, such as Educators, Administrators, Infection Control Professionals, Nutrition Support Professionals.

In addition, your current clinical practice must include at least two (2) of the following activities:

- Assessing, planning, implementing, and evaluating the care and needs of patients and clients who require vascular access in the course of their care;
- Education of individuals in best practice as it pertains to vascular access;
- Development and revision of vascular access policies and procedures;
- Management of vascular access activities;
- Provision of consultation of vascular access activities.

Self-employed individuals must meet the same practice criteria as above.

Section 3. Candidate Application and Confidentiality Statement

All candidates must sign the Candidate Application Statement and agree to all policies, procedures, and terms and conditions of certification in order to be eligible for the VA-BC™ credential. **Signing the application indicates that you have read and understand the recertification candidate handbook.**

The statement follows:

I have read the current Clinical Practice Requirements and attest that I meet these requirements. I understand that I and the information I have provided could be audited to verify my eligibility. I understand my certification can be delayed until eligibility is verified. I authorize the Vascular Access Certification Board to make whatever inquiries and investigations that it deems necessary to verify my credentials and professional standing.

I understand that that submission of false or misleading information to VACC or any cheating by me at any time may be cause for withdrawal or revocation of this application without refund of any fees paid, loss of credential (if currently held), cancellation of scores, or denial of eligibility as a candidate to take the exam.

I hereby apply for the Vascular Access-Board Certified (VA-BC™) credential. I understand that my certification depends on my ability to meet all requirements and qualifications. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and is made in good faith. I further understand that, if any information is later determined to be false or misleading, or if I have been determined to have cheated in any way, VACC reserves the right to revoke any certification that has been granted on the basis thereof or impose discipline at its discretion. Further, I agree to abide by all VACC policies and procedures, including but not limited to the VACC code of Ethics and disciplinary policies and actions.

I hereby release, discharge, indemnify, hold harmless, and exonerate VACC, its directors, officers, members, examiners, representatives, affiliates, employees, and agents, from any actions, suits, obligations, damages, claims or demands arising out of, or in connection with, any aspect of the application process including results or any other decision that may result in a decision to not issue me a certificate.

I further understand, acknowledge and agree:

1. That the questions and answers of the exam are the exclusive, confidential, proprietary, valuable, copyrighted property of VACC and are protected by the United States Copyright Act and other applicable laws.
2. That I may not disclose the exam questions or answers, in whole or in part, or discuss any content of the exam with any person or in any respect, in any form or media, without prior written approval of VACC, and that I must report to the proctor or to authorized VACC personnel any instances where any other person appears to be violating this nondisclosure rule or to have been cheating in any way.
3. Not to remove from the examination room any exam materials of any kind provided to me or any other material related to the exam, including any notes or calculations.
4. Not to copy or attempt to make copies (written, photocopied or otherwise) of any exam material, any exam questions or answers, or any notes or calculations.
5. Not to sell, license, distribute, give away, or obtain from any other source other than VACC the exam materials, questions or answers.
6. That my obligations in accordance with VACC's requirements shall continue in effect after the examination and, if applicable, after termination of my certification, regardless of the reason or reasons for termination, and whether such termination is voluntary or involuntary.
7. That any and all uses of the VA-BC™ credential must be consistent with applicable VACC policies and procedures and that unauthorized use or misuse in any way will constitute grounds for disciplinary action, including but not limited to revocation of my credential, legal action, or other action by VACC to protect its valuable intellectual property.

I attest that I have reviewed and understand this Handbook and agree to the statements above and to abide by all policies and procedures, including the confidentiality and disciplinary rules, of the Vascular Access Certification Board. I agree that I am subject to the disciplinary policies and procedures of VACC,

I attest to the above by answering "yes", ☐ YES ☐ NO (please check)

_____

Candidate's Signature Date

Application Dates and Fees for recertification by Option 2: Recertification by CE's

Date & Deadlines

VA-BC Obtained	VA-BC Expires	VA-BC Renewal Documents and Fees Due Date
December 2018	December 31, 2021	December 1, 2021
June 2018	June 30, 2018	June 1, 2021
December 2017	December 31, 2020	December 1, 2020
June 2017	June 30, 2020	June 1, 2020
December 2016	December 31, 2019	December 1, 2019
June 2016	June 30, 2019	June 1, 2019
December 2015	December 31, 2018	December 1, 2018
June 2015	June 30, 2018	June 1, 2018

Recertification Fees

Depending on test cycle June Or December	**Early Registration** March 20 Or September 20	**Final Registration** June 1 Or December 1
Online Application *AVA Member Discount*	$340 *$240*	$390 *$290*
Mail/Fax Application *AVA Member Discount*	$365 $265	$415 $315
Late Application (June 1-June 30 or December 1-December 31) *AVA Member Discount*		$465 $365
Late after suspension prior to next test cycle (July 1-August 31 or January 1-February 28)		$540 $440
Retest (See Getting Certified)		

The application fee may be paid by cashier's check, company check, money order, personal check, MasterCard, Visa or American Express in US dollars. **Cash is not accepted**. Make checks payable to **Vascular Access Certification Corporation**. To pay by credit/debit card, please complete the information below and fax to 404-745-0260 or e-mail to info@vacert.org. If mailing, it is recommended that the application and payment be sent via USPS certified mail or via a traceable mailing method to:

Vascular Access Certification Corporation
3525 Piedmont Rd NE, Building Five, Suite 300
Atlanta, GA 30305

Card Type (Check One) ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover		
Card Number	Expiration Date	Card Zip Code
Name of Cardholder (Print)	Signature of Cardholder	

There will be a $30 processing fee on all returned checks