Vascular Access Certification 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. The application **must be received** in the VACC office by **the posted deadlines** or you will not be allowed to test.
3. An acknowledgement of receipt of the application will be provided to you via e-mail within 10 business days of receipt of your application in the VACC office.
4. Once your application has been reviewed and accepted, you will be sent an Authorization to Test (ATT) letter, which should be no later than two weeks before the test window. An identification number with instructions on how to schedule an exam location and date with the testing company Prometric will be included with the ATT.

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

*The **first** and **last** name **must** match the name on your government-issued photo identification or you will be denied entry into the test site.

Check which applies:

☐ A new Applicant _____ (never taken exam)

☐ Applying to retest _____ (previous failed attempt)

☐ Applying for recertification _____ (in lieu of CE option)

☐ Date(s) of previous exam(s) _____

☐ I am including a Special Examination Accommodations Request. Candidates requesting special accommodations must submit the Special Accommodations Request Form by mail or fax within 5 business days of applying online, or with a paper application submitted by mail or fax.

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 certification 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

Section 3. Eligibility Practice Statement

My signature below serves to document that as a new certification candidate, I have at least one year of professional experience and that I currently practice in the area of vascular access.

_____ _____

Signature Date

Supervisor Information

All candidates MUST provide a supervisor's contact information below. VACC reserves the right to contact your supervisor to verify compliance with our eligibility requirements.

_____ _____

Supervisor Name Title

_____ _____

Supervisor Email Phone

Application Fee and Payment Information

Application Dates	Early Registration *For December Testing* September 1-20 *For June Testing* March 1-20	Final Registration *For December Testing* September 21 - October 15 *For June Testing* March 21 – April 15
Exam Application *AVA Member Discounted Rate*	$400 *$300*	$475 *$375*
Retest (after failed attempt) *AVA Member Discounted Rate*	$375 *$275*	$375 *$275*
Late Fee (after posted deadline) — Online Accepted Only *AVA Member Discounted Rate*		$550 *$450*
Late Fee for RETEST Applications *AVA Member Discounted Rate*		$450 *$350*
**** Mailed or faxed applications require a $25 administrative fee.**		

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 414-276-3349 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
555 E. Wells St., Suite 1100
Milwaukee, WI 53202

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

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