**CRN-BCTM Certification by Portfolio**

 **Application Check List**

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. Please follow instructions exactly as stated; incomplete submissions or failure to follow instructions may delay your review and incomplete application may incur a $20 administrative fee. Please save the completed documents listed below in a file using the naming convention 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**\_williams.mary.j (or) 10.2021\_**1.App**\_williams.mary.j

*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**\_williams.mary.j (or) 10.2021\_**2.CE**\_williams.mary.j

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

04.2021\_**3.PD**\_williams.mary.j (or) 10.2021\_**3.PD**\_williams.mary.j

 If applicable include:

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

04.2021\_**3.Precept**\_williams.mary.j (or) 10.2021\_**3.Precept** \_williams.mary.j

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

04.2021\_**3.Mentor**\_williams.mary.j (or) 10.2021\_**3.Mentor**\_williams.mary.j

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

 convention

 follows:

04.2021\_**4.R**\_williams.mary.j (or) 10.2021\_**4.R** \_williams.mary.j

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

04.2021\_**5.EX**\_williams.mary.j (or) 10.2021\_**5.EX** \_williams.mary.j

□ 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 documents are submitted you will receive a confirmation email with a link to PayPal. Once confirmation of payment is made your portfolio will be reviewed.

 IACRN members: $345; All others: $495 from CRNcertification@gmail.com.

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