



**Certification Board for Urologic  
Nurses and Associates**

***Computer-Based Testing  
Examination Application***

*Certification: The Standard for Excellence*

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Congratulations on your decision to take the CBUNA certification exam. This guide will assist you in learning about the exam, application, formats, and study resources. If you need further information on any topic, please visit [cbuna.org](http://cbuna.org).

## WHY BECOME CBUNA CERTIFIED?

### *It's Just Right!*

The CBUNA credential is:

**Right** for you. Your expert status gives you credibility and confidence.

**Right** for your patients. They receive the highest standard of urologic healthcare. Your credential boosts their trust.

**Right** for your facility. Certified healthcare professionals achieve better outcomes and your facility benefits from a strong reputation.

**Right** for your future. You've got an edge in a competitive job market and increased earning power.

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## CERTIFICATION AND CREDENTIAL

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Certification is awarded to nurse practitioners, registered nurses, LPN/LVN and other associates who meet the eligibility criteria and pass the multiple-choice exam. Certification is based on assessment of knowledge, tasks and skills in urology in three categories:

- Urology Associate (LPN/LVN, other associates)
- Urology Registered Nurse (RN)
- Urology Nurse Practitioner (NP)

The designated credentials are CUNP®, CURN® and CUA. This credential may be used in all correspondence or professional activities. Those who earn the CBUNA credential obtain objective validation of their expertise.

CBUNA certification is valid for 3 years.

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## ELIGIBILITY CRITERIA

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Each level has a different test that measures competence in that particular role. To be eligible to participate, applicants must meet the following criteria:

### Urology Associate:

#### 1. Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN)

a. The following criteria must be met:

- 1) The applicant must hold a current license as a practical/vocational nurse in the United States, or its territories.
- 2) The applicant must have one (1) year of experience as an LPN/LVN in urology nursing practice.

#### 2. Other Associates

a. The following criteria must be met:

- 1) The applicant must have completed an accredited training program and one (1) year of practice in the field of urology.  
**(or)**
- 2) The applicant must have completed three (3) years of in-service training under the supervision of a practicing urologist or Nurse Practitioner (NP) with a letter of verification from the urologist or NP.

## **Urology Associate continued**

### **International Eligibility Criteria**

1. The following criteria must be met:
  - a. The applicant must have completed a state approved educational program and the practice requirements as stated above.
  - b. The applicant must be prepared to take the exam in English only.
  - c. CBUNA reserves the right to review transcripts of the nursing/training education program to determine eligibility.

## **Urology Registered Nurse:**

1. The following criteria must be met:
  - a. The applicant must have completed a nationally accredited nursing educational program.
  - b. The applicant must have completed two (2) years working as a Registered Nurse (RN) with a minimum of 800 clinical practice hours of providing patient care to urologic patients within the last three (3) years.
  - c. The applicant must hold a current active, unrestricted professional license in the US or its territories.

### **International Eligibility Criteria**

1. The following criteria must be met:
  - a. The applicant must have completed a state approved educational program and the practice requirements as stated above.
  - b. The applicant must hold a license/registration as a first level general nurse.
  - c. The applicant must be prepared to take the exam in English only.
  - d. CBUNA reserves the right to review transcripts of the nursing education program to determine eligibility.

## **Urology Nurse Practitioner:**

1. The following criteria must be met:
  - a. The applicant must have completed a nationally accredited nursing educational program.
  - b. The applicant must have completed two (2) years working as a Nurse Practitioner (NP) with a minimum of 800 clinical practice hours of providing patient care to urologic patients within the last three (3) years.
  - c. The applicant must have current recognition by the state board of nursing as a Nurse Practitioner (NP).
  - d. The applicant must hold an MSN (master's degree in nursing) or a DNP (doctorate of nursing practice).
  - e. The applicant must hold current certification as a nurse practitioner from a national certifying board: American Nurse Credentialing Center (ANCC), National Certification Corporation (NCC), American Academy of Nurse Practitioners (AANP) or Pediatric Nurse Certification Board (PNCB).

### **International Eligibility Criteria**

1. The following criteria must be met:
  - a. The applicant must have completed a state approved educational program and practice requirements as stated above.
  - b. The applicant must hold recognition as a nurse practitioner from the nursing regulatory authority in their country or province.
  - c. The applicant must be prepared to take the exam in English only.
  - d. CBUNA reserves the right to review transcripts of the nursing education program to determine eligibility.

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## APPLICATION INSTRUCTIONS AND PROCESS

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### APPLICATION PROCESS

Before completing the exam application, visit [cbuna.org/certification](http://cbuna.org/certification) to ensure there is a testing center near you. A list of test sites and the certification application is available at [cbuna.org/certification](http://cbuna.org/certification).

**Computer-Based Testing (CBT)** is now available for two months of the year, April and September. Complete the exam application for CBT in its entirety. Be sure to sign and date your application.

Exam Date	Application Postmark Deadline	Add \$25 Late Fee for Final Postmark Deadline Dates Between:
April 1-30	February 4	February 5- February 18
September 1-30	July 8	July 9-July 23

**Mail or fax** the completed application found on pages 10 through 12 to C-NET. C-NET will review and processes your application for completeness.

**NOTE:** If the application is incomplete, illegible, or the criteria cannot be verified, the candidate will be contacted to provide the missing information. **If the requested information is not received within the stated time frame, the application process will stop and a refund less the \$25 administrative fee will be given.**

### **Examination Permit for Computer-Based Testing:**

Upon approval of an examination application, the applicant will receive an examination permit by email. The emailed permit will include a link to an online scheduling portal for the applicant to schedule the exam at the computer-based testing location of choice. The computer-based testing agency will send a follow-up email to the applicant confirming the exam site, date, and time that the applicant has chosen. If the applicant does not receive an examination permit by email within 7 days prior to the testing month, notify C-NET by calling 800-463-0786.

The examination permit will remain active for a period of 30 days. The applicant must test within the 30-day window printed on the permit. If the applicant does not test by the end of the 30-day window, both the examination permit and exam application will expire. The applicant must then submit a new application and fee for the exam before being allowed to test.

Applicants will not be admitted to the examination without an examination permit and proper ID. Substitution of an applicant cannot be made and no such request will be honored.

### **CERTIFICATION PROGRAM ADMINISTRATION**

CBUNA works with our testing agency, the Center for Nursing Education and Testing (C-NET®), to offer the urology certification exams. C-NET staff members have extensive experience in the development and administration of certification and licensure exams for nurses and associates.

### **SPECIAL ARRANGEMENTS**

**Disability:** Reasonable testing accommodations are provided to candidates with documented disabilities recognized under the Americans with Disabilities Act (ADA). The disability must be documented by a qualified professional whose credentials are appropriate for the particular disability. CBUNA and C-NET will make special arrangements to accommodate candidates with disabilities that interfere with test taking.

To request special arrangements, complete and submit the exam application to C-NET with the appropriate documentation. Please allow 6 weeks for special arrangements. Every effort will be made to accommodate your request. To accommodate some requests, a change of exam date or exam location may be required. For questions about acceptable documentation, contact C-NET directly at 800-463-0786, ext. 11.

**Submit documentation to: C-NET–CBUNA Exam; 35 Journal Square, Suite 901; Jersey City, NJ 07306**

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## FEES

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Membership in the Society of Urologic Nurses and Associates (SUNA) is not required to take the exam. However, SUNA members may take the exam at a reduced fee.

Prices are subject to change without notice. To ensure you have the most updated information, visit [cbuna.org/certification](http://cbuna.org/certification).

### Application Fees:

#### *Urology Registered Nurse and Urology Associate Exam*

##### **RNs & Associates:**

\$295 SUNA members  \$370 non-members

##### **Special One-Time Retake Fee\*:**

\$195 SUNA members  \$270 non-members

#### *Urology Nurse Practitioner Exam*

##### **Nurse Practitioner:**

\$320 SUNA members  \$395 non-members

##### **Special One-Time Retake Fee\*:**

\$220 SUNA members  \$295 non-members

**Late fee** - \$25 (late applications will be accepted for two weeks after the deadline)

**Returned check fee** - \$20 if a check is returned by the bank, remittance of all fees thereafter must be in the form of a money order or certified check.

**Hand score of an examination request of test results** - \$25

**Refund Administration Fee** - \$25.00

**Late Reschedule Fee** - \$85.00

**Retake Fee\*:** Should a candidate fail to succeed on the initial examination, the candidate has 12 months in which to retake the examination at a reduced fee. If the candidate is not successful on the second examination, the candidate is considered to have failed. Thereafter, if the candidate wishes to repeat the examination the total fee must be paid.

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## REFUND, RESCHEDULE OR CANCELLATION

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The candidate may reschedule an existing exam appointment with the computer-based testing agency, no later than 48 hours before the scheduled test date. The rescheduled date must be within the allotted 30-day testing window.

Candidates may receive a refund by submitting a written request to CBUNA stating the reason for test cancellation. This documentation must be received by CBUNA before the close of the 30-day testing window. Cancellations after that time will not be refunded. All requests will be considered individually by the CBUNA Board of Directors whose decision shall be final. In the event of an approved refund, the fee will be refunded, less a \$25 administration fee. Failure to complete the certification process within the 30-day testing window will result in forfeiture of application fees.

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## **COMPUTER-BASED TESTING (CBT) EXAM**

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The certification examinations are multiple-choice tests. It is important to read each question carefully and choose the one answer that you think answers the question correctly. There is no penalty for guessing, so an educated guess is appropriate if you are unsure of the answer. Three (3) hours are allotted to complete the CUA and CURN examinations. The CUA and CURN examinations contain 150 questions. Four (4) hours are allotted to complete the CUNP examination. The CUNP examination contains 175 questions.

You should arrive at the testing location 30 minutes prior to your exam appointment for check-in. No drinks or food are permitted in the testing area. Cell phones and all other electronic devices are not permitted.

Upon arrival, you will give the proctor your photo ID. You must bring a current government issued photo ID, such as a driver's license (temporary paper copy is not acceptable), state-issued ID card, passport, or a notarized photograph bearing the candidate's signature. The first, middle, and last name on your permit must match your photo ID. If they do not match, contact C-NET immediately. If you do not have your necessary documents, you will be denied testing and your application payment will be forfeited. Candidates are digitally photographed. The image prints on the candidate's score report and is archived with the candidate's score.

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## **NOTIFICATION OF CERTIFICATION EXAMINATION RESULTS**

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Computer-Based Exam scores will be available immediately upon completion of the examination. If you pass the exam, the report will reflect your score as well as notify you of when to expect your certificate in the mail and when your name will appear in the online CBUNA Certified Directory. The CBUNA/SUNA database will be updated approximately 2 weeks after the 30-day testing window has ended. Successful candidates will receive a wall certificate and wallet card.

If you were unsuccessful on the exam, you will receive a report that will reflect your score and a breakdown of the test subareas – with the percent of questions you answered correct in each. This breakdown of subarea scores will help you determine the areas in which you are weak and need further study.

Certification granted by CBUNA is a voluntary process intended solely to test for special knowledge. CBUNA does not license or define the qualifications of any person to practice nursing. The significance of certification in any jurisdiction or institution is the responsibility of the candidate to determine. The candidate should contact the appropriate state board of nursing or institution in order to determine practice implications.

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## **STATEMENT OF NONDISCRIMINATION**

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It is the policy of CBUNA that no individual shall be excluded from the opportunity to participate in the CBUNA certification program on the basis of age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation or gender identity.

CBUNA reviews all written materials (e.g. brochures, applications, letters, test items on the exam and the test as a whole) to avoid bias and ensure sensitivity. Photographs or graphics in brochures will include a diversity of individuals regarding age, race, and sex. C-NET and the Test Development Committee, including item writers, will follow the C-NET Procedure for Eliminating Bias/Sensitive Items on the test.

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## BLUEPRINT FOR EACH EXAM

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### EXAM BLUEPRINT

The test specifications or blueprints are developed, reviewed, and revised through formal practice analysis surveys approximately every five years. The blueprint is valuable to the test taker because it breaks down the sections of the test. Use it to help you focus your study as you prepare for the exam. CBUNA has approved the following blueprints for examination development.

The blueprint consists of two axis: patient problems and activities. Both axis contain several subcategories. The relative percentage of subcategories or relative weights, as well as the difficulty and complexity of some subcategories, differ for each group as noted below. Each test question is coded for both patient problem and activity.

### DESCRIPTION OF EXAMINATIONS

- ***UROLOGY ASSOCIATE***

	<u>% of Total Test</u>
<b>Axis I - Patient Problems</b>	
1. Pediatric anomalies & common neoplasms	4%
2. Urinary tract inflammations & disorders	18%
3. Voiding dysfunctions, including incontinence	25%
4. Obstructive uropathies & trauma, including stones and BPH	30%
5. Infertility and sexual dysfunction; disorders of male genitalia	8%
6. Genitourinary cancers	15%
<b>Axis II - Patient Care Activities</b>	
A. Prepare for and implement care of patients who have urologic conditions and procedures/treatments	35%
B. Monitor and evaluate patients who have urologic conditions and procedures /treatments	30%
C. Teach patients, their significant others, and other staff members about management and prevention of urologic conditions	20%
D. Ensure a safe environment for patients, including instrument preparation, assisting with operative procedures, proper handling of specimens, etc.	15%

- ***UROLOGY REGISTERED NURSE***

	<u>% of Total Test</u>
<b>Axis I - Patient Problems</b>	
1. Pediatric anomalies, embryology and common pediatric neoplasms	5%
2. Urinary tract inflammations and disorders	18%
3. Voiding dysfunctions, including incontinence	24%
4. Obstructive uropathies and trauma, including stones and BPH	25%
5. Infertility and sexual dysfunctions, disorders of male genitalia	5%
6. Genitourinary cancers	23%
<b>Axis II - Nursing Activities</b>	
A. Assess and monitor patients who have urologic conditions and procedures/treatments	25%
B. Plan and implement care of patients who have urologic conditions and procedures/treatments	30%
C. Teach patient, their significant others, other health professionals, and the public about prevention and management of urologic conditions	25%



**UROLOGY REGISTERED NURSE**  
**Axis II - Nursing Activities - *continued***

- |   |     |
|---|-----|
| D. Evaluate outcomes of care given to patients who have urologic conditions and procedures/treatments                                   | 12% |
| E. Ensure professional practice in promoting patient outcomes, e.g., consultation, staff development, quality improvement, and research | 8%  |

• **UROLOGY NURSE PRACTITIONER**

	<u>% of Total Test</u>
<b>Axis I - Patient Problems</b>	
1. Pediatric anomalies and common neoplasms	8%
2. Urinary tract inflammations and diseases	22%
3. Voiding dysfunctions, including incontinence	23%
4. Obstructive uropathies, trauma, including stones & BPH	20%
5. Infertility and sexual dysfunctions; disorders of male genitalia	10%
6. Genitourinary cancers	17%
<b>Axis II - Nurse Practitioner Activities</b>	
A. Assessment & Diagnosis	35%
B. Intervention	30%
C. Education	28%
D. Consultation	4%
E. Practice Management & Research	3%

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**REFERENCE LIST AND EXAM PREPARATION RESOURCES**

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A complete list of resources used as references during the development of the CBUNA exam is available at [cbuna.org](http://cbuna.org) and in the CBUNA Examination Preparation Guide. The list may be helpful in preparing for the exam.

In addition, the CBUNA website has more information on valuable preparation resources, including free sample questions.

SUNA may also offer a Certification Review Course, specific to each exam.

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**CONFIDENTIALITY OF APPLICATION, EXAM, AND SCORES**

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All application information is considered confidential and is not shared with ANY outside party. It is used by CBUNA and the testing agency, C-NET, for certification processing purposes. To insure the security of the exam, the test materials are confidential and will not be released to any person or agency.

Verification of certification status will be released to outside parties only when submitted with a written authorization signed by the candidate. Any additional information about a candidate's individual test results will be released only to the candidate, upon written request.

SUNA/CBUNA maintains a searchable directory of all CBUNA certified individuals on the shared website.

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## THE EXAMINATION DEVELOPMENT PROCESS

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Valid and reliable tests do not arise spontaneously. They are carefully planned to ensure that they are legally defensible and psychometrically sound. Each test level has a specific blueprint, or test plan, which identifies what content needs to be included on the test. In addition, there is a list of the key content or activities performed by urologic providers, appropriate for the specific exam level. Both the blueprint and the list of key content/activities serve as item writing guides or “test specifications” for the item writers. Below are the 3 distinct phases of the examination development process.

### **1. Committee for the Practice Analysis**

The committee is comprised of a Chairman, CBUNA Board members and other volunteers who are CBUNA certified but not members of the Board. The committee is chosen for the specific exam level, utilizing a variety of clinical experiences, practice settings and represent a diverse geographical background. These members present with strong communication and leadership skills who work in conjunction with C-NET to develop a list of activities, demographic data and knowledge, skills and abilities that are the basis for the Practice Analysis/Role Delineation survey tool. Following data collection, the task force reviews the survey results and makes recommendations for the test specifications. The practice analysis also delineates and differentiates the roles of the NP from the registered nurse. Most importantly, a practice analysis is performed every five years to be sure the test reflects current practice and is kept up to date.

### **2. Committee for Test Development**

This committee is comprised of a Chairman, CBUNA Board members and other volunteers who are CBUNA certified but not members of the Board. The committee is chosen for the specific exam level, utilizing a variety of clinical experiences, practice settings and represent a diverse geographic background. Members of the Test Development Committee are considered “content experts” concerning the knowledge and skills needed by urologic specific level for safe practice. These members present with strong communication and leadership skills and work in conjunction with C-NET to develop and write test questions to meet the CBUNA blueprint requirements.

Each question on the test can be linked directly to the tasks/activities in the practice analysis survey. The test committee meets in person to review, evaluate, and write test questions. To be certain that the test content is accurate, all questions are supported, using the most recent edition of the *SUNA Core Curriculum for Urologic Nurses* and/or other references as recommended in the section online entitled “Suggested Reading Material”.

The NP test consist of 175 questions while the RN and CUA test consist of 150 questions that match the test blueprint. Some of the questions are new experimental or “pilot” questions that are not scored. Pilot testing of new questions allows for the evaluation of questions to determine if they are valid before they become scored questions.

### **3. Committee to Set the Passing Standard (Angoff)**

This committee is comprised of a Chairman and at least five CBUNA certificants, appropriate for the specific exam level. Members of this committee possess strong communication and leadership skills and serve as subject matter experts (SME’s). These members are geographically diverse with a wide variety of clinical experiences, practice settings and years of practice. This committee works in conjunction with C- NET, our testing agency to develop the passing score of the newly developed examination using the Angoff procedure. During the Angoff procedure, each test question is reviewed to determine its level of difficulty. The passing score is determined based on the SME panel’s estimation of the level of difficulty required to identify individuals who have an acceptable level of knowledge and skill. Therefore, each candidate’s test score is measured against a predetermined standard, not against the performance of other test takers.

The CBUNA Board of Directors approve the passing score for the specific exam level. It is then posted online under the Certification tab.

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## **INFORMATION ABOUT CBUNA**

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The Certification Board for Urologic Nurses and Associates (CBUNA) is a nonprofit organization whose mission is to improve the quality of care provided to urology patients by promoting and acknowledging the highest standards of urologic nursing practice through the certification process.

CBUNA was established in 1972 to develop and implement certification examinations for urologic health care professionals.

CBUNA believes that individuals, families, and communities seeking urologic health care expect and deserve a standard of excellence. We believe that excellence may be enhanced by certification of those professionals entrusted to deliver that care. And that certification should be awarded following successful completion of a comprehensive examination assessing a broad scope of knowledge applicable to the field of urologic health care.

CBUNA is separately incorporated, and an independent organization that collaborates with the Center for Nursing Education and Testing (C-NET) in test development, test administration, and test evaluation. CBUNA also works collaboratively with the Society of Urologic Nurses & Associates (SUNA) to promote, advertise and offer the certification examinations and to recognize certified individuals. All of the certification examinations are endorsed by SUNA.

CBUNA is composed of between 7 to 11 members of a Board of Directors who are certified urologic nurses or associates with current experience and expertise in urologic health care, and one public member. Officers of CBUNA include the President, President-Elect, Secretary and Treasurer. The CBUNA staff includes an Executive Director and an Executive Secretary. The management firm is Anthony J. Jannette, Inc. located in Pitman, New Jersey.

The mailing address for the CBUNA National Office is East Holly Avenue, Box 56/Pitman, NJ 08071-0056. Phone: 856-256-2351 \* Fax: 856-589-7463 \* Website - [cbuna.org](http://cbuna.org) \* Email - [cbuna@ajj.com](mailto:cbuna@ajj.com)

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## **INFORMATION ABOUT SUNA**

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The Society of Urologic Nurses and Associates (SUNA) is a professional community of urologic nurses and associates. SUNA supports and promotes the certification of urologic nurses and associates. For further information, visit [suna.org](http://suna.org) or contact the SUNA National Office by phone: 888-827-8862 or email [suna@ajj.com](mailto:suna@ajj.com).

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## **RECORD MAINTENANCE**

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CBUNA and the testing agency C-NET will retain electronic records of all candidates and certificants for at least three (3) years. It is the professional responsibility of the candidate/certificant to notify CBUNA of any change in name, address, phone, and email either before testing or during the 3-year certification period.

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## **CHANGE OF CONTACT INFORMATION**

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CBUNA will retain electronic records of all candidates and certificants for at least three (3) years. It is the professional responsibility of the applicant to notify CBUNA of any change in name, mailing address, phone number and/or email address. SUNA and CBUNA share the same database. These changes may be made online by updating your account at [cbuna.org](http://cbuna.org) after logging in. Changes may also be directed to the CBUNA National Office, East Holly Avenue Box 56/Pitman, NJ 08071-0056 \* 856-256-2351 \* Email - [cbuna@ajj.com](mailto:cbuna@ajj.com)

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## SUNA ENDORSEMENT, MAGNET STATUS AND ABSNC ACCREDITATION

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The CBUNA examinations are the only urologic specific certification exams in nursing, endorsed by the Society of Urologic Nurses and Associates (SUNA). SUNA supports and promotes the certification of urologic nurses and associates.

CBUNA is currently Magnet recognized and listed in the Demographic Data Collection Tool™ (DDCT) of ANCC as the credentialing body for one or more credentials. Magnet-recognized and applicant organizations report the professional certifications held by the nurses they employ. The CBUNA credentials recognized are: CUNP®, CURN®, and CUCNS.

The Accreditation Board for Specialty Nursing Certification (ABSNC), formerly the ABNS Accreditation Council, is the only accrediting body specifically for nursing certification. ABSNC accreditation is a peer-review mechanism that allows nursing certification organizations to obtain accreditation by demonstrating compliance with the highest quality standards in the industry. The CBUNA is currently seeking ABSNC accreditation for the CUNP exam. The status of the CBUNA accreditation application will be available in 2018. The ABSNC accreditation application for the RN exam is expected to be submitted in 2019.

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## SCHOLARSHIP INFORMATION

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### Eligibility Criteria for the Jan LeBouton CBUNA Certification Scholarship

Annually, SUNA awards a scholarship to promote and encourage certification in Urology. The recipient of the scholarship will receive a stipend to cover the cost of the CBUNA Certification Examination, a copy of the CBUNA Examination Preparation Guide, as well as complimentary registration to the SUNA uroLogic Conference that year.

### Criteria for CBUNA Scholarship Application

1. Applicant must have been an active SUNA member in good standing for at least 1 year.
2. Applicant must have been employed in the field of urology for a minimum of 2 years.
3. Applicant must be able to meet all other financial responsibilities associated with taking the certification exam.

### Application Requirements

1. Applicant must submit a current resume or curriculum vitae.
2. Applicant is to provide a letter of recommendation from his/her employer supporting the applicant's certification efforts.
3. Applicant will submit a typed statement citing his/her reasons for seeking this scholarship - sharing personal views on the value of certification and his/her aspirations as a potential certified member of the SUNA.
4. When selected, the scholarship winner will agree to have the award information announced in SUNA publications. The winner will write a brief summary of his/her certification experience for the *Uro-Gram*.

### Selection Process

Applications will be reviewed by an appointed board of three certified members. Selection will be based on:

- Potential future contribution to urologic patient care
- All documentation must be received no later than June 1

**DON'T WAIT UNTIL JUNE 1, SUBMIT THE REQUIREMENTS NOW!**

Submit the Jan LeBouton requirements to SUNA via email ([suna@ajj.com](mailto:suna@ajj.com)) or fax (856-589-7463)

# CBUNA CERTIFICATION EXAMINATION APPLICATION

Computer-Based Testing Month: April  or September  Year

*Print or type all information requested. Forms are available online at [www.CBUNA.org](http://www.CBUNA.org), "In This Section" click on Certification Application.*

1. Name:	Last	Maiden	First	Middle Initial
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How do you want your name to appear on your certificate and wallet card?

2. Last 4 digits of your Social Security Number:	
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3. Home Address:
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City:	State:	Zip:
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4. Home Phone: ( ) -	Work Phone: ( ) -	Ext.
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5. E-mail Address:
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6. Indicate exam you wish to take:	<input type="checkbox"/> RN	<input type="checkbox"/> Associate	<input type="checkbox"/> Nurse Practitioner
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7. Highest level of education completed:	
<input type="checkbox"/> (1) High School	<input type="checkbox"/> (6) Bachelor's Degree/Other
<input type="checkbox"/> (2) Diploma/Nursing	<input type="checkbox"/> (7) Master's Degree/Nursing
<input type="checkbox"/> (3) Associate Degree/Nursing	<input type="checkbox"/> (8) Master's Degree/Other
<input type="checkbox"/> (4) Associate Degree/Other	<input type="checkbox"/> (9) Doctorate
<input type="checkbox"/> (5) Bachelor's Degree/Nursing	

8. Which of the age groups best describes most of your patients? You may choose more than one.	
<input type="checkbox"/> (1) Newborns	<input type="checkbox"/> (4) Adults (age 19-64)
<input type="checkbox"/> (2) Infants/children	<input type="checkbox"/> (5) Elderly (over 65)
<input type="checkbox"/> (3) Adolescents (age 12-18)	

9. Which of these settings best describes where you work? If you work in more than one setting. Please mark all settings where you spend at least a third of your time.	
<input type="checkbox"/> (1) Inpatient	<input type="checkbox"/> (4) Special service (e.g., urodynamics, continence service, etc.)
<input type="checkbox"/> (2) Outpatient	Please specify service:
<input type="checkbox"/> (3) Operating room	<input type="checkbox"/> (5) Other, please specify:

10. Check the appropriate fees and submit with your application:	
<b>RNs &amp; Associates:</b>	
<input type="checkbox"/> \$295 SUNA members	<input type="checkbox"/> \$370 non-members
One-time retake fee:	
<input type="checkbox"/> \$195 SUNA members	<input type="checkbox"/> \$270 non-members
<b>Nurse Practitioner:</b>	
<input type="checkbox"/> \$320 SUNA members	<input type="checkbox"/> \$395 non-members
One-time retake fee:	
<input type="checkbox"/> \$220 SUNA members	<input type="checkbox"/> \$295 non-members
<b>Applicants add:</b> <input type="checkbox"/> \$25 late fee, if applicable	
<b>Check/Money Order enclosed payable to C-NET</b> <input type="checkbox"/>	
<b>Charge my Visa or MasterCard</b> <input type="checkbox"/> Card number: - - - Exp date: / /	
Name on card:	

11. Complete **one** of the following sections:

**Associate**

Are you an  LPN/LVN or  Other Associate (Medical Assistant, Technician etc) (Check one)

**If LPN:** License #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Original License: / /

License Expiration Date: / / Years of experience as LPN/LVN in urology nursing: \_\_\_\_\_

**If other Urology Associate:** Years of experience in urology: \_\_\_\_\_

**RN**

RN License #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Original License: / /

License Expiration Date: / / Years of experience as an RN in urology nursing: \_\_\_\_\_

School of Nursing: \_\_\_\_\_

Date of Graduation: / / City: \_\_\_\_\_ State: \_\_\_\_\_

I have two (2) years' experience working as a RN with a minimum of 800 clinical practice hours of providing patient care to urologic patients within the last three (3) years: Yes

**Nurse Practitioner**

Are you a  Nurse Practitioner? (**ATTENTION NP: #14 below, specific copies MUST accompany application**)

**IF RN:**

RN License #: \_\_\_\_\_ State: \_\_\_\_\_

Expiration Date: / / Date of Original License: / /

Years of experience as an RN in urology nursing: \_\_\_\_\_

I have two (2) years' experience working as a Nurse Practitioner with a minimum of 800 clinical practice hours of providing patient care to urologic patients within the last three (3) years: Yes

Advanced Practice License #: \_\_\_\_\_ State: \_\_\_\_\_

List type of current national certification: \_\_\_\_\_

Name of educational institution providing NP or DNP: \_\_\_\_\_

Date of Graduation: / / City: \_\_\_\_\_ State: \_\_\_\_\_

12. Employment history beginning with present employment. Please do **not** send resumes. (Use a blank sheet of paper if additional space is needed.)

From - To (Month & Year)	Employer & Address	Position Title	Supervisor	Hrs/Wk
/ - /				
/ - /				
/ - /				
/ - /				

**Statement of Understanding:**

I hereby attest that I have read and understand the CBUNA policy on Denial, Suspension, or Revocation of Certification and that its terms shall be binding on all applicants for certification for the duration of their certification.

I hereby apply for certification offered by the Certification Board for Urologic Nurses and Associates. I understand that certification depends upon successful completion of the specified requirements. I further understand that the information accrued in the certification process may be used for statistical analysis and for evaluation of the certification program. I further understand that the information from my certification records shall be held in confidence and shall not be used for any other purpose without my permission; however, upon passing the examination, CBUNA reserves the right to publish my name and certification expiration date by state on the CBUNA website.

To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I understand that the Certification Board for Urologic Nurses and Associates reserves the right to verify any or all information on this application.

**Signature:** \_\_\_\_\_ / /  
**(sign before mailing)** **Date**

13. OPTIONAL: Upon successful completion of the certification process, I would like a letter sent to my employer:

Employer:  
Attention (name & title):  
Street Address:  
City: State: Zip:

**Signature:** \_\_\_\_\_ / /  
**(sign before mailing)** **Date**

**TO AVOID A LATE FEE, ALL APPLICATION MATERIALS MUST BE POSTMARKED BY THE DEADLINE DATE, EIGHT WEEKS PRIOR TO TEST DATE.**

14. Print the application, sign and attach the following items: A photocopy of current license and diploma (as specified for the particular urology certification exam above, or a letter from the licensure board or employer that verifies licensure (with license number and expiration date) or an in-service training verification letter, whichever is applicable, and a photocopy of current SUNA membership card, if applicable, are required.

Applicant for the NP examination must also provide: a copy of the diploma from the master's or post-master's NP program or DNP program; and evidence (current certificate or letter from board) of current certification as a nurse practitioner from a national NP certifying board.

Check that expiration date(s) is clearly visible. Attach the photocopies to this application. Send all forms, along with credit card information or check/money order **payable to C-NET:**

**CBUNA Certification Program**  
**c/o C-NET**  
**35 Journal Square, Suite 901**  
**Jersey City, NJ 07306**  
**Phone: 800- 463-0786**  
**Fax: 201-217-9785**

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## MAILING INSTRUCTIONS

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**Mail your application directly to:  
CBUNA Certification Program  
c/o C-NET  
35 Journal Square, Suite 901  
Jersey City, NJ 07306**

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## QUESTIONS? CONTACT THE CBUNA NATIONAL OFFICE

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East Holly Avenue Box 56/Pitman, NJ 08071-0056 \* 856-256-2351 \* Fax - 856-589-7463  
Website - [cbuna.org](http://cbuna.org) \* Email - [cbuna@ajj.com](mailto:cbuna@ajj.com)

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## CBUNA SPONSORS

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CBUNA gratefully acknowledges the support of the following companies who have contributed grants to further its goals:

### **Platinum Sponsor**

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***Chart Your Course  
for Certification***

***Rewarding for you and your patients***

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## RECERTIFICATION

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CBUNA certification is valid for three (3) years. Recertification candidates must meet the eligibility criteria for recertification prior to expiration of their current certification. The applicant may select recertification by re-examination or by completing the required continuing education contact hours.

Certified individuals receive courtesy recertification notices prior to the expiration of their certification. It is the certificant's professional responsibility to know the certification expiration date.

Recertification applications should be submitted to CBUNA no later than 30 days prior to your expiration date. For more information on CBUNA recertification, visit [cbuna.org/recertification](http://cbuna.org/recertification).



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## **DENIAL, SUSPENSION OR REVOCATION OF CERTIFICATION**

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The occurrence of any of the following actions will result in the denial, suspension or revocation of the Certification Board for Urologic Nurses and Associates (CBUNA) certification:

1. Falsification of information in any of the CBUNA examination applications
2. Falsification of any material or information requested by CBUNA
3. Any restrictions such as revocation, suspension, probations, or other sanctions by a health care registry, a certifying organization, or a nursing authority which grant a professional license, registry or certification
4. Misrepresentation of certification status
5. Cheating on a CBUNA examination
6. Falsification of information in any of the CBUNA recertification applications

Any other claims or causes for denial, suspension or revocation will be decided on a per case basis by the CBUNA Board of Directors after thorough investigation. If certification is denied, suspended, or revoked for any reason, no fee will be refunded.

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## **RIGHT OF APPEAL**

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A candidate who has had their certification denied, suspended or revoked or has failed the exam has the right of appeal.

- A. The applicant will be informed of the right of appeal at the time of application. The candidate shall bear the burden of establishing that the denied, suspended or revoked certification or recertification either resulted from an erroneous/factual determination by CBUNA or its testing agent or the decision was arbitrary or capricious.
- B. The appeal must be submitted in writing to the President of the Certification Board of Urologic Nurses and Associates (CBUNA) within 30 days of notification. Failure to submit the appeal in that time frame shall act as a complete and total bar for the applicant. The appeal shall state with specificity all reasons as to why the denial was the result of an error or was arbitrary or capricious. The appeal shall be sent to the CBUNA national office.
- C. Upon receipt of an appeal, the President shall appoint an Appeals Panel of three board members who will contact the applicant, review the written appeal and make recommendations to the CBUNA Board. Discussion of the appeal by the Board will be conducted at a regularly scheduled CBUNA meeting or via the list-serve and documented.
- D. The decision of the CBUNA Board shall be final and binding. The President shall communicate the final decision of the appeals process in writing to the candidate within one month of the decision. The written communications shall include a statement of the Appeals Panel's findings with respect to issues of facts presented on appeal by the candidate and shall include a statement of rationale for the CBUNA Board decision.
- E. Failure of the candidate to timely file an appeal shall constitute a waiver of the right of appeal.
- F. Documentation of the appeals process, and outline will be placed in a permanent file at the CBUNA National Office.



**EXAMINATION PREPARATION GUIDE ORDER FORM**

**Congratulations!** You are one of hundreds of urology nurses, associates and advanced practitioners who have decided to take the Urology Certification Examination. This is a **big** step in your career, and by taking the exam, you are demonstrating your commitment to urologic nursing practice, and to the quality care of your patients.

The Examination Preparation Guide was developed by the Certification Board for Urologic Nurses and other certification specialists who are dedicated to the process of certification. Becoming certified is a measure of the proficiency of individual registered nurses, nurse practitioners, licensed LPN/LVNs, or technicians in urologic nursing practice.

Each booklet offers information and guidelines which may help you prepare to take your specific exam: **Associate (LPN/LVN or Technician), Registered Nurse, or Nurse Practitioner.**

The content of the Examination Preparation Guide includes:

- Examination Blueprint
- Examination Outline
- Suggested Reading Material
- Sample Questions

The contents does not imply successful performance on the examination.

To receive your preparation guide, fill out and return the order form below, along with your payment to:

**CBUNA National Office** - East Holly Avenue, Box 56 - Pitman, NJ 08071-0056

**856.256.2351 – FAX 856.589.7463 - E-Mail [cbuna@ajj.com](mailto:cbuna@ajj.com)**

Please allow 4 weeks for delivery.

<b>Order Form</b>			
Name: _____			
Address: _____	City: _____	State: _____	Zip: _____
Daytime Phone: (    )        -        ext. _____		Email: _____	
<b>Preparation guides available (mark your selection)</b>  <b>Nursing (RN)</b> _____ <b>Associate</b> _____ <b>Nurse Practitioner</b> _____	SUNA Member Price \$25                    _____ Non-member Price \$35                        _____ Plus \$3.00 each shipping and handling    _____  <div style="text-align: right;">Total: \$        _____</div>		
Method of Payment: <input type="checkbox"/> Check    or    Credit Card <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Amex			
Credit Card # _____		Expiry Date:    /    _____	
Card Security Code:        3 digit code/back of MC/Visa or 4 digit code/front of American Express			
Cardholders Name: _____ exactly as it appears on card		Signature: _____	
Address: _____	City: _____	State: _____	Zip: _____

Update 3/18