



## *The Recertification Process*

Return the completed application to:

CBUNA  
East Holly Avenue Box 56  
Pitman, New Jersey 08071

Fed EX/UPS Service  
200 East Holly Avenue  
Sewell, New Jersey 08080

Telephone: 856-256-2351  
Fax: 856-589-7463  
Website: [cbuna.org](http://cbuna.org)  
Email: [cbuna@ajj.com](mailto:cbuna@ajj.com)

*Certification: The Standard for Excellence*



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**Certification Board for  
Urologic Nurses and Associates**

## THE RECERTIFICATION PROCESS

**Congratulations** on your commitment to certification in urology. This guide will assist you in renewing your Certification Board for Urologic Nurses and Associates (CBUNA) certification through the recertification process.

This guide contains information, instructions, and forms necessary for you to apply.

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### Methods of Recertification

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Recertification is required to maintain the CUA, CURN®, CUNP®, CUCNS, or CUPA credential through the Certification Board for Urologic Nurses and Associates (CBUNA)

**RE-EXAMINATION:** You may renew your certification by taking the CBUNA examination with the exception of the CUPA and CUCNS. (There is no longer an exam available for these two specific credentials). Recertification candidates must meet the eligibility criteria for certification and take the examination prior to expiration of the current certification period. The application form, along with the appropriate fee, must be submitted prior to the filing deadline for the exam date requested. Processing of applications received after the deadline cannot be guaranteed. Candidates who take the exam for recertification will be notified upon passing the exam by C-NET, the testing agency. The Exam Application and Guidelines are available online at [www.cbuna.org/certification/general-information-application](http://www.cbuna.org/certification/general-information-application).

**CONTINUING EDUCATION CONTACT HOURS:** You may renew your recertification by using continuing education contact hours. Applications will be accepted beginning June 1 prior to your current certification expiration date. Recertification candidates must meet the eligibility criteria and submit their completed application, along with the appropriate fee, prior to expiration of the current certification. Recertification applications using this option should be postmarked by December 31 of the year in which the certification expires.\*

\* A late fee will be assessed to all applications postmarked after the current certification expiration date. Late applications are accepted for three months (January 1 through March 31) after the expiration date. No applications will be accepted after the March 31 extension of the certification expiration date. There are no exceptions or extensions to this time frame. Once your certification has expired, you are required to pay a late fee to recertify. You may not use your CBUNA credential after your expiration date. Contact hours earned after your expiration date may be used one time only.

*CBUNA Certification is an  
Investment in Your Career*



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## ELIGIBILITY CRITERIA

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To be eligible to recertify by continuing education, candidates must meet the following requirements.

- 1) Hold a current CBUNA certification.

**AND**

- 2) Have accrued a minimum of 800 hours of urologic practice during the previous three (3) year certification period. CBUNA recognizes 3 distinctive components of urologic practice: service, education and research.
- 3) Practice may be direct or indirect and include acute or long-term care, clinics/offices, home care/community health, surgery, education, research and administration.

**AND**

- 4) Must hold a current licensure for your specific CBUNA certification (as listed below):
  - CUA – only applicable for LPN/LVN
  - CURN® – RN
  - CUCNS – RN and current certification as a CNS
  - CUPA – PA
  - CUNP® – RN and current certification as a NP

**AND**

- 5) Have acquired thirty-six (36) approved contact hours (CH) over the three (3) year certification period being urologic specific, maximum of 10 contact hours in nephrology topics.

Contact hours may start accruing from the date of the initial certification or from January 1 of the recertification through the expiration date. Contact hour entries may be used one recertification period only. If the previous recertification application was submitted after the expiration date and contact hours earned after that expiration date were utilized, the contact hours may start accruing after that submission date.

Education programs must be presented by an individual, state, or national organization accredited as a provider or approver of continuing nursing or medical education. Education programs may be in any format including, but not limited to courses, workshops and independent study modules.

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### Retired Option for Current CBUNA Certificants

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**Retired Status:** Certificants who have retired within the current certification period and are not actively practicing in nursing or health care may apply for Retired Status. The retired nurse may use “Ret’d” after their credential.

If the certificant returns to urologic practice the retired credential is forfeited, effective immediately. If the certificant chooses to return to urologic practice and wishes to again hold the active credential they must meet current eligibility criteria and again certify by examination.

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## APPLICATION INSTRUCTIONS

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The application for recertification may be completed online at [cbuna.org/recertification/online-recertification-application](http://cbuna.org/recertification/online-recertification-application) or by submitting a completed paper application by mail.

We recommend you plan for recertification 4 weeks prior to the expiration date. You may apply beginning June 1 of your certification expiration date. Online application and mailed application processing requires 4 weeks. If your application is randomly selected for audit, this process may take longer.

Please retain all contact hour certificates in your personal files in the event of an audit.

If you are submitting a mailed application, follow these instructions:

- Type all sections of the application.
- **Sign page 2 of the application.** An incomplete or illegible application or if the appropriate fee is not provided the application will be returned to the candidate, the incomplete fee will be accessed and may delay processing.
- If all or some of your contact hours are through SUNA's Online Library, list only the **total number** of contact hours on the line under the Category A form for the applicable recertification time frame. See the sample sheet below.
- List all contact hours necessary to recertify using the Category A form. Copy blank forms as needed.
- **DO NOT INCLUDE ANY CERTIFICATES.** These will only be requested if the application is randomly selected for audit.
- It is suggested that all materials be mailed certified, return receipt requested. Faxed applications are not accepted. Mail the application with attachments and payment to:

by USPS mail:  
CBUNA National Office  
East Holly Avenue, Box 56  
Pitman, NJ 08071

by Fed Ex/UPS mail:  
CBUNA National Office  
200 East Holly Ave.  
Sewell, NJ 08071

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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 to 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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## APPROVAL

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If the CBUNA application is approved, the applicant will receive a congratulatory letter, wallet card and certificate with the new certification expiration date. Please allow 4 weeks from time of approval for mailing.

Recertification with CBUNA is valid for a period of three years. Certified individuals will be sent courtesy recertification reminders of the expiration date of their certification.

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## RECERTIFICATION APPLICATION FEES

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Prices are subject to change. It is the applicant's professional responsibility to have the most current information. Please check the CBUNA website ([cbuna.org](http://cbuna.org)) for the most current information.

### Application Fee:

These fees include a non-refundable administrative fee of \$75.00.

SUNA Members: CUA/CURN	\$150.00	Nonmembers	\$225.00
SUNA Members: CUCNS/CUPA/CUNP	\$175.00	Nonmembers	\$250.00

\* SUNA Membership must be current to be eligible for the reduced fee.

\*If you are joining SUNA at the same time as applying:

Online: Join SUNA at [suna.org](http://suna.org) *before* completing the recertification application.

By Mail: Mail a membership application with recertification application, make membership check payable to SUNA and make certification check payable to CBUNA. Mail both applications to CBUNA in the same envelope.

### Late Application Fee (nonrefundable):

\$50.00

A late fee is assessed for applications submitted after December 31st of the recertification period. CBUNA will accept late recertification applications from January 1 through March 31. During this grace period, use of the CBUNA credential is prohibited. During this grace period, the late recertification applicant may utilize the continuing education option only.

All qualifications must be met within the grace period. The late fee must be paid before the certification will be renewed. If recertification requirements are met, there will be no lapse in certification dates.

Applications received after the 3-month grace period will be declared ineligible. There are no exceptions or extensions to this time frame. After this time frame, certification may be obtained by taking the certification exam.

Contact hours earned and applied after the certification expiration date and before the application received date may not be used in future recertification applications.

### Incomplete Application Fee (nonrefundable):

\$25.00

This fee is assessed for applications due to incompleteness.

### Returned Check Fee:

\$25.00

An applicant whose check is returned by the bank, for insufficient funds is required to pay this fee. Remittance of all fees thereafter must be in the form of a money order or certified check.

### Request for Refund Fee:

\$75.00

An applicant who submits the recertification application and fee but cannot meet the recertification requirement may request a refund less this fee. Request must be in writing.

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## AUDIT

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The Recertification Committee will audit a minimum of ten percent (10%) of recertification applications submitted. Random audits of applications are conducted to ensure candidates are eligible for recertification. Candidates selected for random audit will be notified by email or letter requesting copies of contact hour certificates, supervisor verification letter, and any additional information by a deadline date. Failure to provide this information by the deadline date will delay your recertification and could result in your recertification being denied.

The Recertification Committee will audit any recertification application that is denied.

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## CONTACT HOUR DOCUMENTATION

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You may choose to document your contact hours by using the online application or download the contact hour documentation form (Category A) available online. All activities should be listed in chronological order, listing the most recent first. If you plan to mail your application **do not send certificates** with your renewal. Copies of certificates are required only if audited.

SUNA offers an easy way to document your contact hours earned through SUNA's Online Library. The transcript total of your contact hours earned through SUNA's activities (***excluding*** non-urologic CNEs from other associations) for the current recertification period are acceptable as urologic (Category A). Contact hours earned through the Society of Urologic Nurses and Associates (SUNA) are automatically added to your online library transcript with the rare exception of some co-provided activities.

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## CONTINUING EDUCATION CONTACT HOURS

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Thirty-six (36) contact hours (CH) are required for recertification by continuing education. These thirty-six (36) CH must be urologic health care specific (maximum of 10 contact hours in nephrology topics).

### **Category A: Urologic Health Care Contact Hours:**

Urologic Health Care related CH are defined as contact hours specific to urologic health care. If the content of the activity is included in the CBUNA exam blueprint, then the CH may be applied to the urologic nursing practice category.

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## ACCEPTABLE CONTACT HOUR ACTIVITIES

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### **Category A: Urologic Health Care**

#### **Continuing Education Activities**

- Contact hours (CH) awarded for attendance at seminars, conferences and independent study (home study) with content specific to urologic health care. Education programs and independent study must be accredited as an approver/provider of continuing education, such as the American Nurses Credentialing Center (ANCC), a state board of nursing, nursing association or Accreditation Council for Continuing Medical Education (ACCME).
  - Contact hours earned at an education conference or seminar with multiple sessions may be listed as a total amount for the entire conference or seminar. CBUNA reserves the right to request additional information on conference or seminar content or objectives.
    - all contact hours provided by the Society of Urologic Nurses and Associates (SUNA) (e.g. national conference, publications, courses) are considered entirely as urologic CH
    - Continuing Medical Education (CME) activities are acceptable. One (1) CME = 1 CH

#### **Presentations**

- Contact hours (CH) awarded for multimedia presentation/lecture, videotapes, audiotapes, or other electronic media with content specific to urologic health care must be accredited by an approver/provider of continuing nursing education.
  - a 60-minute presentation will equal 3 contact hours in recognition of preparation time
  - maximum 9 CH per recertification period
  - the applicant must be the only presenter for the 60-minute presentation
  - if audited, the following materials must be submitted: Media type; Objectives; Script or program outline; and Bibliography



## **Nursing, Professional Publications and Research**

- Contact hours (CH) awarded for Nursing and professional publications with content specific to urologic health care. Nursing and professional publications may be a manuscript, research paper, book, or book chapter and must be published by a recognized publisher or professional journal.
  - Book chapter (author/co-author)
    - 5 contact hours per chapter
    - maximum 25 CH per recertification period
    - if audited, the following materials must be submitted: Title of publication; Name of publication, if book chapter or article; Publisher; Date; Objectives; and Bibliography
  - Journal article (author)
    - 5 contact hours
    - maximum 10 CH per recertification period
    - if audited, the following materials must be submitted: Title of publication; Name of publication, if book chapter or article; Publisher; Date; Objectives; and Bibliography
  - Research abstracts – published/presented
    - 2 contact hours
    - maximum 6 CH per recertification period
  - Editor/textbook
    - 15 contact hours
    - maximum 15 CH per recertification period
  - Unpublished doctoral dissertation or capstone project
    - 15 contact hours
    - maximum 15 CH per recertification period
  - Unpublished master's thesis or capstone project
    - 10 contact hours
    - maximum 10 CH per recertification period
  - Research proposal submitted to a federal agency, foundation or industry
    - 15 contact hours
    - maximum 15 CH per recertification period
  - Study site coordinator
    - 5 contact hours per study
    - maximum of 2 studies, for total of 10 CH per recertification period
    - if applicant's primary job is a study coordinator, the study cannot be used for recertification
  - Editors, assistant editors, and manuscript reviewers
    - 1 manuscript = 1 contact hour
    - 2 manuscripts = 3 contact hours
    - 3 or more manuscripts = 5 CH per recertification period

## **Membership on a National/Local Board or National/Local Committee**

- Contact hours (CH) awarded for membership on a national/local board or national/local committee with content specific to urologic health care.
  - one (1) hour of participation or conference call = 1 CH
  - maximum of 10 CH per recertification period
  - if audited, a letter verifying service from the president of the national nursing organization must be provided

## **CBUNA Test Development Committee or Task Force participant**

- Contact hours (CH) awarded for members of the CBUNA Test Development Committee or Task Force participants may count their volunteer time when recertifying.
  - one-day session = 3 CH
  - maximum of 9 CH per recertification period.

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

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 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. Jannetti, Inc. located in Pitman, New Jersey.

It is the goal of CBUNA to promote the highest standards of urologic nursing practice through the development, implementation, coordination and evaluation of all aspects of the certification and re-certification processes. CBUNA recognizes the value of education, administration, research, and clinical practice in fostering personal and professional growth and currently provides three examinations to validate clinical performance -

1. The Certified Urologic Associate (CUA) examination
2. The Certified Urologic Registered Nurse (CURN<sup>®</sup>) examination
3. The Certified Urologic Nurse Practitioner (CUNP<sup>®</sup>) examination

The CBUNA exam is the only urologic specific certification. The CBUNA CURN<sup>®</sup>, CUNP<sup>®</sup> and CUCNS certifications are identified on the Magnet Recognition Program<sup>®</sup>. The CBUNA is currently seeking accreditation by the Accreditation Board for Specialty Nursing Certification (ABSNC) for the CUNP<sup>®</sup> and CURN<sup>®</sup> exams.

Contact information:

CBUNA National Office  
East Holly Avenue, Box 56  
Pitman, NJ 08071-0056  
Phone: 856-256-2351  
Fax: 856-589-7463  
cbuna@ajj.com  
cbuna.org

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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 SUNA at:

SUNA National Office  
East Holly Avenue, Box 56  
Pitman, NJ 08071-0056  
Toll-Free: 888-827-8862  
Fax: 856-589-7463  
[suna@ajj.com](mailto:suna@ajj.com)

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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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## SCHOLARSHIP INFORMATION

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### SUNA Foundation Recertification Scholarship

The SUNA Foundation will provide reimbursement of the recertification fee for the applicant successfully complying with CBUNA recertification criteria. The scholarship will be awarded to the applicant selected by the CBUNA Recertification Committee. All documentation must be received by December 1. To view the criteria or download the application go to <https://www.suna.org/about-us/foundation/what-we-provide>.

### CBUNA Margaret Baron Gott Scholarship

The CBUNA will provide reimbursement of the recertification fee for the applicant successfully complying with CBUNA recertification criteria. The scholarship will be awarded to the applicant selected by the CBUNA Recertification Committee. All documentation must be received by December 1. To view the criteria or download the application go to <https://www.cbuna.org/scholarship-opportunities-and-awards>.



# SAMPLE PAGE

## CATEGORY A: UROLOGIC HEALTH CARE

**Please type**

Photo copy this form if additional space is needed.

You must list 36 or more contact hours in Category A (Urologic Specific Programs)

"The Recertification Process" booklet is available online at [www.cbuna.org](http://www.cbuna.org) for the most current list of accepted contact hour sourcesces

(1) Activity Title	(2) Date of Activity (chronological order)	(3) Activity Sponsor	(4) Accredited Provider or Provider #	(5) Location (City and State)	(6) Type of Contact hours*	(7) Number of Approved Contact Hours
SUNA's Online Library	2017 - 2018	SUNA	SUNA	_____	H	23.5
State of Urology	5/15/2017	Upper Midwest Chapter of SUNA	ANNA	Rochester, MN	M	7.4
Neurogenic Overactive Bladder	4/13/2018	Boston University School of Medicine	Boston School of Nursing	Boston, MA	M	8.7

The activity information necessary to complete this form properly can be found on your continuing education certificate. The certificate will include: name of attendee, title, date, sponsor, accredited provider/number and the number of contact hours awarded for the activity. If the provider information is not available on the certificate, it may be available on the providers website.

Name: Ms. Sample

Total contact hours this page: 39.6

Grand total of all Category A pages: 39.6 (Minimum 36 Contact Hours)

**\*Type of Contact Hour:**  
 A = Author  
 CME = Continuing Medical Education  
 CNE = Continuing Nursing Education  
 E = Editor  
 H = Home Study  
 M = Meeting Attendee  
 S/P = Speaker/presenter  
 O = Other

# Certification Board for Urologic Nurses and Associates



## Be proud of your CBUNA certification!

Show your patients and colleagues you have taken that extra step to validate your knowledge and skills. This CBUNA certified pin (pictured above) in gold tone letters with white and blue accents can be worn proudly by those certified in urology.

### Order your pin online today at [CBUNA.org](http://CBUNA.org)

or mail this order form to the address below

<b>Online Orders:</b> Ship in <b>one</b> week		<b>Mail Orders:</b> Allow <b>four</b> weeks for delivery	
Name: _____		SUNA Member price \$15.00 ea. X Qty. ____ = ____ Nonmember price \$20.00 ea. X Qty. ____ = ____ Plus Shipping and Handling ea. \$3.00 ____ = ____ Total: \$ _____	
Address: _____			
City: _____			
State: _____	Zip: _____		
Daytime Phone: (____) ____- _____			
Method of Payment: Check <input type="checkbox"/> or Credit Card Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/>			
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: _____

**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)



**RECERTIFICATION APPLICATION**

To complete the recertification application online or to download this form, go to [www.cbuna.org](http://www.cbuna.org), "In This Section", then click on Recertification

Name:		
Name as it is to appear on certificate:		
Home Address:		
City:	State:	Zip:
Phone: Work ( ) -	Home ( ) -	
Email address: Work	Home:	
Current Certification: <input type="checkbox"/> Advanced Practice (NP, CNS, PA) <input type="checkbox"/> RN <input type="checkbox"/> Associate (LPN, LVN, Technician)		
Date of last certification (from wallet card): / /		
License (if applicable): State:      Permanent number:      Expiration date: / /		
<b>Practice Experience</b>		
Employer/Institution:		
Business Address:		
City:	State:	Zip:
Date Employment Began: / /		
Title or Position Held:		
Brief Urologic Job Description:		

I meet the following eligibility requirements for certification renewal by continuing education:

1. current licensure (if applicable)
2. current certification by CBUNA
3. minimum of 800 hours of urologic practice experience during the previous 3-year certification period

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:

Date: / /

Method of Payment

SUNA Member: CUA/CURN \$150.00       Nonmember: CUA/CURN \$225.00

SUNA Member: CUNP/CUCNS/CUPA \$175.00       Nonmember: CUNP/CUCNS/CUPA \$250.00

Grace period/late fee (January 1 – March 31) \$50

Method of Payment:  Check      or      Credit Card       Master Card       Visa       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:      Signature:

Billing Address:

City:      State:      Zip:

**Submit your application as early as possible with the appropriate fee, made payable to CBUNA.**

**Processing requires 4 weeks.**

**It is suggested that all materials be mailed certified, return receipt requested to:**

**Fed Ex/UPS mail:    CBUNA, 200 East Holly Ave., Sewell, NJ 08080**

**USPS:    CBUNA, East Holly Ave. Box 56, Pitman, NJ 08071**

## CATEGORY A: UROLOGIC HEALTH CARE

**Please type**

Photo copy this form if additional space is needed.

You must list 36 or more contact hours in Category A (Urologic Specific Programs)

"The Recertification Process" booklet is available online at [www.cbuna.org](http://www.cbuna.org) for the most current list of accepted contact hour sources

(1) Activity Title	(2) Date of Activity (chronological order)	(3) Activity Sponsor	(4) Accredited Provider or Provider #	(5) Location (City and State)	(6) Type of Contact hours*	(7) Number of Approved Contact Hours	(8) Office Use Only
	/ /						
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	/ /						
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	/ /						
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Name: \_\_\_\_\_

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Total contact hours this page: \_\_\_\_\_

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Grand total of all Category A pages:      Minimum 36 Contact Hours

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**\*Type of Contact Hour:**  
 A = Author  
 CME = Continuing Medical Education  
 CNE = Continuing Nursing Education  
 E = Editor  
 H = Home Study  
 M = Meeting Attendee  
 S/P = Speaker/presenter  
 O = Other



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## FREQUENTLY ASKED QUESTIONS

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### **Can I or my employer verify my certification status?**

Yes. CBUNA certification status can be verified online at [cbuna.org](http://cbuna.org), click the Certified Directory tab and search by name or credential.

### **What should I do if I have a name or address change?**

To ensure receipt of important notices from CBUNA, you should notify the board within 30 days of any name, address or e-mail change. You may make changes to your online profile at [www.suna.org](http://www.suna.org). Once you have established an online account with SUNA all changes made to your profile will be reflected in your CBUNA certification record as well.

### **How do I know if contact hours are from an approved provider?**

This is usually printed in small type towards the bottom of your certificate. It should give you the provider, accrediting company, and the number of contact hours. If the information is not available on the certificate, it may be available on the providers website.

### **Does CBUNA want copies of my contact hour (CE) certificates?**

No, do not send copies of your CE certificates. Just send your application and contact hour documentation forms. If your application is selected for random audit, copies of your certificates will be requested at that time.

### **I have more than the 36 required urology specific contact hours should I include them?**

It is not necessary to include anything over 36 contact hours. It is suggested that you limit additional contact hours to 5.

### **What is Category A on the recertification application?**

Category A reflects contact hours that are specific to the study of urology topics only and a minimum of 36 CE's are required for recertification.

### **Can contact hours provided by my hospital count?**

If your hospital is accredited by an approved provider or the activity approved by an accredited provider, you can claim the contact hour.

### **Are there web sites that offer urologic specific contact hours?**

Yes, in fact there are many different sites. Some sites are free or charge a minimal fee. Other ANCC-approved providers also offer online/home study continuing education that may be appropriate for Category A credit. **CBUNA does not endorse specific courses or commercial CE vendors. The following providers that designate any content as "urologic" does not mean the activity automatically qualifies for Category A credit.** A few we suggest are: SUNA's Online Library at [www.suna.org/library](http://www.suna.org/library), [myfreece.com](http://myfreece.com), [RN.org](http://RN.org), [RN.com](http://RN.com), [ce.nurse.com](http://ce.nurse.com), [medi-smart.com](http://medi-smart.com), and [www.practicingclinicians.com/index.php](http://www.practicingclinicians.com/index.php).

### **I plan on retiring; can I keep my CBUNA certification?**

Yes, but you must be currently certified, and request retired status in writing prior to the date of recertification. No fee will be charged, and no contact hours are required.

### **How early can I apply for recertification?**

You can submit your recertification application on June 1st of the year that your certification expires.

### **How late can I send in my recertification application?**

You have until December 31 to postmark the recertification application. However, it is recommended that you send the application 4 week before the expiration date. Application processing requires 4 weeks to complete.

### **Can I request an extension for recertification?**

Yes, after December 31<sup>st</sup> of the recertification period, CBUNA will accept late recertification applications from January 1 through March 31. Use of the CBUNA credential during the extension (grace period) is prohibited Late fees apply. No applications will be accepted after the extension (grace period) ends.

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## **DENIAL SUSPENSION AND REVOCATION OF CERTIFICATION**

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The occurrence of any of the following actions will result in the denial, suspension or revocation of certification by the CBUNA Certification Board:

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 exam
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 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.