Award for
Nephrology Nursing Certification Advocacy

Call for Nominations

Nominations must be emailed to nncc@ajj.com with subject: “Advocacy Award” and are due no later than January 1 of the year you are applying. A confirmation email will be sent upon receipt.

For more information, call the NNCC at (888) 884-6622 or email ncc@ajj.com.
**Our Mission:** The Nephrology Nursing Certification Commission (NNCC) exists to establish credentialing mechanisms to promote patient safety and to improve the quality of care provided to nephrology patients.

**Our Philosophy:** The NNCC supports the philosophy that there should be a diversity of examinations that will effectively provide the opportunity for certification at various levels of education, experience, and areas of practice within nephrology nursing.

**Our Purpose:** The NNCC is committed to the advancement of professional nursing practice through the recognition of nephrology nurses and individuals caring for patients with kidney disease who display a predetermined level of knowledge and skill. The purpose of the NNCC is to promote the protection of patients with acute and chronic kidney disease requiring nursing care through the development, implementation, coordination, and evaluation of all aspects of certification and recertification processes.

The designated certification credentials offered by the NNCC are Certified Nephrology Nurse – Nurse Practitioner (CNN-NP), Certified Nephrology Nurse (CNN), Certified Dialysis Nurse (CDN), Certified Clinical Hemodialysis Technician (CCHT), Certified Clinical Hemodialysis Technician – Advanced (CCHT-A), and the Certified Dialysis – Licensed Practical/Vocational Nurse (CD-LPN or CD-LVN).

**The NNCC Award for Nephrology Nursing Certification Advocacy**

This award was developed to be able to publicly recognize organizations that advocate for or promote all levels of nephrology nursing certification. Organizations that provide patient care to persons with kidney disease and employ certified nurses and technicians are eligible to apply for this award. Organizations include but are not limited to free-standing outpatient dialysis units, hospitals, and ambulatory care clinics. A unit or division of a larger organization is eligible to apply. The NNCC believes that such advocacy ultimately leads to quality patient care.

The award recipient will be selected by the NNCC in the spring of each year. Arrangements will be made with the recipient organization for the NNCC President or member of the Commission to personally present the Award for Nephrology Nursing Certification Advocacy in a ceremony held at the recipient organization. Suggestions include holding the award ceremony during Nurses’ Week in May, Nephrology Nurses Week in September, or near National Certification Day in March.

The award consists of a plaque and a $2000.00 prize. The winning organization will be highlighted on the NNCC website, Social Media sites, and at every professional meeting where the NNCC exhibits throughout the year.

**INSTRUCTIONS FOR SUBMITTING THE ELECTRONIC APPLICATION**

Please contact NNCC if confirmation of receipt is not received within three (3) business days.

**Conditions for a nomination application to be considered complete:**

1. Completion application form – one application form per nomination (self-nominations are encouraged).
2. Included documentation of examples demonstrating achievements supporting award criteria.
3. One letter signed by the facility's Administration and Medical Director affirming the organization's support of certification.

Please Note: incomplete applications will not be processed.

Revised 6/2024
Name of organization (for example, free-standing outpatient dialysis unit, hospital, ambulatory care clinic, or a unit or division of a larger organization) being nominated:

_________________________________________________________________________________________________________________________________

Address: ______________________________________________________________________________________________________________________
City: ___________________________ State: ___________________ Zip: ___________________________

Name of individual Submitting Nomination (will be point of contact for NNCC)

Name: _______________________________________________________________________________________________________________________
Organization: _______________________________________________________________________________________________________________
Address: ____________________________________________________________________________________________________________________
City: ___________________________ State: ___________________ Zip: ___________________________
Phone Number: ___________________________
Email Address: ______________________________________________________________________________________________________________
Signature: __________________________________________________________________________________________________________________

Has your organization achieved magnet status?  □ Yes  □ No
If yes, what date was magnet status achieved?  __________________________________________________________________________

Number of staff who are members of a professional association (e.g., ANNA, NANT, NKF)  __________

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CRITERIA FOR NNCC AWARD FOR NEPHROLOGY NURSING CERTIFICATION ADVOCACY

<table>
<thead>
<tr>
<th>Number of personnel</th>
<th>Number eligible to be certified</th>
<th>Number certified</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NP:</td>
<td></td>
<td></td>
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<tr>
<td>PCT:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LPN/LVN:</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

The total number of direct patient care givers in the organization or unit (whichever is appropriate) and the number of percentages of those staff members who are eligible to be certified in specialty nursing.

The total number of nursing managers/supervisors in the organization or unit (whichever is appropriate) and the number and percentages of those staff who are eligible to be certified who are certified.

Evidence must be provided to show that the following criteria have been met.

**Criterion 1**

Activities demonstrating how the organization values certification as a way to promote patient safety and improve quality care. **Attach all supporting documents.**

**Examples:**

1. Specialty nursing certification as a criterion of the clinical ladder or required for advancement.
   a. A job advertisement for a nursing role within the organization or unit (whichever is appropriate) that requires or recommends specialty certification.
   b. A job description for a role within your organization or unit (whichever is appropriate) that requires or recommends specialty certification.

2. How your organization or unit (whichever is appropriate) supports those staff members interested in seeking certification, for example:
   a. Company website provides link to the NNCC website.
   b. Provides continuing education.
   c. Provides certification examination review courses or reimbursement for attendance at a review course.
   d. Provides reimbursement of certification examination application fees.
   e. Provides paid time off to obtain CE, take a review course or take the certification examination.

3. How your organization or unit (whichever is appropriate) supports/recognizes those staff members who are certified, for example:
   a. Provides reimbursement for recertification application fees.
   b. Provides continuing education programs or reimburses for attendance at continuing education programs.
   c. Provides paid time off to attend continuing education programs.
   d. Pay differential or bonus, etc.
   e. Even (i.e., luncheon) held in their honor.
   f. Publishing names of certified nurses in the organization’s newsletter.

4. How certified nursing staff is utilized as compared to noncertified nursing staff (i.e., speakers, job and career fairs, access to available grants, providing training for other employees, etc.).
**Criterion 2**

Activities as related to certification have influence beyond the organization or unit (whichever is appropriate) level – impact is felt community-wide, state-wide, nationally and/or internationally. Provide all documentation that applies. **Attach all supporting documents.**

**Examples:**

1. New certificants are recognized.
   a. Company newsletter.
   b. Press release to local newspaper.
   c. Plaques listing the names of certified nurses are placed where the public can view them (example: wall of fame).
   d. Certification credential are displaced on nametags, etc., where the public can view them.
   e. Other activities to promote certification to the public (example: using certification as a marketing tool).

2. Activities as related to certification influence process, standards, and legal mandates relevant to specialty nephrology nursing.
   a. How the organization or unit (whichever is appropriate) supports certified staff in relation to local/national activities (examples, paid time off for attending educational meetings, participating on boards and committees).
   b. How physicians within the organization or unit (whichever is appropriate) support staff certification.