



CNOR EXAM TAKE 2 FACILITY PROGRAM TERMS & CONDITIONS

Program Eligibility

The CNOR Exam Take 2 Facility Program is available to hospitals and health systems interested in bulk purchase of exams for nursing staff.

Enrollment

Facilities must complete the attached CNOR Exam Take 2 Facility Order Form and submit payment.

Definitions

- Administrator The person listed on the order form that manages Participants who take the CNOR Exam within a facility. This person is the main point of contact with CCI, and CCI requires a minimum of one Administrator per facility.
- Participant A nurse who is identified on the CNOR Exam Take 2 Facility Order Form, and enrolled.
- Eligible nurse A perioperative nurse that meets the eligibility requirements to apply for the CNOR Exam.
- CNOR Exam Take 2 Facility Program A CCI promotion that allows facilities to purchase five (5) or more CNOR Exams for eligible nurses at a discounted rate. The program includes two exam takes per Participant in a 12-month period if the first attempt is unsuccessful.
- Term The 12-month period in which Participants must take the CNOR Exam.

Program Details

Participants receive two attempts to pass the CNOR Exam within the Term. Upon enrollment, the Administrator will receive an email receipt of payment to confirm the order has been processed and when the Term begins.

Participants can access two attempts within the application when the following conditions are met:

- The application for the first attempt must be received by 11:59pm (Eastern Time) on the last day of the fifth (5th) month of the contract's term.
- The application for the second attempt must be received by 11:59pm (Eastern Time) on the last day of the ninth (9th) month of the contract's term.





Term

The one-year Term will commence as determined by the date CCI approves the CNOR Exam Take 2 Facility Order Form and notifies the Administrator via email. If the approval is between the first (1^{st}) and fifteenth (15^{th}) of the month, the Term will begin on the first (1^{st}) of the calendar month of order approval. If the approval is between the sixteenth (16^{th}) and end of the month, the Term will begin on the first (1^{st}) of the following month.

Fees and Payment

The CNOR Exam Take 2 Facility Program includes a discount on CCI's standard Take 2 fee, with a minimum requirement of five (5) CNOR-eligible nurses. No other discounts apply. The Term will not begin until payment is received. CCI accepts payments in the form of a Credit Card, Check and ACH Payment. A purchase order is not an acceptable form of payment.

Adding Participants to the Original Term

Facilities may add additional Participants to their original Term until the end of the fifth (5th) month of the Term; however, the original Term will not be extended or modified for new Participants. The attached CNOR Exam Take 2 Facility Participant Addendum is required to add Participants. You may add one or multiple Participants to the original Term; the five-participant minimum is not required after the initial purchase of five exams. Both the Addendum and payment must be received by the end of the fifth (5th) month of the Term.

Guidelines & Restrictions

- All Participants are subject to CCI's standard testing policies and procedures, as outlined in the CNOR Handbook.
- Facility Participants may request a transfer of their testing appointment to a future date (fee required). The Participant may not withdraw from the exam. Both exam takes must still be completed in the original 12-month Term.
- Once enrolled, Participants cannot transfer to other Participants, and refunds will not be given.
 Substitutions are not allowed, but you have the right to appeal. Appeals must be in writing, and once received, will be reviewed by CCI in accordance with CCI's Complaint, Disciplinary, and Appeals process as outlined in the CNOR Handbook.
- All exam attempts must be completed by the end of the Term. Any unused attempts will be forfeited. Extensions to the original 12-month Term will not be granted.
- Participants who pass the CNOR Exam on the first attempt will not receive another exam attempt. The second attempt cannot be transferred to another nurse and is nonrefundable.
- Pricing and availability of this promotion is subject to change at any time without notice.

Contact Us

Email partners@cc-institute.org | Phone 303.368.6725



CNOR EXAM TAKE 2 FACILITY ORDER FORM | INVOICE

Please type your information using fillable PDF. Handwritten forms will be returned.

ADMINISTRATOR INFORMATION

Facility Name	Healthcare System	(if applicable)	
racinty Name	nealthcare system	(п аррпсавіе)	
Business Address 1	Business Address 2		
			7.0.1
City	State		Zip Code
Administrator Name	Credentials		Title
Administrator Work Phone	Administrator Wor	k Email	
PARTICIPANT INFORMATION – N	Minimum of five (5) require	ed	
1			
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
2			
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
3			
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
4			
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
5			
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
6			
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
7			
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
8			
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
9			
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
10			
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID



${\sf PARTICIPANT\ INFORMATION-If\ you\ are\ enrolling\ more\ than\ 10\ Participants,\ use\ this\ additional\ page}$

11				
	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
12	Legal Name (from yourgovernment-issued ID)			0010
	Legal Name (from yourgovernment-issued ID)	Email	Phone	CCI Customer ID
13	Legal Name (from yourgovernment-issued ID)	Email	Phone	CCI Customer ID
14				
	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
15		Email	Phone	CCI Customer ID
16	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
18	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
19	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
20				
	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
21	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
	Legarivanie (II Oni your government-issueu ib)	Lilian	riidile	cci customer ib
22	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
23				
	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
24	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
			FIIONE	CCI Customer ID
25	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID
26				
	Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID



EXAM PREPARATION

		•		· ·		-	ve resource for CNOR test preparation. akes it easy to prepare for the exam with
		Number of participants	X	\$130 per eligible	e candidate	=	Total Due
		p Bundle \$220 - Th 0 practice questions to		· · · · · · · · · · · · · · · · · · ·			Demand Prep Course and the Online Practice pace!
		Number of participants	X	\$220 per eligible	e candidate	=	Total Due
		•					active online course designed to provide tent presentation with questions intersperse
		Number of participants	X	\$195 per eligible	e candidate	=	Total Due
	CNOR Online Pra	actice Exam \$50 - Th	ne <i>C</i> Λ	IOR Online Practice I	Exam contains	200 practic	e questions covering all CNOR exam subject
		Number of participants	X	\$50 per eligible	candidate	=	Total Due
ce pi ai m	ertification. CCI does n repare for certification n online practice exam	ot require or endorse any n examinations with any ed n, sample questions, and fla	specif lucation ashcar	ic study guides, review onal materials they cho ds. No study resources	products, and/o ose. CCI offers v are prerequisite	or training cou various study i es for the cert	termine the qualifications of candidates for urses to prepare for its exams. Candidates may resources for the certification examinations such a ification examinations. Purchase of CCI review cessful performance on the certification
Ο	rder detail	S					
	The CNOR Exan	n Take 2 Facility Prograi	m inc	ludes two exam take	es in a 12-mon	th period if	the first attempt is unsuccessful.
	Exam Seats	Number of participants	X	\$467 per eligible	e candidate	=	Total Due
				Exam	Preparation	=	Total Due
				G	rand Total	=	TOTAL DUC



PAYMENT INFORMA	TION			
Payment Method (select one):	ACH Pay	Check	Credit Card	Call CCI with Credit Card
Credit Card Type (select one):	Visa	Discover	MasterCard	American Express
Cardholder Name			Credit Card	Number
Expiration Date		CVV Security Code		Billing Zip Code
Signature				Date
ACH PAYMENT DETA	ILS			
Account Bank Name: Wells	Type: Checking s Fargo Accou	Account Name: nt Number (#): 1440	Competency & Crede	ntialing Institute g Number (#): 102000076
CHECK DETAILS				
	Please include a co –	py of your order fo	rm with your check pa	yment.
		Check Numb	er	
			elow. Please note, add address. A new W9 is	_
Addr	ess for <u>Standard St</u>	hipping	Address for <i>Overni</i>	ght Shipping
Instit PO B	oetency & Credenti ute OX 209644 s, TX 75320-9644	aling	Lockbox Services – 2 Competency & Cred 2975 Regent Blvd, S Irving, TX 75063	lentialing Institute



ORDER PROCESS

1.	Complete CNOR Exam	Take 2 Facility Orde	er Form and submit wi	th payment to CCI.
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EMAIL: partners@cc-institute.org

- 2. Your contract will be processed within five (5) business days.
- 3. Administrators will be notified of contract execution and term.

TERMS AND CONDITIONS

By signing or typing my name below, I agree to the Terms and Conditions for this purchase.

Signature	Print Name	Date





CNOR EXAM TAKE 2 FACILITY ADDENDUM INVOICE

Please type your information using fillable PDF. Handwritten forms will be returned.

ADMINISTRATOR INFORMATION

Facility Name	Healthcare System (i	f analizable)		
racility Name	nealthcare system (i	гаррисавіе)		
Administrator Name	Work Phone		Work Email	
Original Contract Period	Start Date		End Date	
PARTICIPANT INFORMATION	— No minimum required; origi	nal facility Term applies		
1				
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID	
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID	
3				
Legal Name (from yourgovernment-issued ID)	Email	Phone	CCI Customer ID	
Legal Name (from your government-issued ID)				
Legal Name (from yourgovernment-issued ID)	Email	Phone	CCI Customer ID	
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID	
6				
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID	
7 Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID	
	 -			
Legal Name (from yourgovernment-issued ID)	Email	Phone	CCI Customer ID	
9				
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID	
10				
Legal Name (from your government-issued ID)	Email	Phone	CCI Customer ID	
11	Email	Phono	CCLCustomarID	



ORDER DETAILS		
Number of participants	X \$467 per eligible candidate =	Total Due
PAYMENT INFORMATION		
Payment Method (select one): ACH Par	Y Check Credit Care	d Call CCI with Credit Card
Credit Card Type (select one):	Discover MasterCa	American Express
Cardholder Name	Cred	it Card Number
caranotes Name	G.C.I.	iced a Name
Expiration Date	CVV Security Code	Billing Zip Code
Signature		Date
ACH PAYMENT DETAILS		
Account Type: Checkir	ng Account Name: Competency & C	redentialing Institute
Bank Name: Wells Fargo	Account Number (#): 1440058034	Routing Number (#): 102000076
CHECK DETAILS		
Please include	e a copy of your order form with your che	eck payment.
	Check Number	
Address for Standard Shipping	Address for <i>O</i>	vernight Shipping

Competency & Credentialing Institute PO BOX 209644 Dallas, TX 75320-9644

Lockbox Services – 209644 Competency & Credentialing Institute 2975 Regent Blvd, Suite #100 Irving, TX 75063



ORDER PROCESS

1.	Complete CNOR Exam Take 2 Fa	cility Participant Addendum and submit with payment to	CCI.
	EMAIL: partners@cc-institute.c	org	
2.	Your Participants will be added t	o your original Term within three (3) business days.	
3.	Administrators will be notified o	f contract execution and term.	
TER	MS AND CONDITIONS		
	By signing or typin	g my name below, I agree to the Terms and Conditions f	or this purchase.
	Signature	Print Name	Date

