

**THERE HAS BEEN SOME CONFUSION REGARDING THE TYPE OF CE THAT IS ACCEPTABLE FOR RENEWAL. TO CLARIFY, PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY:**

1. Please check to make sure that you are not submitting the same CE hours that you submitted during a previous certification period, e.g., the same HealthSoft DD course cannot be submitted more than once. We do review your past certification CE records as part of your current certification renewal approval process.
2. Please make sure that the courses you submit as being DD nursing-specific are taught at the licensed nurse level, not at the level of DSP initial or refresher training. For more information, read the “Education Requirement” on the following page.
3. DDNA will not accept CE from reading news articles on MedPage Today, because the CE hours awarded by MedPage Today do not meet DDNA’s criteria for required length of time for continuing education for recertification.
4. Please make sure that the CE hours you submit fall WITHIN your two-year certification period, not before. For example, if you take your certification exam on May 31st of 2010, you may not submit courses that you took BEFORE May 31st, 2010 when you renew. Likewise, you may not submit courses taken more than two years before any certification renewal date.
5. If your certification renewal packet is NOT postmarked by your certification expiration date, include the late fee of \$30. Because we knew that it would be an adjustment when DDNA switched over to email certification reminder notices, we have been somewhat flexible in processing renewal packets that are postmarked after the certification expiration date. To avoid having to pay the late fee, make sure your certification packet is postmarked by your expiration date. There are a number of ways you can remember your certification date:
  1. Check your your certification card, wall certificate, or online DDNA member profile (accessible by clicking on “view/edit profile” on the green bar when you are logged in with your username and password). Your expiration date is listed on all three places.
  2. Put your certification renewal date on your personal calendar or “to-do” list.
  3. Keep your email address up-to-date with DDNA, so that you will receive the email reminders that we send you.

Please be aware that your renewal will be delayed if you do not submit proper CE.

## ELIGIBILITY REQUIREMENTS

The minimum eligibility requirements for certification renewal are:

### OPTION 1

1. Minimum of one thousand (1,000) hours of active practice in I/DD nursing within the two-year period from date of current certification approval;  
and a
2. Minimum of 25 contact hours of continuing education specific to I/DD nursing within the two-year period from date of current certification approval.

### OPTION 2

1. Minimum of 500-999 hours of active practice in I/DD nursing within the two-year period from date of current certification approval;  
and a
2. Minimum of 40 contact hours of continuing education specific to I/DD nursing within the two-year period from date of current certification approval.

### OPTION 3

1. If less than 500 hours of active practice or no practice in I/DD nursing within the two-year period from date of current certification approval;  
then a
2. Minimum of 60 contact hours of continuing education specific to I/DD nursing within the two-year period from date of current certification approval.

## EDUCATION REQUIREMENT

The Education Requirement is satisfied by accruing contact hours of continuing education specific to I/DD. Only I/DD-specific course work will be accepted. Educational offerings not specifically addressing I/DD issues will be reviewed by the DDNA Certification Committee for appropriateness. Course documentation such as outlines and/or a syllabus will help the committee to evaluate material and facilitate the review process.

### Examples of acceptable I/DD-specific course topics

syndromes and conditions, epilepsy and seizure disorders, dual diagnosis, assessment innovations, ethics in I/DD, AIDS and the consumer with I/DD, nutrition specific to I/DD, early intervention, aging and the consumer with I/DD, attention deficit/hyperactivity disorder, autism spectrum disorders, issues in I/DD nursing, and other I/DD-specific course work.

### Examples of acceptable related course topics

Alzheimer's disease, end-of-life care, medication administration, psychology courses, anger management, sexual abuse, crisis intervention, and other I/DD-related course work. A maximum of ten hours of I/DD-related course work will be accepted toward the education requirement.

### Examples of unacceptable course work

Certification renewal in the specialty of I/DD nursing requires course work that demonstrates its specificity to I/DD nursing. While many courses enhance general nursing practice, their lack of an I/DD-specific focus prevents them from being acceptable for certification renewal. Examples of such courses are HIPAA and CPR training; general chemistry or biology, statistics, personal growth, time management, productivity, general management, venipuncture, first aid, domestic violence, bioterrorism preparedness, nursing and malpractice/legal issues, and other general course work. DDNA does accept certain home study courses. DDNA will not accept CE from MedPage or MedScape, because the CE hours awarded by MedPage and MedScape do not meet DDNA's criteria for required length of time for continuing education offerings for recertification. For information on DD specific courses, visit [www.ddna.org/pages/certification\\_renew](http://www.ddna.org/pages/certification_renew). Call the DDNA office at (800) 888-6733 to find out whether approval can be granted for the home study course you are considering.

### Non-traditional learning

Non-traditional learning, such as books, films, videotapes, teleconferences, webinars, etc., have not been accepted by DDNA in the past toward the education requirement. DDNA recognizes that the delivery of education is continually changing and now will consider certain other types of educational activities. All non-traditional learning MUST be preapproved by DDNA and MUST be specific to I/DD nursing. Preapproval requires that the applicant complete a required education verification component, e.g., writing a book or film review for the DDNA newsletter or journal. Contact DDNA for this preapproval.

### How to earn continuing education (CE) credit

Attend workshops, seminars, and conferences offering acceptable course work, as outlined in this section on education requirements. Document attendance with copies of continuing education credit certificates or transcripts. The attendance certificate must include the participant's name, event date, event title, event location, CE approval statement as provided by a recognized continuing education reviewer, and number of CE hours.

Participate in employer offered/authorized, formal in-service training designed to enhance professional skills. This does not include routine consultation, staffing or clinical supervision training. Only specific I/DD-related training qualifies. Acceptable verification of this education credit requires submission of a copy of an official inservice record, highlighting the appropriate training. The record must include the date, time, length of training, name of instructor/presenter, and be signed by your supervisor for validation. A copy of this record must be included with the Developmental Disabilities Continuing Education Summary (Form C).

## GUIDELINES

**Your responsibilities:** It is your responsibility to actively maintain your CDDN or DDC certification, which includes awareness of the expiration date, gathering and completing the renewal application, and notifying DDNA of any address changes. Failure to receive renewal reminders does not relieve you of the responsibility to apply for certification renewal in a timely manner. The expiration date is on your certification card, your certificate of certification, and in your membership profile on this website.

**Period of validity:** Once renewed, certification is valid for two years. If your renewal application is not postmarked by the certification expiration date, your certification status is considered inactive and any petition to reinstate it would be governed by existing DDNA guidelines. This may require you to re-enter the certification process as a new candidate and successfully complete all steps required of a new candidate. Steps include submitting a new application, payment of all applicable fees, and retaking the certification examination with a passing score. Once you allow your certification to become inactive, you may not use the CDDN or DDC credential as part of your professional signature.

**Documentation:** All documentation submitted is subject to verification and becomes the property of DDNA.

**Fees:** All fees are non-refundable. Payment of application fees does not guarantee that your renewal will be approved.

**Recognition of certification:** Certification is voluntary. No governmental or other regulatory entity currently requires certification. Any value or credence given to certification by an agency, employer, or third-party insurer is entirely at its discretion. Such value or credence should be based upon knowledge of the certification standards and experience with CDDNs and DDCs. Nurses seeking certification choose to do so of their own free will and, in doing so, agree to accept the decisions of DDNA. The authority of DDNA is derived from those persons who are dedicated to service as practicing I/DD nurses and are, as such, those who are most affected by certification.

**Credibility of certification:** The credibility of certification results from the standards established by DDNA, the performance of the DDNA Board of Directors, Officers and Certification Committee, and most importantly, the professional competence and integrity of the Certified Developmental Disabilities Nurse or the Developmental Disabilities Certified Licensed Practical Nurse or Licensed Vocational Nurse.

**The role of DDNA:** Although DDNA encourages and promotes the work of other professional associations and other organizations involved in the various facets of providing services to people with I/DD, it is an independent body and seeks to remain free from any vested interest.

## CHECKLIST

The following forms, documentation, and fees are required for the application:

**1. Form A - Applicant Information**

**2. Copy of Nursing License**

A photocopy of your current nursing license on standard 8½" x 11" paper, marked void. Do not cut out the license. You may also print out a copy of your license from your state's licensing website.

**3. Form B - DDNA Code of Ethics Agreement**

**4. Form C - Developmental Disabilities Continuing Education**

See the Education Requirement for specific guidelines.

**5. Form D - Employment Verification**

A separate form must be submitted for each place of employment, specific to DD nursing, that occurred within the two-year certification renewal period.

For independent practitioners: The Certification Committee has developed an alternative process to determine the validity and duration of work experience for independent practitioners, such as business owners, consultants, and direct care contractors. The Employment Verification form (Form D) must be completed and may be signed by a business partner, the representative of an agency to whom the applicant is contracted, or any professional who is in a position to verify the work involvement of the applicant. The applicant may sign her or his own job verification form only if the documentation of the hours worked is substantiated by contracts or service invoices, and the party affiliated with the contracts and/or invoices is not available to sign the employment verification form (Form C).

**6. Job description(s)**

To accompany Form C. The job description must be written by the employer. Each position documented must be specific to I/DD nursing. List each position, period of employment, and/or facility. If the job description is not I/DD specific, then an addendum written on facility letterhead and signed by a supervisor is required.

For independent practitioners: For independent practitioners, the Committee will accept a job description, designed and signed by the applicant, if it includes specifically the developmental disabilities aspect of the work responsibility.

**7. Brochure or program outline**

Include a brochure or program description, if available, for each facility and program documented on the employment verification form(s).

**8. Renewal Fee**

## INSTRUCTIONS

1. Before completing your renewal application packet, review the Guidelines, the Instructions, and all of the required forms (Forms A, B, and C) and documentation listed in the Checklist.
2. Read each form carefully for instructions. Only original signatures will be accepted - do not submit copies of signed forms. Type or neatly print the requested information on the forms. Documentation that is altered in any way (whiteout used, information crossed out, etc.) or is illegible will not be accepted. It is your responsibility to check your application packet for accuracy and completeness before submitting it to the DDNA Certification Committee for review. The certification credential is a reflection of your professional dedication. The renewal application packet should reflect the same professionalism.
3. Submit all required forms, documentation, and fees as part of the application packet. The Certification Committee and DDNA will not initiate transfer of information from other sources. Omission of any required item in the certification application will delay the processing of your application.
4. Include only one renewal application per envelope. Do not staple, tape, or paper clip forms together. All documents submitted should be on standard 8½" x 11" paper. Include only the items listed on the Checklist. Do not include printouts of the certification instructions, because the weight of the pages will increase your postage expense.
5. Mail your completed renewal application packet to: DDNA Certification, PO Box 536489, Orlando, FL 32853-6489. If you are interested in a specific examination date, submit the application at least five weeks before that date to allow sufficient processing time.
6. When mailing your renewal application packet, please remember that these packets are considered "oversized" and require additional postage. Please have them weighed at the post office before mailing. If your application packet arrives at the DDNA post office box with "postage due," it will be returned to you by the post office for correct postage. We appreciate your taking the time to make sure that your postage is correct.
7. Please allow a minimum of 60 days for the processing of the renewal application once it is received at the DDNA office. You will be notified of the outcome of the review.

If you need help or would like further clarification of the above instructions, please call DDNA at (800)888-6733 M-F, 9-5 ET.

## APPROVAL PROCESS

Within five weeks of receiving your application packet, DDNA will notify you whether your application is approved or deficient. Be sure to include your correct email address and phone number on the application forms, as this will be used to contact you.

### *If your renewal application is deficient:*

You will be notified by email and given the opportunity to correct the deficiency. Common causes of a deficient application include: insufficient CE, work experience not specific to I/DD nursing, insufficient work experience, illegible forms, forms that are faxed rather than mailed, failure to provide supervisor's original signature, failure to calculate and provide total hours worked, lapsed DDNA membership, and inaccurate/missing contact information.

### *If your renewal application is approved:*

Once approved, you will be mailed a letter of approval, new certification card, and new certificate.

## CERTIFICATION RENEWAL FEES

<b>DDNA Member in Good Standing</b>	<b>\$100</b>
Renewal Application Processing Fee (due with application) This fee is for active members. It does not include membership dues. Please check your membership status before submitting fees.	
<b>DDNA Member with expired membership</b>	<b>\$210</b>
Renewal Application Processing Fee (due with application) This amount includes reinstatement of your membership for one year, a reactivation fee, and the certification renewal application processing fee (\$80+\$30+\$100).	
<b>Non-Member Certification Renewal</b>	<b>\$280</b>
Renewal Application Processing Fee (due with application) This fee is for those wishing to renew their certification without being an active member of DDNA.	



*Please print or type*

Name (First, MI, Last) \_\_\_\_\_

Preferred first name \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home email \_\_\_\_\_ Work email \_\_\_\_\_

Please send correspondence to:       Home       Work

Employer \_\_\_\_\_ Unit \_\_\_\_\_

Work mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DDNA Membership No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

DDNA Certification No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Employment:                      Full-Time                      Part-Time  
Licensure:                      LPN                      LVN  
*(circle all that apply)*

Credentials (Please print or type clearly on the line below, as they will appear on your certificate exactly as they are listed. E.g.; "Stacey R. Smith, LPN, DDC.")

\_\_\_\_\_

Please circle all that apply:

Population served:

Birth to three (1)

Pre-school age (2)

School age (3)

Adult (4)

Geriatric (5)

Other (6) \_\_\_\_\_

Practice setting:

Early intervention program (a)

Day treatment program (b)

Residential program (c)

Workshop (d)

Consultant (e)

Other (f) \_\_\_\_\_



The nurse who practices with a specialty in developmental disabilities:

- Contributes significantly to the services provided to individuals with a developmental disability with respect for the uniqueness of the individual and human dignity;
- Accepts responsibility for developing expertise in developmental disabilities nursing practice through self-development and continuing education;
- Recognizes the rights of individuals with a developmental disability, acts as an advocate, and strives to ensure that the rights are protected;
- Promotes and maintains a safe environment which enhances the physical, emotional, and spiritual well-being of the individual;
- Maintains confidentiality at all levels in accordance with professional standards of practice, agency guidelines and state and federal law;
- Makes contributions from the nursing perspective, while recognizing the collaborative nature and unique role of the interdisciplinary team in providing quality services for individuals with developmental disabilities;
- Commits to making contributions to the development of innovative ideas for nursing practice in the field of developmental disabilities;
- Serves as a resource to prepare other team members, including direct support professionals, to provide quality health supports to people with developmental disabilities.

.....

*I am aware of my professional responsibility to maintain appropriate behavior. I agree to strive to abide by the above code of ethics while providing nursing services to individuals with developmental disabilities.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Nursing license number \_\_\_\_\_ State \_\_\_\_\_





**Certification Renewal Application**

Applicant's name: \_\_\_\_\_

Name of institution/ employer: \_\_\_\_\_

Website address (see instructions below): \_\_\_\_\_

Applicant's job title for this verification form: \_\_\_\_\_

Certification expiration date: \_\_\_\_\_

*The following is to be completed by the applicant's supervisor:*

Total number of hours worked by the employee (listed above) during the two year period before the certification expiration date (written above): \_\_\_\_\_

*I affirm that the information on this form is true and correct to the best of my knowledge.*

Supervisor's signature: \_\_\_\_\_

Supervisor's name (printed): \_\_\_\_\_

Position: \_\_\_\_\_

Company/Unit/Program: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Signature date: \_\_\_\_\_

**Instructions:**

1. Submit one completed employment verification form and job description for each position, period of employment, and/or facility/program. (NOTE: full time employment = 2080 hours per year)
2. Job descriptions must accompany this form and be specific to Developmental Disabilities Nursing practice. Generic job descriptions are not acceptable.
3. Verification that facility/agency provides services to individuals with I/DD: If you provide the website address for your facility, it is not necessary to include printed brochures, program outlines, or descriptions of the agency or facility. If there is no website, please include a brochure, program outline, or description of the agency or facility.
4. Do not submit forms with altered dates or hours.
5. Originals of completed forms must be submitted.
6. Only original signatures will be accepted.