



Dear Colleague,

It is my pleasure, on behalf of the Board of Directors of the Developmental Disabilities Nurses Association, to send you the “*Application to Qualify for Certification Examination*” as a Certified Developmental Disabilities Nurse.

Certification in developmental disabilities nursing attests to your specialized knowledge in your chosen area of practice. It provides a way for you to demonstrate your advanced experience, competence, and proficiency beyond that required for basic nursing licensure. Being certified expands your career options in the field of developmental disabilities and may increase your opportunities for professional advancement and increased pay. Most importantly, as a certified nurse you also benefit the profession of nursing, the specialty of developmental disabilities nursing, and the care of those you serve.

The Registered Nurse Certification Program is administered by DDNA. Initially developed in 1995 in collaboration with the National League for Nursing, the CDDN exam was updated in 2003 by Health Education Systems, Inc., which is a nationally recognized company known for its expertise in developing tests for nursing schools and regulatory agencies. The test is now being distributed by Elsevier, Inc. It is the only certification program for registered nurses specializing in the field of developmental disabilities.

Your dedication to the pursuit of professional excellence and your service to persons with developmental disabilities is to be commended. Should you have questions or need more information, please call DDNA toll-free at (800) 888-6733 or email mawillis@ddna.org.

Sincerely,

Mary Alice Willis, MSN, RN
Executive Director

PERSPECTIVE AND RATIONALE FOR CERTIFICATION

It has been estimated that at least one percent of the U.S. population has been diagnosed with an intellectual/developmental disability (I/DD). This estimate is felt to be a conservative figure. To address this, a vast field of professionals -- nurses, psychologists, physicians, social workers, counselors, clergy, psychiatrists, recreational specialists, and many others -- evolved to form the I/DD specialty. Although many disciplines come together to address the needs of individuals with I/DD, it is clear that each discipline must have its own standards.

To keep pace with the growing variety of practice modalities, the activities and functions of the I/DD nurse have not only multiplied, but have grown more complex. To be effective in the habilitation and treatment of persons with I/DD, an I/DD nurse should possess a broad range of knowledge, covering a large number of areas, and should be competent in performing all of the many professional functions that I/DD nursing requires.

Nursing has a long history of working with people with I/DD. In recent years it has become apparent that nursing expertise in I/DD is not ensured by traditional nursing education programs or in other nursing practice areas. To create a professional support, networking, and advocacy system and to develop national standards for certification within the I/DD nursing specialty, the Developmental Disabilities Nurses Association was formed.

This organization is composed of nurses from various academic and experiential backgrounds who, based on clinical experience and education specific to I/DD, have the unique skills that are most effective in providing nursing services to people with I/DD. Within the discipline of nursing, they have come together to establish a standard through certification to enhance the education and experience level of nurses providing expert care to individuals with I/DD.

Only those who have been certified by the Developmental Disabilities Nurses Association (DDNA) may use the title Certified Developmental Disabilities Nurse, designated by the appellations "RN, CDDN."

GOALS OF CERTIFICATION

Certification has been established nationally by DDNA to achieve these goals:

1. To increase the effectiveness of nursing services rendered to individuals with intellectual and developmental disabilities.
2. To provide a method whereby professional standards can be established, maintained, and updated through a system of competency-based testing and professional development hours required for certification and certification renewal.
3. To expand public recognition of the nursing needs of the individual with developmental disabilities and the value of the developmental disabilities nurse in meeting those needs and as a member of the interdisciplinary team.
4. To encourage the developmental disabilities nurse to grow in knowledge and competence.
5. To enhance the skills and competence of the developmental disabilities nurse.

PURPOSE OF CERTIFICATION

1. To develop and coordinate a system of evaluation and subsequent certification for I/DD nurses. This requires professional standards of competence, knowledge, and skill from those who are certified.
2. To promote and advance the profession of I/DD nursing to lead to the establishment of a professional code of ethics and adoption of standards of competence, to ensure the highest standard of care for persons with I/DD, and to promote continuous quality improvement in the care of individuals with I/DD.
3. To promote, support, and evaluate comprehensive training and education programs designed to increase the competence and capabilities of I/DD nurses.
4. To offer professional consultation and education related to the advancement of I/DD nurse certification, and to cooperate and collaborate with other interested persons and organizations in pursuit of this purpose.

It has become apparent that expertise in I/DD nursing is not ensured by traditional nursing education programs nor is it guaranteed by practice in the field of I/DD. The recognized role and function of the I/DD nurse has evolved out of self-education, desire, experimentation, trial and error, self-motivation, intuition, and the desire to gain an expertise in understanding and addressing the unique and often complex needs of individuals with I/DD. Developmental disabilities nurses come from a variety of backgrounds, some with academic credentials and some with experience in the field. Because of this, certification from DDNA is based upon competency rather than academic or professional background. Competency is demonstrated through completion of the certification testing process.

The "RN, CDDN" credential is an advanced standing certificate; it requires previous work experience in developmental disabilities nursing before admission to candidacy.

Certification is voluntary and it is not intended as a license to practice, or as a qualification for a certain position; however, an employer, civil service system, state licensing body, or third party underwriter may accept it as a preferred or alternate credential.

THE DEVELOPMENTAL DISABILITIES NURSE

In establishing standards for the certification of I/DD nurses, it is necessary to define the role of the I/DD nurse. This role is distinct from the roles of others who may provide additional professional services to the same person in the same setting.

An I/DD nurse is a person, who by the virtue of special knowledge, training, and experience, is uniquely able to inform, motivate, guide, assist, and care for individuals with I/DD.

In this process, it is the primary responsibility of the I/DD nurse to be able to recognize which problems are beyond the scope of his/her training, skill, or competency and to be willing and able to refer the individual to other appropriate professional services.

The professional activities of the I/DD nurse will, out of necessity, cover a broad range of approaches, techniques, and modalities appropriate for the infinite variety of characteristics that include the lifestyle and developmental levels of individuals with I/DD.

However, the tasks which the developmental disabilities nurse performs and the areas in which she or he is expected to be competent will generally fall into the following categories:

- Staff Education/Training
- Direct Care
- Supervision of Staff
- Assessment
- Individualized Service or Education Plans (ISPs or IEPs)
- Consumer Education/Training
- Service Coordination/Case Management
- Quality Assurance
- Documentation/Record-Keeping
- Medical or Other Health-Related Appointments
- Medication Administration and Treatments
- Research
- Consultation
- Interdisciplinary team meetings
- Diagnostics Testing
- Advocacy/Consumer Rights
- Networking/Professional Issues
- Program Development
- Counseling

There are a number of other activities I/DD nurses may be expected to perform. While such activities may be important to a particular agency, they may not be considered an essential part of the function of the I/DD nurse for professional certification purposes.

PERSONAL ATTRIBUTES OF A DEVELOPMENTAL DISABILITIES NURSE

1. Ability to relate comfortably, confidently, and effectively with individuals with developmental disabilities;
2. Sincere interest in supporting individuals with developmental disabilities and in the provision of humanitarian, sophisticated, and quality care;
3. Ability to pinpoint problems and implement effective action toward their solution;
4. Ability to motivate change in others;
5. Ability to work in team situation with other professionals in various disciplines and with individuals with developmental disabilities;
6. A positive attitude toward individuals with I/DD and their care;
7. Adherence to values and ethics commonly associated with professionals having access to confidential and sensitive client/consumer information;
8. Ability to serve all individuals without discrimination as to race, color, creed, age, sex, sexual orientation, or abilities.

CERTIFICATION ELIGIBILITY

To apply for certification, you must meet the practice (work experience) requirement described below.

PRACTICE (WORK EXPERIENCE) REQUIREMENT

To apply for certification, you must meet the following criteria for the Practice (Work Experience) Requirement: a minimum of four thousand (4,000) hours of active developmental disabilities nursing practice as a Registered Nurse, Licensed Practical Nurse, or Licensed Vocational Nurse within the immediate previous 60 months (five years). Practice experience hours prior to this will not be considered.

The Practice (Work Experience) Requirement may be met with experience in the following roles:

1. Practicing nurse in developmental disabilities in an institutional or community setting;
2. Nurse administrator in a developmental disabilities program;
3. Nurse educator in a developmental disabilities program;
4. Nurse consultant in developmental disabilities;
5. Nurse practicing in the expanded role in an I/DD institutional or community setting, including nurse practitioners.

SPECIAL CIRCUMSTANCES

The diversified role of the nurse in all facets of developmental disabilities practice is recognized by DDNA, and nurses practicing in any role other than those listed above will be evaluated on a case-by-case basis. Consideration will be given to information submitted by the applicant (in job descriptions and program brochures) to verify that the experience meets the DDNA certification practice requirement.

GUIDELINES

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 approval to take the certification examination will be granted.

Period of Eligibility Once approved, candidate eligibility is valid for a period of two years. Candidates may choose when to take the exam within two years of being approved. After the two-year period, the candidate must submit a new application and fee. The certification approval expiration date will be listed on your letter of confirmation.

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 upon experience with CDDNs and DDCs. Individuals 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, by the performance of the DDNA Board of Directors, Officers and Certification Committee, and most importantly, by 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 individuals 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 - Employment Verification

A separate form must be submitted for each place of employment specific to I/DD nursing at which you have been employed within the five-year period prior to applying for certification. Some examples: Sally is employed at one facility for five or more years prior to applying for certification. Sally will submit one form. Brian has been working at his current facility for the last three years. Before that, Brian worked at a different facility for four years. Brian will submit two forms. Diane has worked at the

same facility for ten years. During that time, she was promoted twice. Diane will submit one form.

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 C) 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 his or her 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).

5. 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 documented. 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 specifically includes the I/DD aspect of the work responsibility.

6. Brochure or program outline

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

7. Copy of your current curriculum vitae, resume, or biosketch

8. Application Fee

Submit only the application fee (see the certification fees page for details). Do not include payment of exam fees at this time.

INSTRUCTIONS

1. Before completing your 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 any 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 and must be replaced with correctly completed forms. 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 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 may result in a significant delay in the processing of your application.
4. Only one 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 these pages will unnecessarily increase your postage expense.
5. Mail your completed 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 exam to allow sufficient processing time.
6. When mailing your application packet, please remember that these packets are considered "oversized," which requires additional postage. Please have the packet weighed for correct postage 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. We appreciate your taking the time to make sure that your postage is correct.
7. Please allow a minimum of five weeks for application processing once it is received at the DDNA office. You will be notified of the outcome of the review, including approval of or deficiencies in the application.

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 as to whether your application is approved or deficient. Be sure to include your correct email address and phone number on the application forms, as these may be used to contact you.

If your application is deficient:

You will be notified by email or telephone and given the opportunity to correct the deficiency. Common occurrences that cause an application to be deficient include: work experience not specific to I/DD nursing, insufficient I/DD-related work experience, illegible forms, forms that are faxed rather than mailed, incorrect fees paid, and inaccurate/missing contact information.

If your application is approved:

Once approved, you will be mailed a letter of approval and an examination registration form. Your eligibility to take the certification exam is valid for two years from the date of the application approval. The expiration date is on the letter of approval.



Applicant Information

Please print or type

Name (First, MI, Last) _____

Preferred first name _____

Home address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Home email _____ Work email _____

Please send correspondence to: ___ Home ___ Work

Employer _____ Unit _____

Work mailing address _____

City _____ State _____ Zip _____

DDNA Membership No. _____ Expiration Date _____

_____ New Member Option: I would like to become a new member and apply for certification. Payment of \$140 is enclosed for one year's membership dues (\$80) and the certification application processing fee (\$60).

Employment: Full-Time Part-Time
Licensure: RN NP

(circle all that apply)

Credentials and full name (Please print or type both your full name and your credentials clearly on the line below, as they will appear on your certificate exactly as they are listed. E.g.; "Stacey R. Smith, RN, MSN.")

I would like to take the (check one): ___ Local exam ___ Group exam

(please note different fees apply – see fee schedule)



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.

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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 _____



Applicant's name: _____

Name of institution/employer: _____

Website address (see instructions below): _____

Applicant's job title for this verification form: _____

Date of application (today's date): _____

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

Total number of hours worked by the employee (listed above) during the five year period before the date of application (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.

CDDN CERTIFICATION APPLICATION AND EXAM FEE SCHEDULE

I would like to take the (check one) : _____ **Local Exam** _____ **Group Exam**
(please note different fees apply - see below)

Certification Application Fees

The application fee is due when a certification application is submitted. The application fee pays for the processing of an application only. It does not include the exam fee.

Current DDNA Member	\$60
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.	
New Member Option	\$140
Application Processing Fee (due with application) Join the association and apply for certification at the same time. This fee includes one year's membership dues. You must be a member of DDNA to take the certification exam.	

Certification Exam Fees

The exam fee is due after your certification application has been approved. The exam fee pays for the costs of the exam only. It does not include sitting fees charged separately by the local test site.

Group Exam	\$250
Exam Fee (to be paid after approval) This fee is for active members. It does not include membership dues. Please check your membership status before submitting fees. The Group Examination Fee is to be paid after you receive your application approval letter. Certification fees are non-refundable. Group examination fees are transferable. You must be a member of DDNA to take the certification exam.	
Local Exam	\$150*
Exam Fee (to be paid after approval) This fee is for active members. It does not include membership dues. Please check your membership status before submitting fees. The Local Examination Fee is to be paid after you receive your application approval letter. Certification fees are non-refundable. Local examination fees are not transferable. You must be a member of DDNA to take the certification exam.	
<small>*An additional sitting fee of \$175 will be charged by the local testing company (Prometrics). Do not send the \$175 fee to DDNA.</small>	

Please contact the DDNA office at 800-888-6733 if you have any questions about the fee schedule.