

CDDN/DDC RENEWAL APPLICATION

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 changes to your preferred contact information. 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 and on your certificate. If you are unable to determine your expiration date, you may email DDNA at certification@ddna.org. **You must maintain active membership in DDNA throughout the entire certification period.**

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 will 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 your certification has 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.

APPLICANT CHECKLIST

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

- Form A – Applicant Information**
- 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 or license verification from your state’s licensing website. **Expiration date must be displayed on copy/print out.**
- Form B – DDNA Code of Ethics Agreement** – original document required, no copies permitted.
- Form C – Employment Verification** – original document required, no copies permitted. A separate form must be submitted for each place of employment, specific to I/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 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 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.
- 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.
- Form D – Continuing Education Summary**
See the Education Requirement for specific guidelines. Include corresponding certificates or transcripts
- Brochure or program outline**
To accompany **Form C**. Provide a brochure or program description, **or printed website content**, for each facility and program documented on the employment verification form(s).
- Copy of your current curriculum vitae, resume, or bio sketch**
- Renewal fee** – see next page for fee schedule.



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INSTRUCTIONS

1. Before completing your renewal application packet, review the Guidelines, the Instructions, and all of the required forms (**Forms A, B, C, and D**) 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 or tape the forms together.** All documents submitted should be on standard 8½” x 11” paper. Include only the items listed on the Checklist. It is not necessary to include printouts of the certification instructions. Doing so will increase the weight of the package and will increase your postage expense.
5. 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.
6. 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.
7. **Mail your completed renewal application packet to: DDNA Certification, 1501 South Loop 288, Suite 104-381, Denton, TX 76205.**

If you need help or would like further clarification of the above instructions, please call DDNA at (800) 888-6733 or email: certification@ddna.org.

APPROVAL PROCESS

Within 60 days 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 emailed a letter of approval, a new certification eCard, and eCertificate.

CERTIFICATION RENEWAL FEE SCHEDULE

DDNA member in good standing – with renewal submitted prior to expiration date –	\$100
<p style="margin: 0;">Renewal Application Processing Fee (due with application)</p> <p style="margin: 0;">This fee is for active members. It does not include membership dues. Please check your membership status before submitting fees. Must be paid by check or money order.</p>	
Renewal Late Fee – when renewal is postmarked after expiration date –	\$50
Late Renewal with expired membership (no more than 1 year past the expiration date)	\$250
<p style="margin: 0;">Renewal Application Processing Fee (due with application)</p> <p style="margin: 0;">This amount includes reinstatement of your membership for one year, a reactivation fee, and the certification renewal application processing fee (\$100+\$50+\$100). Must be paid by check or money order.</p>	



CDDN/DDC RENEWAL APPLICATION

ELIGIBILITY REQUIREMENTS

IDD nursing certification is for nurses specializing in the nursing care and support of persons with intellectual and developmental disabilities. The certification demonstrates that a nurse has extensive experience and a high-degree of expertise in the field of IDD nursing. The nurse demonstrates this enhanced competence by actively practicing in the specialty of IDD nursing and by completing continuing education specific to the field of IDD nursing.

Active IDD Nursing Practice is defined as the performance of nursing care tasks for the benefit of persons with intellectual and developmental disabilities, in which at least 50% of the individuals supported have an intellectual or developmental disability. Examples of active IDD nursing practice include: providing direct nursing care to individuals with IDD in residential or community settings; providing nursing support as a nurse administrator, educator, consultant for programs providing care to individuals with IDD; providing care to individuals with IDD as an advanced practice nurse in residential or community settings. Nurses working in other roles or settings may also meet the active IDD nursing practice requirement and will be considered on a case-by-case basis.

Note: Caring for a family member with IDD in the home, whether paid or unpaid, does not meet the “Active IDD Nursing Practice” definition. Also, providing “companion care” (e.g. “foster care”) to a person(s) with IDD in the home, whether paid or unpaid, does not meet the “Active IDD Nursing Practice” definition.

For nurses working in settings where less than 100% of the clientele have IDD: The number of active IDD Nursing Practice hours shall be based on the percentage of clients with IDD served in the nurse’s work setting.

As an example – For nurses working in a full-time capacity of 2,080 hours per year:

- 100% of clientele have IDD → 2,080 hours of active IDD Nursing Practice per year → 4,160 hours per certification period
- 50% of clientele have IDD → 1,040 hours of active IDD Nursing Practice per year → 2,080 hours per certification period
- 25% of clientele have IDD → 520 hours of active IDD Nursing Practice per year → 1040 hours per certification period
- 10% of clientele have IDD → 208 hours of active IDD Nursing Practice per year → 416 hours per certification period

Certification in IDD nursing indicates a high-degree of expertise and competence in the specialty of IDD nursing. The certified IDD nurse demonstrates this continued competence through active nursing practice in the specialty of IDD nursing and the completion of current continuing education in the specialty of IDD nursing.

The minimum practice and education eligibility requirements for certification renewal are:

Option 1

1. Minimum of one thousand (1,000) hours of active IDD nursing practice 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 IDD nursing practice 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 IDD nursing practice or no active IDD nursing practice 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.

The Education Requirement is satisfied by accruing contact hours of continuing education specific to I/DD. Only I/DD-specific coursework 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.

Acceptable I/DD-specific course topics

Examples include: 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 coursework.

Acceptable related course topics

A maximum of ten (10) hours of IDD-related course work will be accepted toward the education requirement. Examples of related topics include: Alzheimer's disease, end-of-life care, medication administration, psychology courses, anger management, sexual abuse, crisis intervention, and other I/DD-related course work.

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 coursework. DDNA also does accept certain home study courses. To determine whether approval can be granted for the home study course you are considering, email DDNA at certification@ddna.org.

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 by email at certification@ddna.org for this preapproval.

How to earn continuing education (CE) credit

Attend workshops, seminars, and conferences offering acceptable coursework, 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 in-service 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 Continuing Education Summary (**Form D**).

Please type or print neatly

Name (First, MI, Last): _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Preferred Email*: _____

**We will contact you at this email address for any renewal matters.*

Employer: _____ Unit: _____

Work Mailing Address: _____

City: _____ State: _____ Zip: _____

DDNA Membership No.: _____ Expiration Date: _____

DDNA Certification No.: _____ Expiration Date: _____

(Check all that apply)

Employment: Full-time Part-time Licensure: RN LPN/LVN

- 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, BSN, RN, CDDN")

(Check all that apply)

Population served:	Practice setting:
Birth to three	Early intervention program
Pre-school age	Day treatment program
School age	Residential program
Adult	Workshop
Geriatric	Consultant
Other _____	Other _____

For DDNA Office Use Only

- Form A – Applicant Information
- Application Fee
- Membership: Expiration Date _____
- Nursing License: Expiration Date _____
- Form B – Ethics Statement
- Form C – Employment Verification
- **Works as an I/DD nurse
- Renewal: 1,000 hours in 2 years*
- Form D – CE List – 25 hours*
- CE Certificates – Nursing CE's in I/DD
- Job Description – I/DD Nursing
- Employer Info – I/DD Specific
- Resume/CV
- Renewed Through: _____

Notes: _____

Original document required – no copies, scans, or faxes

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 conduct throughout my nursing practice. 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: _____

Original document required – no copies, scans, or faxes

Applicant's Name: _____

Name of Agency/Employer: _____

Employer Website Address: _____

Applicant's Job Title: _____

Applicant's Certification Period – Start Date: _____ Expiration Date: _____

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

In the position listed, the applicant provided nursing care during the above certification period, to clientele in which the following percentage of individuals have intellectual or developmental disabilities:

100% 50% or more 25% or more 10% or more Other: _____

Dates of Employment or Contract: *From* _____ *To* _____

Total number of hours worked by the applicant during the above-listed two-year certification period (*written above*).

Hours (*must be calculated*): _____

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/Title: _____

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 employment, and/or facility/program. **NOTE: full time employment = 2080 hours per year.**
2. Official job descriptions must accompany this form and be specific to Development Disabilities Nursing practice. Generic job descriptions are not acceptable.
3. Verification that facility/agency provides services to individuals with I/DD. ***Please include a brochure, program outline, printed website content 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; no copies, scans, or faxes.**
6. **Only original signatures will be accepted.**

Intellectual/Developmental Disabilities Continuing Education Summary

Date	Course Title	Is course IDD specific?*	Hours

TOTAL HOURS _____

Copies of certificates, transcripts, and/or other documentation must accompany this summary.

To compute contact hours from IDD-specific college courses:
 1 college semester credit = 15 contact hours
 1 college quarter credit = 10 contact hours

* For information on IDD-specific courses, visit www.ddna.org/pages/certification_renew