



APPLICATION FOR CPUI™ PICC CERTIFICATION™

This form establishes CPUI™ PICC Certification™ by documentation and does not establish competency. Competency must be established by the employer and facility.

Applicant Name (print) _____

Home Address _____

City _____ State _____ Zip _____

Email _____

Phone contact _____

Employer _____ City/State _____

Employer Address _____

Practice Setting: (circle) Hospital Home Health Clinic/ MD Office Radiology Independent

Other _____

** Copy of Professional License required

Survey: Does your hospital require and annual Competency Assessment? Yes No

CHECKLIST – FORMS REQUIRED FOR PICC CERTIFICATION™

Please submit the following forms by uploading them into your online account with PICC Excellence, Inc. Then notify the Administrator and he/she will review your submission. You may also mail, fax or email your submission. When your application is approved and purchased, the Certification Administrator will provide you access to the CPUI 200 question exam.

- Application for PICC Certification™**
- Supervised Insertion Competency Checklist**
- Verification of PICC Experience**
- Copy of **Basic PICC Training Certificate (8 CEs)**
- Copy of **Professional License**

NOTE: You will need a Driver’s License or an official picture id in order to take the online exam. At the beginning of the online exam you will be asked to take a picture of yourself as well as your official picture id. The Proctor must be able to read your id and match your photo to it.





PERIPHERALLY INSERTED CENTRAL CATHETER (PICC) MODIFIED SELDINGER SUPERVISED INSERTION COMPETENCY ASSESSMENT

NAME _____ DATE _____

INITIAL ASSESSMENT DATE _____

This is to verify that the clinician named above has successfully completed a supervised insertion of a PICC insertion including all of the following steps. **Supervisors should initial each step as clinician correctly performs the procedure.**

ASSESSMENT

Initials of Preceptor

1. Verify MD order, creatinine level (must be under 2.0), diagnosis, medications, reasons for PICC, pertinent patient history, use of blood thinners. _____
2. Ensure all supplies needed for procedure are readily available including PICC insertion kit with gloves, saline, ultrasound sterile cover and gel, anesthetic as needed, additional drapes, gauze, syringes, universal protection equipment. _____
3. Wash hands and apply clean gloves. _____
4. Perform time out to confirm patient ID (two forms of identification). _____
5. Complete patient education and informed consent. _____
6. Cleanse table surfaces with disinfecting solution. Place supplies on table. Set bed to correct height for comfort of the inserter; ensure ultrasound unit is positioned for easy visualization. _____
7. Have an observer present to complete insertion checklist throughout the procedure, monitoring adherence to aseptic technique and providing an enhanced degree of safety for the patient. _____
8. Perform vein assessment. Locate veins, arteries and nerves (basilic, median, cephalic, brachial) with ultrasound. Select most appropriate vein based on size and vein health. Consider vein size in comparison to catheter French size with/without a tourniquet (Don't exceed 1:3 ratio). Mark site. _____
9. Apply fresh gel to probe head in preparation for insertion procedure. _____
10. Estimate catheter length using external tape measure technique (insertion site, clavicular area, right third intercostal) or use fluoroscopy for exact wire measurement. Measure upper arm circumference and document baseline. _____
11. Wash hands using surgically thorough scrubbing action, 3-5 minutes. _____
12. Establish sterile field either around patient's arm or separate from the patient. _____
13. Open tray; fold back outer wrap. Using sterile technique, add additional items not in kit including flushes lidocaine and extra supply items onto sterile field. _____
14. Place poly-lined pad under patient arm. _____
15. Don cap, mask, shield, sterile gown and sterile gloves in a sterile fashion. _____
16. Prep a large area (8-10 inches or more) around vein selected using Chlorhexidine. Use back and forth frictional scrub for 30 seconds or more. Do NOT wipe off; allow to air dry. _____
17. Drape arm and body with sterile, full body drapes. Turn patient head away from insertion site or provide patient with a mask to prevent breathing on field. _____
18. Apply sterile cover to ultrasound probe in sterile fashion. Secure with included rubber bands or sterile tape. Have sterile gel ready for insertion procedure on sterile field. _____
19. Arrange catheter and supplies in a sterile, organized fashion for easy reach and access, keeping items





- toward center of the sterile field. _____
- 20. Draw up flushing solution(s) or use prefilled syringes marked for sterile field use. _____
- 21. Pre-flush to confirm patency. _____
- 22. Apply tourniquet now (and change gloves) or have an assistant apply tourniquet. _____
- 23. Prepare ultrasound probe with sterile cover and gel. Position on skin and scan area to identify selected vein. _____
- 24. Administer subcutaneous anesthetic. _____
- 25. Using ultrasound guidance, access vein with a small (21g) introducer needle or cannula. With ultrasound, angle of insertion is acute (60-90 degrees) depending on depth indicated by ultrasound assessment. Watch for needle penetration into vein on ultrasound screen. Look for dimpling, then penetration of vessel. Do not advance needle through back side of vein. _____
- 26. Confirm blood return/flashback in hub. _____
- 27. Advance short guidewire through introducer needle approximately 10-20cm, maintaining control of wire at all times. Wire should slide easily into vein. Do NOT retract wire back through steel needle. _____
- 28. Remove tourniquet. _____
- 29. Remove introducer needle by sliding out of skin and off wire while stabilizing guidewire. _____
- 30. Inject anesthetic subcutaneously into skin around the wire if not previously performed. If necessary, use blade to nick skin (2-3 mm) and expand cutaneous puncture site. Slide blade into insertion hole approximately 2-3 mm with sharp side facing outward from guidewire. _____
- 31. Slide sheath/dilator over the wire and into vein using a firm twisting motion. Maintain control of wire at all times. Remove dilator by unlocking luer connector and sliding back on wire. _____
- 32. Remove the wire (sheath and wire may be removed together). Begin threading catheter immediately to reduce blood loss and prevent air emboli. Cover with thumb if necessary. _____
- 33. Thread the catheter through the introducer slowly (1 cm/second). Turn patient head toward insertion site as catheter is advanced into chest. Advance catheter to predetermined level. If using navigation or EKG positioning, follow manufacturer’s steps to confirm P wave elevation. _____
- 34. Aspirate each lumen to check for blood return. Flush all lumens with 10-20mL normal saline. _____
- 35. Pull sheath from insertion site and gently peel apart. It may be necessary to thread catheter to final position. _____
- 36. Check each lumen again for brisk blood return and flush with 10-20mL normal saline for injection. Apply needleless connectors. Flush again. _____
- 37. Using ultrasound, assess for internal jugular tip malposition using a longitudinal view (not necessary if EKG or navigation system used). _____
- 38. Disinfect skin again if blood is present and allow to air dry. _____
- 39. Secure catheter and apply sterile, occlusive pressure dressing. _____
- 40. If tip positioning system was not used, order radiographic confirmation of terminal tip position prior to use. _____
- 41. Document entire procedure and patient reaction to procedure in patient record. _____

ACTION PLAN/INDICATION OF PERFORMANCE



Certified PICC Ultrasound Inserter – CPUI Application

NAME OF PRECEPTOR (PRINT) _____ DATE _____

SIGNATURE OF PRECEPTOR _____

License # or SSN _____

PHONE _____

EMPLOYER _____

By signing this document, you have supervised the PICC insertion and confirm the participants performance of each individual step. Inadequate performance by the participant requires a repeat of the supervised insertion.

SIGNATURE OF PERFORMER _____

Please provide a copy for your employee file; maintain the original for your own records.

PRINT NAME _____ DATE _____

(Only one recent Competency Assessment is required for CPUI application purposes.)



VERIFICATION OF PICC EXPERIENCE

This form establishes PICC Certification™ by documentation and does not establish competency. Competency must be established by the employer and facility.

Verification of Requirements for PICC Certification™

- I have successfully completed Basic PICC training. *Minimum of 8 CEs of basic training required. Date of initial training _____
- I have Inserted _____ PICCs within the last 12 months using ultrasound guidance.
- I have performed _____ total PICC insertions using ultrasound guidance between _____ and _____ (dates). ****Must have at least 25 ultrasound guided insertions to qualify for CPUI™ PICC Certification™.**

(Applicants signature must be notarized in the space provided on the Notary page)

VERIFIER'S INFORMATION

I have verified the insertion history of _____ and attest that all information is correct and has been presented to me in a manner confirming a specific number of insertions. I further verify the attendance and successful completion of the courses listed above.

Person verifying information _____

Title _____

Employer _____ Contact Number _____

Professional License Type and # _____

Signature _____ Email _____





*****CPUI™ PICC Certification™ cannot be granted without submission of all the items listed above. Incomplete or missing documentation will result in significant delays in processing. Please double check that all items are included.**

APPLICANT STATEMENT

I _____, verify that I have completed all the requirements listed for PICC Certification™, am qualified to insert PICCs, and have completed a basic PICC training program including Modified Seldinger Technique. I attest that all documents and information provided are **completely true, accurate, and are an honest representation of my credentials.**

I have enclosed all the information required to apply for my CPUI™ PICC Certification™.

I further agree to keep CPUI™ PICC Certification exam material confidential. I understand that PICC Excellence, Inc. may publish names of individuals who have been granted CPUI™ PICC Certification™ status. I may submit a request in writing to PICC Excellence, Inc. at the address above if I wish for my name to be omitted from the Registry.

SIGNATURE AND NOTARY

APPLICANT NAME (PRINT) _____

APPLICANT SIGNATURE _____

NOTARY NAME (PRINT) _____ DATE _____

NOTARY SIGNATURE _____ SEAL _____





SUBMIT APPLICATION

Login to your PICC Excellence account at <https://www.piccexcellence.com/index.php> and upload the (JPG, PNG OR PDF) Application to your account. Or you may email the checklist of documents to PICCCertAdmin@piccexcellence.com. The Administrator will contact you when your application is approved and will provide instructions for the next step in becoming a CPUI™. You may also submit your application by mail, or fax.

Thank you for your interest in CPUI™ Certification and your dedication to safe PICC practice. If you have any questions or need any additional information, please contact us at:

PICC Excellence Inc.

401 E. Howell St

Hartwell, GA 30643

Phone 1-888-714-1951 toll free or 706 377-3360 office

Fax 1-706-377-3359

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