

APPLICATION FOR IV THERAPY MASTERY CERTIFICATE

*This form establishes IV Therapy Mastery Certificate by documentation and testing. It does not establish competency. Competency must be established by the employer and facility.*

Applicant Name (print) \_\_\_\_\_

Home Address \_\_\_\_\_

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

Email \_\_\_\_\_

Cell phone \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ City/State \_\_\_\_\_

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

Other \_\_\_\_\_

Survey: Does your healthcare employer require yearly competency checks?

CHECKLIST – FORMS REQUIRED FOR IV THERAPY MASTERY CERTIFICATE

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 or email your submission. When your application is approved and the IV Therapy Mastery program is purchased, the Administrator will provide you access.

- APPLICATION
- PIV CATHETER INSERTION COMPETENCY
- DRESSING CHANGE COMPETENCY
- VENIPUNCTURE COMPETENCY
- CATHETER REMOVAL COMPETENCY
- PROOF OF 40 HOURS OF EDUCATION FOR IV THERAPY (SUMMARY LIST OF EDUCATION)
- DOCUMENTATION OF SIX HOUR PRACTICUM
- VERIFICATION OF CURRENT LICENSE

**VERIFICATION OF PIV INSERTION EXPERIENCE / CLINICAL TRAINING**

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

**Verification of Requirements for IV Therapy Mastery Certificate**

- I have successfully performed clinical training with my preceptor \_\_\_\_\_ hours.
- # of PIV insertions \_\_\_\_\_.
- # of venipunctures \_\_\_\_\_.

**\*Minimum of 6 hours of precepted clinical training. Date of initial training \_\_\_\_\_  
With at least 3 PIV insertions and 3 venipunctures**

**VERIFIER'S INFORMATION**

I have verified the practice history of \_\_\_\_\_ and attest that all information in this application is true and correct.

Person verifying information \_\_\_\_\_

Title \_\_\_\_\_

Employer \_\_\_\_\_ Contact Number \_\_\_\_\_

Professional License Type and # \_\_\_\_\_

Signature \_\_\_\_\_ Email \_\_\_\_\_

**APPLICANT STATEMENT**

*I \_\_\_\_\_, verify that I have completed all the requirements listed for IV Therapy Mastery program, am qualified to insert PIVs and have completed 40 hours of education for IV Therapy. I attest that all documents and information provided are **completely true, accurate, and are an honest representation of my activities.***

*I have enclosed all the information required to apply for my IV Therapy Master Certificate.*

*I further agree to keep IV Therapy Mastery Certificate exam material confidential. I understand that PICC Excellence, Inc. will publish the names of individuals who have been granted the IV Therapy Mastery Certificate.*

**APPLICANT SIGNATURE**

APPLICANT NAME (PRINT) \_\_\_\_\_ Date \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

## IV Therapy Mastery Certificate Program - Application

\*\*\*The IV Therapy Mastery Certificate cannot be granted without completion and 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.

### SUBMIT APPLICATION

Login to your PICC Excellence account at <https://www.piccexcellence.com/index.php> and upload the (JPG, JPEG, PNG OR PDF file) Application to your online account. Or you may email the checklist of documents to [PICCCertAdmin@piccexcellence.com](mailto:PICCCertAdmin@piccexcellence.com). The Administrator will contact you when your application is approved and will provide instructions for the next step in receiving your IV Therapy Mastery Certificate. You may also submit your application by mail, or email.

Thank you for your interest in the **IV Therapy Mastery Certificate** and your dedication to safe IV practice. If you have any questions or need any additional information, please contact us at:

PICC Excellence Inc.

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