



APPLICATION FOR CNPI PROFESSIONAL CERTIFICATION

This form establishes CNPI Professional Certification by documentation and does not establish competency. Competency must be established by the employer and/or facility.

Applicant Name (print) _____

Home Address _____

City _____ State _____ Zip _____

Email _____

Professional License # _____

Employer _____ City/State _____

Employer Address _____

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

Other _____

Survey: Does your employer require an annual Competency Assessment? Yes No

CHECKLIST – FORMS REQUIRED FOR CNPI CERTIFICATION

Please submit the following documents for review to PICC Excellence, Inc at info@piccexcellence.com. Alternatively, you mail the completed documentation. Once your application is approved and the fee is paid, you will receive access to the CNPI Final Exam.

- 1. Completed application for CNPI Certification
- 2. Signed Verification of PICC Neonatal Insertion Competency Assessment
- 3. Verification of Neonatal PICC Insertion Experience
- 4. Notarized Applicant Statement
- 5. Copy of current professional license

NOTE: You will need a current Driver’s License or an official picture ID on-hand 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 Remote Proctor must be able to read your ID and match your photo to it.



**PERIPHERALLY INSERTED CENTRAL CATHETER (PICC) NEONATAL INSERTION
COMPETENCY ASSESSMENT FOR CLINICIANS**

NAME CLINICIAN/PERFORMER _____ DATE _____

INITIAL ASSESSMENT DATE _____

This is to verify that the clinician named above has successfully completed the neonatal PICC insertion including all of the following required steps. Refer to the references for adequate preparation.

ASSESSMENT

**Initials of
Preceptor**

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Verbalize steps occurring when MD order received 2. Confirm diagnosis, therapy, and duration. Obtain patient history, medications and IV history, determine developmental stage, and completes patient/parental education. Gain informed consent from parent or guardian, document information obtained 3. Consider need for oral sucrose comfort measures, swaddling, pre-medications (IV or p.o.), or topical anesthetic 4. An assistant is necessary, to monitor the infants and verify compliance with sterile technique in the central line bundle 5. Gather necessary supplies 6. Wash hands 7. Perform vein assessment, locate vein of choice (basilic, median, cephalic, saphenous, scalp veins). Use ultrasound for assessment if no visible veins 8. Mark insertion site using a surgical skin marker 9. Measure predetermined catheter length, starting at the point of insertion, following the track of the vein to the 1st, 2nd intercostal space or nipple line 10. Establish sterile field by following principles of sterility 11. Position pt., with assistance. Prep patient’s arm up to and including axilla (CHG, Alcohol, Betadine) based on institutional policy. If wiping or removing skin antiseptic allow to dry first, then wipe with sterile water or saline 12. Reestablish sterile field by draping arm and changing gloves as needed 13. Apply tourniquet (rubber band or other) in appropriate manner, changing gloves, as necessary 14. Access vein low and slow, establish blood return, follow manufacturer’s recommendation for introducer usage 15. Prepare catheter by pre-flushing all lumen with normal saline. Apply needleless connector to extra lumen. Determine optimal catheter length, pull internal wire back prior to trimming catheter to avoid cutting the wire. Reposition wire almost to the end of the catheter and secure by bending or taping. Position catheter within ready access to thread into sheath 16. Thread catheter using hand or forceps, depending on catheter manufacturer
Troubleshoot for threading problems 17. Check for blood return and flush as required | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
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Certified Neonatal PICC Inserter – CNPI Application

18. Position patient to complete catheter threading (arm extended, chin to clavicle) _____
19. Advance to proper placement (must describe verbally, including troubleshooting for jugular placement). Use ultrasound to rule out jugular placement _____
20. Remove introducer per manufacturer’s recommendation _____
21. Remove guidewire per manufacturer’s recommendation _____
22. Apply dressing including anchoring device if appropriate, extension set and cap, and complete final flush _____
23. Account for all supplies and dispose of all items properly _____
24. Document procedure, manufacturer, gauge size, lot #, insertion site with vein name, amount threaded in and amount out of insertion site, number of attempts, blood loss, x-ray confirmation verifying SVC terminal position, type of securement and dressing used _____
25. Label dressing with date and initials _____

NOTES:

GENERAL ELEMENTS:

1. Identify age-appropriate comfort measures _____
2. Demonstrate adequate knowledge of procedure and verify clear understanding of insertion steps. _____
3. Describe indications, advantages, and disadvantages for PICC placement. _____

ACTION PLAN/INDICATION OF PERFORMANCE:



Certified Neonatal PICC Inserter – CNPI Application

Preceptor Name (print) _____ Date _____

Preceptor Signature _____

Preceptor License Number _____ Phone _____

Preceptor Email Address _____

Preceptor Employer _____

By signing this document, you have viewed the procedure and confirm the participant's performance with your initials. Inadequate performance by the participant requires a repeat of the procedure.

SIGNATURE OF CLINICIAN/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 CNPI application purposes.)

The certificate and designation are good for three years. To renew, submit a renewal application with proof of six continuing education credits in neonatal clinical practice. Requirements may change with evolving clinical standards. Include proof of current licensure and documentation of six neonatal PICC insertions per year for infants aged zero to three months.



Verification of Neonatal PICC insertion Experience

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

Verification of Requirements for CNPI Certification

- I have successfully completed Neonatal PICC training. *Minimum of 8 CEs of required initial PICC training. Date of initial training _____

- I have Inserted _____ Neonatal PICCs (newborns 0 to 3 months of age) within the last 12 months. (Minimum of six per year)
 Total insertions _____

****Must have performed at least six neonatal PICC insertions to qualify for CNPI 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 _____



NOTARIZED APPLICANT STATEMENT

I _____, verify that I have completed all the requirements listed for Certified Neonatal PICC Inserter certification. I am qualified to insert PICCs in neonates and have completed a Neonatal PICC training program that includes the 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 CNPI Certification

I further agree to keep CNPI Certification exam material confidential. I understand that PICC Excellence, Inc. may publish names of individuals who have been granted CNPI™ Certification status on our CNPI Registry. I may submit a request in writing to PICC Excellence, Inc. at the address below 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 _____