



## 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 \_\_\_\_\_

**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 or email your submission. When your application is approved and purchased, the Certification Administrator will provide you access to the CPUI 200 Certification Exam.

- ☐ **Application for PICC Certification**
- ☐ **Checklist of required forms**
- ☐ **Supervised PICC Insertion Competency Assessment**
- ☐ **Verification of PICC Experience**
- ☐ **Notarized Applicant Statement**
- ☐ **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 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) INSERTION  
MODIFIED SELDINGER TECHNIQUE  
COMPETENCY ASSESSMENT**

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**INITIAL ASSESSMENT DATE** \_\_\_\_\_

PROCEDURE	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 cleangloves	
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 fictional 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.	

PROCEDURE		Initials of preceptor
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, <b>maintaining control of wire at all times</b> . 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. <b>Maintain control of wire at all times</b> .		
32. Prepare catheter by pre-flushing all lumen with normal saline. Apply needleless connector to extra lumen. Determine optimal catheter length, pull internal wire back to cut catheter without cutting 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		
34. Remove the wire and dilator separately or together. Begin threading catheter immediately to reduce blood loss and prevent air emboli. Cover with thumb if necessary.		
35. Thread the catheter through the introducer slowly (1cm/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.		
36. Aspirate each lumen to check for blood return. Flush all lumens with 10-20mL normal saline.		
37. Pull sheath from insertion site and gently peel apart. It may be necessary to thread catheter to final position.		
38. Check each lumen again for brisk blood return and flush with 10-20mL normal saline for injection. Apply needleless connectors. Flush again.		
39. Using ultrasound, assess for internal jugular tip malposition using a longitudinal view (not necessary if EKG or navigation system used).		
40. Disinfect skin again if blood is present and allow to air dry.		
41. Secure catheter and apply sterile, occlusive pressure dressing.		
42. If tip positioning system was not used, order radiographic confirmation of terminal tip position		
43. Document entire procedure and patient reaction to procedure in patient record.		



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**ACTION PLAN/INDICATION OF PERFORMANCE**

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**NAME OF PRECEPTOR (PRINT)** \_\_\_\_\_

**SIGNATURE OF PRECEPTOR** \_\_\_\_\_

**LICENSE #** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

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

**SIGNATURE OF PERFORMER** \_\_\_\_\_

(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 CE's 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 24 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 \_\_\_\_\_



#### APPLICANT STATEMENT

I \_\_\_\_\_(print), 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 \_\_\_\_\_



\*\*\*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.

#### SUBMIT APPLICATION

Please complete all pages of the CPUI application. Email the forms as pdfs to [info@piccexcellence.com](mailto:info@piccexcellence.com)  
Purchase your CPUI Program. The Certification Administrator will contact you with the next step in your process to become PICC Certified with CPUI.

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.  
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