



## Certified Neonatal PICC Inserter – CNPI Renewal Application

### APPLICATION FOR CNPI CERTIFICATION RENEWAL

*This form establishes CNPI 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 \_\_\_\_\_

Professional License # \_\_\_\_\_

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

Employer Address \_\_\_\_\_

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

Other \_\_\_\_\_

**Three Year Renewal Fee \$125 (Must already have CNPI Certification)**



### CHECKLIST – FORMS REQUIRED FOR CNPI CERTIFICATION RENEWAL

When submitting your application for renewal, please include ALL items from the checklist below:

- ☐ **Application for CNPI Certification Renewal**
- ☐ **Signed Verification of PICC Experience (must be signed by your supervisor and you)**
- ☐ **Supervised Competency Assessment**, signed by Preceptor and performer
- ☐ **Proof of 6 CE**s (copy of Certificates, or 6 Summary Education forms)
- ☐ Copy of **current Professional License**
- ☐ Email to [info@piccexcellence.com](mailto:info@piccexcellence.com). Documentation is due on or before the 15<sup>th</sup> of the month that your CNPI expires!



**NEONATAL PERIPHERALLY INSERTED CENTRAL CATHETER INSERTION COMPETENCY  
ASSESSMENT**

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

This is to verify that the clinician named above has demonstrated the criteria listed below (following all steps). **The preceptor will initial each step to verify the clinician's performance.**

Assessment Performance Criteria	Met	Not Met
1. Verified provider's order and if PICC is appropriate for the therapy		
2. Confirmed patient ID using two identifiers		
3. Explained procedure to guardian(s)		
4. Obtained consent (per organizational policy)		
5. Considered need for comfort measures: oral sucrose, swaddling, pre-medication(s), etc. (developmental age appropriate)		
6. Arranged for an assistant		
7. Washed hands and applied clean gloves		
8. Positioned patient for ease of access; if applicable, positioned ultrasound screen in direct line of vision		
9. Assessed patient veins visually, by palpation, with ultrasound (with and without tourniquet) to select the most appropriate vein for PICC Criteria includes: a. Compressible vein of at least 3 times the catheter mm size without a tourniquet (4 Fr/4mm, etc.) b. Easily compressible c. Length of straight vein adequate for insertion d. Not in areas of joint or wrist		
10. Identified location of arteries and nerves using ultrasound		
11. Selected vein: determined depth and measured size, and marked vessel site		
12. Measured from marked insertion site for catheter length for terminal tip in SVC or IVC and obtained baseline measurement		
13. Selected the most appropriate catheter size/length based on vein diameter and depth		
14. Gathered necessary supplies including sterile gloves, ultrasound gel, and probe cover		
15. Performed time out (per organizational policy)		
16. Cleansed area for sterile set up (i.e., cleansed table with disinfecting solution)		
17. Removed gloves and repeated hand hygiene		
18. Donned cap, mask, and eye protection		
19. Opened sterile insertion kit, and added additional items if needed		
20. Donned sterile gloves and sterile gown (per organizational policy)		
21. Set up sterile field/supplies while assistant positioned neonate		
22. Prepared catheter, following IFU; if applicable, trimmed catheter to desired length		
23. Disinfected intended insertion site with chlorhexidine/alcoholic solution or alcohol/betadine per organizational policy, applied tourniquet (or assistant did later) and changed gloves		



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Assessment Performance Criteria Continued	Met	Not Met
24. Applied patient drapes and if applicable, covered ultrasound transducer with sterile cover and gel		
25. If applicable, visualized selected vein with transverse (out of plane) or longitudinal (in plane) view, and pinpointed artery and nerves		
26. Administered anesthetic as needed		
27. Performed venipuncture, verified blood return, dropped angle, successfully advanced released tourniquet		
28. Slowly advanced PICC catheter to SVC/CAJ or IVC terminal tip location; verbalized troubleshooting techniques for difficult threading PICC to SVC/IVC		
29. Verified good blood flow and flushed catheter with normal saline to clear catheter of blood		
30. Verified terminal tip location in SVC/CAJ (i.e., ECG or radiologically per organizational policy)		
31. If applicable, removed catheter's stylet per manufacturer's recommendation		
32. Disinfected area, applied securement device and needleless connector (per organizational policy)		
33. Applied and labeled dressing (per organizational policy)		
34. Accounted for and discarded all supplies in appropriate disposal containers		
35. Removed gloves and washed hands		
36. If applicable, disinfected ultrasound unit		
37. Documented procedure and patient's response in patient's permanent medical record		
38. Provided education to guardian(s) and staff on flushing procedures, infection prevention and management of the venous access device		

### Action Plan/Indication of Performance:

\_\_\_\_\_  
NAME OF  
PRECEPTOR \_\_\_\_\_ SIGNATURE OF  
PRECEPTOR \_\_\_\_\_  
License # \_\_\_\_\_ PHONE \_\_\_\_\_ EMPLOYER

*By signing this document, you verify you supervised the Neonatal PICC Insertion and confirm the clinician's performance of each individual step. Inadequate performance by the clinician requires a repeat of the supervised procedure.*

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

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



## 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 Renewal

- ☐ I have Inserted \_\_\_\_\_ PICCs within the last 36 months using ultrasound guidance.

**(Must have at least 18 insertions to qualify for CNPI PICC Certification Renewal)**

- ☐ I have completed 6CEs (include copy of certificate/summary form with submission) on vascular access continuing education.

I \_\_\_\_\_, verify that I have completed all the requirements listed for CNPI PICC Certification Renewal. I attest that all information provided is completely true and honestly represents my experience, insertion history and continuing education.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## 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 and I am willing to verify this by phone and or email.

Person verifying information (print name) \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_



## SUBMIT APPLICATION

As part of the CNPI Certification Renewal process, you need to complete 6 Educational Summary Forms OR provide proof of 6 CEs.

If using the Summary Education forms, you may select any of the following 3 formats for each of your reviews:

- A published article related to any aspect of vascular access from any medical journal. Article must have been published within the last 5 years
- A vascular access seminar or presentation you have attended within the last 3 years
- Any continuing education course you have taken within the past 3 years pertaining specifically to vascular access and/or PICCs

Regardless of which format of education you choose to review, you will need to complete the description of the education, what you learned and how you will apply this information to your current vascular access practice.

Please complete all pages of the CNPI Renewal application. Email the completed documents to [info@piccexcellence.com](mailto:info@piccexcellence.com), then purchase the CNPI Renewal.

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

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Hartwell, GA 30643  
888-714-1951 ♦ 706 377-3360  
[info@piccexcellence.com](mailto:info@piccexcellence.com)

