

# American Board of Managed Care Nursing

4435 Waterfront Drive, Suite 101

Glen Allen, Virginia 23060

Tele 804.527.1905 Fax 804.747.5316

[www.abmcn.org](http://www.abmcn.org)

## STANDARD APPROVAL CATEGORY APPLICATION

The American Board of Managed Care Nursing (ABMCN) is dedicated to maintaining standards of excellence for managed care nurses through certification and recertification renewal. It is the mission of the ABMCN to enable the Certified Managed Care Nurse (CMCN) in expanding and enhancing their skills and knowledge level. The renewal process for maintaining the credential of the CMCN carries a requirement of 25 contact hours per three-year period. In an effort to help the CMCN identify appropriate educational activities, the ABMCN requires organizations to complete the following application on each educational activity.

### APPROVAL REQUIREMENTS

The following criteria must be met prior to granting approval or issuing of an approval number:

- The program/activity must be no less than one contact hours in duration (one contact hour is defined as 50 minutes). This contact hour does not include breaks, social hours, meals; this is one hour of instruction.
- The program/activity must have clearly stated and defined learning objectives, expected outcomes and a method of measurement of the outcomes/objectives.
- The learner/participant must have the opportunity to evaluate the activity based on the value received.
- The focus of the activity must be to increase the knowledge or skills of the participant as would related to a managed care environment.

### APPROVAL PROCESS

ABMCN reserves the right to monitor any or all programs/activities for which approval has been given and if deemed appropriate withdraw its approval of said activity.

The following process must be followed for consideration of approval:

- The application must be completed in full. Any application not completed in full will not be reviewed
- The application must be received 60 days prior to the date of the activity.
- Approval for the activity is valid for the time frame indicated on the application provided there are no
- changes to content or format of the activity.
- The application fee \$35 must accompany the application. All application fees are non-refundable (AAMCN Corporate Partners are exempt from this fee).
- Learner directed (home study or articles) must meet a minimum of requirements in regards to written words/questions to obtain the requested number of hours. The minimum requirements are:

Number of Words	Number of Questions	Number of Approved Hours
Up to 10,000	10	1
10,000 to 20,000	15	2
20,000 to 30,000	20	3
Every additional 10,000	4	1 additional hour

**For more information or questions contact Katie Eads at 804-527-1905.**

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## STANDARD APPROVAL APPLICATION

### Organization Information

Name of Organization Offering Activity \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone & Fax \_\_\_\_\_

Program Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

### Program/Activity Information

Program/Activity Title \_\_\_\_\_

Date of Program/Activity \_\_\_\_\_

Method of Learning:

- Lecture
- Learner Directed
- Internet
- College/University Course

Number of Hours Requested \_\_\_\_\_

Target Audience of Program/Activity \_\_\_\_\_

Describe how the Program/Activity relates to Managed Care: \_\_\_\_\_

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### Method of Payment

ABMCN accepts checks, American Express, MasterCard and Visa. Please enter your payment information here.

Amount Enclosed \$ \_\_\_\_\_

Credit Card

- American Express
- MasterCard
- Visa
- Check & Check Number \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration date of card \_\_\_\_\_ CVV2 Sec Code \_\_\_\_\_

Credit Cardholder Name \_\_\_\_\_

Billing Address of Card \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Send receipt by email to \_\_\_\_\_

### Enclosures Required

- Copy of promotional/marketing information (brochure, flyer)
- Agenda or outline of program
- Copy of evaluation form to be completed by participants
- Stated learning objectives/outcomes expected
- Speaker/Author bio or confirmation of expertise in topic
- Application Fee payable to ABMCN

### Applications should be submitted to the following address/attention

Katie Eads  
keads@abmcn.org  
Vice President, Education  
American Board of Managed Care Nursing  
4435 Waterfront Drive, Suite 101  
Glen Allen, VA 23060