



National Healthcare Workers Association Certification Bridge Application form for exemption from certification examinations

Please complete this form and return it to:

NHCWA Exemptions – Education/Certification Services Team, The National Healthcare Workers Association, Po. Box 5034, Milford CT 06460
Tel: 855 378-3773 f: 877 560 9486 Email: exemptiondept@gmail.com

***Note: Submission of false information constitutes fraud and is grounds for disciplinary action.

Please read these notes before you complete this application

You must apply for, and pay the fee for, Bridge certification exam exemption. If you do not your application and fee will be incomplete and you will not be qualified. You should read carefully the notes at the end of this form and ensure that you submit the correct documentation. If you do not provide the correct information we will not be able to process your application. Please type or print legibly your details in this form where possible. You can email your application to us, with scanned copies of your certified certificates. If ANY part of this form is not completed, the application will be returned to you immediately.

Section 1 – Personal details

Name (BLOCK CAPITALS)		Telephone	
Mailing address		Email	

Certification examination you are applying for exemption from

Phlebotomy Technician			
Medical Assistant			
EKG Technician			
Pharmacy Technician			
Medical Billing and Coding Specialist			
Medical Laboratory Assistant			
Insurance Exam Technician			
Medical Administrative Assistant			
Residential Healthcare Technician			
Personal Fitness & Nutrition Specialist			
Operating room & Surgical Technician			
Operating room & Surgical Technician			
Personal Care Assistant			
Ultrasound & Diagnostic Medical Sonography Technician			
Substance Abuse Intake Technician			
Multi Skills Healthcare Technician			
Healthcare Office Manager			
Homemaker & Companion Assistant			
Physical Therapy Aide			
Emergency Room Tech			

Section 2 – Requirements

Guidelines/ Requirements for the healthcare Workers Certification Bridge program.

***** Please read the following guidelines in order to complete the process.**

Applicants applying for certification must fill out an application and return it with a work verification form, or a signed letter of verification from their supervisor verifying the length of their employment, and a description of the applicant's job duties. This letter must be on company letterhead, and signed by your supervisor. (If required) Candidate must also include your NHCWA proficiency skills competency exam form signed by your supervisor.

Please enclose the \$495.00 application fee with the application when you turn it in or you may pay the application on-line. Experience must be either paid or volunteer. Clinical experience does not count.

- * Patient Care Tech – must have 1 year of paid or volunteer experience
- * EKG Tech – must have 1 year of paid or volunteer experience
- * Medical billing and coding – must have 1 year of paid or volunteer experience
- * Veterinary Tech – must have 1 year of paid or volunteer experience
- * Medical Laboratory Tech – must have 1 year of paid or volunteer experience
- * Phlebotomy Tech – must have 1 year of paid or volunteer experience
- * Pharmacy Tech – must have 1 year of paid or volunteer experience
- * Medical Assistant – must have 1 years of paid or volunteer experience
- * Residential Healthcare Technician – must have 1 year of paid or volunteer experience
- * Medical Administrative Assistant – must have 1 year of paid or volunteer experience

The application process

Upon receipt of your application, and all required documentation. Your application will be processed, and completed in 7 business days. Your certification will then be mailed to you in 7 business days.

\$495.00 – Healthcare Workers Certification Bridge Program

- We will process your application as quickly as possible. In some cases the time taken to process your application depends on the complexity of your application.
- You will receive an email from the Credential verification Services Team to confirm receipt of your application.
- You will be notified in writing of the outcome of any application for exemptions at the earliest opportunity.
- If you have not received a letter containing the outcome of your application 2 1/2 weeks after we have sent you confirmation of receipt please email exemptiondept@gmail.com. You should state your Name and the certification exemption you have applied for.
- If you wish to apply for an exam in case you do not gain exemption for that certification, you should apply for exemption you can do so at any time. For further information on exams visit www.nhcwa.com

Before you send your application form to the Exam exemption Services Team, you must ensure that you have

- Completed all relevant sections on the application form.
- Included the correct payment.
- Current Copy of valid state photo ID (Scan or take a photo and email to exemptiondept@gmail.com.)
- **Certification Qualification by Experience Form** or You may also include a letter from your employer; the letter must describe related job duties: On company letterhead **the applicant's direct patient care supervisor must complete The Letter**
- Included the required certified documents to show you have achieved the required standards in the qualifications on which you are basing your application. Do Not included any original documents.
- Signed and dated the declaration.

Section 3 – Check List and Signature

Checklist of required documentation

See the notes at the end of this form for full details of these requirements, and for additional information

I am applying for exemptions on the basis of: Work experience (relevant to work) Exams passed with other professional bodies, and I enclose: A certified copy of official proof of my qualification other Please explain if you select other

Certification of documents

My documents have been certified by an appropriate person who has included the following details:

<input type="checkbox"/>	Their full name and signature
<input type="checkbox"/>	Their job title and company
<input type="checkbox"/>	The date the documentation has been signed.

Declaration to be signed by Applicant

I apply for exemption from the above certification(s) examinations and declare that the information supplied with the application is correct to the best of my belief.

I declare that I have also enclosed with this application all relevant documentation as required to be submitted.

Signature		Date	
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Payment details- The \$495 fee for the Healthcare Workers Certification Bridge program must be submitted with the application before processing. Payment can be processed on our website, via credit or debit card or you can make payable to *The National Healthcare Workers Association*, and mailed to *Po, Box 5034, Milford CT 06460* only certified funds will be accepted (Certified Bank Check or Money Order)

Section 4 – Relevant Work Experience forms

This Documentation must be included with your application form
Certification Qualification by Experience Form

To be completed by the applicant

Date _____

Name _____

Address _____

Daytime Phone _____ Email Address _____

To be completed by the applicant's direct patient care supervisor

The person named above is applying for certification in their role of Medical Professional as listed above. In lieu of the completion of an approved training program, the applicant is qualifying through work experience. As such, the applicant must have documentation reflecting a minimum of 1 year of full-time work experience as a competent in the field she/he is applying for certification in (safe, consistent and successful) within the past three years. An employer can only verify work experience performed at their own facility. Please note that actual patient care in an ambulatory care; medical office, laboratory, or clinical environment is required.

Date: _____

Applicant's employment dates from _____ / _____ (month/year) through _____ / _____

Supervisor/Verifier Contact Information:

Company Name _____

Title _____

Signature _____

Print Name _____

- Applicants applying for certification must fill out an application and return it with this work verification form, or a signed letter of verification from their supervisor verifying the length of their employment, and a description of the applicant's job duties. This letter must be on company letterhead, and signed by your supervisor.
- (IF Required) Candidate must also include your NHCWA proficiency skills competency exam form signed by your supervisor.
- *Please complete this form and return it via email or fax to: NHCWA Exemptions – Education/Certification Services Team, The National Healthcare Workers Association, Po, Box 5034, Milford CT 06460 f: 877 560 9486 Email: exemptiondept@gmail.com*

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Related job duties: Please briefly describe employee's major functions and/or attach a copy of their job description to this form. Please include duties not related to healthcare as well. Note: if paid hours per week vary over the time of employment at the same job, the certification board will request a letter of explanation.

Section 4 – Relevant Work Experience forms continued

<i>Vital Signs/Measurements</i>	<i>Initials</i>
<i>ECG Performances</i>	<i>Initials</i>
<i>Sterile Technique</i>	<i>Initials</i>
<i>Venipuncture</i>	<i>Initials</i>
<i>Nursing Assistant skills</i>	<i>Initials</i>
<i>Capillary Puncture</i>	<i>Initials</i>
<i>ECG Performance</i>	<i>Initials</i>
<i>Identification of Basic Rhythm, Artifacts, Interference</i>	<i>Initials</i>
<i>Equipment Care, Use, maintenance</i>	<i>Initials</i>
<i>Holter Monitor</i>	<i>Initials</i>
<i>Claims Processing</i>	<i>Initials</i>
<i>CPT Coding</i>	<i>Initials</i>
<i>ICD---9---CM & HCPS Level II Coding</i>	<i>Initials</i>
<i>Medical Office Computers</i>	<i>Initials</i>
<i>Vital Signs, Exam Preparation, Office Emergencies</i>	<i>Initials</i>
<i>General Principles</i>	<i>Initials</i>
<i>Basic financial medical record management</i>	<i>Initials</i>
<i>Equipment and supply</i>	<i>Initials</i>
<i>Appointments and scheduling</i>	<i>Initials</i>

Signature Title Date