



Dear Gastroenterology Certified Professional,

ABCGN understands the commitment needed to both receive your credentials and maintain certification through continuing education. In an effort to help you manage both the paper work and time of recertification, as well as spread out the financial commitment, ABCGN is now offering a “Submit By Year” recertification option. What does this mean?

- Each year every certificant will receive a letter notifying them of their expiration date, the required contact hours for recertification and any contact hours obtained to date.
- Certificants will then be given the option to submit any contact hours they have received over the past year. These hours will be entered into our system and tracked through headquarters. The next year these submitted hours will be added to any already accumulated and again reported in the annual notification letter.
- Certificants will need to submit \$60 each year under the “Submit By Year” option, but these funds will be deducted from the final recertification submission. And so, if you submit twice during your five year certification period, the \$120 paid will be deducted from the total due for your recertification fee.
- In the year of certification expiration, even if all of your contact hours have been submitted and approved, certificants still need to submit the verification forms necessary for recertification (application form, verification form, professional qualification form) and pay any balance left on the recertification fee. These forms will be mailed to you in the year your certification expires with a reminder.
- The “Submit By Year” recertification applications will be audited during the year submitted and so if your application and hours have been approved they will not be subject to audit at a later date.

ABCGN feels that this new option offers many benefits to certificants, including:

- Security of contact hours being tracked and counted for you.
- Security of knowing contact hours have been approved prior to final recertification date.
- Cost can be spread out over multiple years



## ABCGN Recertification Verification & Submit By Year Recertification Contact Hour Form

Contact Information (Please print):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, St. Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of initial certification: \_\_\_\_\_ Date of last certification: \_\_\_\_\_

### Contact Hours Recertification Requirements

The candidate seeking recertification status from the American Board of Certification for Gastroenterology Nurses must submit documentation of 100 Contact Hours within the five year period prior to the certification expiration date in order to maintain his/her certification. At least eighty (80) contact hours must be GI-specific and at least 40 of the GI-specific contact hours must have been earned through attendance at approved nursing seminars and workshops (Category 1).

### Directions

1. Print or type all information legibly. Do not submit the brochures or certificates from the conferences you attended. Keep these materials in case your recertification packet is randomly selected to be audited. If you are chosen to be audited, we will contact you for supporting documentation.
2. To assist the Recertification Committee in evaluating your application packet, please highlight important information on the documentation submitted.  
We aren't requiring certificates unless audited, right?
3. Submit the original copy of this application, retaining a photocopy for your records.
4. It is recommended that you send the application via "certified mail, return receipt requested" in order to ensure delivery.

I affirm that the following information is true:

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

**\*Your recertification will not be processed without a signed form. Mail completed application along with \$60 processing fee to: ABCGN, 401 N. Michigan Avenue, Chicago, IL 60611-4267**

Checks should be made out to ABCGN. To pay via credit card, call 855-252-2246, or 855-25-ABCGN.

# Category 1:

Attendance at Nursing CE Approved Seminars / Workshops (Minimum: 40 GI-Specific contact hours)

<b>Program Title</b>	<b>Date(s)</b>	<b>Sponsoring Organization</b>	<b>Number of Approved Credits</b>	<b>GI Credits</b>	<b>Non-GI Credits</b>	<b>OFFICE USE ONLY</b>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						

## Category 2:

Providing Presentations (Minimum: None - Maximum: 50)

<b>Program Title</b>	<b>Date(s)</b>	<b>Sponsoring Organization</b>	<b>Number of Approved Credits</b>	<b>GI Credits</b>	<b>Non-GI Credits</b>	<b>OFFICE USE ONLY</b>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

# Category 3:

Professional Publications (Minimum: None - Maximum: 50)

<b>Program Title</b>	<b>Date(s)</b>	<b>Sponsoring Organization</b>	<b>Number of Approved Credits</b>	<b>GI Credits</b>	<b>Non-GI Credits</b>	<b>OFFICE USE ONLY</b>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

# Category 4:

Academic Credit Course Work (Minimum: None - Maximum: 20)

<b>Program Title</b>	<b>Date(s)</b>	<b>Sponsoring Organization</b>	<b>Number of Approved Credits</b>	<b>GI Credits</b>	<b>Non-GI Credits</b>	<b>OFFICE USE ONLY</b>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

# Category 5:

Continuing Education Independent Home Study (Minimum: None - Maximum: 60)

<b>Program Title</b>	<b>Date(s)</b>	<b>Sponsoring Organization</b>	<b>Number of Approved Credits</b>	<b>GI Credits</b>	<b>Non-GI Credits</b>	<b>OFFICE USE ONLY</b>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

# Category 6:

CBGNA Item Writers Workshop (Minimum: None - Maximum: 20)

<b>Program Title</b>	<b>Date(s)</b>	<b>Sponsoring Organization</b>	<b>Number of Approved Credits</b>	<b>GI Credits</b>	<b>Non-GI Credits</b>	<b>OFFICE USE ONLY</b>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

# Category 7:

Continuing Medical Education (CME's) (Minimum: None - Maximum: 30)

<b>Program Title</b>	<b>Date(s)</b>	<b>Sponsoring Organization</b>	<b>Number of Approved Credits</b>	<b>GI Credits</b>	<b>Non-GI Credits</b>	<b>OFFICE USE ONLY</b>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

# Category 8:

Nursing Research Projects (Minimum: None - Maximum: 40)

<b>Program Title</b>	<b>Date(s)</b>	<b>Sponsoring Organization</b>	<b>Number of Approved Credits</b>	<b>GI Credits</b>	<b>Non-GI Credits</b>	<b>OFFICE USE ONLY</b>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

# Category 9:

Poster Presentation (Minimum: None - Maximum: 10)

<b>Program Title</b>	<b>Date(s)</b>	<b>Sponsoring Organization</b>	<b>Number of Approved Credits</b>	<b>GI Credits</b>	<b>Non-GI Credits</b>	<b>OFFICE USE ONLY</b>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

**Verification Form Poster Presentations  
ABCGN**

Name: \_\_\_\_\_

Check One:  GI Specific    Non GI Specific

Contact hours claimed for this poster presentation: \_\_\_\_\_

Please complete a separate form for each poster presentation.

Title of poster presentation: \_\_\_\_\_

Where presented: \_\_\_\_\_

When presented: \_\_\_\_\_

Abstract included    Photo of poster included

Signature: \_\_\_\_\_

*Signature verifies I was involved in developing and presenting this poster.*

**Documentation required if audited**

# Category 10:

## Preceptorship (Minimum: None – Maximum: 5)

Five (5) Contact Hours will be awarded to the CGRN for **80** hours of precepting an RN/LPN/GI Tech within a GI work setting. A GI work setting is defined as working in a Gastroenterologist Office or GI Unit (Hospital or Ambulatory Surgery/Endoscopy Center). The maximum amount awarded is **5** GI Specific contact hours, in a **5** year period. No contact hours will be awarded for Non-GI work settings.

---

I VERIFY THAT (NAME)

---

SERVED AS A PRECEPTOR FOR STAFF MEMBER (RN, LPN, TECH)

---

FROM: (DATE TO DATE) FOR A **MINIMUM** OF 80 HOURS

---

SIGNATURE OF NURSE MANAGER/DIRECTOR

---

NAME/ADDRESS OF INSTITUTION

---

CONTACT NUMBER

DATE

---

SIGNATURE OF CGRN

CONTACT NUMBER

DATE

*My signature attests to the fact that the information provided is accurate.*

# Category 11:

Volunteer involvement in these professional organizations or publications by ABCGN, SGNA, or SIGNEA may be included in Category 11.

Three (3) contact hours per year will be awarded for involvement in these GI focused professional organizations as an officer, committee/task force member at the regional or national level or as an appointed publication editor/reviewer.

Minimum GI specific hours granted will be 3, maximum 15. Non-GI specific contact hours will not be awarded. (Item Review Committee and Item Writing Panel use Category 12.)

## VERIFICATION OF INVOLVEMENT IN A PROFESSIONAL ORGANIZATION:

---

I VERIFY THAT (NAME)

---

HAS SERVED AS AN OFFICER  
(NAME OF OFFICE HELD/ORGANIZATION)

DATES OF SERVICE

---

HAS SERVED AS A COMMITTEE/TASK FORCE MEMBER  
(NAME OF COMMITTEE/TASK FORCE)

DATES OF SERVICE

---

NAME OF GI FOCUSED PROFESSIONAL ORGANIZATION

---

VERIFICATION SIGNATURE (to be signed by officer of organization)

TITLE

---

ORGANIZATION

TELEPHONE

DATE

---

CGRN SIGNATURE

DATE

*My signature attests to the fact that the information provided is accurate.*

# Category 12:

## ABCGN Test Development (Minimum: None – Maximum: 48)

Up to twelve (12) GI Specific contact hours per year will be awarded for participation on the Item Review Committee and/or Item Writers Panel. You can submit up to a maximum of 48. You will be awarded a certificate to present with recertification.

The attached certificate verifies that:

---

NAME

---

HAS SERVED AS A MEMBER OR CHAIR OF THE ABCGN ITEM REVIEW COMMITTEE

---

HAS SERVED AS A MEMBER OF THE ABCGN ITEM WRITERS PANEL

---

DATES OF SERVICE

---

CGRN SIGNATURE

DATE

*My signature attests to the fact that the information provided is accurate.*