



# Dermatology Nurse Practitioner Certification Brochure

---

## GENERAL INFORMATION

Certification provides an added credential beyond licensure and demonstrates by examination that the Nurse Practitioner has acquired specialized knowledge in dermatology and adheres to practice standards. It assures consumer protection and confers peer and public recognition to those individuals who prove proficient in their practice.

## ELIGIBILITY CRITERIA

To become a certified dermatology nurse practitioner (DCNP), the Dermatology Nurse Practitioner Certification Board (DNPCB) requires that candidates meet all eligibility criteria at the time of application, complete the enclosed application form, submit all fees, and successfully pass the certification examination. No individual shall be excluded from the opportunity to participate in the DNPCB certification program on the basis of race, color, national origin, religion, sex, age or disability. To be eligible to participate in the examination, candidates must meet the following requirements:

- ) Current NP State Licensure
- ) Master's degree in nursing
- ) National certification as a nurse practitioner
- ) Minimum of 3,000 hours of general dermatology practice within the past three (3) years with current practice in dermatology (hours obtained from a formal dermatology NP academic program count towards the 3,000 hours)

## MISSION STATEMENT OF THE DNPCB

The DNPCB promotes the highest standards of dermatology advanced nursing practice and establishes credentialing mechanisms for validating proficiency as a nurse practitioner working in dermatology.

## APPLICATION INSTRUCTIONS

1. Complete all sections of the application. Be sure to include the last four digits of your Social Security number since it will serve as your identification number for the certification files.
2. Print or type all information except for your signature.
3. Attach to the application a photocopy of your current NP license, your master's diploma or an official transcript, proof of national certification as an NP and, if applicable, a photocopy of your current DNA membership card.
4. Include fee for certification examination, plus late fee if applicable. Make all checks payable to C-NET.
5. Mail the application form with attachments and your check/money order to:

DNPCB Certification Program  
c/o C-NET  
35 Journal Square, Suite 901 Jersey  
City, NJ 07306  
Phone: 800-463-0786

The application will be considered incomplete if any of the requested information or the appropriate fees are not provided. Candidates will be informed of the measures to take to complete their applications. Exam permits are issued only to candidates with complete applications.

Substitution of candidates cannot be made and no such request will be honored. The Dermatology Nurse Practitioner Certification Board reserves the right to verify the employment and licensure of any applicant.

## FEE STRUCTURE

The fees for the Dermatology Nurse Practitioner Certification Examination are as follows:

**Application Fee**                      \$400

All exam fees include a non-refundable application fee of \$50 in their total price.

**Recertification Fee**                      \$300

--or-- payment of the examination fee if re-examination is selected as the method of certification.

**Late Application Fee**      \$25.00

For applications postmarked after the deadline. (Late applications are accepted for two weeks after the deadline.)

**Returned Check Fee**      \$20.00

Any applicant whose personal check is returned for insufficient funds is required to pay this fee. Remittance of fees thereafter must be by money order or certified check.

### **Re-examination Fee**

A candidate who does not pass the examination has one year to re-take the examination at a reduced fee. The fee is \$325.

A candidate who does not pass the second examination is considered failed. Any repeat examination will require completion of a new application and payment of the full fee.

**Computer-Based Testing (CBT)** is now available for three months of the year, April, July, and September. Complete the exam application for CBT in its entirety. Be sure to sign and date your application.

**NOTE:** If the application is incomplete, illegible, or the criteria cannot be verified, the candidate will be contacted to provide the missing information. *If the requested information is not received within the stated time frame, the application process will stop and a refund less the \$25 administrative fee will be given.*

### **Examination Permit for Computer-Based Testing:**

Upon approval of an examination application, the applicant will receive an examination permit by email. The emailed permit will include a link to an online scheduling portal for the applicant to schedule the exam at the computer-based testing location of choice. The computer-based testing agency will send a follow-up email to the applicant confirming the exam site, date, and time that the applicant has chosen. If the applicant does not receive an examination permit by email within 7 days prior to the testing month, notify C-NET by calling 800-463-0786.

The examination permit will remain active for a period of 30 days. The applicant must test within the 30-day window printed on the permit. If the applicant does not test by the end of the 30-day window, both the examination permit and exam application will expire. The applicant must then submit a new application and fee for the exam before being allowed to test.

Applicants will not be admitted to the examination without an examination permit and proper ID. Substitution of an applicant cannot be made and no such request will be honored.

## **SPECIAL DISABILITY ARRANGEMENTS**

In accordance with the Americans with Disabilities Act, C-NET will provide special exam accommodations for any certification candidate with documentation of a diagnosed disability.

There are several steps to this process. They must be completed as described to receive special accommodation(s) for a certification exam.

1. When completing the application for the certification exam you are applying for, enter "Testing Accommodation" in the space provided for "Exam Site" on page 1 of the application. As most accommodations require separate rooms, there is not a publicly listed exam date for you to request.
2. Please mail the application at least 10 weeks before you wish to sit for the exam. Submit your completed application with payment to:

**Special Testing Department-Nursing  
C-NET  
35 Journal Square, Suite 901  
Jersey City, NJ 07306**

Once your application is determined to be complete and eligible for the certification exam, we will contact you and forward the necessary documentation to begin the accommodation coordination process.

## **NOTIFICATION OF EXAMINATION SCORES**

A total score of approximately 75% is required to pass the certification examination. Candidates will be notified of their scores approximately four (4) weeks after test administration. C-NET will forward all examination scores to the candidate as follows:

- ) A total score will be provided for candidates who successfully pass the examination.
- ) A total score and sub scores in all the major test areas of concentration will be provided for candidates who do not pass the examination.

**PASSING CANDIDATES WILL RECEIVE A CERTIFICATE IN THE MAIL FROM THE DNPCB APPROXIMATELY 6-8 WEEKS AFTER SCORE NOTIFICATION.**

## **CONFIDENTIALITY OF EXAMINATION**

To insure the security of the examination, the test materials are confidential and will not be released to any person or agency. Also, information about a candidate's individual test results will be released only to the candidate, upon written request.

## **DESIGNATION OF CERTIFICATION**

Certification is awarded to those who successfully complete the certification process by meeting the eligibility criteria and passing a written multiple choice examination. The designated credential is Dermatology Certified Nurse Practitioner (DCNP). This credential (DCNP) may be used in all correspondence or professional relations.

Certification as a Dermatology Certified Nurse Practitioner is valid for a period of three (3) years. Recertification is available by examination or by continuing education. Dermatology Certified Nurse Practitioners will be sent application forms for recertification approximately six (6) months in advance of the expiration of their certification.

**It is the responsibility of the applicant to notify the DNPCB of any change in address after the certification is issued.**

Questions related to the certification program should be directed to the DNPCB President at the following address:

**Dermatology Nurse Practitioner Certification Board (DNPCB)**

222 S. Riverside Pl  
Suite 1870  
Chicago, IL 60606  
888-501-3853  
<https://dnpcb.org>

**RIGHT OF APPEAL**

A candidate who has been deferred, failed, or had their certification revoked has the right of appeal. This appeal must be submitted in writing to the President of the Dermatology Nurse Practitioner Certification Board within three (3) months of notification. The appeal shall state specific reasons why the candidate feels entitled to certification.

At the candidate's request and expense, the DNPCB shall appoint an Appeals Committee of three (3) certified dermatology nurse practitioners who will meet with the candidate and make recommendations to the DNPCB. The Appeals Committee will meet in conjunction with a regularly scheduled DNPCB meeting. The final decision of the DNPCB will be communicated in writing to the candidate within one month of the DNPCB meeting. Failure of the candidate to request an appeal or appear before the Appeals Committee shall constitute a waiver of the candidate's right of appeal.

**EXAMINATION DESCRIPTION**

The Dermatology Nurse Practitioner's certification exam is based on a practice analysis of dermatology nurse practitioner practice. The practice analysis and the exam were developed with the assistance of the Center for Nursing Education and Testing (C-NET). The test consists of approximately 175 multiple choice items, written within the Nurse Practitioner scope of practice. The examination is approximately 4 hours in length. The content areas, their corresponding percentages and objectives are as follows:

**Objectives of the Examination**

The Dermatology Nurse Practitioner Certification Examination is designed to measure the nurse practitioner's ability to:

- Assess and diagnose acute and chronic dermatological conditions that occur across the life span. (35%)
- Prescribe/perform interventions, including evidence-based treatments, therapies, and procedures. (35%)
- Educate patient, family, other health professionals and the public about dermatologic conditions. (25%)
- Participate in professional activities that promote optimal healthcare practices and outcomes. (5%)

Exam content with corresponding percentages can be found under Exam Information online.

Certification granted by the DNPCB is pursuant to a voluntary procedure intended solely to test for special knowledge. The DNPCB does not purport to license, to confer a right to privilege upon, nor otherwise to define the qualifications of any person for nursing practice. The significance of certification in any jurisdiction or institution is the responsibility of the candidate to determine. The candidate should contact the appropriate state board of nursing or institution in order to determine practice implications.

DERMATOLOGY NURSE PRACTITIONER  
CERTIFICATION EXAMINATION

APPLICATION

---

COMPUTER BASED TESTING MONTH: April  July  September  YEAR: 2020

ALL APPLICATION MATERIALS MUST BE POSTMARKED BY THE  
DEADLINE DATE ON THE WEBSITE

*Print or type all information requested.*

1. Name:

Last \_\_\_\_\_ Maiden \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Please indicate how you want your name to appear on your certificate:  
The only credential listed will be DCNP

2. Social Security Number: \_\_\_\_\_

3. Home Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip code

4. Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Home (area code) number Work (area code) number

5. E-mail Address (required) \_\_\_\_\_

6. NP License: State \_\_\_\_\_ Permanent Number \_\_\_\_\_

Date of Original License \_\_\_\_\_ Expiration Date \_\_\_\_\_

Additional State of Licensure \_\_\_\_\_ License Number \_\_\_\_\_

Date of Original License (if applies for 2<sup>nd</sup> license) \_\_\_\_\_ Expiration Date \_\_\_\_\_

7. Years of experience as an NP in dermatology nursing: \_\_\_\_\_

b. Have you worked at least 3000 hours in dermatology nursing within the past three (3) years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**8. Check the appropriate practice setting you have worked in during the past three years:**

- \_\_\_\_(1) Outpatient Unit
- \_\_\_\_(2) Physician's Private Practice
- \_\_\_\_(3) Other, please specify: \_\_\_\_\_

**9. Highest level of education completed:**

- \_\_\_\_(1) Baccalaureate Degree--Nursing
- \_\_\_\_(2) Baccalaureate Degree--Other
- \_\_\_\_(3) Master's Degree--Nursing
- \_\_\_\_(4) Master's Degree—Other
- \_\_\_\_(5) Doctorate
- \_\_\_\_(6) Other, please specify: \_\_\_\_\_

**10. Check the area of your clinical practice:**

- \_\_\_\_(1) General Dermatology
- \_\_\_\_(2) Dermatologic Surgery
- \_\_\_\_(3) Geriatrics
- \_\_\_\_(4) Pediatrics
- \_\_\_\_(5) Other, please specify: \_\_\_\_\_

**11. Are you currently certified in any other specialty? \_\_\_\_ Yes \_\_\_\_ No**

If yes, please specify which specialty: \_\_\_\_\_

**12. How did you become aware of the DCNP Certification program? Check all that apply.**

- |   |   |
|---|---|
| ____(1) DNA <i>FOCUS</i> Newsletter             | ____(7) Dermatologist                               |
| ____(2) DCNP Certification Application Brochure | ____(8) Employer                                    |
| ____(3) <i>Dermatology Nursing</i> Journal      | ____(9) DNA Annual Convention                       |
| ____(4) DNCB Internet Web Page                  | ____(10) Educational activity other than Convention |
| ____(5) DNA Chapter Meeting                     | ____(11) Other, please specify: _____               |
| ____(6) Colleague                               |   |

13. Employment history for past 5 years, beginning with present employment. Please do **not** send resumes. (Use a blank sheet of paper if additional space is needed.)

Dates	Employer & Address	Position Title in clinical dermatology practice	Hrs/Wk
FROM: ____/____/____ Month/Year  TO: ____/____/____ Month/Year			
FROM: ____/____/____ Month/Year  TO: ____/____/____ Month/Year	_____		
FROM: ____/____/____ Month/Year  TO: ____/____/____ Month/Year	_____		
FROM: ____/____/____ Month/Year  TO: ____/____/____ Month/Year	_____		

14. Include with this application:

\_\_\_\_\_ Photocopy of your current NP license

\_\_\_\_\_ Your master's diploma or an official transcript

\_\_\_\_\_ Proof of national certification as an NP (with the expiration dates clearly visible)

15. **Denial, Suspension, or Revocation of Certification.** The occurrence of any of the following actions will result in the denial, suspension, or revocation of Dermatology Nurse Practitioner Certification: (1) falsification of the DNPCB application; (2) falsification of any material information requested by the DNPCB; (3) any restrictions such as revocation, suspension, probation, or other sanctions of professional NP license by nursing authority; (4) misrepresentation of DCNP status; (5) cheating on the DCNP examination.

### STATEMENT OF UNDERSTANDING

I hereby attest that I have read and understand the DNPCB policy on Denial, Suspension, or Revocation of Certification and that its terms shall be binding on all applicants for certification and all certified dermatology nurses for the duration of their certification. I hereby apply for certification offered by the Dermatology Nurse Practitioner Certification Board. I understand that certification depends upon successful completion of the specified requirements. I further understand that the information accrued in the certification process may be used for statistical purposes and for evaluation of the certification program. I further understand that the information from my certification records shall be held in confidence and shall not be used for any other purpose without my permission. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I understand that the Dermatology Nurse Practitioner Certification Board reserves the right to verify any or all information on this application.

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

**16. Check the appropriate fee and submit payment with this application:**

\_\_\_\_\_ \$400 DCNP exam certification fee

\_\_\_\_\_ \$25 late fee, if applicable

**Make the check/money order payable to C-NET.**

NOTE: If you fail the exam on your first attempt, you will have one year to retake the exam at a reduced rate:

*Reduced fee for individuals who took the exam one time and did not pass: \$325.*

**DNPCB Certification Program  
c/o C-NET  
35 Journal Square, Suite 901  
Jersey City, NJ 07306**