



CANCER GENETICS & RISK ASSESSMENT CERTIFICATION APPLICATION

NATIONAL CONSORTIUM OF BREAST CENTERS, INC.
PO BOX 1334, WARSAW, IN 46581-1334

Complete this form and mail, or fax with payment to the NCBC office.
You may also complete it and email it to certifications@breastcare.org with payment information completed.
Payment may be made by check, money order, Visa, MasterCard or Discover

CONTACT INFORMATION

Name _____

First
M. I. (if used)
Last
Professional Credentials (e.g. MD, PhD, RN)

Title/Position _____

Specialty _____

Department _____

Facility Name _____

Facility Street Location Address _____

City, State, Zip _____

Mailing Address if different from Street Address _____

Professional Information

Business Line _____ Direct Line _____

Business Fax _____ Direct Fax _____

Website _____ Business Email _____

Personal Information: In case of a job change, so we can reach you regarding your certification.

Home Street Address _____

City, State, Zip _____

Personal E-mail _____

Cell Phone _____

SPECIALTY

Primary Clinical Credentials (Provide Your Primary Clinical Credential)

- Physician
- Physician's Assistant
- Nurse Practitioner
- Advanced Practice Nurse
- Other (Describe) _____

Secondary Clinical Credentials

- None
- Physician
- Physician's Assistant
- PhD
- Master's Degree
- Nurse (all categories)
- Other (Describe) _____

Medical Specialty Certifications

- Medical Oncology
- Radiation Oncology
- Surgery
- OB/GYN
- Internal Medicine
- Nursing Specialty Certifications (Describe) _____
- Other (Describe) _____

Practice Focus

- Oncology
- Surgery
- Gynecology
- Primary Care
- Other (Describe) _____

Training/Educational Activities in Cancer Genetics and Risk Assessment

- Conference

- Courses
- Web-based tutorials
- Practice based learning
- Other (Describe) _____

Practice Environment (work related experience) in Cancer Genetics and Risk Assessment

- High Risk Clinic – hospital based
- High Risk Clinic – outpatient setting
- Cancer Clinic
- Comprehensive Breast Center
- Other (Describe) _____

Years of work-related experience in Cancer Genetics and Risk Assessment

- 2 years
- 2-5 years
- 5-10 years
- 10-15 years
- 15-20+ years
- Other (Describe) _____

CERTIFICATION EXAM PURPOSE

To assess knowledge, skills and competencies previously acquired and necessary to assess, educate and provide cancer risk assessment and cancer genetics clinical services to patients and their families. There is a focus of this exam on comprehensive breast cancer risk assessment although a broader recognition of cancer genetics and cancer predisposition genes associated with hereditary cancer risk is expected of the candidate.

TARGET AUDIENCE

Preferred candidates are licensed professionals, including physicians, nurse practitioners/advanced practice nurses and physician assistants seeking to demonstrate advanced knowledge in providing cancer genetics and cancer risk assessment subspecialty practice. Genetic counselors do not need to obtain this certification as the competencies are covered by genetic counselor training and maintenance of certification.

NCBC recognizes that there may be other licensed or certified skilled practitioners who possess the requisite educational background, work-related knowledge, competency and clinical experience to be considered eligible to apply for certification in CGRA. Inquiries should be forwarded to the program director and will be assessed on a case by case basis by the certification board to assure that eligibility for this certification is met before sitting for the CGRA examination.

CERTIFICATION ELIGIBILITY REQUIREMENTS

To obtain a Cancer Genetics Risk Assessment (CGRA) Certification through the NCBC's Cancer Genetics and Risk Assessment Program, the certification eligibility requirements are:

1. Licensure:
Comply with all state requirements for current and unrestricted licensure as a registered healthcare professional - physician, registered nurse, advanced practice nurse, physician assistant.
2. Education:
Complete a minimum of 60 hours of relevant education, training activities in cancer genetics and cancer risk assessment.
3. Experience:
Complete minimum of two years of clinical practice experience in the field of cancer genetics, cancer risk assessment.
4. Register:
Pay the testing fee of \$495 and register at www.Breastcare.org
5. Exam:
Pass the CGRA exam.

NCBC conducts the certification program independently of any specific class, course or other education/training program and is also independent of any provider of classes, course or programs. The assessment is not designed to evaluate mastery of the intended learning outcomes of a specific class, course or program, nor is NCBC, as the certification program provider, the sole provider of any education or training that may be required for certification. NCBC's certification program is also not responsible for accreditation of educational or training programs or courses of study leading to the certification.

There are multiple pathways and educational resources by which a candidate could acquire the requisite specific areas of knowledge for competency as a healthcare provider in cancer genetics and risk assessment. Resources may include self-study, practice-based education, online course/web-based study, review of professional journals or in-person courses for healthcare providers in cancer genetics and cancer risk assessment.

***See attached examples of resources (list is not intended to be inclusive/endorsement of any one resource)**

CERTIFICATION PROCESS

All candidates, regardless of professional licensure or certification, are required to take an exam assessing knowledge, skills and competencies required for CGRA Certification. The exam consists of 120 questions and is conducted in a secure, proctored environment with a 3 hour time limit. Successful completion of the assessment exam is required to receive the certification. The exam consists of 100 scored questions and 20 unscored questions.

CERTIFICATION ANNUAL RENEWAL

The Cancer Genetics Risk Assessment Certification requires annual renewal with eight (8) continuing education credits in cancer genetics, risk assessment content earned per year. A failure to renew will result in inactive certification after 60 days past expiration and decertification after 1 year past expiration.

The annual renewal fee will cost \$159.34 that includes a printed and mailed certificate and processing fee.

The online renewal form can be found at <https://www.cgracertification.org/cgra-renewal/>

PAYMENT OPTIONS

Certification Fee: \$495

- Registered and paid for certification online
- Paying by fax or mail (check or credit card)
- Paying by Visa, MasterCard, or Discover on our website (link sent when approved for exam)
- Authorizing payment with submitted application via email

Date of Application _____ Signature _____

OFFICE USE ONLY:

- Applicant Paid
- Applicant Pending Payment
- Applicant sent resources
- Applicant Approved
- Applicant Pending Approval
- Applicant Not Approved
- Entered into Risk DB
- Registration Documents Sent Via Email

Reviewer Initials _____