Certified Joint Commission Professional (CJCP™)
RECERTIFICATION EXAMINATION APPLICATION

You must complete all sections of this form. Please include credit card information or enclose a cashier’s check or money order payable to PSI Services Inc. for the appropriate amount. Mail the application and fee to:

CJCP Recertification Examination, PSI, 18000 W. 105th St., Olathe, KS 66061-7543.
For further information, you may call Candidate Services at 888-519-9901.

PERSONAL INFORMATION (please print using black or blue ink)

Name: ___________________________________________________________________________________________________________
(Last, First, Middle)
Date of Birth: ____________________________ CJCP Expiration Date: ____________________________
Daytime Telephone Number: ____________________________ Evening Telephone Number: ____________________________
Email Address: ___________________________________________________________________________________________________
Street Address: ___________________________________________________________________________________________________
_________________________________________________________________________________________________________________
City: ____________________________________________ State: ________________________________________________
Zip Code/Postal Code: ___________________________________  Country: ________________________________________________

CJCP RECERTIFICATION REQUIREMENTS
☐ I am opting to recertify by retaking the CJCP examination. I do not have the full 30 required CJCP credit hours; however, I do have the minimum required 10 CJCP credit hours from JCR and/or Joint Commission exclusive education opportunities.

EXAMINATION INFORMATION
I am including a Special Accommodations Request:
☐ No
☐ Yes (Complete the form included in this handbook.)

RECERTIFICATION EXAMINATION FEE
Payment of the $375 recertification examination fee may be made by credit card, cashier’s check or money order made payable to PSI.

If payment is made by credit card, complete the following:
☐ VISA  ☐ MasterCard
☐ Discover  ☐ American Express

I agree to pay the amount indicated according to card issuer agreement.

Credit Card Number
______________________________________________
Expiration Date
______________________________________________
Name on Card
______________________________________________
Signature
______________________________________________

DEMOGRAPHIC QUESTIONS

1. Highest Education Level Achieved:
☐ Diploma in Nursing (Registered Nurse)
☐ Associate’s Degree
☐ Bachelor’s Degree
☐ Master’s Degree
☐ Medical Degree (MD, DO)
☐ Doctoral Degree (other than medical doctor)

2. Years of experience in healthcare quality, Joint Commission accreditation preparation, coordination, assistance, management, or maintenance:
☐ 2 years  ☐ 10-15 years
☐ 3-5 years  ☐ 16-19 years
☐ 6-9 years  ☐ More than 20 years

3. Choose the title that best describes you:
☐ Director of Quality/PI Coordinator
☐ Risk Manager
☐ Patient Safety Officer
☐ Chief Nursing Officer
☐ Nurse Manager
☐ Chief Medical Officer
☐ Pharmacist
☐ Consultant
☐ Administrator
☐ Physician
☐ Compliance Officer
☐ Director of Engineering/Maintenance
☐ Facilities Manager
☐ Medical Staff Services Professional
☐ Life Safety Code Specialist
☐ JCR or Joint Commission Employee

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SIGNATURE
By submitting this CJCP recertification application, I understand that I am applying for CJCP recertification. I understand that I may be selected for a random audit, and if so, will provide validation of the programs that I have attended and participated in. Validation could include a copy of a certification of attendance, pre-tests or post-tests, or a letter from the organization verifying my attendance. I further understand that if I do not meet the CJCP recertification requirements, or am re-taking the examination and do not pass, I can no longer use the CJCP credential after my name until I successfully retake the examination and receive a passing grade.

Should my CJCP Recertification Application be accepted, I understand that my certification period will be extended for three (3) years and I will need to again recertify. I further understand that a recertification sticker will be mailed to the address listed on this application form.

Should my CJCP Recertification Application be denied, I understand that I can no longer use the CJCP credential. I further understand that I will need to start the certification application process from the beginning or submit a Recertification Appeal to the CJCP Steering Committee for consideration.

Sign and date in ink.

Name (Please Print): _______________________________________________________________________________________________________

Signature: ___________________________________________________________________ Date: ___________________________________________