



**Address**       Home       Business

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth (mmddyyyy) \_\_\_\_\_

**Gender**

- Male
- Female
- Not Disclosed

**Race/Ethnicity**

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic/Latino
- Pacific Islander
- White
- Not Disclosed

**PROFESSIONAL INFORMATION**

**Please complete the following information. All questions must be completed. Incomplete entries will delay your recertification request.**

RN # \_\_\_\_\_ State of Licensure \_\_\_\_\_

Years of Experience as an RN \_\_\_\_\_

Are you a registered Nurse in Good Standing?

- Yes
- No

How many years have you been a registered nurse in the field of bariatric surgery or in the care of the morbidly obese patient? \_\_\_\_\_

Are you an ASMBS Integrated Health member?

- Yes
- No

What percentage of your work time is spent is spent with bariatric surgical patients?

- 0 – 10%
- 11 – 25%
- 26 – 50%
- 51 – 89%
- 90 – 100%

What is the title of your current position (select one)?

- Bariatric Nurse Coordinator
- Bariatric Program Coordinator
- RN on a hospital floor caring for bariatric surgical patients
- Administrator in a hospital that cares for bariatric surgical patients
- RN working in the bariatric industry with minimal direct patient contact
- Other \_\_\_\_\_

What are the titles of positions you have held in bariatric surgical practices? (Select all that apply):

- Bariatric Nurse Coordinator
- Bariatric Program Coordinator
- RN on a hospital floor caring for bariatric surgical patients
- Administrator in a hospital that cares for bariatric surgical patients
- RN working in the bariatric industry with minimal direct patient contact
- Other \_\_\_\_\_

In what country do you work? \_\_\_\_\_

In which state or territory do you work? \_\_\_\_\_

How many bariatric surgical procedures does your facility perform each year?

- 0-100
- 201-300
- 301-400
- 401-500
- Over 500

Which are the principle procedures performed regularly by your program/practice affiliation? Check all that apply:

- Open VBG
- Laparoscopic VBG
- Laparoscopic Adjustable Banding
- Gastric Pacemaker
- Open Roux-en-Y Gastric Bypass
- Laparoscopic Roux-en-Y Gastric Bypass
- Open Bileopancreatic Diversion (BPD)
- Open BPD with Duodenal Switch
- Laparoscopic BPD with Duodenal Switch
- Open Revision Bariatric Surgery
- Laparoscopic Revision Bariatric Surgery
- Open Gastric Sleeve
- Laparoscopic Gastric Sleeve
- Gastric Plication
- Gastric Plication with Adjustable Band
- Other \_\_\_\_\_

## Choice of recertification option (please select one):

There are two main avenues to choose for recertification:

- Re-testing option
  - I have sat for the exam (include date for exam) \_\_\_\_\_
  - I will sit for the exam (anticipated date for examination) \_\_\_\_\_
  
- Professional Development/Continuing Education option

### **Professional Development/Continuing Education Option**

You have selected the Professional Development/Continuing Education option for recertification.

Which of the 4 Professional Development/Continuing Education approaches would like to select?

- 80 Contact hours of Continuing education
- 40 hours of Continuing Education and 2 Presentations
- 40 hours of Continuing Education and 1 Published article in a Peer-reviewed Journal
- 40 hours of Continuing Education and Academic Credits

Upon receipt of your documents, you will receive an email verifying that your application has been received. Processing your application can take up to 12 weeks.

If there are any concerns regarding your application you will be contacted by email.

Thank you and if you have any questions you may contact the CBN Recertification Support:

[cbn@asmbs.org](mailto:cbn@asmbs.org).