“That the culture care needs of people in the world will be met by nurses prepared in Transcultural Nursing”

--Madeleine Leininger, Founder Transcultural Nursing Society
Certification in Transcultural Nursing began in 1987.

A certification committee was established and developed a multiple choice examination, followed by an oral examination. The first examination was administered in 1988. Testing usually took place at the Annual Conference of The Transcultural Nursing Society (TCNS). In 2004, the Board of Trustees appointed a Certification Task Force to review current practices and make recommendations for future directions in certification. The Task Force completed its work and recommended that a Certification Commission be set up. The Transcultural Nursing Certification Commission (TCNCC) was established by the TCNS Board of Trustees in 2006. The TCNCC began its extensive work of organization and development of a new test and testing process. The first pilot exam of the new test was accomplished in January and February of 2009. The second pilot exam was given in June and July 2009. The new exam and procedure was implemented in December 2009.

Certification in Transcultural Nursing demonstrates to nurse colleagues, patients, employers, and others, the knowledge, experience, and commitment to transcultural nursing.

Information about TCNS

For further information about the Transcultural Nursing Society (TCNS) please visit the website at www.tens.org or contact TCNS at:

Transcultural Nursing Society - Global Office
36600 Schoolcraft Road
Livonia, MI 48150-1176
Toll Free Phone: 1-888-432-5470
FAX: 734-793-2457
Email: staff@tcns.org
Purpose of Certification

Certification aims to validate the ability to provide culturally competent and congruent care to clients, families, communities, and organizations. The purposes of transcultural nursing and certification are to:

1. promote and maintain safe and culturally meaningful care with the aim of protecting individuals, groups and communities
2. recognize the expertise of transcultural nurses prepared to care for clients of diverse and similar backgrounds
3. provide quality-based standards of transcultural nursing practices

Certification Administration Program

The Transcultural Nursing Certification Commission (TCNCC) was established to promote the highest level of culturally competent and culturally congruent care. The Commission develops, implements, and coordinates all aspects of certification for transcultural nursing.

The Commission is composed of appointed board members who are knowledgeable and experienced in transcultural nursing.

The Transcultural Nursing Certification Commission supports the National Collegiate Testing Service (NCTS) to offer transcultural nursing certification testing. Members of NCTS (over 240 in the United States and Canada) have a set of standards that all testing sites follow.

Eligibility Criteria

To become recertified, candidates must meet all five of the eligibility criteria listed below at the time of application. Complete the application form, submit all fees, and agree to participate in any random audits required. No persons shall be excluded from the opportunity to participate in the ReCertification in Transcultural Nursing Program on the basis of race, color, national origin, religion, sex, age, affiliation, or disability. To be eligible to participate, all criteria listed below must be completed within the five year certification period and prior to the application being submitted. Application is located on the last page of this guide.

I. Basic Eligibility Criteria Graduate Level (CTN-A):

Please select three of the five criteria listed below. The bulleted descriptions are meant as examples of documentable activities, and are neither exhaustive nor all required to meet the particular criteria.

1. Evidence of professional growth in TCN
   a. Attendance at classes, workshops, conferences
   b. Conducting classes, workshops, and conferences
   c. Accumulation of continuing education in TCN knowledge
2. Evidence of creative and innovative ways to promote and maintain TCN practice
   a. Short summary of endeavors
   b. Multimedia showing TCN practice in action

3. Evidence of research in TCN
   a. Research projects or grants
   b. Ongoing research, funded or community projects
   c. Published materials

4. Evidence of substantive or unique contributions made to advance TCN
   a. Community projects
   b. Teaching and mentoring

5. Evidence of TCN leadership in teaching, research, or consultation to improve care in diverse cultures
   a. Letters of support from students, employers, etc.
   b. Letters from other nurses
   c. Multidisciplinary leadership in programs, panel presentations, etc.

II. Additional Eligibility Criteria CTN-A

All Additional Criteria listed below must be met in order to recertify.

1. Hold a current, active, unrestricted RN license in a state or territory of the United States or the professional, legally recognized equivalent in another country.

2. Hold a master's, post-master's, or doctorate in nursing, education, philosophy, or related field from a program accredited by the Collegiate Commission of Nursing (NLNAC) if the school is in the U.S.; or legally recognized equivalent in another country.

3. Currently employed or self-employed in nursing, either full or part-time, at the time of application.

4. Completed at least one course (didactic and/or clinical) in cultural diversity and promotion of cultural competence for a minimum of 3 credits (or equivalent of 42 Continuing Education Contact Hours/Units).

5. Completed 2400 hours of transcultural nursing practice as a registered nurse in administrative, teaching, research, or clinical capacity, either full or part-time prior to submitting application.

6. All requirements must be completed prior to application for recertification.

Description of Practice

The CTN practices in diverse settings including primary care, acute care, community settings, rural/remote area nursing, and long-term care across the life span and is actively engaged in education (e.g., patient, staff, students, and colleagues), case management, clinical practice, consultation, research, and/or administration.

Recertification in Transcultural Nursing (CTN) is achieved by nurses who meet the criteria and agree to submit a portfolio of evidence, if audited.
The portfolio of evidence must meet the following criteria: Please select three of the five criteria and you must submit documented evidence to support these criteria if audited:

1. Evidence of professional growth in TCN
   a. Attendance at classes, workshops, conferences
   b. Conducting classes, workshops, and conferences
   c. Accumulation of continuing education in TCN knowledge
2. Evidence of creative and innovative ways to promote and maintain TCN practice
   a. Short summary of endeavors
   b. Films showing TCN practice in action
3. Evidence of research in TCN
   a. Research projects or grants
   b. Ongoing research, funded or community projects
   c. Published materials
4. Evidence of substantive or unique contributions made to advance TCN
   a. Community projects
   b. Teaching and mentoring
5. Evidence of TCN leadership in teaching, research, or consultation to improve care in diverse cultures
   a. Letters of support from students, employers, etc.
   b. Letters from other nurses
   c. Multidisciplinary leadership in programs, panel presentations, etc.

DISCLAIMER

Recertification granted by the Certification Commission of the Transcultural Nursing Society is a voluntary process. The Certification Commission of the Transcultural Nursing Society does not license or define the qualifications of any person to practice nursing. The significance of certification in any jurisdiction or institution is the responsibility of the candidate to determine.

APPLICATION INSTRUCTIONS

The application will be considered incomplete if any of the requested information is illegible, not provided, or the appropriate fees are not paid. Applicants will be informed of appropriate measures to complete their applications prior to the certification deadline only. All candidates must apply, either by mail, fax or email.

The Certification Commission reserves the right to audit your application and/or verify the employment and licensure of any candidate. Please allow two (2) weeks for acknowledgement of receipt of your application.

☐ You must apply by mail, fax or email.
☐ Incomplete applications at application deadline, including those without required documentation or payment, will not be accepted.
☐ You must provide an individual or personal email address where certification information can be sent. Do not list a group email box that is shared in the workplace.
☐ Provide a telephone number where you may be reached if there are questions regarding your application.
☐ All information requested on the application form is required.
   ▪ Indicate your full name
   ▪ If you are a member of the TCNS please provide your member number where indicated. If you recently joined TCNS and do not have your
number, write “new member” and the TCNCC will verify your membership.
• Indicate your initial certification date

FEE STRUCTURE:

Recertification Fees:
Current TCNS Members: $150 USD
Non-TCNS Members: $250 USD

Returned Check Fee
$25 Fee is charged for all returned checks.

The fee structure is subject to change. The TCNCC Board of Directors reserves the right to adjust certification and recertification fees as necessary.

DESIGNATION OF RECERTIFICATION

RE-Certification is awarded to those who successfully complete the process by meeting the eligibility criteria, including agreeing to a random audit process and supplying all documentation if requested, and submission of the completed application by the deadline. The designated credential is: CTN-A (Certified Transcultural Nurse-Advanced) This credential may be used in all correspondence or professional activities. Certification as a CTN-A is valid for a period of five years. Recertification is available by application and evidence of meeting stated criteria, which may be subject to random audit. Certified nurses will begin to receive recertification notices approximately one (1) year in advance of the expiration of their certification.

It is the professional responsibility of the certificant to notify TCNCC of any change in name, address, phone and email. These changes may be made by email, mail or fax. Any changes and questions related recertification programs should be directed to TCNCC at:

Transcultural Nursing Society Global Office
TCNCC
36600 Schoolcraft Rd.
Livonia, MI 48150-1176
Toll Free: (888) 432-5470
Fax: (734) 793-2457
Email: staff@tcns.org
Web: www.tcns.org
Re-Certification Application

Date: __________  Name: ___________________________
Address Line 1: ______________________________________ Address Line 2: ___________________________________
State/Province: ____________________ Zip/Postal Code: __________

TCNS Member Number ____________________

CTN-Advanced (CTN-A) __________ Transcultural Nursing Society Member __________

Last Four Digits of your Social Security Number: __________
Home Phone: ____________________ Cell Phone: ____________________
Email: __________________________

EDUCATION: Masters in Nursing __________ Doctorate of Nursing Practice __________ PhD/DNS/EdD __________

Other Please Indicate: __________________________________________

EDUCATIONAL CREDENTIALS
Please indicate highest level of education completed.

II. ADDITIONAL ELIGIBILITY CRITERIA
Applicant must meet all of the criteria listed below and check each to indicate they have met that requirement. You must also provide required license information.

I. BASIC ELIGIBILITY CRITERIA
Please select three of the five criteria listed below. The applicant must be able to provide evidence of each criteria selected if requested during a random audit. The bulleted descriptions are meant as examples of documentable activities, and are neither exhaustive, nor all required to meet the particular criteria.

- Evidence of professional growth in TCN
  - Attendance at classes, workshops, conferences
  - Conducting classes, workshops, and conferences
  - Accumulation of continuing education in TCN knowledge

- Evidence of research in TCN
  - Research projects or grants
  - Ongoing research, funded or community projects
  - Published Materials

- Evidence of substantive or unique contributions made to advance TCN
  - Community projects
  - Teaching and mentoring

- Evidence of creative and innovative ways to promote and maintain TCN practice.
  - Short summary of endeavors
  - Multimedia showing TCN practice in action

- Evidence of substantive or unique contributions made to advance TCN
  - Letters of support from students, employers, etc.
  - Letters from other nurses
  - Multidisciplinary leadership in programs, panel presentations, etc.

- Evidence of TCN leadership in teaching, research, or consultation to improve care in diverse cultures

Your signature on this application indicates that you attest to having met all criteria indicated above. You also attest to the fact that your application may be randomly audited, and you would submit the required evidence for each criteria indicated by the date requested.

Signature: ____________________________

Please complete payment section on back side of application.
Payment Information:

Recertification Fee Check One: ☐ $150 TCNS Member Rate ☐ $250 Non-TCNS Member Rate

 Returned checks are charged a $25 dollar processing fee.

☐ Credit Card ☐ Check Enclosed

Billing Name: 

Billing Address: 

Billing Address: 

City: [ ] State [ ] Zip Code: [ ]

Country [ ]

Date [ ] Amount: [ ]

Credit Card Number: [ ] Expiration Date: [ ]

Signature: [ ]

For Office Use Only

Date Payment Received: [ ]

Amount of Payment: [ ]

Recertification Date: [ ]

Recertification granted: [ ]

5-year Recertification Date: [ ]

Processed By: [ ]

Audit: Yes ☐ No ☐

Audit Date: [ ]

Pass/Fail: [ ]

Check Number: [ ]

Credit Card Processed: Yes ☐ No ☐

Processed By: [ ]

Date Processed: [ ]

Authorization Number: [ ]

Amount: [ ]

Declined Reason: [ ]

Comments: