Letter of Agreement

Between

American Board of Neuroscience Nursing (ABNN)

&

Participating Facility

**Overview**

The participating facility agrees to participate in the ABNN certification hospital registration program that enables the participating facility to provide payment for certification testing at discounted rates for unsuccessful candidates as referenced below. As a requirement for participation in this agreement, the participating facility agrees to encourage their nurse(s) to apply and sit for either the CNRN or SCRN examinations.

The 2025 CNRN and SCRN examinations are offered in the exam windows below:

**CNRN 2025 Exam Windows**

|  |  |  |
| --- | --- | --- |
| **Exam Window Deadline** | **Exam Window Start Date** | **Exam Window End Date** |
| February 6, 2025 | March 1, 2025 | March 31, 2025 |
| June 5, 2025 | July 1, 2025 | July 31, 2025 |
| September 4, 2025 | October 1, 2025 | October 31, 2025 |

**SCRN 2025 Exam Windows**

|  |  |  |
| --- | --- | --- |
| **Exam Window Deadline** | **Exam Window Start Date** | **Exam Window End Date** |
| January 9, 2025 | February 1, 2025 | February 28, 2025 |
| April 3, 2025 | May 1, 2025 | May 31, 2025 |
| August 7, 2025 | September 1, 2025 | September 30, 2025 |

**Program Description**

The participating facility will identify the preferred exam (CNRN/SCRN) for each nurse enrolling in the program.

**CNRN Examination**

Identified facility nurses that are eligible to take the CNRN exam. Each eligible identified nurse must apply for the CNRN examination through ABNN. After the identified nurses have taken the examination, an invoice will be sent from ABNN to the participating facility based on the rates below:

Pass - $300/AANN Member-applicant

Pass - $400/AANN Non-Member applicant

Fail - $200/applicant

No Show - $200/applicant *(when a nurse selects their exam date with the testing company, but does not take the exam)*

**SCRN Examination**

Identified facility nurses that are eligible to take the SCRN. Each eligible identified nurse must apply for the SCRN examination through ABNN. After the identified nurses have taken the examination, an invoice will be sent from ABNN to the participating facility based on the rates below:

Pass - $300/AANN Member-applicant

Pass - $400/AANN Non-Member applicant

Fail - $200/applicant

No Show - $200/applicant *(when a nurse selects their exam date with the testing company, but does not take the exam)*

The participating facility agrees to pay the appropriate fees to ABNN within 30 days of invoice.

**Responsibilities of the Parties**

The participating facility agrees to:

* Encourage their eligible, registered nurses to participate in the program.
* Identify a contact person(s) for the program to assist ABNN in managing eligible registered nurses for the CNRN/SCRN exams. The contact person will maintain contact with ABNN staff to ensure that only nurses from the participating facility are using their code.
* Provide a list of employees participating in the program in order to monitor the promotion code so no external customers access it. **It is the facility’s responsibility to only share the designated promotion code internally.** ABNN will do its best to monitor the promotion code, however, in the event that the code is used by a candidate that is not employed at the facility or not part of this agreement, the facility is responsible for covering the corresponding exam fee.
* Pay ABNN’s invoices within thirty (30) days of receipt.

ABNN agrees to:

* Offer prices as outlined above to program participants through December 31, 2025.
* Provide instruction via email to the participating facilitycontact person providing enrollment instructions for the respective examinations.
* Provide Facility with a detailed invoice which lists all of the facility’s nurses who have successfully passed and/or failed any ABNN exam(s) and the appropriate fees.

**Examination/Audit Procedures**

*Audit*

ABNN randomly selects 5% of its certification applications to be audited. If a participating facilitycandidate*’s* certification application is selected for audit, the candidate is responsible for submitting a copy of their current registered nurse licensure and documentation to substantiate their work in neuroscience/stroke nursing. All documentation must be received within 21 days of the request.

*Cancellation*

If the participating facility candidate has applied to take an examination and has not scheduled their exam date and time, and would like to cancel their examination, please contact Nancy Quinzio, [nquinzio@connect2amc.com](mailto:nquinzio@connect2amc.com) or Kelly Podkowa, [kpodkowa@connect2amc.com](mailto:kpodkowa@connect2amc.com).

**Please note:** If a candidate has already scheduled their examination date and location with the testing company, the candidate/hospital will not be eligible for a refund.  Also, an applicant who cancels their exam and does not complete the audit process will not receive a refund. The hospital will be charged the “No Show” rate of $200 for these individuals.

*Reschedule*

If a candidate has already scheduled their date and time for the exam, they may reschedule **within their same exam window AND at least 48 hours prior to their currently scheduled exam.**In order to reschedule an exam, candidates must visit the [PSI website](https://test-takers.psiexams.com/abnn) or email PSI at [ABNN.Support@psionline.com](mailto:ABNN.Support@psionline.com) with their name, PSI ID# (located in your Certification Center), original scheduled date, requested new date/time and preferred testing site at least 2 business days prior to your scheduled appointment. The participating facilitywill forfeit fees if the candidate fails to contact PSI at least 2 business days prior to the scheduled date and if they fail to report for the examination. The hospital will be charged the “No Show” rate of $200 for these individuals.

*Postponement*

Candidates may not extend or postpone their exam eligibility period.  If they do not complete the exam before their eligibility period expires, they will be required to submit a new application and pay all associated fees.

**Agreement Cancellation**

In the event of cancellation by the participating facility for any reason there will be charges, as stated above.

**Intellectual Property**

Any and all materials developed by ABNN and provided by ABNN to the participating facility pursuant to this Agreement shall be and remain the sole and exclusive intellectual property of ABNN and that all copyrights and other proprietary interest therein shall belong to ABNN.

Neither party is allowed to use the other party’s name, tradename, trademark or logos in publicity releases, advertising or social media without first securing prior written consent from the other party for each use. Upon termination of this Agreement, each party shall (a) cease all use of the other party’s name, tradename, trademark or logo: and (b) discard, destroy or delete any printed and electronic materials containing the name, tradename, trademark or logo of the other party.

**Confidentiality**

Neither party shall sell, publish, or disclose to any third party any proprietary, confidential or other non-public information of the other party without such party’s prior written consent, except under compulsion of law.

**Acceptance**The signature of an authorized officer below indicates authorization to begin the project in accordance with this agreement.

**Signatures of Representatives:**

American Board of

Neuroscience Nursing

Participating facility

Signature: Signature:

Kelly Podkowa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Senior Operations Manager - ABNN Printed name & Title