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I. Welcome and Introduction:

The Breast Patient Navigator Certification Program is a certification that has been developed by a peer review team of the National Consortium of Breast Centers (NCBC). The Navigator program identifies the purpose of certification as a means to: [1] set standards of achievement and the navigator's role; [2] enhance patient safety, quality of care and delivery of services through recognition and resolution of barriers to care; and [3] recognize professionals who advance beyond basic knowledge in a specialty field.

Mission of NCBC: The mission of the National Consortium of Breast Center's Navigator Certification program is to optimize care of patients affected by a diagnosis of breast cancer. Through standardized certification, we recognize highly skilled navigators who excel in communication, support, education, assessment and elimination of barriers to care from initial screening imaging to survivorship or end of life care, with a goal of continual support offered for every patient, every time.

The governance of the Breast Patient Navigator (CN-B*) certification is a function of the NCBC Board of Directors, with operational oversight provided by the Navigator Core Committee. A list of Board members can be found at www2.breastcare.org/board-of-trustees.

A. 2018 Navigation Certification Core Committee

Janelle Clark, MSN, ANP-BC, CN-BP, CBEC
Cathy Cole, NP, MPH, CN-BP
Melissa Hopkins, RN, BA, CN-BN [Chair]
Linda Kramer-Hall, Community Liaison
Andrew Newman, RT, CN-BI
Becky Olson, CN-BA
Julie Shisler, LPN, BS, CN-BM
Dr. John Bell, Medical Advisor



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Dr. Ernie Bodai, Medical Advisor
Kimberly Samuels, RT, Executive Director

B. Acknowledgements

The initial Breast Patient Navigator Certification (or beta certification) was offered at three sites in 2009. Individuals, who passed the certification examination in the beta year, were certified for one year and were required to sit for the official certification examination in 2010. Official certification is now considered a “Life Time” certification, as long as requirements are fulfilled, including: annual renewals with submitted CEUs and NCBC membership.

This certification program has been made possible through the dedicated service and efforts of professionals whose knowledge, opinions and critiques helped to create this program. The program would not be a reality without the pilot program presented at the 19th Annual National Interdisciplinary Breast Center Conference through Genomic Health, Inc. Genomic Health, Inc. is recognized for initial and continued investment in this program and underwriting some of the costs with the goal of providing health care professionals with breast health/cancer education thereby raising the bar and setting standards for breast patient navigation. The professionals who have had a part in the development of this program are listed below.

Founders of the Original Program:

Shireen L. Braner, PA, RT(R)(M)(QM), CBEC, CN-BI
Susan M. Gardner, RN, CBEC, CN-BN
Diana Gaughan, RN, OCN, CN-BN
Colleen Johnson, RN, NP, CN-BP
Gina Leffert-Paige, ARRT, RTM, CN-BI
Lillie Shockney, RN, BS, MAS, CN-BN
Colleen Sullivan-Moore, RN, MS, CN-BN
Sandra M. Walters, RN, CN-BN
Meridithe Mendelsohn, MPA, CN-BM

C. About the Navigation Program

Breast cancer is the second leading cause of cancer deaths in women today. With the sudden onset of oncology information and life-altering decisions to be made, barriers in education, finances, emotional and mental status, family support, and a myriad of other issues drive the demand for a trained navigation system to assist the patient during these most troubling times.

Mission of the Navigation Program: The mission of the National Consortium of Breast Center’s nonprofit Navigation Certification program is to optimize care of patients affected by diagnostics and cancer of the breast. Through standardized certification, we recognize highly skilled navigators who excel in communication, support, education,



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assessment and elimination of barriers to care from outreach to survivorship or end of life care, with a goal of continual support offered for every patient, every time.

Vision: To be recognized and acknowledged as the foremost national and world leader in Certification for Navigators.

Goals of Navigation:

- Provide continual navigation support for breast care and cancer patient and their family – Assess for patient needs and barriers.
- Address identified needs and barriers through available programs and support systems. Identify areas of individual strengths for patients to use in empowering them to help themselves.
- Assist patients with transition from diagnostics through treatment by coordinating appointments through advocacy, education, and continued assessment of needs and barriers. Address barriers to timely care.

Education:

Navigator training or education is not provided by the NCBC. The NCBC collaborates with the Harold P. Freeman Patient Navigation Institute to offer training for new patient navigators. Only for convenience is the training and the certification exam offered in the same location. The PNI training is not required to sit for the examination nor do participants in the training have to be certified. Registration for each component is separate. Neither faculty nor fees are shared between the two organizations.

Definition of a Navigator: A certified breast patient navigator is a dedicated person experienced in the flow of events in the screening, diagnostic breast care, treatment, and survivorship setting of breast cancer. The certified breast navigator uses specific navigation tools to assess barriers, educate, and support the patient throughout the continuum of breast care with a set of holistic standards. These standards include ongoing assessment and support of the patient's physical, mental, emotional, spiritual, financial, legal, educational, sexuality, and family needs. The certified breast health navigator effectively utilizes assistance from facility, community, and national sources to lessen the severity of impact on a diagnosis of breast cancer.

II. Exam History

The CBPN test was developed by a core group of nurses and RTs in 2008. The BPN Matrix® was developed to identify the linear stages a patient experiences from breast screening, diagnostics, cancer treatment, and survivorship or end of life care. Set by national trends and navigation advocates there are specific points in time when a navigator enters or leaves a patient's continuum of care. This NCBC standard of practice (Matrix®) has not changed.

A. Job Analysis and Review

Each year, job performance data is collected during the certified navigator renewal process to verify that the information being tested on is relevant to current practice. Data is typically received from 700+ certified navigators in all 50 states and the District of



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Columbia. Respondents are 99% female and work experience generally falls between two (2) and ten (10) ~~ten~~ years. Based on this data, a hierarchy of experts, in the navigation field, in a peer-review process analyzes exams for accuracy, content, and ~~pertinence~~ relevance. These experts are volunteers that are currently certified and in good standing navigators following the beta year of testing.

Annually, each test is reviewed by an experienced lead navigator specific to that designation. All test questions and answers are reviewed by a minimum of five peer task force members, selected for diversity in locale and field of licensure, for content and updates based on nationally recognized organizations, such as the American College of Radiology (ACR), National Comprehensive Cancer Network (NCCN), American Cancer Society (ACS), and the National Institute of Health (NIH). All references needed for study are based solely on nationally standardized and recognized organizations, which are free to all participants online or through library systems. While other books are referenced for use by the tester's discretion, none are required to pass the test. All registrants are given access to the study guide.

In 2015, The National Consortium of Breast Centers (NCBC) contracted with Excelsior College's Center for Educational Measurement (CEM) to conduct a job task analysis for their Navigator certifications. NCBC's Certification Core Committee provided an initial list of 13 job tasks and 18 knowledge areas relevant to the role of Navigator. During a committee meeting in August of 2015, facilitated by CEM, the committee finalized the wording of the task and knowledge statements for the purpose of inclusion in a survey of the wider membership, and agreed to CEM's recommendation that the survey include judgments of both frequency and criticality, since there was a possibility that there might be some tasks that might be rated low for frequency but were critical for good patient outcomes. CEM developed the frequency and criticality prompts and scales for the survey in coordination with NCBC leadership. (Navigator Accreditation Survey Original, as it was presented to the membership, is available upon request.) The survey was made mandatory for recertification by NCBC, so most current certificants responded to the survey. Following the meeting, the committee also produced a crosswalk of job tasks to knowledge areas, to validate the usefulness of the knowledge areas to the job tasks. Data from the Navigator Accreditation Survey was provided to Excelsior College. The total number of records was 547. There were 378 records for the Nurse Navigator and 176 records for the ~~imaging~~ Navigator.

The overall goal of the analysis was to validate that the job tasks and knowledge areas identified by the committee are also considered important by the population of certificants in general, and to provide input into decisions about relative weighting of content areas of the certification exam. To that end, we calculated means and standard deviations for all survey items, and grouped and sorted the responses by item type (job task frequency, job task criticality, knowledge frequency, and knowledge criticality). In addition, it is important to consider whether the survey responses showed significant variance depending on demographic variables. For example, if one group of respondents shows a different pattern of ratings for task frequency than another group, then the



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weighting of content areas on the certification exam might favor one group over another, so that the exam might not fairly test all candidates. Additionally, differences in response patterns related to years of experience, for example, might provide guidance regarding the importance of particular tasks to newly certified individuals versus the importance to expert Navigators. Therefore, we examined response patterns for different demographic groups. We also plotted responses for frequency items against responses for criticality items, to determine if there were either overall correlations between frequency and criticality, or if there were particular tasks or areas of knowledge that should be given special consideration in the exam content weightings due to having a large difference between frequency and criticality ratings. Finally, we calculated an overall importance score for each item, combining frequency and criticality ratings, as an additional tool for deciding weightings of content in the exam.

To evaluate the survey, Cronbach's coefficient Alpha was calculated. As a measure of the stability of this statistics, it ranges from 0 to 1 with higher values reflecting less measurement error. For this survey, the Cronbach's Alpha is 0.968, indicating the rating scores obtained were very reliable.

The subgroup analysis indicated that there were not significant differences among responses by age, number of patients per month, or years of practice. This finding indicates that agreement on what is important and critical is solid among the Navigator population, validating that the statements the panel generated capture the field adequately.

Nurse Navigators and Imaging Navigators were found to show significantly different responses and thus should be considered to be two separate groups for the purposes of building test plans and exams, as important aspects of their work apparently are different.

There was a moderate correlation between criticality and frequency judgments, which is a typical finding. This finding helped us determine the model we used to develop the importance ratings.

Statements were ranked by importance, and there are substantial differences in relative importance that should yield useful information for weighting content areas in test blueprints (exam specifications). To see the full list of job tasks and required knowledge areas go to: <http://www2.bpnc.org/navigator-certification-programs/>

B. Exam Development

Using the job task analysis report from Excelsior, data collected from working navigators in 2014, and discussion with an RT and an RN, the final test question breakdown was developed by assigning each job task weight to the NCBC Matrix (by category) which follows the patient from beginning to end of the cancer journey. These Matrix categories include: Screening Imaging (A), Diagnostic Imaging (B), Pathology (C), Pre-Treatment (D), Treatment (E), and Post-Treatment (F). Also taken into consideration was a person's licensure and scope of practice. We assert that each individual works in accordance with



the standards set in place by their respective licensing agencies and are supervised by the facility for which they are performing these tasks.

Matrix category	A	B	C	D	E	F
<i>% of test questions</i>	<i>0.112</i>	<i>0.3365</i>	<i>0.171</i>	<i>0.2555</i>	<i>0.061</i>	<i>0.045</i>
<i>X total # of questions</i>	<i>150</i>	<i>150</i>	<i>150</i>	<i>150</i>	<i>150</i>	<i>150</i>
<i># of ?s required</i>	<i>16.8</i>	<i>50.475</i>	<i>25.65</i>	<i>38.325</i>	<i>9.15</i>	<i>6.75</i>

Based on this data analysis, the tests adapted accordingly.

NCBC is currently undergoing a review of its standard setting, item analysis and equating plan with the assistance of Excelsior’s CEM. All executive summaries provided by Excelsior CEM are available upon request except when proprietary material is a part of that summary.

The changes made to these tests, based on the 7 year review, have been implemented and have been rolled out as of March 2016.

Questions are reviewed by a minimum of two (2) Medical Advisors before being finalized as an accepted test question. Medical Advisors are medical doctors in the breast health and cancer field.

Test components

The previous CBPN exam consisted of 100 multiple-choice items (a question or incomplete statement, followed by four answers or completions) or true-false questions. The CBPN imaging and cancer tests, overhauled in 2014 during the addition of the new designations, and now reflected as CN-B*, now consist of the original 100 questions plus 35 navigation specific questions, as well as 15 other questions from other appropriate matrix sections. The imaging and nurse tests were not piloted further because the original test, which is part of the new test, has been updated every year and given to over 1000 participants. The four tests added this year (and slated for accreditation in 2017) were piloted by practitioners in each field.

Breakdown: The Matrix® is first divided into two parts: Imaging and Treatment. These two sections are additionally divided down into subsets that define the pathway patients take through breast health and breast cancer care (shown above). The Matrix is primarily used as a template to show the flow of the breast patient and where healthcare providers may enter the sequence. All navigators, regardless of designation, are required to understand the full extent of patient movement through this documented system of care. Each CN-B* test has 150 questions and the questions are divided in this manner:

Navigation questions (common with all tests)	35
Diagram of breast (common with all tests)	5
<u>Questions/Answers based on National Standards</u>	<u>110</u>
TOTAL Questions	150



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It is important to note that while each test has similar national standards and common knowledge test questions, the questions are written specific to the scope of practice as recognized by the individual designation, as specified in the executive summary of Excelsior College's CEM.

The Breast Patient Navigation Certification examination is based upon the role of a breast patient navigator. The examination reflects the knowledge and skills a breast patient navigator should understand in order to successfully navigate a breast patient through the breast health/cancer continuum of care based on the survey and psychometric analysis done by CEM.

The assessment measures an individual's competency as a navigator through a series of 150 questions based on navigational skills by job specific scopes of practice. While it is important to note that the tests are not designed to assess licensure knowledge, licensure plays a role in specifying the areas needed to work effectively as a patient navigator.

Navigators have a specific function at any given space in time during patient care, but to be an effective navigator is to have knowledge of the full spectrum of care. The National Consortium of Breast Center's test bases questions then on these criteria:

1. Scope of practice
2. Facility and State regulations
3. Nationally recognized guidelines

It is important to note that while navigators must understand the spectrum of care, proper use of this Navigational model includes the understanding that no one can work outside their specific scope of practice as defined by licensure, state and national regulations, or facility protocol. Anyone working outside these perimeters is subject to inquiry and disciplinary action.

Tests are developed with the criteria by subject matter (peer) experts in breast patient navigation. Each core committee member (SME) represents a distinct designation and leads the designation task force for tests, test reviews, study guidelines, and annual test updates based on national guidelines. Task forces are comprised of primarily peers to the designation, but also selections from other designations to balance the product and support continued continuum of care between the respective navigators. Guidelines are constantly monitored for changes or upgrades to patient care based on evidenced based practices in patient care. For any major changes or additions to the program, a presentation, review, and vote is requested of the NCBC Board of Directors for final approval before use. Testing navigators are informed that while some facilities may deviate from national practice standards, but the test will remain fair and impartial based on following these guidelines at all times. Guidelines include:



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1. NCCN: National Comprehensive Cancer Network
2. ASCO: American Society of Clinical Oncology
3. ACR: American College of Radiology
4. ACS: American Cancer Society
5. NIH: National Institute of Health
6. MQSA: Mammography Quality Standards Act
7. NCI: National Cancer Institute
8. CoC: Commission on Cancer navigator program requirements

Test validity is supported by continual test review and annual review for changes to nationally accepted practice and protocol.

C. Certification Processes and Procedures

How to Become a CN-B* through the Breast Patient Navigator Certification Program:
Certification Eligibility Requirements: The applicant must:

- Be a licensed medical professional and hold a valid medical license as a physician, nurse practitioner, registered nurse, certified physician assistant or social worker OR
- Be a certified medical professional and hold a valid certification as a radiologic technologist, radiology practitioner assistant, social worker, or advanced practice nurse OR
- Be a medical technician, licensed practical/vocational nurse, volunteer or lay navigator; AND
- Navigate breast patients for at least 25% of annual time worked; OR
- Work at least 500 hours per year in breast patient navigation; AND
- Provide proof of valid license or certification, where applicable; AND
- Pay the certification fee of \$300 registration for current NCBC members or \$450 registration for non-NCBC members (this includes a 1-year membership). You must maintain NCBC member to renew your certification.

NOTE: an applicant without valid medical credentials at the time of testing will be offered the ADVOCATE test. Proof of licensure will be required as noted above.

Certification Eligibility Recommendation but not a Requirement:

- The applicant applying for certification should have a minimum of two years' experience of navigating breast patients, but no less than 6 months experience. The examinations cover knowledge the navigator has gained through licensures or certifications and career experience to efficiently and effectively navigate breast care/cancer patients. Reminder: this test is for currently practicing navigators.
 - In collaboration with Dr. Harold Freeman's Navigation Patient Institute, a separate coursework specifically designed for breast navigators is offered the day before NCBC Navigation Certification in some locations. Cost is \$499. Enrolling in this course is not mandatory to take the test if you fit the criteria for eligibility noted. However, the information and course review may be beneficial prior to taking the test. Enrollment with PNI can be done by going to their website at www.hpfreemanpni.org or on our online registration system.



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- For applicants with 3-6 months of the required experience, an alternative is to obtain a certificate of attendance for a breast care/cancer navigation course, from an approved organization. Please contact the Certification Manager for course approval prior to enrolling for the course.

Refunds:

No refunds will be given once the study material is sent.

Interested participants contact the National Consortium of Breast Centers office by phone, fax, or email. Once the participant is deemed eligible to test and has submitted the required application and fees, a policy guide and list of reference material is sent to their listed email address at least three weeks prior to the testing. Tests are held multiple times per year: in March at the main NCBC conference and at varying regional sites spaced across the country.

Examinations consist of a three-hour written test, formatted as multiple choice and true-false questions. The tests are developed and updated on an annual ~~continual~~ basis by peer review and recognized changes in national standards. All navigators are expected to understand the full spectrum of breast diagnostics and cancer care that a patient may undergo. The test is designed to verify navigational knowledge from outreach through survivorship or end of life care. The examination does not contain questions that need to be scored by judgment nor are there sub-scores to be reported. **Testers can achieve a passing score by answering at least 80% score.** Any tester achieving 79% or less has failed the test and has the option of retaking the test within one year at no additional charge. This cut score was determined by the NCBC Board of Directors upon completion of a standard setting study facilitated by Excelsior's CEM.

If an individual does not pass the examination, he/she may sit for the examination again during the next 12 months with no additional fee. If an applicant desires to sit for the examination again after 12 months of their first registration (or examination) they will need to pay the registration fee again to take the examination. Certification study materials are provided via email, as early as possible and generally no later than three weeks, before the test date. With a passing score of 80% or higher, you will receive the credential:

CERTIFIED NAVIGATOR – BREAST (CN-B*)

(I) = Imaging: including all technologists from mammography, breast ultrasound and MRI, and radiation therapy.

(M) = Management/Social Work: includes Social Workers and Managers of breast navigators

(A) = Advocate: includes all Lay/Volunteers, Community Health Workers (CHW), spiritual advisors/chaplains

(C) = Clinical: includes all certified Medical Assistants, technicians, Licensed Practical Nurses



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(P) = Provider: includes all diagnosticians, such as Nurse Practitioners, Physician Assistants, Doctors, and PhD

Only individuals who have been granted the certification and appropriately maintained the certification may use the CN-B* credential. Use of the credential may only be used within the scope for which the certification was granted and not in a misleading or fraudulent manner. NCBC maintains the right to take all appropriate steps including legal or other action, such as requiring the discontinuation of the use of the designation, suspension during investigation, or revocation of the credential, to protect its rights from unauthorized use.

Posting of Test Scores

Test Scores will be emailed within three weeks of the test date.

Since the time NCBC started certifying individuals in 2008, approximately 1800 RTs and RNs have been certified as breast patient navigators. Average pass rate on the first attempt is 85%. There are currently 900+ NCBC certified Navigators (CN-B*). NCBC certifies approximately 150 new navigators every year.

The Breast Patient Navigator Certification requires annual renewals with eight (8) continuing education credits earned per year, a failure to renew will result in decertification after 60 days past expiration.

III. Certification Renewal Instructions

**The online renewal form can be found at www2.bpnc.org/certified-navigators
Due each year in the month you were originally certified.**

Applicant Information: Complete this section with information about the applicant to maintain current certification records.

Active Certification:

To maintain an active certification status, all certified individuals must annually submit the required data and documentation via the online system at: www2.bpnc.org/certified-navigators

Inactive Certification:

Individuals may apply for Inactive Certification Status. Individuals holding Inactive Certification status will not be listed as Navigators on the NCBC directory. An individual who has, but is not currently performing as a Breast Patient Navigator may choose to hold an Inactive Certification. Individuals holding an Inactive Certification may become active again, upon submission of required forms and documentation for Active Certification without taking another examination as long as NCBC membership has been maintained throughout Inactive Status. Inactive Certification requires active membership in the NCBC, but you are not required to pay the annual \$51 Navigator renewal fee.



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Decertification:

Should a Certified Breast Patient Navigator fail to complete the requirements for an Active or Inactive Certification, within 60 days of expiration, he/she will be decertified. Once decertification occurs, the individual is required to reapply for the exam as a new candidate.

Required For Active and Inactive Certification:

Licensure/Certification:

Active or Inactive Certification requires an applicant to be in good standing with their medical licensure board. Documentation is not required at time of renewal, but may be requested in an audit.

Membership:

Active or Inactive Certification requires an applicant to hold a current NCBC membership.

For Active Certification only:

Performance/Data:

Complete the online Performance/Data Form if required (based on needs of NCBC).

Completing the CEU Validation:

Required information includes:

Name of Conference: Identify the conference name, if the CEU was for a session which was part of a conference.

Conference/Session Host: The name of the organization/business hosting the conference or if the session is not part of a conference, the entity hosting the session.

Session/Course Title:

Number of CEUs received:

The purpose of the continuing education credits requirement is to ensure the Certified Breast Patient Navigator continues to provide enhanced breast patient care, through the annual expansion his/her knowledge base of both general breast patient care and specifically in the care of patients they are/will be navigating.

The individual applying for Active Certification Renewal is required to have earned, between certification applications, **4 CEUs whose content reflects general breast patient information and 4 CEUs whose content is specific to breast patient navigation.**

General breast credits may include content that includes administration, personal growth or general medical information. This may cover content such as billing and coding of patient procedures/care, lymphedema treatment; complications of breast surgery, breast patient treatment planning, male breast cancer, etc. Options for credit may also include vendor sponsored training or online credit organizations like Medscape.com or rn.com.



Specific breast patient navigation credits reflect information that a breast patient navigator would use at some point when navigating a breast care/cancer patient. This might include: communicating and interacting with the patient, patient information flow, role of the navigator, fatigue and its management, cancer's impact on all family members, handling work related stress, anger/grief management, balancing work and personal time, goal setting etc. The best way to determine if the course content relates to the navigation of a patient is to ask yourself if the knowledge will be used during any of the stages in which you would be navigating a breast care/cancer patient. Referencing the care Matrix will acquaint individuals with the various stages of breast patient navigation.

Up to 4 hours of breast tumor board (conference) may be used to fulfill these requirements. Dates and times must be able to be verified by your supervisor or facility registrar.

Renewal Fee: Identify and complete the required method of renewal fee payment of \$51. Submit using online link found at bpnc.org/certified-navigators

Based upon the type of certification being requested, submit the completed application accompanied by the required forms. Renewal information must be received no later 15 after certificate expiration of the year for which renewal is being requested.

IV. Discipline, Appeals, Test Integrity, and Privacy

Equitable disciplinary policies to address complaints or ethics issues:

The individual scope of practice of navigators is emphasized as the primary job description based on facility, state regulations, and national standards. Navigators are instructed and expected to work within those parameters. Any complaints brought to the attention of NCBC of a certified patient navigator will be determined in the following manner:

1. Complaint received.
2. Letter to Navigator/Supervisor detailing the complaint received. Request rebuttal to complaint.
3. Complaint and rebuttal to be reviewed by Navigator Certification Core Committee.
4. Findings and recommendations forwarded to Executive Director.

Possible recommendations:

- a. No fault found. No further intervention required.
- b. Fault found. (See discipline standard for possible action)

Discipline, non-discrimination, and accommodation following applicable laws and regulations:

If fault is found, disciplinary action will be applied as follows:

1. Minor offense: written warning given. Follow up in one month for resolution.
2. Major offense or two or more minor offenses: revocation of certification.
3. If certification is revoked:
 - a. No refund of fees,
 - b. Navigator may not apply for retesting for a period of 1 year.

Major offense is defined as an action or words that cause harm or undue stress on a patient based on state regulations. Example: [1] HIPPA violation; [2] Navigator working outside scope of practice; [3] Loss of primary licensure. Minor offense is defined as an action or words that have the potential of causing harm or undue stress on a patient based on state regulations. Appeals to



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fault/no-fault recommendations by the Core Committee will be sent to the Executive Director for review of appeal. All decisions made are final.

Appeals policies and procedures to question eligibility, exam results, certification status can be found here: <http://www2.bpnc.org/wp-content/uploads/2017/12/APPEAL-POLICY.pdf>

Testing Policies and Exam Security information can be found here: <http://www2.bpnc.org/wp-content/uploads/2017/12/NCBC-Certification-Test-Policies-and-Exam-Security.pdf>

Information and Data Retention

NCBC maintains copies of electronic files, including communications with participants, decisions made by the committees regarding discipline, appeals, or other requests on a password required secure server protected by a firewall.

Result Retention

NCBC policy is to maintain physical records of examination results for 7 years after the last certification renewal of the Navigator. Electronic files will be retained permanently or until the Certification program is no longer administered by the NCBC. Physical and electronic files will only be accessed by paid NCBC staff. Requests for information regarding a certified navigator can be made from outside auditing organizations with written permission from the Navigator.