

Clinical Practice Verification Form

AUDIT



Your application for the Certified Bariatric Nurse Examination has been selected for audit.

Therefore, you are required to document that you meet the eligibility requirements. The audit process must be completed, and eligibility verified before you can schedule an examination appointment.

Please complete this form and submit it via email to CBN@asmbs.org. Failure to respond to this notice may result in the rejection of your application and forfeiture of your application fee.

A requirement of receiving the CBN Credential is Clinical Practice as follows: The CBN candidate must have completed a minimum of 24 months (within the preceding four years) of nursing care of morbidly obese and bariatric surgery patients, predominately in the bariatric surgery process (i.e., preoperative, perioperative or post-operative/follow-up care).

Name of CBN candidate: _____

Current Position: _____

Brief Job Description: _____

Organization Name: _____

Dates of employment: _____

Supervisor name: _____

Phone: _____ **Email:** _____

**If clinical practice experience includes employment at additional facilities, please complete one form per facility.*

I verify that the above-named is employed as listed above.

Supervisor name: _____

Supervisor signature: _____

Date: _____