

Certification Organization for the American Association of Critical-Care Nurses

CCNS EXAM HANDBOOK

CONGRATULATIONS!

You have taken your first step toward becoming a certified nurse.

As healthcare becomes increasingly complex and challenging, certification has emerged as a mark of excellence showing patients, employers and the public that a nurse is qualified and competent and has met the rigorous requirements to achieve specialty or subspecialty certification.

The AACN Certification Corporation certification programs were created to protect healthcare consumers by validating the knowledge of nurses who care for the acutely and critically ill. We are pleased to provide you with this application handbook with information about our programs and how to apply for and take the certification exams.

Today, more than 50,000 practicing nurses have received one or more of these certifications from AACN Certification Corporation:

- **CCRN**[®] specialty certification introduced in 1976 for nurses providing care to acutely and/or critically ill adult, pediatric and neonatal patients.
- **PCCN**[®] specialty certification introduced in 2004 for progressive care nurses providing care to acutely ill adult patients.
- **CCNS**[®] entry-level advanced practice certification launched in 1999 for clinical nurse specialists providing care to acutely and/or critically ill adult, pediatric and neonatal patients.
- **CMC**[®] subspecialty certification launched in 2005 for certified nurses providing care to acutely and/or critically ill adult cardiac patients.
- **CSC**[®] subspecialty certification launched in 2005 for certified nurses providing care to acutely and/or critically ill adult patients during the first 48 hours after cardiac surgery.
- **ACNPC**[®] entry-level advanced practice nursing certification launched in 2007 for nurses educated at the graduate level to provide advanced nursing care across the continuum of health services to meet the specialized physiologic and psychologic needs of adult patients with complex acute, critical and/or chronic health conditions.
- **CNML** certification for nurse managers launched in 2008 in partnership with the American Organization of Nurse Executives (AONE).

For further information about CCRN, PCCN, CMC, CSC, ACNPC and CNML certification, visit www.certcorp.org.

We continually seek to provide quality certification programs that meet the changing needs of nurses and patients. If you do not find information in this handbook about certification in your area of practice, please visit www.certcorp.org or call (800) 899-2226.

Thank you for your commitment to patients and their families and to becoming certified.

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APPLICATION INSTRUCTIONS

AACN Certification Corporation recommends that you be ready to take the CCNS exam *before* submitting your exam application.

1.	Attach completed original <i>Educational Eligibility Verification Form</i> found on page 29 of this handbook.	<input type="checkbox"/>	<i>Educational Eligibility Verification Form</i> must be completed by program director of your master's level or higher degree institution, signed by you and submitted with the exam application.
2.	Attach completed <i>State Board Notification Request Form</i> found on page 31 of this handbook.	<input type="checkbox"/>	<i>State Board Notification Request Form</i> must be completed to request notification of your eligibility to test and/or to indicate the states in which you intend to practice.
3.	Complete 2-page CCNS exam application found on pp. 33-34 of this handbook.	<input type="checkbox"/>	Fill in all requested information; print name and date
4.	Complete 1-page CCNS honor statement found on page 35 of this handbook.	<input type="checkbox"/>	List verifier information, RN or APRN license information, sign and date.
5.	Attach RN or APRN license copy (or an online printed version) and original final (need not be sealed) graduate-level transcript(s) showing degree conferred.	<input type="checkbox"/>	RN or APRN license must be current for 2 months beyond date application is submitted. Transcript must be an original (not photocopy, fax or printed from Web) and must show degree conferred .
6.	Include application fee .	<input type="checkbox"/>	Make check payable to <i>AACN Certification Corporation</i> . Make sure that total amount is correct and sign check. Staple check to the upper right front corner of application. When paying by credit card provide all requested information including expiration date.
7.	When joining AACN or renewing membership at the time of applying for the exam, write one check for the total amount payable to <i>AACN Certification Corporation</i> . Total amount should equal AACN membership fee plus <i>member fee</i> for the exam.	<input type="checkbox"/>	AACN offers a special 3-year membership discount for certificants and exam applicants . AACN membership may be renewed at the discounted 3-year certification fee of \$179.35 as long as the certification remains current. This fee represents an additional 15% savings from the published 3-year AACN membership fee.
AACN membership includes nonrefundable \$12 and \$15 one-year subscriptions to <i>Critical Care Nurse</i> ® and the <i>American Journal of Critical Care</i> ®, respectively. AACN dues are not deductible as charitable contributions for tax purposes, but may be deducted as a business expense in keeping with Internal Revenue Service regulations.			

Please direct inquiries to:

AACN Certification Corporation, 101 Columbia, Aliso Viejo, CA 92656-4109
(800) 899-2226 ■ Fax: (949) 362-2020 ■ certcorp@aacn.org

Include your AACN customer number with all correspondence to AACN Certification Corporation.

CCNS APPLICATION PROCESS OVERVIEW

AACN Certification Corporation recommends that you be ready to take the exam *before* submitting your application.

1.	<p>Submit exam application, honor statement, Educational Eligibility Verification Form, State Board Notification Request Form, original (no fax or photocopies) transcript <u>showing degree conferred</u>, RN or APRN license copy (or an online printed version) and exam fee.</p>	<p>Mail to: AACN Certification Corporation 101 Columbia, Aliso Viejo, CA 92656</p> <p>AACN cannot be responsible for materials lost in the mail or the timely performance of the post office. If you desire documentation of mailing or verification of receipt of application, send the application "return receipt requested" or use certified mail. Use the confirmation postcard included in the back cover of your handbook or include a self-addressed stamped postcard (write AACN in the "from" area) and it will be mailed to you when your application is received. Return of the postcard by AACN indicates receipt of your application only, not approval.</p>
2.	<p>Waiting period for application processing</p>	<p>Allow 8-10 weeks from date received at AACN for your application to be processed. Once it is processed, AACN notifies the testing service, AMP, of eligible exam candidates.</p> <p>AACN will notify you in writing when your application is incomplete or requires clarification, or if you are ineligible for the exam.</p>
3.	<p>Receive Approval-to-Test postcard and e-mail. <i>See next page for sample AMP postcard.</i></p> <p>If you do not receive an Approval-to-Test confirmation or e-mail within 10 weeks of successfully applying for an exam, please contact AACN Certification Corporation at (800) 899-2226.</p> <p>Please notify us of any name, address or e-mail address changes by updating your profile online at www.aacn.org > My Account, e-mailing info@aacn.org or calling AACN Customer Care at (800) 899-2226.</p>	<p>AACN's testing service, AMP mails a postcard and sends an e-mail to eligible candidates. The postcard and e-mail include a toll-free number and online instructions to schedule your testing appointment. The postcard and e-mail also include the 90-day period during which you must schedule and take the exam.</p> <p>The address label and e-mail will contain the letter "C" plus your unique AACN customer number (i.e., C00123456). Use this number for identification in place of your social security number.</p>
<p>Your eligibility period begins upon successful processing of your application. Call the toll-free number shown on your confirmation postcard or go online promptly to select a preferred testing date.</p>		
4.	<p>Schedule your exam</p>	<p>Schedule immediately upon receipt of postcard a date and time of your choice that falls within your 90-day eligibility period. To locate one of more than 170 testing centers within the U.S. visit www.goAMP.com.</p>
5.	<p>Sit for the exam</p>	<p>Exam results with a score breakdown will be presented on-site upon completion of computer-based exams. Paper and pencil exam results are received by mail within 6 to 8 weeks of testing.</p>
6.	<p>Receive congratulations packet</p>	<p>Successful candidates will receive their wallet card and wall certificate within 6 to 8 weeks of passing the exam. Please notify us of any name, address or e-mail address changes by updating your profile online at www.aacn.org > My Account, e-mailing info@aacn.org or calling AACN Customer Care at (800) 899-2226.</p> <p>Unsuccessful candidates are eligible for a discounted retest fee. Refer to page 10 for more information.</p>

CONFIDENTIALITY OF EXAM APPLICATION STATUS

Information regarding the status of an exam application submitted to AACN Certification Corporation will not be released to anyone without the exam candidate's written authorization.

SAMPLE AMP POSTCARD

WHEN YOU RECEIVE YOUR POSTCARD, MAKE SURE THAT YOUR NAME AND ADDRESS ARE LISTED CORRECTLY AND THAT YOU'VE BEEN REGISTERED FOR THE CORRECT EXAM. IF NOT, PLEASE CALL AACN CUSTOMER CARE AT (800) 899-2226.



APPLIED

MEASUREMENT

PROFESSIONALS, INC.

[WWW.GOAMP.COM](http://www.goAMP.com)



Your eligibility for the Critical Care Nursing Examination Critical Care Nursing - Adult Examination has been approved. Please visit the AMP website at www.goAMP.com or call (888) 519-9901 to schedule an examination appointment. You must schedule and complete your examination before your eligibility period expires on 01/01/2008. When scheduling and taking your examination, your AACN Customer ID#, preceded by the letter "c", will be used in place of your Social Security Number. This number is C09999999.

If the exam type printed on this postcard is incorrect, the spelling of your name on this postcard does not match the IDs you plan to use at the testing site, or if you have other questions, please contact AACN Certification Corporation's Customer Care Department at 800-899-AACN. Best wishes for success on the Critical Care Nursing Examination!

Note: Your exam eligibility is subject to audit. If randomly selected, AACN will ask you to provide a copy of your RN license and documentation from your verifier confirming completion of the clinical hour requirement. Failure to respond to or pass the audit could result in the revocation of your certification.

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Olathe, KS 66061-7543

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123 MAIN ST
NEW YORK NY 10001

AACN CERTIFICATION PROGRAMS

WHAT IS CERTIFICATION?

Certification is a process by which a nongovernmental agency validates, based upon predetermined standards, an individual nurse's qualification and knowledge for practice in a defined functional or clinical area of nursing.

Certification validates your knowledge of nursing in your specialty area to hospitals, peers, patients and, most importantly, to yourself. Certification promotes continuing excellence in the nursing profession.

CERTIFICATION AND EXAM ADMINISTRATION

The certification programs are administered by AACN Certification Corporation. The certification exams are conducted in cooperation with Applied Measurement Professionals, Inc. (AMP).

Computer-based exams are administered 5 days a week throughout the year at more than 170 locations across the United States. Computer experience is not necessary as you will use only a few keystrokes or a mouse and be able to take a tutorial and practice test before the exam begins. During the exam you will be able to move back and forth between items and mark items for later review. You will receive final results including a breakdown by question type at the end of the exam.

COGNITIVE LEVELS OF QUESTIONS

The cognitive level of the test items is based on a condensed version of Bloom's Taxonomy. The majority of the items are written at the application and analysis levels. Testing at higher cognitive levels provides a better indication of the candidate's critical thinking abilities when caring for acutely and critically ill patients and their families.

EXAM PREPARATION

AACN Certification Corporation does not endorse or sponsor any review courses for the certification exams. Study bibliographies and test plans are included in this handbook to provide candidates with resources for exam preparation.

AACN MEMBERSHIP NOT REQUIRED

Membership in the American Association of Critical-Care Nurses is *not* an eligibility requirement for AACN Certification Corporation programs.

NONDISCRIMINATION POLICY

It is the policy of AACN Certification Corporation, its Board of Directors, committee members and staff to comply with all applicable laws that prohibit discrimination in employment or service provision because of a person's race, color, religion, gender, age, disability, national origin, or any other protected characteristic.

NAME AND ADDRESS CHANGES

You are responsible for notifying AACN Certification Corporation should your name and/or address change at any time before or after you become certified. Failure to do so may result in not receiving information necessary for certification renewal.

You are responsible for renewing your certification even if you do not receive a renewal notice. Please notify us of any name, address or e-mail address changes by updating your profile online at www.aacn.org > My Account, e-mailing info@aacn.org or calling AACN Customer Care at 800-899-2226.

TESTING SITE INFORMATION

COMPUTER-BASED TESTING (CBT)

AACN exams are offered at more than 170 CBT testing locations throughout the United States. To locate the testing site nearest you please visit www.goAMP.com or call Applied Measurement Professionals, Inc. (AMP) at 888-519-9901. If you have more than a 3-hour one-way drive to the nearest computer-based testing site please contact AACN via e-mail at certification@aacn.org to request alternate testing accommodations. Discounted group pricing is available; for information visit our Web site at www.certcorp.org.

PAPER AND PENCIL TESTING / DANTES* SITES

Individuals residing outside the U.S. may apply to take a paper and pencil exam at a DANTES (military) testing site. The same eligibility requirements apply, although fees for paper and pencil testing (with the exception of exams offered at NTI or Trends conferences) are higher than for CBT and are priced per person. Refer to pricing information on page 12. For DANTES exam inquiries or requests please contact AACN via e-mail at certification@aacn.org.

*Defense Activity for Non-Traditional Education Support

Requests for paper and pencil testing must be submitted in writing

at least 3 months before the test date, along with all completed applications and appropriate fees. An e-mail address for the group point of contact must be provided.

For information about group paper and pencil exams (40 or more testing together) within the U.S., please contact AACN via e-mail at certification@aacn.org. Results of paper and pencil exams are mailed to candidates 6-8 weeks following paper and pencil testing.

CANDIDATES WITH DISABILITIES OR IMPAIRMENTS

AACN Certification Corporation is committed to ensuring that no individual is deprived of the opportunity to take the exam solely by reason of a disability or impairment. Every testing site is fully accessible and compliant with the Americans with Disabilities Act. Special testing arrangements will be considered for disabled individuals who submit a request in advance. Documentation and verification of the disability or impairment from a licensed professional must be submitted with the exam application and indicated by checking the appropriate box on the exam application. Special testing accommodations, such as additional testing time, reader signer or amanuenses, require advance approval. Only candidates approved by AACN Certification Corporation will receive special accommodations during testing. Scheduling for the hearing impaired is available online at www.goAMP.com.

CANDIDATE EVALUATION OR COMPLAINTS

You may provide comments for any test item during a computerized exam by clicking on the button displaying an exclamation point (!) to the left of the TIME button. This opens a dialog box to enter comments. Only comments submitted at the test site will be considered during the final scoring process. Because of test security considerations, you will not receive individual replies about the content of test items, nor will you be permitted to review test items after completing the exam. At the conclusion of the exam, you may also complete a brief survey about test administration conditions.

Please mail complaints or comments about assessment site facilities,

test supervision, or any other matter related to the testing program to:

AACN Certification Corporation
101 Columbia
Aliso Viejo, CA 92656-4109

Or via e-mail to: certification@aacn.org

Provide your name and address in all correspondence. When questions or comments concern an exam already taken, the date of the exam and the location of the testing site must also be noted. Each complaint will be investigated and replied to.

SCHEDULING AN EXAM APPOINTMENT

Exams are administered by appointment only, Monday through Saturday at 9:00 a.m. and 1:30 p.m. Individuals are scheduled on a first-come, first-served basis. You must make your appointment at least 2 business days before the desired testing date.

You will receive a confirmation postcard and e-mail after you have successfully applied for the exam. You may schedule an exam appointment online or by telephone once you receive the postcard or e-mail. **If you have not received your postcard or e-mail within 10 weeks after applying for the CCNS exam, please contact AACN Certification Corporation.**

Schedule online at www.goAMP.com or by phone at (888) 519-9901.

Be prepared to confirm a date and location for testing and provide your AACN Customer ID #, preceded by the letter "C," in place of your Social Security number. This number will be on the label of your confirmation postcard. AACN Certification Corporation does not collect Social Security numbers from candidates. When the appointment is made, you will be given a time to report to the site.

Note the time and date since you will not be sent an admission ticket.

You can only take the exam for which you made the appointment. Therefore, verify on your confirmation postcard that you are registered for the correct exam and notify AACN Certification Corporation immediately of any error.

The exam type cannot be changed at the testing site. Unscheduled walk-in candidates will not be admitted to the testing site.

During 2009, exams will **not** be offered on the following dates:

January 1	April 8-15	October 12	December 24
January 19	May 25	November 11	December 25
February 2-7	July 4	November 26	
February 16	September 7	November 27	

EXAM RESCHEDULING AND CANCELLATION

Once you have scheduled your exam with AMP, you may reschedule once within your 90-day eligibility period by calling AMP at (888) 519-9901. This request must be made at least 2 business days before your previously scheduled date according to this schedule:

When the exam is scheduled on:	AMP must be called by 3:00 p.m. Central Time to reschedule the exam by the:
Monday	previous Wednesday
Tuesday	previous Thursday
Wednesday	previous Friday
Thursday	previous Monday
Friday/Saturday	previous Tuesday

There are no refunds or extensions for missed appointments. If you are unable to sit for the exam within your 90-day eligibility period, you may call AACN Certification Corporation at (800) 899-2226 before the scheduled testing session to request a one-time 90-day extension. A \$100 change fee is required.

If you do not schedule an exam within your 90-day eligibility period, contact the AACN Certification Corporation to request a new 90-day period. A \$100 fee is charged. If you contact the AACN Certification Corporation to cancel your exam after receiving confirmation of eligibility you will receive a refund minus a \$100 processing fee.

If you are unable to sit for a scheduled paper and pencil exam at an NTI® or Trends conference and notify AACN Certification Corporation prior to the exam date you may reschedule for computer-based testing within your 90-day eligibility period. You will be charged the difference between the paper and pencil exam fee and the computer-based testing fee and notified when payment is due.

Alternatively, if you are unable to sit for an NTI® or Trends paper and pencil exam or reschedule within your 90-day eligibility period, you may request a refund. The paper and pencil exam fee will be refunded minus a \$100 processing fee.

ON THE DAY OF YOUR EXAM

Report to the designated testing site no later than your scheduled time. The address is available when you schedule your exam. AMP sites are typically located in H&R Block offices. Look for signs indicating AMP Assessment Site Check-In. You will not be admitted if you arrive more than 15 minutes late.

No books, papers, dictionaries, other reference materials or personal items—including purses, briefcases, coats, etc.—may be taken into the testing site and must be left in a vehicle or at home. Neither AMP, AACN, nor H&R Block will be responsible for loss or damage to personal items. We also recommend layering your clothing so that you can adjust to the room's temperature during the exam.

SECURITY STANDARDS

AACN Certification Corporation and AMP maintain test administration and test security standards designed to ensure that all candidates are provided the same opportunity to demonstrate their abilities. The testing site is continuously monitored by audio and video surveillance equipment for security purposes.

VERIFYING YOUR IDENTITY

You must present 2 forms of identification to gain admission to the testing site. Both forms of identification must be current and include your current name and signature, which must match the name on the confirmation postcard. You will be required to sign a roster for verification of identity. You are prohibited from misrepresenting your identity or falsifying information to obtain admission.

One form of identification must include your photograph. The second form need not be a photo ID and can be a credit card as long as it bears a matching name and signature. Employment, student and any type of temporary identification cards are not acceptable. Acceptable forms of photo identification include a current:

1. Driver's license with photograph
2. State identification card with photograph
3. Passport with photograph
4. Military identification card with photograph

LOGGING IN

After your identity has been confirmed, you will be directed to a testing carrel where the computer screen will instruct you to enter your Social Security number. Instead, use your AACN customer identification number preceded by the letter "C," as printed on your confirmation postcard label. If you do not remember this number, you may ask the proctor. You will then capture your own photograph, which will remain on-screen throughout your testing session. The photograph will also appear on your score report.

TAKING THE EXAM

Each exam consists of multiple-choice questions. The number of questions answered correctly determines your score.

Answering Test Items: Only one question is presented at a time. The item number appears in the lower right-hand corner of the screen. The entire test item will appear on the screen (i.e., a stem and four answer options labeled A, B, C and D). Use the mouse to click on your answer or use the keyboard to enter the letter for your

answer. Your answer will appear in the lower left section of the screen.

Changing Your Answer: Click on a different answer or use the keyboard to change your answer as many times as you wish during the exam.

Moving to the Next Item: Click on the forward arrow (>) in the lower right corner of the screen or select the NEXT key. Either action will move you forward through the exam item by item. Click the backward arrow (<) or use the left arrow on the keyboard to return to previous items.

Unanswered Items: You may leave an item unanswered and return to it later. You should not spend too much time on difficult questions. Instead, proceed to other questions and return to the difficult ones if time permits. You may bookmark an item for later review by clicking the blank square to the right of the TIME button. Clicking on the hand icon or selecting the NEXT key advances to the next unanswered or bookmarked item on the exam. To identify all unanswered and bookmarked items, repeatedly click on the hand icon or press the NEXT key.

Answer Every Item: When you have completed the exam, the number of items you answered is reported. If you have not answered every item and have time remaining, return to the exam and answer them. **There is no penalty for guessing.**

Practice Exam: The time of a practice exam is *not* counted as part of the timed exam. Once you are comfortable with the computer-based testing process, you may end the practice session and start the timed exam.

Timed Exam: After your practice session, you will begin the actual exam. Instructions for taking the exam are available on-screen once you begin the exam. The time limit is intended to allow you to complete the entire exam by working quickly and efficiently. The computer monitors the time you spend on the exam, and the exam ends automatically if you exceed the time limit. You can display a digital clock showing the time remaining by clicking the TIME button in the lower right-hand corner of the screen or selecting the TIME key. If you find it distracting, you may turn off the digital clock using either command anytime during the exam.

DURING THE EXAM

Questions About Content: You may not ask questions about the content of the exam at any time.

Making Notes: You will be provided with scratch paper to use during the exam. You may not remove any documents or notes from the exam room and their return to the proctor is required in order to receive your score. All computer screens, questions, paper and written materials are the property of AACN Certification Corporation and AMP and may not be reproduced in any form.

Commenting on Items: You may comment about any item by clicking on the exclamation point (!) to the left of the TIME button. This opens a dialog box where you may enter your comments.

Breaks, Food, Drink, Smoking: Breaks are considered part of your exam time. You may request a break whenever you wish, but will not be allowed additional make-up time. Leaving the testing site without authorization automatically voids the exam. You may not eat, drink or smoke in the testing site.

Ending the Exam: If you finish the exam early, you may end the exam and receive your score by clicking the COVER button on the screen.

INCLEMENT WEATHER OR EMERGENCY

24-Hour AMP Weather Hotline (800) 380-5416

In the event of inclement weather or unforeseen emergencies on the day of an exam, AMP will determine whether circumstances warrant the cancellation and subsequent rescheduling of an exam. Contact the 24-hour weather hotline before the exam to determine if AMP has been notified that any testing sites will be closed.

An exam will usually not be rescheduled if testing site personnel can reach and operate the site. Every attempt is made to administer exams as scheduled. Should an exam be canceled at an assessment site, all scheduled candidates will receive follow-up notification regarding a rescheduled exam date or reapplication procedures.

DISMISSAL FROM THE TESTING SITE

The proctor may dismiss you from the exam for any of these reasons:

- Unauthorized admission to the exam.
- Creating a disturbance, being abusive or otherwise uncooperative.
- Bringing unauthorized electronic devices including personal digital assistants (PDAs), other hand-held computers, calculators, telephones, pagers, alarms and other signaling devices.
- Bringing notes or other resources into the testing site.
- Attempting to record test questions or make notes.
- Attempting to take the exam for someone else.
- Giving or receiving help or being suspected of doing so.
- Leaving the premises without notifying the proctor.

You will be dismissed for any of these violations. Your exam score will be voided and your fees will not be refunded. Evidence of misconduct will be reviewed by AACN Certification Corporation to determine whether you will be allowed to reapply for the exam. If re-exam is granted, a complete application and fee are required to reapply.

FAILURE TO REPORT FOR AN EXAM

You may reapply to take the exam in the future if you did not appear for your scheduled testing session. If your original application is less than one year old, it may be reactivated by paying the initial exam fee. If the application is more than one year old, you must submit a new application and the initial exam fee.

AFTER THE EXAM

After you finish the exam, you are asked to complete a short evaluation of your testing experience. Then the proctor will provide you with your official score report. The report will also provide the percent of correct answers for each major content category. Refer to the exam content area in each section of this handbook for information about how the various exams are scored. Successful candidates receive their certification wallet card and wall certificate suitable for framing 6 to 8 weeks after the exam.

IMPROPER BEHAVIOR AFTER THE EXAM

Any individual who removes or attempts to remove materials from the test center, or who receives, discusses, discloses, reproduces, distributes, displays or otherwise misuses a test question or any part of a test question from a certification exam by written, electronic, oral or other form of communication, including, but not limited to e-mailing, copying or printing of electronic files, and reconstruction through memorization and/or dictation, will be subject to legal action and monetary damages. Any nurse who engages in such improper behavior also may face denial or revocation of eligibility for certification or denial or revocation of certification.

PASSING SCORES

No test measures performance with perfect accuracy and consistency. The AACN Certification Corporation sets passing scores for certification exams using a systematic procedure developed collaboratively by experts from the corporation's Exam Development Group and professional psychometricians from AMP.

If you take more than one version of an exam, for each version you would probably achieve a different score that clusters around a typical or average value. The statistical estimate of the difference between the average score and your actual score on a specific version is called the standard error of measurement. The standard error of measurement reflects the accuracy of exam scores, and AMP determines the standard error of measurement for each exam. These statistical data are reported to AACN Certification Corporation as a measure of the consistency of exam scores. For each content area, the percent of questions answered correctly is also reported to give candidates an idea of how well they performed in each area and to identify areas of weakness.

The questions are designed to test both your ability to remember specific facts or points of knowledge and your ability to apply that knowledge in performing specific knowledge, skills and abilities required of acute or critical care nurses. Since an exam measures your knowledge in all areas, you could achieve a high percentage of correct responses in some areas, but not pass the exam.

CONFIDENTIALITY OF EXAM SCORES

Your exam application submitted to AACN Certification Corporation constitutes written authorization for AMP to release your exam scores to AACN Certification Corporation. Scores are reported only to you immediately after the exam or by U.S. mail. Scores are not reported by telephone, electronic mail or facsimile. Neither AMP nor AACN Certification Corporation will release scores to any institution or employer without your written consent. Or you may release a copy of your score report yourself.

IF YOU DO NOT PASS THE EXAM

Failure of the exam may not be appealed. If you do not pass the exam, you may reapply to AACN Certification Corporation for a retest. Candidates may apply for retest by phone at (800) 899-2226 if applying within 12 months of the date that the exam honor statement was signed. After 12 months, signing a new honor statement is required. Candidates may also apply for retest by submitting a paper application by mail or fax. Select the retest option on the application to obtain the discounted retest fee available to candidates who took the exam within their most recent 90-day window but did not pass. Candidates may apply and sit for the CCNS certification exam up to four times in a 12-month period.

CANCELED SCORES

AACN Certification Corporation and AMP are responsible for the integrity of the scores they report. On occasion, occurrences such as computer malfunction or misconduct by a candidate may cause a score to be suspect. AACN Certification Corporation and AMP are committed to rectifying such occurrences as quickly as possible. AACN Certification Corporation may void exam results if investigation shows its regulations have been violated.

DUPLICATE SCORE REPORTS

You may request an additional copy of your score report at \$25 per copy. Submit requests and payment by check or money order within 12 months of sitting for the exam to: **Applied Measurement Professionals, Inc. (AMP), 18000 W. 105th Street, Olathe, KS 66061**. The request must include your name, AACN Customer ID# preceded by the letter "C" (e.g., C00123456), address, telephone number, and date and type of exam taken. Sign and date your request. Duplicate score reports are mailed within approximately 2 weeks after receipt of your request.

RECOGNITION OF CERTIFICATION AND USE OF CREDENTIALS

AACN certifications are not punctuated with periods. The specific program of certification, i.e., CCNS and neonatal, pediatric or adult, will be noted on your wallet card and wall certificate. AACN Certification Corporation maintains a list of nurses it has certified and may report the list in its publications.

Candidates who meet all eligibility requirements and pass the CCNS specialty certification exam may use "CCNS" after their licensing title. CCNS is a registered service mark. The proper use of CCNS is as follows: Chris Smith, RN, MSN, CCNS.

DENIAL OF CERTIFICATION

AACN Certification Corporation will deny certification to initial exam candidates for any reason deemed appropriate including, but not limited to, the following:

- Violating any rules of the exam
- Falsification of the certification application
- Falsification of any information requested by AACN Certification Corporation
- Failure to pay fees
- Failure to meet deadlines
- Failure to respond to or pass an audit
- Conviction of a felony

- Cheating (or reasonable evidence of intent to cheat) on the exam
- Restrictions placed on RN or APRN licensure
- Sharing exam contents
- Misrepresentation of certification status

In the event of denial, you may be notified that you are prohibited from reapplying for the certification exam for a period of up to 3 years. AACN Certification Corporation may take additional actions pending further investigation, including sending notification to your employer and/or state board of nursing, as appropriate.

REVOCATION OF CERTIFICATION

The AACN Certification Corporation may revoke certification for any reason deemed appropriate including, but not limited to, the following:

- Falsification of the certification application or renewal application
- Falsification of any information requested by AACN Certification Corporation
- Failure to maintain eligibility requirements
- Failure to pay fees
- Failure to meet deadlines
- Failure to respond to or pass an audit

- Misrepresentation of certification status
- Conviction of a felony
- Cheating (or reasonable evidence of intent to cheat) on the exam
- Restrictions placed on RN or APRN licensure

In the event of revocation, notification may be sent to your employer and/or state board of nursing. You will be notified that you may be prohibited from reapplying for the exam for a period of up to 3 years. Fees paid for certification renewal are not refunded.

REVIEW AND APPEAL OF CERTIFICATION ELIGIBILITY

You may request a review of your certification eligibility at any time. The review process is conducted by the staff of AACN Certification Corporation. The appeal process is conducted by the AACN Certification Corporation Appeals Panel. The review and appeal process is available if your certification status has expired, been denied or revoked. You may appeal if you do not meet the AACN Certification Corporation experience component of the clinical practice eligibility requirement but believe your practice conforms to the intent, if not the precise content and definition, of the experience requirement.

Typing or printing legibly, describe your clinical practice and how it conforms to the certification program. Submit a written request for review to:

**Certification Specialist
AACN Certification Corporation
101 Columbia
Aliso Viejo, CA 92656-4109**

Or via e-mail to: certification@aacn.org

Following review, if AACN Certification Corporation staff affirms the decision to deny or revoke certification, a Request for Appeal form with detailed information about the appeal process will be sent to you. Once you return the form and provide additional documentation if needed, the Appeals Panel will review the case at its next scheduled review. You will be notified in writing of the Appeals Panel's decision. The decision of the Appeals Panel is final.

For questions about the review and appeal process, call AACN Certification Corporation at (800) 899-2226.

PAPER AND PENCIL EXAM PRICING

Paper and pencil exams are available to those located 3 hours or more from the nearest computer-based testing center. Requests must be submitted to AACN Certification Corporation 3 months in advance of test date. For details see page 6 or contact AACN Certification Corporation via e-mail at certification@aacn.org.

The below pricing does not apply for the special paper and pencil exam sessions offered at the NTI® and Trends educational conferences. For pricing and information about NTI® and Trends paper and pencil exam sessions visit www.certcorp.org > Certification News.

Testing Location	Number of candidates testing simultaneously at one site	CCRN		PCCN		CCNS / ACNPC		CMC / CSC	
		AACN member	Non-member	AACN member	Non-member	AACN member	Non-member	AACN member	Non-member
U.S. Pricing	4	\$ 240	\$ 345	\$ 230	\$ 310	\$ 250	\$ 350	\$ 220	\$ 265
	5	\$ 220	\$ 325	\$ 200	\$ 280	\$ 245	\$ 345	\$ 190	\$ 235
	6 or more	\$ 220	\$ 325	\$ 180	\$ 260	\$ 245	\$ 345	\$ 170	\$ 215
DANTES (Military) Pricing	4	\$ 265	\$ 370	\$ 240	\$ 320	\$ 275	\$ 375	\$ 250	\$ 295
	5	\$ 230	\$ 335	\$ 200	\$ 280	\$ 245	\$ 345	\$ 210	\$ 255
	6 or more	\$ 220	\$ 325	\$ 175	\$ 255	\$ 245	\$ 345	\$ 185	\$ 230

DANTES - Defense Activity for Non-Traditional Education Support



CCNS CERTIFICATION

CCNS® certification is an advanced practice specialty nursing certification designed for clinical nurse specialists who have been educationally prepared to provide care for acutely and/or critically ill patients and their families.

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CCNS CERTIFICATION PROGRAM

CCNS® REGISTERED SERVICE MARK

CCNS is a registered service mark of AACN Certification Corporation and denotes certification as a clinical nurse specialist in acute and critical care nursing as granted by AACN Certification Corporation. Clinical nurse specialists who have not achieved CCNS certification status or whose CCNS status has lapsed are not authorized to use the CCNS credential.

VALIDATED KNOWLEDGE AND SPECIALIZED SKILLS

Each CCNS exam, whether focused on the care of neonatal, pediatric, or adult acutely and/or critically ill patients, is based on a job analysis that validates the knowledge, skills, and abilities required for CCNS practice. The framework for the exam is the AACN Synergy Model for Patient Care. The basic tenet of the model is that optimal patient outcomes can be achieved through the synergistic interaction between the needs of the patient and the competencies of the nurse. As described within the Synergy Model, patient needs can be assessed in terms of eight patient characteristics: resiliency, vulnerability, stability, complexity, resource availability, participation in care, participation in decision making, and predictability. Refer to pages 27-28 for more about the Synergy Model.

The original study of subacute, acute and critical care nurses conducted by AACN Certification Corporation in 1997 supported the applicability of the Synergy Model to nursing practice (*Greenberg, Muenzen, and Smith, 1998*). The comprehensive Study of Critical Care Nursing Practice completed in 2003 validated CCNS competencies. A complete listing of the 60 CCNS competencies/activities can be found on pages 25-26 of this handbook.

CCNS EXAM CONTENT

The CCNS exams are three-and-a-half (3 ½) hour tests consisting of 175 multiple-choice items. Of the 175 items, 155 are scored and 20 are used to

gather statistical data on item performance for future exams. The CCNS exams focus on adult, pediatric or neonatal patient populations. On each exam, 78% of the items address content where the age of the patient spans the developmental spectrum. The remaining 22% of each exam addresses adult, pediatric or neonatal patients.

Each question on the CCNS exam assesses one or more of the nurse characteristics identified in the Synergy Model; and will also focus on a particular impact area of CNS activities: patient/population, nursing personnel, and other disciplines/organizations/systems.

Some questions on the CCNS exam incorporate information about patient care problems commonly encountered by CNSs who care for acutely and/or critically ill patients. The patient care problems were reviewed and revised in a study of practice completed by AACN Certification Corporation in 2003. Included on pages 19-23 of this handbook are the CCNS test plans with lists of patient care problems identified in connection with adult, pediatric and neonatal patients, respectively.

AGGREGATE SCORE REPORTING

For purposes of evaluating educational programs, exam sub-scores and pass/fail status may be provided to schools of nursing. Such information would not include personal identifying data about individual exam candidates, but would be reported in the aggregate by content area and include data such as number of students testing and percentage of students who pass.

The Board of Nursing in the state(s) in which you have applied for or intend to apply for licensure will be notified of your pass/fail status.

CCNS APPLICATION FEES

Computer-Based CCNS Exam

AACN Members	\$245
Nonmembers	\$345

CCNS Retest Fee

AACN Members	\$200
Nonmembers	\$305

Current CCNS Renewal by Exam

AACN Members	\$200
Nonmembers	\$305

Payable in U.S. funds. Fees are subject to change without notice. A \$15 fee will be charged for a returned check.

CCNS EXAM ELIGIBILITY

- Current unencumbered licensure as an RN or APRN in the United States is required. An unencumbered license has not been subjected to formal discipline by any Board of Nursing and has no provisions or conditions that limit the nurse's practice in any way. **You must submit a photocopy of your current, valid RN or APRN license (or an online printed version) along with your application.** It is the responsibility of candidates and CCNS-certified nurses to notify AACN Certification Corporation when any restriction is placed on their RN or APRN license.
- Completion of a graduate advanced practice education program meeting the following requirements:
 1. The education program is offered by an accredited college or university that offers a master's degree or higher in nursing with a concentration as an acute and/or critical care clinical nurse specialist
 2. Both direct and indirect clinical supervision must be congruent with current AACN and nursing accreditation guidelines
 3. The curriculum includes, but is not limited to:
 - Biological, behavioral, medical and nursing sciences relevant to practice as a CNS, including pathophysiology, pharmacology and physical assessment
 - Legal, ethical and professional responsibilities of the CNS; and
 - Supervised clinical practice relevant to the specialty of acute/critical care
 4. The curriculum meets the following criteria:
 - Curriculum is consistent with the competencies of acute/critical care CNS practice
 - Instructional track/major has a minimum of 500 supervised clinical hours overall
- The supervised clinical experience is directly related to the knowledge and all role components of the acute/critical care CNS
- 500 supervised clinical hours of practice in all roles of the CNS within the master's program is required.

The program director of your educational program must complete and sign the *Educational Eligibility Verification Form* (see page 29) to be submitted with your CCNS exam application.

You must obtain originals of all graduate-level educational transcripts showing degree conferred to submit with your CCNS exam application.
- **Eligibility for the exam is not appealable.** Applicants determined to be ineligible for the CCNS exam will have their application fee refunded.
- AACN Certification Corporation may adopt additional eligibility requirements at its sole discretion from time to time. Any such requirements will be designed to establish, for the purposes of CCNS certification, the adequacy of a candidate's knowledge and experience in caring for the acutely and/or critically ill.

Please check with the State Board of Nursing in which you practice to confirm that CCNS certification meets the board's requirements for advanced practice designation or licensure *before* applying for the CCNS exam.

For a current list of states that have approved the CCNS certification exam please visit www.certcorp.org.

CCNS CERTIFICATION RENEWAL

CCNS certification is issued for a period of four years. Your certification period begins the first day of the month in which the CCNS exam is passed and ends four years later; for example, October 1, 2009 through September 30, 2013.

The purpose of certification renewal is to enhance continued competence. CCNS certification renewal may be achieved by meeting eligibility requirements for CCNS renewal and taking and passing the CCNS exam or completing the Renewal by CE program.

A renewal notification will be sent to you approximately 90 days before your CCNS expiration date. For details refer to the *CCNS Renewal Handbook* online at www.certcorp.org. **You are responsible for renewing your certification even if you do not receive a renewal notification.**

Late or retroactive renewal is not available for CCNS certification. To maintain a current CCNS certification, renewal must be completed prior to your certification expiration date. To reobtain certification you would then need to meet the current CCNS initial exam eligibility requirements (based on educational preparation), and pass the CCNS exam.

At renewal time you may seek certification Renewal by CE or Renewal by Exam. Renewal by Exam candidates must successfully apply for, schedule, and complete the CCNS exam *before* their scheduled

renewal date. Do not apply for more than one option. It is **not** permissible to take the exam and then attempt to renew by CE if you fail the exam.

Eligible candidates for CCNS renewal must have active involvement in the care of acutely or critically ill patients, as a CNS, for a minimum of 2,000 hours over the four-year certification period, with a minimum of 400 hours in the last 12 months of the certification period. Eligible hours are those spent caring for the patient population (adult, pediatric or neonatal) in which certification is held. Hours must be completed in a U.S.-based facility or in a facility determined to be comparable to the U.S. standard of acute/critical care practice, as evidenced by ANCC Magnet Status or Joint Commission International accreditation.

In addition, candidates must meet **one** of the following requirements:

Option 1 – Renewal by Exam

Successfully complete the CCNS certification exam prior to your renewal date.

Option 2 – Renewal by CE

Successfully complete 60 Category A CEs with at least 15 CEs within the Acute and Critical Care Education Program area during your 4-year certification period. For more details please refer to the *CCNS Renewal Handbook*, available at www.certcorp.org.

CCNS STUDY BIBLIOGRAPHY

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Pediatric

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Many references available through AACN; visit www.aacn.org > Marketplace > Online Bookstore.

More current version may be available.

CCNS PRODUCT LIST

Product Title / Description	AACN Product #
<i>Acute & Critical Care Clinical Nurse Specialists: Synergy for Best Practice.</i> (2007). Various authors. Elsevier/Saunders. 288 pages	128103
<i>Synergy: The Unique Relationship Between Nurses and Patients.</i> (2007). Curley, M.A.Q. 304 pages	100148
<i>Synergy for Clinical Excellence: The AACN Synergy Model for Patient Care.</i> (2005). Hardin, S. & Kaplow, R. Jones & Bartlett. 160 pages	100149
<i>Handbook of Hemodynamic Monitoring,</i> 2 nd ed. (2004). Darovic, G.O. Mosby/Elsevier. 400 pages	128640
<i>Hemodynamic Monitoring: Invasive and Noninvasive Clinical Application,</i> 3 rd ed. (2002). Darovic, G.O. Saunders.	128639
<i>Mosby's Manual of Diagnostic and Laboratory Tests,</i> 3 rd ed. (2005). K. Pagana & T. Pagana. Mosby/Elsevier.	128160
<i>Thelan's Critical Care Nursing: Diagnosis & Management,</i> 5 th ed. (2006). L. Urden, M. Lough, K. Stacy. Mosby/Elsevier.	128410
<i>CCNS Review Course on Audio CD</i> (2008) – includes CD, 111-page syllabus and 6.0 contact hours of CE credit	301956
<i>CCNS Review Course, 3rd ed. on DVD</i> (2008) - includes 2 DVDs, syllabus and 6.0 contact hours of CE credit	301957
<i>Becoming Influential: A Guide for Nurses.</i> (2003) E. Sullivan. Pearson Education. 192 pages	120629
<i>Critical Care Nursing: Synergy for Optimal Outcomes.</i> (2007). Kaplow, R & Hardin S. Jones & Bartlett. 778 pages.	100147
<i>Research Strategies for Advanced Practice Nurses</i> (2000) S. Norwood. Prentice-Hall. 499 pages	170550

July 2009

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CCNS TEST PLAN – ADULT

I. CLINICAL JUDGMENT (22%)

A. Cardiovascular

1. Acute coronary syndromes/unstable angina
2. Acute heart failure/pulmonary edema
3. Acute inflammatory disease (e.g., myocarditis, endocarditis, pericarditis)
4. Acute myocardial infarction/papillary muscle rupture
5. Acute peripheral vascular insufficiency (e.g., acute arterial occlusion, carotid artery stenosis, endarterectomy, peripheral stents)
6. Cardiac surgery (e.g., valve replacement, CABG)
7. Cardiac tamponade
8. Cardiac trauma (blunt and penetrating)
9. Cardiogenic shock
10. Cardiomyopathies (e.g., hypertrophic, dilated, restrictive, idiopathic)
11. Cardiovascular pharmacology
12. Conduction defects, blocks and pacemakers
13. Dysrhythmias/AICDs
14. Heart failure
15. Hemodynamic monitoring
16. Hypertensive crisis
17. Hypovolemic shock and volume deficit
18. Pulmonary hypertension (e.g., valvular defects, aortic stenosis, mitral stenosis)
19. Ruptured or dissecting aneurysm (e.g., thoracic, abdominal)

B. Pulmonary

1. Acute pulmonary embolus, fat embolus
2. Acute respiratory distress syndrome (ARDS)
3. Acute respiratory failure, hypoxemia
4. Acute respiratory infections
5. Air-leak syndromes (e.g., spontaneous pneumothorax, pneumopericardium, pneumomediastinum, PIE)

6. Aspirations (e.g., aspiration pneumonia, hospital-acquired pneumonia, foreign-body aspiration)
7. Chronic lung disease
8. Pulmonary pharmacology
9. Pulmonary trauma (e.g., pulmonary hemorrhage, tracheal perforation)
10. Respiratory distress (e.g., emphysema, bronchitis)
11. Status asthmaticus, exacerbation of COPD, emphysema
12. Thoracic surgery (e.g., lung contusions, fractured ribs, hemothorax, pulmonary hemorrhage, lung reduction, pneumonectomy, lobectomy, tracheal surgery)
13. Thoracic trauma (e.g., lung contusions, fractured ribs, hemothorax, pneumothorax from trauma, pulmonary hemorrhage)
14. Ventilator management and ABG interpretation, mixed venous gases, CPAP, volutrauma and barotraumas

C. Endocrine

1. Acute hypoglycemia
2. Diabetes insipidus
3. Diabetic ketoacidosis
4. Hormones and endocrine anatomy and physiology
5. Hyperosmolar hyperglycemic state [HHS]

D. Hematology

1. Hematology, anatomy and physiology, blood products and plasma
2. Immunosuppression-acquired (e.g., HIV, AIDS, neoplasms)
3. Life-threatening coagulopathies (e.g., ITP, DIC, hemophilia, HITTS, ReoPro-induced) and non life-threatening coagulopathies
4. Organ transplantation (e.g., liver, bone marrow, kidney, heart, pancreas, lung)
5. Sickle cell crisis

CCNS TEST PLAN – ADULT (CONTINUED)

E. Neurology

1. Aneurysm, AV malformation
2. Encephalopathy (e.g., hypoxic-ischemic, metabolic, edema, infectious)
3. Head trauma (blunt, penetrating), skull fractures
4. Intracranial hemorrhage/intraventricular hemorrhage (e.g., subarachnoid, epidural, subdural)
5. Neurologic infectious diseases (e.g., meningitis, GBS, West Nile)
6. ICP monitoring
7. Neurosurgery (e.g., evacuation of hematoma, tumor resection)
8. Seizure disorders
9. Stroke (e.g., embolic events, hemorrhagic)

F. Gastrointestinal

1. Acute abdominal trauma
2. Acute GI hemorrhage (e.g., esophageal, upper and lower)
3. Bowel infarction, bowel obstruction, bowel perforation
4. GI surgeries (e.g., Whipple, esophago-gastrectomy, gastric bypass)
5. Hepatic failure/coma (e.g., portal hypertension, cirrhosis, esophageal varices, fulminant hepatitis)
6. Pancreatitis
7. Gastro-esophageal reflux

G. Renal

1. Acute renal failure (e.g., acute tubular necrosis, hypoxia, dialysis)
2. Chronic renal failure and dialysis
3. Life-threatening electrolyte imbalances (e.g., potassium, sodium, phosphorus, magnesium, calcium)
4. Fluid balance concepts and renal anatomy & physiology
5. Renal trauma

H. Multisystem

1. Multisystem trauma
2. Septic shock/infectious diseases (e.g., viral, bacterial, line sepsis, nosocomial infections, immunosuppression)
3. Systemic inflammatory response syndrome (SIRS)/sepsis/MODS
4. Toxic exposure (e.g., chemicals, radiation, anaphylaxis)
5. Toxic ingestions and inhalations (e.g., drug/alcohol overdose, poisoning)

II. PROFESSIONAL CARING AND ETHICAL PRACTICE (78%)

- A. Advocacy/Moral Agency (7%)
- B. Caring Practices (11%)
- C. Collaboration (14%)
- D. Systems Thinking (8%)
- E. Response to Diversity (4%)
- F. Clinical Inquiry (13%)
- G. Facilitation of Learning (21%)

CCNS TEST PLAN – PEDIATRIC

I. CLINICAL JUDGMENT (22%)

A. Cardiovascular

1. Acute heart failure/pulmonary edema
2. Acute inflammatory disease (e.g., myocarditis, endocarditis, pericarditis)
3. Cardiac surgery
4. Cardiac trauma (blunt and penetrating)
5. Cardiogenic shock
6. Cardiomyopathies (e.g., hypertrophic, dilated, restrictive, idiopathic)
7. Cardiovascular pharmacology
8. Conduction defects, blocks and pacemakers
9. Congenital heart defect/disease
10. Dysrhythmias
11. Hemodynamic monitoring
12. Hypertensive crisis
13. Hypovolemic shock and volume deficit
14. Pulmonary hypertension (e.g., aortic and mitral stenosis and regurgitation)

B. Pulmonary

1. Acute respiratory distress syndrome (ARDS)
2. Acute respiratory failure, hypoxemia
3. Acute respiratory infections (e.g., pneumonia, croup, strep pneumonia, RSV, bronchiolitis)
4. Air-leak syndromes (e.g., spontaneous pneumothorax, bronchofistula, emphysema, [PIE], pneumopericardium, pneumomediastinum)
5. Apnea of prematurity
6. Aspirations (e.g., aspiration pneumonia, hospital-acquired pneumonia, foreign-body aspiration)
7. Chronic lung disease (e.g., bronchopulmonary dysplasia)
8. Congenital anomalies
9. Persistent pulmonary hypertension
10. Pulmonary trauma (e.g., pulmonary hemorrhage, tracheal perforation)
11. Pulmonary pharmacology

12. Respiratory distress (e.g., epiglottitis, bronchitis)
13. Status asthmaticus
14. Thoracic surgery (e.g., lung contusions, fractured ribs, hemothorax, pulmonary hemorrhage, lung reduction, pneumonectomy, lobectomy, tracheal surgery)
15. Thoracic trauma (e.g., lung contusions, fractured ribs, hemothorax, pulmonary hemorrhage)
16. Ventilator management and ABG interpretation, mixed venous gases, CPAP, volutrauma and barotraumas

C. Endocrine

1. Acute hypoglycemia
2. Diabetes insipidus
3. Diabetic ketoacidosis
4. Hormones and anatomy & physiology
5. Inborn errors of metabolism
6. Syndrome of inappropriate secretion of antidiuretic hormone (SIADH)

D. Hematology/Immunology

1. Hematology, anatomy & physiology, blood products and plasma
2. Hyperbilirubinemia
3. Immunosuppression (e.g., congenital [SCIDS], acquired [HIV, AIDS, neoplasms])
4. Life-threatening coagulopathies (e.g., DIC, ITP, hemophilia)
5. Organ transplantation (e.g., liver, bone marrow, kidney, heart, pancreas, lung)
6. Sickle cell crisis

CCNS TEST PLAN – PEDIATRIC (CONTINUED)

E. Neurology

1. Acute spinal cord injury
2. Congenital neurological abnormalities (e.g., spina bifida, myelomeningocele, anencephaly, encephalocele)
3. Encephalopathy (e.g., hypoxic-ischemic, metabolic, edema, infectious)
4. Head trauma (blunt, penetrating) including shaken baby
5. Hydrocephalus
6. ICP monitoring
7. Intracranial hemorrhage/intraventricular hemorrhage (e.g., subarachnoid, epidural, subdural), including stroke
8. Neurologic infectious diseases (e.g., meningitis, congenital infections, viral infections, West Nile)
9. Neuromuscular disorders (e.g., muscular dystrophy, Werdnig-Hoffman)
10. Neurosurgery (e.g., evacuation of hematoma, tumor resection)
11. Seizure disorders
12. Space-occupying lesions (e.g., brain tumors)
13. Spinal fusion

F. Gastrointestinal

1. Acute abdominal trauma
2. Acute GI hemorrhage
3. Bowel infarction/obstruction/perforation (e.g., necrotizing enterocolitis)
4. Gastro-esophageal reflux
5. GI abnormalities at birth (e.g., Hirschprung's)
6. GI surgeries
7. Hepatic failure/coma (e.g., portal hypertension, fulminant hepatitis, biliary atresia, hyperbilirubinemia)

G. Renal

1. Acute renal failure (e.g., acute tubular necrosis)
2. Chronic renal failure and dialysis
3. Congenital renal-genitourinary abnormalities (e.g., polycystic kidneys, exstrophy of bladder, hydronephrosis)
4. Fluid balance concepts and renal anatomy & physiology
5. Life-threatening electrolyte imbalances (e.g., potassium, sodium, phosphorus, magnesium, calcium)
6. Renal trauma

H. Multisystem

1. Asphyxia (e.g., near-drowning, traumatic)
2. Burns
3. Hemolytic uremic syndrome
4. Multisystem trauma
5. Septic shock/infectious diseases (e.g., congenital viral, bacterial, line sepsis, nosocomial infections)
6. Systemic inflammatory response syndrome (SIRS)/sepsis/MODS
7. Toxic exposure (e.g., fetal exposure to drug/alcohol, drug withdrawal, anaphylaxis)
8. Toxic ingestions and inhalations (e.g., drug/alcohol overdose, poisoning)

II. PROFESSIONAL CARING AND ETHICAL PRACTICE (78%)

- A. Advocacy/Moral Agency (7%)
- B. Caring Practices (11%)
- C. Collaboration (14%)
- D. Systems Thinking (8%)
- E. Response to Diversity (4%)
- F. Clinical Inquiry (13%)
- G. Facilitation of Learning (21%)

CCNS TEST PLAN – NEONATAL

I. CLINICAL JUDGMENT (22%)

A. Cardiovascular

1. Acute heart failure/pulmonary edema
2. Acute inflammatory disease (e.g., myocarditis, endocarditis, pericarditis)
3. Cardiac surgery
4. Cardiovascular pharmacology
5. Congenital heart defect/disease
6. Hemodynamic concepts
7. Pulmonary hypertension
8. Shock states (e.g., cardiogenic, hypovolemic)/volume deficit

B. Pulmonary

1. Acute respiratory failure, hypoxemia
2. Acute respiratory infections
3. Air-leak syndromes (e.g., spontaneous pneumothorax, bronch-fistula, emphysema, [PIE], pneumopericardium, pneumomediastinum)
4. Apnea of prematurity
5. Aspirations (e.g., aspiration pneumonia, meconium aspiration)
6. Chronic lung disease (e.g., bronchopulmonary dysplasia)
7. Congenital anomalies
8. Pulmonary hypertension in newborn
9. Respiratory distress syndrome
10. Respiratory pharmacology
11. Thoracic surgery (e.g., lung contusions, fractured ribs, hemothorax, pulmonary hemorrhage, lung reduction, pneumonectomy, lobectomy, tracheal surgery)
12. Transient tachypnea of the newborn
13. Ventilator management and ABG interpretation, mixed venous gases, CPAP, volutrauma and barotraumas

C. Endocrine

1. Acute hypoglycemia
2. Hormones and anatomy & physiology
3. Inborn errors of metabolism
4. Infant of diabetic mother

D. Hematology

1. Anemia of prematurity
2. Hematology, blood products and plasma
3. Hyperbilirubinemia
4. Immunosuppression (e.g., Rh incompatibilities, ABO incompatibilities, hydrops fetalis)
5. Life-threatening coagulopathies (e.g., ITP, DIC) and non life-threatening coagulopathies

E. Neurology

1. Congenital neurological abnormalities (e.g., spina bifida, myelomeningocele, anencephaly, encephalocele)
2. Encephalopathy (e.g., hypoxic-ischemic, metabolic, edema, infectious)
3. Hydrocephalus
4. ICP monitoring
5. Intracranial hemorrhage/intraventricular hemorrhage
6. Neurologic infectious diseases (e.g., meningitis, congenital infections, viral infections, TORCH)
7. Seizure disorders

F. Gastrointestinal

1. Bowel infarction/obstruction/perforation (e.g., necrotizing enterocolitis, adhesions, shortgut)
2. Gastro-esophageal reflux
3. GI abnormalities at birth
4. Hepatic failure/coma

G. Renal

1. Acute renal failure (e.g., acute tubular necrosis, hypoxia)
2. Congenital renal-genitourinary abnormalities (e.g., polycystic kidneys, exstrophy of bladder, hydronephrosis)
3. Fluid balance concepts and renal anatomy & physiology
4. Life-threatening electrolyte imbalances (e.g., potassium, sodium, phosphorus, magnesium, calcium)

H. Multisystem

1. Asphyxia (e.g., neonatal-perinatal)
2. Life-threatening maternal-fetal complications (e.g., birth trauma and birth-related injuries, genetic disorders, maternal-fetal transfusion, abruptio placentae, placenta previa)
3. Low birth weight/prematurity
4. Septic shock/infectious diseases (e.g., congenital, viral, bacterial, line sepsis, nosocomial infections)
5. Toxic exposure (e.g., fetal exposure to drug/alcohol, drug withdrawal, anaphylaxis)

II. PROFESSIONAL CARING AND ETHICAL PRACTICE (78%)

A. Advocacy/Moral Agency (7%)

B. Caring Practices (11%)

C. Collaboration (14%)

D. Systems Thinking (8%)

E. Response to Diversity (4%)

F. Clinical Inquiry (13%)

G. Facilitation of Learning (21%)

CCNS SAMPLE EXAM QUESTIONS

GENERAL - CORE

PLEASE NOTE: 78% of the exam is in the general category for all CNSs and 22% is additional questions in each specific category: adult, neonatal, pediatric.

1. A patient with alcoholism is admitted for the third time with a diagnosis of bleeding esophageal varices. The CNS overhears a nurse on the unit state, "I don't know why we have to continue to care for someone who won't make any attempt to help himself. He knew that drinking would cause him to rebleed." The CNS's *most appropriate* response is to:
 - A. Support the nurse's response and attempt to have the nurse relieved of caring for this patient.
 - B. Discuss with the nurse how to resolve conflict between personal and professional values.
 - C. Report the incident to the nurse manager and request that the nurse be counseled for unprofessional behavior.
 - D. Ignore the comment, as it was not made to the CNS.
2. The CNS has observed both nurses and respiratory therapists instilling saline down ET tubes prior to suctioning. The CNS can encourage research-based practice by *initially* assisting the staff to:
 - A. Critically evaluate the research studies regarding saline instillation.
 - B. Design a unit evaluation to substantiate research results in the literature.
 - C. Incorporate research results into a suctioning policy and procedure.
 - D. Disseminate the results of the literature regarding saline instillation.

NEONATAL

PLEASE NOTE: 22% of the exam is in this specific category and an additional 78% of the exam is in the general category.

3. A neonate who is mechanically ventilated suddenly develops pallor, shock, and bradycardia with bloody secretions in the ET tube. The PEEP is increased from 4 cm to 6 cm. The CNS should instruct the staff nurse that the purpose of increased PEEP is to:
 - A. Promote venous congestion.
 - B. Increase pO₂ levels.
 - C. Compress the capillaries.
 - D. Decrease pCO₂ levels.

PEDIATRIC

PLEASE NOTE: 22% of the exam is in this specific category and an additional 78% of the exam is in the general category.

4. A 3-year-old has fallen from a tree. Clinical exam reveals periods of irritability alternating with unresponsiveness. The Glasgow Coma Scale score is 6. Which of the following should be the first priority of treatment?
 - A. Anticipate intubation if the O₂ Sat becomes less than 90%.
 - B. Perform rapid sequence induction followed by intubation.
 - C. Rapid intubation followed by administering dexamethasone (Decadron).
 - D. Administer O₂ by non-rebreather mask and prepare to transport for a CT scan.

ADULT

PLEASE NOTE: 22% of the exam is in this specific category and an additional 78% of the exam is in the general category.

5. A patient underwent an emergent percutaneous transluminal coronary angioplasty (PTCA) 3 days ago. During interdisciplinary rounds, it is reported that the patient is walking only within the room and declining to participate in progressive activity. Upon assessment, the only significant finding is a persistent bilateral dull ache over the scapulae unrelieved by oral narcotic analgesics. A priority intervention would include:
 - A. The addition of an NSAID.
 - B. A modified exercise program.
 - C. A serial 12-lead ECG.
 - D. Pain service referral.

Answers

1. B
2. A
3. B
4. B
5. C

VALIDATED CCNS COMPETENCIES

Clinical Judgment

- Synthesizes, interprets, makes decisions and recommendations, and evaluates responses based on complex, sometimes conflicting, sources of data.
- Identifies and prioritizes clinical problems based on education, research, and experiential knowledge.
- Develops, implements, evaluates and modifies plans of care for individual patients/families and cohorts.
- Develops, implements and evaluates research-based algorithms, clinical guidelines, protocols and pathways for populations.
- Develops proactive interventions. Implements and/or directs others to act on actual or potential clinical problems.
- Facilitates development of clinical judgment in healthcare team members (e.g., nursing staff, medical staff, other healthcare providers) through role modeling, teaching, coaching and/or mentoring.
- Formally and informally evaluates the clinical practice of other healthcare team members (e.g., nursing staff, medical staff, other healthcare providers).
- Evaluates one's own clinical practice through self-reflection and feedback from others.
- Facilitates patient/family, healthcare professionals and payors to understand a broad perspective (i.e., the "big picture").
- Initiates appropriate referrals and performs consultations.

Advocacy/Moral Agency

- Utilizes internal resources (e.g., ethics committee, risk management, legal department) and external resources (e.g., professional organizations, government officials, community agencies) to facilitate resolution of advocacy/moral agency issues.
- Participates in problem solving to anticipate and prevent recurrences of patient/family dissatisfaction or concern.
- Facilitates resolution of ethical and clinical conflicts among patient/family and other healthcare professionals.
- Promotes an environment for ethical decision-making and patient advocacy.
- Recognizes and promotes programs to ensure patient/family rights are incorporated into plan of care.
- Facilitates development of nurses' advocacy and moral agency through role modeling, teaching, coaching and/or mentoring.
- Empowers patient and family to act as own advocate.
- Integrates concerns and value systems of patient/family, nursing staff and other healthcare team members, administrators and payors into patient's plan of care.

Caring Practices

- Promotes a caring and supportive environment.
- Supports the implementation of complementary therapies.
- Facilitates healthcare team's development of caring practices through role modeling, teaching, coaching and/or mentoring.
- Cares for the caregivers (e.g., conflict resolution, debriefing, crisis intervention).
- Provides patient/family the skills to navigate transitions along the healthcare continuum (i.e., facilitates safe passage).
- Interprets and communicates complex patient/family and administrative needs to other caregivers.

Collaboration

- Leads and facilitates coordination of intra- and inter-disciplinary teams to develop or revise programs focused on group or systems issues.
- Leads and facilitates coordination of intra- and inter-disciplinary teams to develop or revise plans of care focused on patient and/or family issues.
- Initiates and facilitates active involvement with external agencies (e.g., industry, payors, community groups, political agencies).
- Role models, teaches, coaches and mentors healthcare team to understand and use resources/expertise of others.
- Role models, teaches, coaches and mentors both professional leadership and accountability for nursing's role within the healthcare team and community.
- Facilitates the creation of a common vision for care within the healthcare team or system.
- Facilitates development, implementation and evaluation of professional practice models for nursing.
- Creates, coordinates, implements and evaluates formal and informal intra- and interdisciplinary education to improve patient outcomes/quality of care.

(CONTINUED)

VALIDATED CCNS COMPETENCIES (CONTINUED)

Systems Thinking

- Interprets and facilitates integration of organizational mission, goals and systems into patient care practices.
- Assesses and facilitates understanding of the impact of social, political, regulatory and economic (e.g., payors, products) forces on the delivery of care.
- Using knowledge of the system, works with internal clients (e.g., nursing staff, medical staff, other healthcare providers, administrators) and external clients (e.g., institutions, sales representatives) to optimize delivery of care.
- Identifies and communicates resources, both internal and external (e.g., consultants, referrals, community programs and other healthcare systems) to optimize patient/family outcomes.
- Develops, implements and evaluates strategies to optimize outcomes for patients/families and payors.
- Develops strategies to facilitate transitional movement of patient populations through the healthcare system.
- Continually evaluates the care delivery model and recommends modifications based on outcomes data.
- Facilitates processes of change within the healthcare system to provide evidence-based, cost-effective care.
- Role models and mentors innovative systems thinking and resource use among the healthcare team.

Response to Diversity

- Identifies diversity issues and facilitates awareness of these issues.
- Recognizes and assists the healthcare team to integrate individual differences in tailoring the delivery of care to meet the diverse needs and strengths of patients.
- Role models, teaches, coaches and/or mentors acceptance of and responsiveness to diversity.
- Promotes and incorporates research and experiential knowledge into plans of care related to diverse populations.

Clinical Inquiry

- Identifies clinical problems amenable to research.
- Role models, teaches, coaches and/or mentors staff regarding the use, implementation and evaluation of research findings.
- Evaluates current and innovative patient care practices based on evidence-based practice, research and experiential knowledge.
- Develops processes to evaluate outcomes data.
- Incorporates evidence-based practice guidelines, research and experiential knowledge to formulate, evaluate and/or revise policies, procedures and protocols.
- Critiques research findings and determines applicability to practice.
- Communicates research results and develops a means to incorporate research findings into practice.
- Reviews, evaluates and facilitates incorporation of new products and technologies into practice.

Facilitation of Learning

- Conducts needs assessment prior to developing educational plans and programs.
- Develops, implements and evaluates programs based on learner needs.
- Adapts teaching strategies to the unique patient/family needs and strengths to facilitate the teaching/learning process.
- Contributes to and advances the knowledge base of the healthcare community through research, presentations, publications and involvement in professional organizations.
- Facilitates and/or mentors professional advancement of nursing staff.
- Delivers formal and informal intra- and interdisciplinary education to improve patient outcomes/quality of care.
- Promotes value of lifelong learning and evidence-based practice while continually acquiring knowledge and skills needed to address questions arising in practice to improve patient care.

AACN SYNERGY MODEL FOR PATIENT CARE™

Synergy is an evolving phenomenon that occurs when individuals work together in mutually enhancing ways toward a common goal. AACN Certification Corporation is committed to ensuring that certified nursing practice is based on the needs of patients. Integration of the AACN Synergy Model for Patient Care into AACN Certification Corporation's certification programs puts emphasis on the patient and says to the world that patients come first.

The Synergy Model creates a comprehensive look at the patient. It puts the patient in the center of nursing practice. The Synergy Model identifies nursing's unique contributions to patient care and uses language to describe the professional nurse's role. It provides nursing with a venue that clearly states what we do for patients and allows us to start linking ourselves to, and defining ourselves within, the context of the patient and patient outcomes.

NOTE: AACN certification exams do not test for knowledge of the Synergy Model or its terminology; this is the theoretical model within which the tests have been designed.

PATIENT CHARACTERISTICS

The Synergy Model encourages nurses to view patients in a holistic manner rather than the "body systems" medical model. Each patient and family is unique, with a varying capacity for health and vulnerability to illness. Each patient, regardless of the clinical setting, brings a set of unique characteristics to the care situation. Depending on where they are on the healthcare continuum, patients may display varying levels of the following characteristics:

Resiliency—the capacity to return to a restorative level of functioning using compensatory/coping mechanisms; the ability to bounce back quickly after an insult.

Vulnerability—susceptibility to actual or potential stressors that may adversely affect patient outcomes.

Stability—the ability to maintain a steady-state equilibrium.

Complexity—the intricate entanglement of two or more systems (e.g., body, family, therapies).

Resource availability—extent of resources (e.g., technical, fiscal, personal, psychological, and social) the patient/family/community bring to the situation.

Participation in care—extent to which patient/family engages in aspects of care.

Participation in decision making—extent to which patient/family engages in decision making.

Predictability—a characteristic that allows one to expect a certain course of events or course of illness.

For example:

A healthy, uninsured, 40-year-old woman undergoing a pre-employment physical could be described as an individual who is (a) stable (b) not complex (c) very predictable (d) resilient (e) not vulnerable (f) able to participate in decision making and care, but (g) has inadequate resource availability.

On the other hand: a critically ill, insured infant with multi-system organ failure can be described as an individual who is (a) unstable (b) highly complex (c) unpredictable (d) highly resilient (e) vulnerable (f) unable to become involved in decision making and care, but (g) has adequate resource availability.

NURSE CHARACTERISTICS

Nursing care reflects an integration of knowledge, skills, abilities and experience necessary to meet the needs of patients and families. Thus, nurse characteristics are derived from patient needs and include:

Clinical Judgment—Clinical reasoning, which includes clinical decision making, critical thinking and a global grasp of the situation, coupled with nursing skills acquired through a process of integrating education, experiential knowledge and evidence-based guidelines.

(CONTINUED)

AACN SYNERGY MODEL FOR PATIENT CARE (CONTINUED)

Advocacy/Moral Agency—Working on another's behalf and representing the concerns of the patient/family and nursing staff; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within and outside the clinical setting.

Caring Practices—Nursing activities that create a compassionate, supportive and therapeutic environment for patients and staff, with the aim of promoting comfort and healing and preventing unnecessary suffering. These caring behaviors include but are not limited to vigilance, engagement and responsiveness of caregivers. Caregivers include family and healthcare personnel.

Collaboration—Working with others (e.g., patients, families, healthcare providers) in a way that promotes/encourages each person's contributions toward achieving optimal/realistic patient/family goals. Collaboration involves intra- and inter-disciplinary work with colleagues and community.

Systems Thinking—Body of knowledge and tools that allow the nurse to manage whatever environmental and system resources that exist for the patient/family and staff, within or across healthcare systems and non-healthcare systems.

Response to Diversity—The sensitivity to recognize, appreciate and incorporate differences into the provision of care. Differences may include, but are not limited to, individuality, cultural, spiritual, gender, race, ethnicity, lifestyle, socioeconomic, age and values.

Facilitation of Learning (or Patient/Family Educator)—The ability to facilitate learning for patients/families, nursing staff, other members of the healthcare team and community. Includes both formal and informal facilitation of learning.

Clinical Inquiry (or Innovator/Evaluator)—The ongoing process of questioning and evaluating practice and providing informed practice. Creating changes through evidence-based practice, research utilization and experiential knowledge. Nurses become competent within each continuum at a level that best meets the fluctuating needs of their population of patients. More compromised patients have more severe or complex needs, requiring nurses to have advanced knowledge and skill in an associated continuum.

For example:

If the gestalt of a patient were stable but unpredictable, minimally resilient and vulnerable, primary competencies of the nurse would be centered on clinical judgment and caring practices (which includes vigilance). If the gestalt of a patient were vulnerable, unable to participate in decision making and care, and inadequate resource availability, the primary competencies of the nurse would focus on advocacy and moral agency, collaboration and systems thinking.

Although all 8 competencies are essential for contemporary nursing practice, each assumes more or less importance depending on a patient's characteristics. **Synergy results when a patient's needs and characteristics are matched with the nurse's competencies.**

Results of a 1997 large-scale survey of subacute, acute and critical care nurses across the United States supported the applicability of the Synergy Model to nursing practice (Greenberg, Muenzen, and Smith, 1998). A second study, including adult, pediatric and neonatal CCRNs, identified the overall contribution of each of the 8 nurse characteristics to optimal patient outcomes.

Based on these studies, as well as the 2003 job analysis completed by AACN Certification Corporation, the test plans for the AACN certification exams have been created to reflect the Synergy Model, as well as current acute and critical care nursing practice.

For more information about the AACN Synergy Model for Patient Care visit www.certcorp.org.

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STATE BOARD NOTIFICATION REQUEST FORM
CCNS® CERTIFICATION FOR ACUTE AND/OR CRITICAL CARE CLINICAL NURSE SPECIALISTS

To be completed by CCNS candidate and submitted to AACN Certification Corporation with CCNS exam application.

CCNS Exam Applicant Name _____ AACN # _____
Last First MI

Please check appropriate boxes below to request notification of your ELIGIBILITY TO TEST and/or to indicate the states in which you intend to practice.

Mailing of eligibility letter to one State Board is free; fee for mailing to additional board is \$20 per state.

Applicants must check/complete item 1 or 2; item 3 is optional.

- 1. Please notify the _____ State Board of Nursing of my eligibility to take the CCNS exam.
- 2. I do not wish to request that an eligibility letter be sent to my Board of Nursing, but following is/are the state/s in which I (intend to) practice: _____.
- 3. Please send an additional CCNS exam eligibility letter to the _____ State Board of Nursing. **Enclosed is the \$20 fee.**

I authorize AACN Certification Corporation to verify my eligibility to take the CCNS exam to the State Board(s) of Nursing indicated above. I understand that the State Board(s) for which I apply or intend to apply for licensure will be notified of my pass/fail status following taking the CCNS exam.

Candidate Signature

E-mail Address

Date

To be completed by CCNS candidate and returned to AACN Certification Corporation with CCNS exam application.

Unsigned forms will not be processed.

Application packets that do not include this signed form will be held in a pending status until the form is received.

AACN Certification Corporation
101 Columbia • Aliso Viejo, CA 92656-4109
(800) 899-2226 • www.certcorp.org

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CCNS CERTIFICATION EXAM APPLICATION

1. Registration Information PLEASE PRINT CLEARLY. PROCESSING WILL BE DELAYED IF INCOMPLETE OR NOT LEGIBLE.

AACN MEMBER NUMBER	EXP. DATE	RN/APRN LICENSE NUMBER	STATE	EXP. DATE
NAME Last	First	Middle Initial	Maiden	
HOME ADDRESS		INSTITUTION		
CITY	STATE	ZIP	ADDRESS	
E-MAIL		CITY	STATE	ZIP
HOME PHONE		BUSINESS PHONE		

2. AACN Membership

I would also like to join/renew my AACN membership at this time and *select member pricing* for my exam fees: (check only one box)

- 1-year AACN membership.....\$78
- 2-year AACN membership.....\$148
- 3-year AACN membership.....\$179.35 (special certification rate)

3. Exam for which you are applying: (check only one box)

- CCNS Adult CCNS Pediatric CCNS Neonatal

Note: SPECIAL applications for NTI and TRENDS paper and pencil exams available at www.certcorp.org.

	Initial Exam Fee <i>AACN Member</i>	Initial Exam Fee <i>Nonmember</i>	Retest or Renewal by Exam Fee <i>AACN Member</i>	Retest or Renewal by Exam Fee <i>Nonmember</i>
CCNS Exam	<input type="checkbox"/> \$245	<input type="checkbox"/> \$345	<input type="checkbox"/> \$200	<input type="checkbox"/> \$305

Check this box if you've attached a request and supporting documentation for special testing accommodations.

4. Payment Information – application must be accompanied by payment

- Check or money order attached – payable to AACN Certification Corporation. U.S. funds only.
- Bill my credit card – (circle one) MasterCard Visa American Express Discover
 Card # _____ Exp. Date (mm/yy) ____/____
 Name on Card _____ Signature _____
 Address of Payor (if different than applicant) _____

5. If joining AACN now, were you referred by a current member or chapter?

- Member Name _____ AACN # _____
 or Chapter Name _____
 (include only one for referral incentives)

Please do not include my name on lists sold to other organizations. Please complete page 2.

Membership Fee:

\$ _____

+

Exam Fee:

\$ _____

=

Total Payment:

\$ _____

Staple check to upper right corner of page.

CCNS CERTIFICATION EXAM APPLICATION

Printed Name _____ AACN # _____

6. Demographic Information

Check ONE box in each category. Information is voluntary and is used for statistical purposes, and may be used in eligibility evaluation.

<u>Primary Area Employed</u> <input type="checkbox"/> Acute Hemodialysis Unit (21) <input type="checkbox"/> Burn Unit (13) <input type="checkbox"/> Cardiac Rehabilitation (26) <input type="checkbox"/> Cardiac Surgery/OR (36) <input type="checkbox"/> Cardiovascular/Surg. ICU (09) <input type="checkbox"/> Catheterization Lab. (22) <input type="checkbox"/> CCU (03) <input type="checkbox"/> Combo Adult/Ped ICU (23) <input type="checkbox"/> Combined ICU/CCU (01) <input type="checkbox"/> Corporate Industry (24) <input type="checkbox"/> CC Transport/Flight (17) <input type="checkbox"/> eICU or Virtual ICU (37) <input type="checkbox"/> Emergency Dept. (12) <input type="checkbox"/> General Med./Surg Floor (18) <input type="checkbox"/> Home Care (25) <input type="checkbox"/> ICU (02) <input type="checkbox"/> Interventional Cardiology (31) <input type="checkbox"/> Long-Term Care (27) <input type="checkbox"/> Medical Cardiology (34) <input type="checkbox"/> Medical ICU (04) <input type="checkbox"/> Med. Surg. ICU (35) <input type="checkbox"/> Neonatal ICU (06) <input type="checkbox"/> Neuro/Neurosurgical ICU (10) <input type="checkbox"/> Oncology Unit (19) <input type="checkbox"/> Operating Room (15) <input type="checkbox"/> Outpatient Clinic (29) <input type="checkbox"/> Pediatric ICU (05) <input type="checkbox"/> Private Practice (32) <input type="checkbox"/> Progressive Care Unit (16) <input type="checkbox"/> Recovery Room/PACU (14) <input type="checkbox"/> Respiratory ICU (08) <input type="checkbox"/> Stepdown Unit (30) <input type="checkbox"/> Subacute Care (28) <input type="checkbox"/> Surgical ICU (07) <input type="checkbox"/> Telemetry (20) <input type="checkbox"/> Trauma Unit (11) <input type="checkbox"/> Other - <i>specify below</i> _____(99)	<u>Primary Position Held</u> <input type="checkbox"/> Academic Faculty (07) <input type="checkbox"/> Acute Care Nurse Practitioner (09) <input type="checkbox"/> Administrator /V.P. (43) <input type="checkbox"/> Clinical Director (04) <input type="checkbox"/> Clinical Nurse Specialist (08) <input type="checkbox"/> Corporate Executive (11) <input type="checkbox"/> Elected Official (12) <input type="checkbox"/> Inservice/Staff Dev. Instructor (06) <input type="checkbox"/> Legal Nurse Consultant (39) <input type="checkbox"/> Manager (03) <input type="checkbox"/> Nurse Anesthetist (02) <input type="checkbox"/> Nurse Educator (46) <input type="checkbox"/> Nurse Midwife (13) <input type="checkbox"/> Nurse Practitioner (05) <input type="checkbox"/> Pharmacist (14) <input type="checkbox"/> Physician (16) <input type="checkbox"/> Physician Assistant (17) <input type="checkbox"/> Researcher (18) <input type="checkbox"/> Respiratory Therapist (19) <input type="checkbox"/> Social Worker (20) <input type="checkbox"/> Staff Nurse (01) <input type="checkbox"/> Unit Coordinator (22) <input type="checkbox"/> Other - <i>specify below</i> _____(99)	<u>Is English your first language?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Did you graduate from nursing school in a country other than the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in which country? _____ What year did you start practicing nursing in the U.S.? _____ <u>Ethnicity</u> <input type="checkbox"/> African American (02) <input type="checkbox"/> Asian (05) <input type="checkbox"/> White/Non-Hispanic (01) <input type="checkbox"/> Hispanic / Latino (03) <input type="checkbox"/> Native American (04) <input type="checkbox"/> Pacific Islander (06) <input type="checkbox"/> Other - <i>specify below</i> _____(99)	<u>Primary Type of Facility in Which Employed</u> <input type="checkbox"/> College/University (08) <input type="checkbox"/> Community Hospital (Nonprofit) (01) <input type="checkbox"/> Community Hospital (Profit) (02) <input type="checkbox"/> County Hospital (07) <input type="checkbox"/> HMO/Managed Care (12) <input type="checkbox"/> Home Health (13) <input type="checkbox"/> Military / Government Hospital (04) <input type="checkbox"/> Private Industry (11) <input type="checkbox"/> Registry (10) <input type="checkbox"/> Self-Employed (09) <input type="checkbox"/> Travel Nurse (15) <input type="checkbox"/> University Med. Ctr. (03) <input type="checkbox"/> Other - <i>specify below</i> _____(99)
			Number of beds in Institution _____ Years experience in Nursing _____ Years experience in CC Nursing _____ <u>Date of Birth</u> (Month Day Year) _____ <u>Gender</u> <input type="checkbox"/> Female <input type="checkbox"/> Male

7. Complete Additional Forms

Complete the CCNS Honor Statement (3rd page of application), found on page 35. Have the *Educational Eligibility Verification Form*, found on page 29, completed and signed by the program director of your school. Complete the *State Board Notification Request Form*, found on page 31.

8. Submit Application and Documentation

Attach CCNS Honor Statement, RN or APRN license copy (or an online printed version), original transcript, completed *State Board Notification Request Form* and original *Education Eligibility Verification Form* to this application and submit with payment to:

AACN Certification Corporation, 101 Columbia, Aliso Viejo, CA 92656-4109.

Please submit CCNS applications by mail only.

NOTE: Allow **8-10 weeks** from date received by AACN Certification Corporation for application processing.

Questions? Please call us at (800) 899-2226, e-mail certcorp@aacn.org or visit www.certcorp.org.

CCNS CERTIFICATION EXAM APPLICATION HONOR STATEMENT

Complete and submit with 2-page application at back of handbook, RN or APRN license copy, original graduate-level transcript showing degree conferred, completed *State Board Notification Request Form*, and original *Educational Eligibility Verification Form*.

Education/Clinical Hours – A CCNS candidate’s educational program must meet the following requirements, as documented on the *Educational Eligibility Verification Form*.

- The educational program is offered by an accredited college or university that offers a master’s degree or higher in nursing with a concentration as an acute/critical care clinical nurse specialist (CNS). Both direct and indirect clinical supervision must be congruent with current AACN and nursing accreditation guidelines.
- The program curriculum includes, but is not limited to: biological, behavioral, medical and nursing sciences relevant to practice as a CNS, including pathophysiology, pharmacology and physical assessment; legal, ethical and professional responsibilities of the CNS; and supervised clinical practice relevant to the specialty of acute/critical care.
- The program curriculum is consistent with competencies of acute/critical care CNS practice.
- The instructional track/major has a minimum of 500 supervised clinical hours in all of the roles of a clinical nurse specialist in **one** patient population (Adult, Pediatric or Neonatal) completed within the master’s program; the supervised clinical experience is directly related to the knowledge and all role components of the acute/critical care CNS.

1. **Applicant’s Name** _____ **AACN #** _____
Last First Middle Maiden

2. **Verification Information** - list contact information for a professional associate (colleague or supervisor) who can verify that you have met the eligibility requirements:
 Associate’s Name _____
 Address _____
 City _____ State _____ ZIP _____ Phone number _____

3. **Honor Statement**

I have fulfilled the clinical practice hour requirement of 500 hours in all roles of the clinical nurse specialist within my educational program as described above; **or** if renewing by exam have fulfilled the practice requirement of 2,000 hours over the last four years, with a minimum of 400 hours in the 12 months preceding my scheduled renewal date, in the role of the clinical nurse specialist involved in care of the following acutely and/or critically ill patient population: **Adult** **Pediatric** **Neonatal**
(check ONE only)

I possess a current, unencumbered U.S. license to practice as an RN or APRN in the state of _____.
 I agree to notify AACN Certification Corporation if any restriction is placed on my RN or APRN license in the future.
 Attached is a photocopy or online printed version of my current unencumbered RN or APRN license

I hereby apply for CCNS certification offered by AACN Certification Corporation. I understand that certification depends upon the successful completion of the specified requirements. I further understand that the information acquired in the certification process may be used for statistical purposes and for evaluation of the certification program. I authorize AACN Certification Corporation to release my CCNS exam pass/fail status to the _____ State Board of Nursing, to which I have applied or intend to apply for AP licensure.

To the best of my knowledge, the information contained in the application is true, complete, correct and is made in good faith. I understand that information supplied is **subject to audit**, and failure to respond to a request for further information may be sufficient cause for AACN Certification Corporation to bar me from the exam, to invalidate the results of my exam, to revoke certification, to withhold certification or to take other appropriate action.

My signature on this form indicates my agreement to keep the contents of the exam confidential and not discuss the specific exam content with anyone except AACN Certification Corporation. By complying with and enforcing this obligation, I help maintain the integrity of the AACN Certification Program and the value of its certification credentials.

Applicant’s Signature _____ Date _____
Please allow 8-10 weeks from date received by AACN Certification Corporation for processing of your application.

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