MISSION

AACN Certification Corporation drives patient health and safety through comprehensive credentialing of acute and critical care nurses ensuring practice consistent with standards of excellence.

VISION

All nurses caring for acutely and critically ill patients and their families are certified.

VALUES

As the Corporation advances its mission and vision to fulfill its purpose and inherent obligation of ensuring the health and safety of patients experiencing acute and critical illness, the Corporation is guided by a set of deeply rooted values:

- **Providing leadership** to bring all stakeholders together to create and foster cultures of excellence and innovation.
- **Acting with integrity** and upholding ethical values and principles in all relationships and the provision of sound, fair and defensible credentialing programs.
- **Committing to excellence** in credentialing programs by striving to exceed industry standards and expectations.
- **Promoting leading edge, research-based credentialing programs** for all nurses who care for and influence the care of acutely and critically ill patients.
- **Demonstrating stewardship** through fair and responsible management of resources and cost-effective business processes.

ETHICS

AACN and AACN Certification Corporation consider the American Nurses Association (ANA) Code of Ethics for Nurses foundational for nursing practice, providing a framework for making ethical decisions and fulfilling responsibilities to the public, colleagues and the profession. AACN Certification Corporation’s mission of public protection supports a standard of excellence that certified nurses have a responsibility to read, understand and act in a manner congruent with the ANA Code of Ethics for Nurses.

The following AACN Certification Corporation programs have been accredited by the National Commission for Certifying Agencies (NCCA), the accreditation arm of the Institute for Credentialing Excellence (ICE):

- CCRN® (Adult)
- CCRN® (Pediatric)
- CCRN® (Neonatal)
- CCRN-E™ (Adult)
- PCCN®
- CMC®
- CSC®
- ACCNS-AG®
- ACCNS-P®
- ACCNS-N®
- ACNPC-AG®

Our advanced practice certification programs, ACCNS-AG, ACCNS-P, ACCNS-N and ACNPC-AG, meet the National Council of State Boards of Nursing (NCSBN) criteria for APRN certification programs.
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 and/or subspecialty certification.

AACN Certification Corporation 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 handbook with information about our programs and how to apply for and take the PCCN certification exams.

Today, more than 96,000 practicing nurses hold one or more of these certifications from AACN Certification Corporation:

**Specialty Certifications**

- **CCRN®** is for nurses providing direct bedside care to acutely/critically ill adult, pediatric or neonatal patients.
- **CCRN-E™** is for nurses working in a tele-ICU monitoring acutely/critically ill adult patients from a remote location.
- **CCRN-K™** is for nurses whose non-direct care practice influences patients, nurses and/or organizations to have a positive impact on the care delivered to acutely/critically ill adult, pediatric or neonatal patients.
- **PCCN®** is for progressive care nurses providing direct bedside care to acutely ill adult patients.
- **CNML** is for nurse managers and leaders; offered in partnership with AONE (American Organization of Nurse Executives) Credentialing Center.

**Subspecialty Certifications**

- **CMC®** is for certified nurses providing direct bedside care to acutely/critically ill adult cardiac patients.
- **CSC®** is for certified nurses providing direct bedside care to acutely/critically ill adult patients during the first 48 hours after cardiac surgery.

**Advanced Practice Consensus Model-Based Certifications**

- **ACNPC-AG®** is for the adult-gerontology acute care nurse practitioner educated at the graduate level.
  - The ACCNS credentials are for clinical nurse specialists educated at the graduate level to provide care across the continuum from wellness through acute care:
    - **ACCNS-AG®** is for the adult-gerontology clinical nurse specialist.
    - **ACCNS-P®** is for the pediatric clinical nurse specialist.
    - **ACCNS-N®** is for the neonatal clinical nurse specialist.

**Advanced Practice Certifications**

- With implementation of the Consensus Model in 2015, ACNPC and CCNS are available as renewal options only:
  - **ACNPC®** is for acute care nurse practitioners educated to provide care to adult patients.
  - **CCNS®** is for acute/critical care clinical care specialists educated to provide care to adult, pediatric or neonatal patients.

We continually seek to provide quality certification programs that meet the changing needs of nurses and patients. Please visit www.certcorp.org > Documents and Handbooks, or call (800) 899-2226 for more information about the above certifications.

Thank you for your commitment to patients and their families and to becoming certified.
Please direct inquiries to:

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

Please include your AACN customer number with all correspondence to AACN Certification Corporation.
PCCN® is a specialty certification for nurses who provide care for acutely ill adult patients who are moderately stable with an elevated risk of instability. These patients require a high intensity of care and vigilance, and are commonly found in progressive care units, which can be very specialized with care focused on a specific system such as cardiac, or more generalized, as in the care of patients with multisystem problems. Specialty nurses interested in this certification may work in areas such as intermediate care, direct observation, step-down, telemetry and transitional care units.

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The following information can be found in the Certification Exam Policy Handbook online at www.certcorp.org > Documents and Handbooks:

- AACN Certification Programs
- Name and Address Changes
- Confidentiality of Exam Application Status
- Testing Site Information
- Exam Scheduling and Cancellation
- On the Day of Your Exam
- Duplicate Score Reports
- Recognition of Certification
- Use of Credentials
- Denial of Certification
- Revocation of Certification
- Review and Appeal of Certification Eligibility
**Definition**
Progressive Care Certified Nurse (PCCN) certification validates your knowledge of nursing of acutely ill adult patients in your specialty area to hospitals, peers, patients and, most importantly, to yourself. PCCN certification promotes continuing excellence in progressive care nursing. AACN recognizes progressive care as part of the continuum of critical care.

**PCCN® Registered Service Mark**
PCCN is a registered service mark and denotes certification in progressive care nursing as granted by AACN Certification Corporation. Registered nurses who have not achieved PCCN certification status, whose PCCN status has lapsed, or who have chosen Inactive status are not authorized to use the PCCN credential.

**Validated Knowledge and Specialized Skills**
Each PCCN certification exam is based on a study of practice, also known as a job analysis. The most recent study, completed in 2012, defines the dimensions of progressive care practice, identifying what is required of registered nurses practicing in progressive care settings providing care to acutely ill patients.

In the study, progressive care nurses across the United States were surveyed to ascertain the significance of the various elements of their practice. Through an extensive review and evaluation process, the knowledge, skills and abilities crucial to progressive care nursing were defined using the AACN Synergy Model for Patient Care as an organizing framework. The PCCN certification exam is based on these skills and abilities and the knowledge required to perform them.

PCCN certification is achieved by those nurses who pass the PCCN exam in adult progressive care nursing. PCCN certification denotes to the public those practitioners who possess a distinct and clearly defined body of knowledge called progressive care nursing.

**PCCN Exam Contents**
The PCCN exam is a 2½-hour test consisting of 125 multiple-choice items. Of the 125 items, 100 are scored and 25 are used to gather statistical data on item performance for future exams. Please refer to the PCCN Test Plan for detailed content information. The PCCN exam focuses on adult patient populations only.

**PCCN Test Plan**
The content of the PCCN exam is described in the test plan included in this handbook. Candidates are tested on a variety of patient care problems that are organized under major categories. Please note the percentage of the PCCN exam devoted to each category.
PCCN EXAM ELIGIBILITY

Licensure
Current, unencumbered licensure as an RN or APRN in the United States is required.

- An unencumbered license is not currently being subjected to formal discipline by any state board of nursing and has no provisions or conditions that limit the nurse’s practice in any way. This applies to all RN or APRN licenses you currently hold.
- If randomly selected for audit, you will be asked to provide a copy of your RN or APRN license.
- Candidates and PCCN-certified nurses must notify AACN Certification Corporation within 30 days if any restriction is placed on their RN or APRN license(s).

Practice
Candidates must meet one of the following clinical practice requirement options:

- Practice as an RN or APRN for 1,750 hours in direct bedside care of acutely ill adult patients during the previous 2 years, with 875 of those hours accrued in the most recent year preceding application.

  OR

- Practice as an RN or APRN for at least 5 years with a minimum of 2,000 hours in direct bedside care of acutely ill adult patients, with 144 of those hours accrued in the most recent year preceding application.

Orientation hours spent shadowing/working with another nurse who is the one with the patient assignment cannot be counted toward clinical hours for PCCN eligibility; however, orientation hours during which you are the assigned nurse providing direct bedside care to acutely ill adult patients may be counted.

Clinical practice hours for the PCCN exam and renewal eligibility must be completed in a U.S.-based or Canada-based facility or in a facility determined to be comparable to the U.S. standard of progressive care nursing practice as evidenced by Magnet Status or Joint Commission International accreditation.

Nurses serving as manager, educator (in-service or academic), APRN or preceptor may apply their hours spent supervising nursing students or nurses at the bedside.

- Nurses in these roles must be actively involved in caring for patients at the bedside; for example, performing a procedure or supervising a new employee or student nurse performing a procedure.

Practice Verification
The name and contact information of a professional associate must be given for verification of eligibility related to clinical practice hours. If you are randomly selected for audit, this associate will need to verify in writing that you have met the clinical hour requirements.

- A professional associate is defined as your clinical supervisor or a colleague (RN or physician) with whom you work.

AACN Certification Corporation may adopt additional eligibility requirements at its sole discretion. Any such requirements will be designed to establish, for the purposes of PCCN certification, the adequacy of a candidate’s knowledge in caring for the acutely ill.
### APPLICATION FEES

<table>
<thead>
<tr>
<th>Service</th>
<th>AACN Members</th>
<th>Nonmembers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PCCN Computer-Based Exam</strong></td>
<td>$175</td>
<td>$275</td>
</tr>
<tr>
<td><strong>PCCN Retest</strong></td>
<td>$135</td>
<td>$215</td>
</tr>
<tr>
<td><strong>PCCN Renewal by Exam</strong></td>
<td>$135</td>
<td>$215</td>
</tr>
</tbody>
</table>

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

Computer-based testing discounts are available for groups of **10 or more** candidates submitting their AACN certification exam applications in the same envelope. Employers may pre-purchase exam vouchers at a further discounted rate.

For details about the group and bulk discount programs, visit www.certcorp.org > General Information or call (800) 899-2226.
AACN Certification Corporation recommends that you be ready to test before applying for the PCCN exam.

**ONLINE APPLICATION PROCESS**

- **Register online** for computer-based testing at www.certcorp.org > Apply Online
- **Before you get started**, have available the following:
  - RN or APRN license number and expiration date
  - Name, address, phone and email address of your clinical supervisor or a professional colleague (RN or physician) who can verify your practice eligibility
  - Credit card (Visa, MasterCard, Discover or American Express)
- **Same day processing**

**PAPER APPLICATION PROCESS**

- **Paper applications are required** for those applying with a group, for paper and pencil exams and for testing outside the U.S.
- **Complete the application** on pages 21-22 and **honor statement** on page 23
  - Fill in all requested information, including that for your RN or APRN license
- **Include application fee**
  - Credit card, check or money order
- **Allow 2-3 weeks for processing**

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**Use your legal name on the application.**
This name must match photo identification used for exam entry and will be the name printed on your certificate.

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1. **Receive notice of processed application**
   - AACN will send you an email confirming that you have successfully applied to take the PCCN exam.

2. **Receive approval-to-test email**
   - AACN’s testing service (AMP) will send an email and mail a postcard to eligible candidates within 5 to 10 days after confirmation email that will include:
     - A toll-free number and online instructions to schedule your testing appointment
     - The 90-day period during which you must schedule and take the exam
     - Your exam identification number, which is your unique AACN customer number preceeded by the letter “C” (e.g., C00123456).
   - If you do not receive an email or postcard from AMP within 2 weeks of receiving confirmation email, please contact AACN Customer Care at (800) 899-2226.

3. **Schedule the exam**
   - Upon receipt of AMP’s email or postcard:
     - Confirm that you are scheduled for the correct certification exam
     - Promptly schedule your exam appointment for a date and time that falls within your 90-day testing window
   - Testing is offered twice daily, Monday through Friday, at 9 a.m. and 1:30 p.m. Saturday appointments are available at some locations.
   - To locate one of the more than 175 AMP testing centers within the U.S., visit www.goAMP.com.

4. **Sit for the exam**
   - Upon completion of computer-based exams, results with a score breakdown will be presented on-site.
   - Results of paper and pencil exams will be mailed to candidates 3 to 4 weeks following paper testing.
   - Successful candidates will receive their wall certificate within 3 to 4 weeks of passing the exam.

**Please ensure that AACN has your current contact information.**
Updates may be made online at www.aacn.org/myaccount or emailed to info@aacn.org.
For name changes, please call AACN Customer Care at (800) 899-2226.
PCCN CERTIFICATION RENEWAL

Renewal Period

PCCN certification is granted for a period of 3 years. Your certification period begins the first day of the month in which the PCCN certification exam is passed and ends 3 years later; for example, October 1, 2015 through September 30, 2018. The purpose of certification renewal is to enhance continued competence.

Renewal notifications will be mailed and emailed to you starting 4 months before your scheduled PCCN renewal date. You are responsible for renewing your certification even if you do not receive renewal notification. Refer to www.certcorp.org for current information.

Eligibility

Candidates for PCCN renewal must meet the following requirements:

- Current, unencumbered U.S. RN or APRN license that was not subjected to formal discipline by any state board of nursing during the 3-year certification renewal period
- Completion of 432 hours of direct bedside care of acutely ill adult patients as an RN or APRN within the 3-year certification period, with 144 of those hours in the 12-month period preceding the scheduled renewal date
- Completion of the required CERPs or take/pass the PCCN exam

Renewal Options

You may seek certification renewal via Renewal by Synergy CERPs or Renewal by Exam, or you may choose Inactive, Retired or Alumnus status. Do not apply for more than one option.

- **Option 1 - Renewal by Synergy CERPs**
  - Meet eligibility requirements for PCCN renewal and complete the Continuing Education Recognition Point (CERP) Program, which requires 100 CERPs in various categories (A, B & C).
  - Online Renewal by Synergy CERPs is available to all active PCCNs as early as 4 months prior to their scheduled renewal date. For more information visit www.certcorp.org > Renew Your Certification.
  - For more details refer to the Renewal by Synergy CERPs Brochure and other Synergy CERP resources available online at www.certcorp.org.

- **Option 2 - Renewal by Exam**
  - Meet the eligibility requirements for PCCN renewal and successfully apply for and schedule your exam.
    - The PCCN exam must be completed before your scheduled renewal date.
    - You may not take the exam early, then attempt to renew by CERPs if you do not pass.

- **Option 3 - Inactive Status**
  - Inactive status is available to PCCN-certified nurses who do not meet the renewal eligibility requirements but do not wish to lose their PCCN certification status. Inactive status provides PCCN-certified nurses additional time, up to 3 years from the scheduled renewal date, to meet the eligibility requirements.
  - During the time of Inactive status, the PCCN credential may not be used.
  - Inactive status may be held more than once, but not for two consecutive renewal periods.

For more details, refer to the PCCN Renewal Handbook available at www.certcorp.org > Documents and Handbooks.
Alternative Designations

**Alumnus Status**

Alumnus status is for nurses who have been PCCN-certified but no longer provide direct bedside care to acutely ill patients for enough hours to meet the clinical hour requirement for active PCCN certification, but are still in the nursing profession in some other capacity and wish to remain connected with the credential.

- Renewable every 3 years, the “Alumnus PCCN” designation, written out, may be used on your resume or below your name and credentials on a business card, but may not be used with your signature or on a name badge.
- To be eligible for Alumnus PCCN status, you must have held PCCN certification and have no plans to renew PCCN certification in the future.
- There are no CE or CERP requirements to maintain Alumnus PCCN status.

**Retired Status**

Retired status provides the PCCN-certified nurse or Alumnus PCCN who is retiring from the nursing profession with a continued sense of career identity and professional connectedness. The Retired PCCN designation recognizes PCCN-certified nurses for their years of service at the bedside. It also acknowledges their pride and dedication in maintaining their certification.

- To be eligible for Retired PCCN status, you must have been a PCCN without plans of returning to nursing practice or renewing certification.
- The retired nurse must not be working in any type of position that requires the possession of an RN license. You are not eligible if you are changing from bedside practice to another nursing role.
- The “Retired PCCN” designation, written out, may be used on your resume or below your name and credentials on a business card, but may not be used with your signature or on a name badge.
- There are no CE or CERP requirements to maintain Retired PCCN status.

For more details, refer to the Alumnus and Retired applications available online at www.certcorp.org > Documents and Handbooks.
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:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Description</th>
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<tbody>
<tr>
<td>Resiliency</td>
<td>Capacity to return to a restorative level of functioning using compensatory/coping mechanisms; the ability to bounce back quickly after an insult.</td>
</tr>
<tr>
<td>Vulnerability</td>
<td>Susceptibility to actual or potential stressors that may adversely affect patient outcomes.</td>
</tr>
<tr>
<td>Stability</td>
<td>Ability to maintain a steady-state equilibrium.</td>
</tr>
<tr>
<td>Complexity</td>
<td>Intricate entanglement of two or more systems (e.g., body, family, therapies).</td>
</tr>
<tr>
<td>Resource Availability</td>
<td>Extent of resources (e.g., technical, fiscal, personal, psychological and social) the patient/family/community bring to the situation.</td>
</tr>
<tr>
<td>Participation in Care</td>
<td>Extent to which patient/family engages in aspects of care.</td>
</tr>
<tr>
<td>Participation in Decision Making</td>
<td>Extent to which patient/family engages in decision making.</td>
</tr>
<tr>
<td>Predictability</td>
<td>A characteristic that allows one to expect a certain course of events or course of illness.</td>
</tr>
</tbody>
</table>

**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 multisystem 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:

<table>
<thead>
<tr>
<th>Nurse Competency</th>
<th>Description</th>
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<tbody>
<tr>
<td>Clinical Judgment</td>
<td>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.</td>
</tr>
<tr>
<td>Advocacy/Moral Agency</td>
<td>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.</td>
</tr>
<tr>
<td>Caring Practices</td>
<td>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.</td>
</tr>
<tr>
<td>Collaboration</td>
<td>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.</td>
</tr>
<tr>
<td>Systems Thinking</td>
<td>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.</td>
</tr>
<tr>
<td>Response to Diversity</td>
<td>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.</td>
</tr>
<tr>
<td>Facilitation of Learning</td>
<td>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.</td>
</tr>
<tr>
<td>Clinical Inquiry</td>
<td>The ongoing process of questioning and evaluating practice and providing informed practice. Creating changes through evidence-based practice, research utilization and experiential knowledge.</td>
</tr>
</tbody>
</table>

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 skills 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 eight 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.**

Based on the most recent AACN Certification Corporation study of nursing practice, the test plans for AACN certification exams reflect the Synergy Model as well as findings related to nursing care of the adult patient population studied.

For more information about the AACN Synergy Model for Patient Care visit www.certcorp.org.
I. CLINICAL JUDGMENT (80%)

A. Cardiovascular (33%)

1. Acute coronary syndromes
   a. non-ST segment elevation myocardial infarction
   b. ST segment elevation myocardial infarction
   c. unstable angina
2. Acute inflammatory disease (e.g., myocarditis, endocarditis, pericarditis)
3. Aneurysm
   a. dissecting
   b. repair
4. Cardiac surgery (e.g., open chest surgery) more than 48 hours postoperative
5. Cardiac tamponade
6. Cardiogenic shock
7. Cardiomyopathies
   a. dilated (e.g., ischemic/non-ischemic)
   b. hypertrophic
   c. stress-induced (e.g., Takotsubo)
8. Dysrhythmias
   a. bradydysrhythmias
   b. conduction defects and blocks
   c. device-related (e.g., ICD and pacemaker)
   d. lethal ventricular dysrhythmias
   e. tachydysrhythmias
9. Genetic cardiac disease (e.g., long QT syndrome, Brugada syndrome)
10. Heart failure
    a. acute exacerbations (e.g., pulmonary edema)
    b. chronic
11. Hypertensive crisis
12. Minimally invasive cardiac surgery (i.e., non-sternal approach)
13. Septal defects (congenital and acquired)
14. Valvular heart disease
    a. aortic
    b. mitral
15. Vascular disease
    a. carotid artery stenosis
    b. minimally invasive interventions (e.g., stents, endografts)
    c. peripheral arterial occlusions
    d. peripheral surgical interventions
    e. peripheral venous thrombosis

B. Pulmonary (14%)

1. Acute respiratory distress syndrome (ARDS, to include acute lung injury or ALI)
2. Exacerbation of COPD
3. Obstructive sleep apnea
4. Pleural space abnormalities and complications (e.g., pneumothorax, hemothorax, pleural effusion, empyema)
5. Pulmonary embolism
6. Pulmonary hypertension
7. Respiratory depression (e.g., medication-induced, decreased-LOC-induced)
8. Respiratory failure
   a. acute
   b. chronic
9. Respiratory infections (e.g., pneumonia)
10. Severe asthma
11. Thoracic surgery
    a. lobectomy
    b. pneumonectomy

C. Endocrine/Hematology/Gastrointestinal/Renal (18%)

1. Endocrine
   a. diabetes mellitus
   b. diabetic ketoacidosis
   c. hyperglycemic hyperosmolar syndrome (HHS)
   d. hypoglycemia
   e. metabolic syndrome
2. Hematology/Immunology/Oncology
   a. anemia
   b. cancer
   c. hemostasis disorders (i.e., coagulopathies)
     i. heparin-induced thrombocytopenia (HIT)
     ii. other drug-induced overdose (e.g., Coumadin, Pradaxa)
   d. immunosuppressive disorders
3. Gastrointestinal
   a. functional GI disorders (e.g., obstruction, ileus, diabetic gastroparesis, gastro-esophageal reflux, irritable bowel syndrome)
   b. GI bleed
     i. lower
     ii. upper
   c. GI infections

continued
d. hepatic failure  
e. ischemic bowel  
f. malnutrition (e.g., failure to thrive, malabsorption disorders)  
g. pancreatitis

4. Renal  
a. acute renal failure  
b. chronic renal failure  
c. contrast-induced nephropathy  
d. end-stage renal disease (ESRD)  
e. electrolyte imbalances  
f. medication-induced renal failure  
g. nephritic syndrome

D. Neurology/Multisystem/Behavioral (15%)  

1. Neurology  
a. cerebrovascular malformation (including aneurysm, AV malformation)  
b. encephalopathy (e.g., hypoxic-ischemic, metabolic, edema, infectious, hepatic)  
c. intracranial hemorrhage (e.g., subarachnoid, epidural, encephalitis)  
d. seizure disorders  
e. stroke (cerebrovascular accident)  
  i. ischemic (embolic)  
  ii. hemorrhagic  
  iii. transient ischemic attack (TIA)

2. Multisystem  
a. complex wounds and pressure ulcers  
b. healthcare-acquired infections  
  i. catheter-associated urinary tract infections (CAUTI)  
  ii. central-line-associated bloodstream infections (CLABSI)  
c. palliative care  
d. end-of-life (e.g., comfort care measures, hospice)  
e. infectious diseases  
  i. influenza  
  ii. multidrug-resistant organisms (e.g., MRSA, VRE)  
f. pain  
g. sepsis continuum  
  i. systemic inflammatory response syndrome (SIRS)  
  ii. sepsis  
  iii. severe sepsis  
  iv. septic shock  
h. shock states (hypovolemic and anaphylactic)

3. Behavioral/Psychosocial  
a. altered mental status  
b. delirium  
c. dementia  
d. psychological disorders  
  i. anxiety disorders  
  ii. depression  
e. substance abuse  
  i. alcohol withdrawal  
  ii. chronic alcohol abuse  
  iii. chronic drug abuse  
  iv. drug-seeking behavior

II. PROFESSIONAL CARING AND ETHICAL PRACTICE (20%)  

A. Advocacy  
B. Caring Practices  
C. Collaboration  
D. Systems Thinking  
E. Response to Diversity  
F. Clinical Inquiry  
G. Facilitation of Learning

Order of content does not necessarily reflect importance.
CLINICAL JUDGMENT

Cardiovascular

- Perform a comprehensive cardiovascular assessment
- Identify, interpret and monitor:
  - dysrhythmias
  - ST segments
  - QTc intervals
- Select leads for cardiac monitoring for the indicated disease process
- Recognize indications for and manage patients requiring hemodynamic monitoring using non-invasive hemodynamic monitoring
- Monitor hemodynamic status and recognize signs and symptoms of hemodynamic instability
- Monitor patients and follow protocols for managing patients with:
  - pacemakers
  - defibrillation
  - arterial/venous sheaths
  - transesophageal echocardiogram (TEE)
- Monitor patients pre- and post-procedure:
  - cardioversion
  - pericardiocentesis
  - cardiac catheterization
  - ablation
  - arterial closure devices
- Monitor normal and abnormal cardiovascular diagnostic test results
- Administer cardiovascular medications and monitor response
- Titrate vasoactive medications
- Recognize signs and symptoms of cardiovascular emergencies, initiate standardized interventions and seek assistance as needed
- Monitor and manage patient following coronary intervention

Pulmonary

- Perform a comprehensive pulmonary assessment
- Monitor normal and abnormal diagnostic test results
- Interpret ABGs and report findings
- Monitor patient for response to pulmonary medications
- Manage patients requiring non-invasive O₂ or ventilation delivery systems:
  - nasal cannula
  - face mask
  - venti-mask
  - non-rebreather mask
  - BiPAP
  - CPAP
- Manage patients requiring mechanical ventilation - tracheostomy tube
- Manage patients requiring respiratory monitoring devices:
  - continuous SPO₂
  - intermittent SPO₂
  - end-tidal CO₂ (capnography)
- Recognize signs and symptoms of respiratory complications and seek assistance as needed
- Maintain airway
- Manage patients with chest tubes
- Assist with procedures:
  - thoracentesis
  - chest tube insertion
- Administer medications for procedural (conscious) sedation and monitor patient response

Endocrine/Hematology/Gastrointestinal/Renal

- Endocrine
  - identify signs and symptoms associated with endocrine disorders
  - monitor normal and abnormal endocrine diagnostic test results
  - administer medications and monitor patient response
  - manage and titrate insulin infusions
  - manage patients using insulin pumps
- Hematology/Immunology/Oncology
  - identify signs and symptoms associated with hematologic/immunologic/oncologic disorders
  - monitor normal and abnormal diagnostic hematologic/immunologic/oncologic test results
  - administer medications and monitor patient response

PCCN TEST PLAN
TESTABLE NURSING ACTIONS

continued
PCCN TEST PLAN
TESTABLE NURSING ACTIONS
(CONTINUED)

• Gastrointestinal
  ◦ perform a comprehensive gastrointestinal assessment
  ◦ monitor normal and abnormal gastrointestinal diagnostic test results
  ◦ recognize indications for and complications of enteral and parenteral nutrition
  ◦ administer medications and monitor patient response

• Renal
  ◦ identify normal and abnormal renal assessment findings
  ◦ monitor normal and abnormal renal diagnostic test results
  ◦ monitor peritoneal dialysis
  ◦ identify medications that may cause nephrotoxicity
  ◦ initiate renal protective measures for nephrotoxic procedures

Neurology/Multisystem/Behavioral

• Neurology
  ◦ perform a comprehensive neurological assessment
  ◦ monitor normal and abnormal neurological diagnostic test results
  ◦ administer medications and monitor patient response
  ◦ recognize signs and symptoms of increased intracranial pressure
  ◦ use the NIH Stroke Scale (NIHSS)
  ◦ perform bedside screening for dysphagia

• Multisystem
  ◦ administer medications and monitor patient response
  ◦ identify early signs and symptoms of sepsis (SIRS criteria)
  ◦ initiate early goal-directed therapy (EGDT) for treating sepsis
  ◦ initiate emergency interventions (e.g., ACLS, rapid response team)
  ◦ differentiate types of wounds, pressure ulcers, and deep tissues injuries
  ◦ manage patients with complex wounds (e.g., fistulas, drains, and vacuum-assisted closure devices)
  ◦ manage patients with infections
  ◦ manage patients at the end of life
  ◦ facilitate the organ/tissue donation process

• Behavioral/Psychosocial
  ◦ perform a comprehensive psychosocial, behavioral and risk assessment
  ◦ administer medications and monitor patient response
  ◦ recognize signs and symptoms of behavioral emergencies and initiate interventions
  ◦ perform Clinical Institute Withdrawal Assessment (CIWA, CIWA-Ar scale)
  ◦ screen patients using a delirium assessment tool
  ◦ implement suicide prevention measures

PROFESSIONAL CARING AND ETHICAL PRACTICE

Systems Thinking

• Informatics
  ◦ use word processing applications use internet resources to locate patient support groups, online resources
  ◦ use hospital or nursing information systems to access, enter and retrieve data related to patient care
  ◦ use database applications to enter and retrieve data and information
  ◦ conduct online and database literature searches
  ◦ use computer applications to document patient care
  ◦ use computer applications to plan patient care, including discharge planning
  ◦ use information management systems for patient education
  ◦ use technology-based patient monitoring systems
  ◦ operate peripheral/point-of-care devices, bedside and hand-held (e.g., smart pump)
1. Two days post admission for rapid atrial fibrillation, a patient has been weaned from IV diltiazem (Cardizem) to PO administration. The patient develops new onset of hallucinations, agitation and disorientation. The most appropriate initial nursing action is to
A. obtain an order for lorazepam (Ativan) every six hours.
B. assess the patient’s SpO₂ and neurological status.
C. obtain an order for haloperidol (Haldol) and monitor QT intervals.
D. consult with the pharmacy regarding a possible drug interaction.

2. A patient with an extensive history of substance abuse including alcohol, tobacco, methyl amphetamine and IV heroin use is suspected to have valvular endocarditis. He states he doesn’t understand how he is now in this situation. Which of the following statements best reflects his diagnosis?
A. ingestion of alcohol causes myocardial depression
B. inhalation of stimulants causes instability to the electrical system of the heart
C. contaminated needles can introduce bacteria into the bloodstream
D. repeated exposure to nicotine is related to stenosis of the leaflets

3. A patient with CAD complains of parasthesia to the foot. The nurse notes the right foot is cooler than the other extremity, and pedal pulses are difficult to palpate. Which additional assessment findings in the right leg would lead the nurse to suspect peripheral arterial disease?
A. pallor when elevating the extremity
B. redness of the ankle and foot
C. dependent edema
D. engorged varicose veins

4. After PCI for a STEMI, the patient complains of shortness of breath. Crackles are auscultated throughout all lung fields. VS: BP 72/50, HR 124, RR 32, O₂ Sat 88% on 2L nasal cannula. Which of the following would be the immediate goal for treatment strategies?
A. volume to enhance venous return
B. diuresis to reduce myocardial workload
C. antiarrhythmics to restore electrical stability
D. thrombolytics to eliminate the pulmonary embolus

5. A patient who is 1 week post MI suddenly becomes agitated, restless and diaphoretic. Pulse pressure drops to 20 mm Hg. Assessment also reveals faint radial and apical pulses that weaken significantly on inspiration. This patient is most likely experiencing
A. mitral valve rupture.
B. pulmonary embolus.
C. pulmonary edema.
D. cardiac tamponade.

6. Which of the following may predispose an individual to ventricular fibrillation?
A. hypernatremia and hypomagnesemia
B. hypophosphatemia and hyperchloremia
C. hypermagnesemia and hyponatremia
D. hyperkalemia and hypocalcemia

7. Chest auscultation of a patient in status asthmaticus commonly reveals which of the following?
A. expiratory wheezes
B. inspiratory crackles
C. diminished bilateral breath sounds
D. a pleural friction rub

8. The family of a critically ill patient wishes to spend the night, which is contrary to the visiting policy. The nurse’s best action would be to
A. adhere to the visiting policy.
B. allow the family to stay in the room.
C. obtain a motel room near the hospital where the family may spend the night.
D. allow one or two family members to stay, then evaluate the patient’s response.

9. Members of the nursing staff are developing written patient education materials for a group of patients with diverse reading abilities. It would be most effective for the staff to
A. design individual handouts for each patient.
B. develop a computer-based education series.
C. write the materials at a fourth-grade reading level.
D. limit text and provide color pictures.

Answers

2. C  5. D  8. D
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### Clinical Judgment


### Professional Caring and Ethical Practice


Many references are available through AACN; visit www.aacn.org/bookstore.

More current versions may be available.

### PUBLISHER CONTACTS:

<table>
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<tr>
<th>Publisher</th>
<th>Phone Number</th>
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<tr>
<td>AACN</td>
<td>(800) 899-2226</td>
</tr>
<tr>
<td>American Heart Association</td>
<td>(800) 242-8721</td>
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<tr>
<td>Elsevier (including Mosby, W. B. Saunders and Hanley &amp; Belfus)</td>
<td>(800) 545-2522</td>
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<td>F. A. Davis</td>
<td>(800) 323-3555</td>
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<td>Jones &amp; Bartlett</td>
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<td>Lippincott Williams &amp; Wilkins</td>
<td>(800) 638-3030</td>
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<td>McGraw-Hill</td>
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* Denotes product developed by AACN Certification Corporation.

** PCCN Review Course Package includes PCCN Review Course on Disc, Practice PCCN Exam Questions and AACN Essentials of Progressive Care Nursing. Item number 302016.

For more details and to place an order, visit www.aacn.org/marketplace, or call AACN Customer Care at (800) 899-2226, Monday through Friday between 7:30 a.m. and 4:30 p.m. Pacific Time.
**PCCN EXAM APPLICATION**

1. **REGISTRATION INFORMATION**
   PLEASE PRINT CLEARLY. PROCESSING WILL BE DELAYED IF INCOMPLETE OR NOT LEGIBLE. LEGAL NAME AS IT APPEARS ON YOUR GOVERNMENT-ISSUED ID CARD IS REQUIRED FOR EXAM.

   - **AACN CUSTOMER:** RN/APRN LICENSE:
   - **LEGAL NAME:**
   - **HOME ADDRESS:**
   - **EMAIL:**
   - **EMPLOYER NAME:**
   - **EMPLOYER ADDRESS:**

2. **AACN MEMBERSHIP**
   I would also like to join/renew/extend my AACN membership at this time and select member pricing for my exam fees:
   (check one box only)
   - $78
   - $148
   - $200

   AACN membership includes nonrefundable $12 and $15 one-year subscriptions to *Critical Care Nurse*® and the *American Journal of Critical Care*, 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.

   **Member exam fee ($175) + 1-year Membership ($78) = Savings of $22 over Nonmember fee**

3. **EXAM FEE**

   - **PCCN Adult**
     - **Initial Exam Fee**
       - AACN Member
       - Nonmember
     - **Retest Fee**
       - AACN Member
       - Nonmember

   Check one box only
   - $175
   - $275
   - $135
   - $215

   □ 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
     - □ Visa
     - □ MasterCard
     - □ American Express
     - □ Discover Card

   Credit Card # _________  Exp. Date (mm/yy) _________
   Name on Card __________________________________________
   Address of Payor (if different than applicant) __________________________________________

   □ Please do not include my name on lists sold to other organizations.

   **Please complete pages 2 & 3 of application.**
5. DEMOGRAPHIC INFORMATION

Check one box in each category. Information used for statistical purposes and may be used in eligibility determination.

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6. HONOR STATEMENT - 3rd page of application to be submitted with this form

Complete the Honor Statement on page 23.

7. SUBMIT APPLICATION

Attach Honor Statement to this application and submit with payment to:

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

or fax to: (949) 362-2020

DO NOT mail AND fax your application - please choose only ONE method.

NOTE: Allow 2 to 3 weeks from the date received by AACN Certification Corporation for application processing.

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

Please complete page 3 of application (honor statement).
PCCN EXAM HONOR STATEMENT

PROCCESSING WILL BE DELAYED IF INCOMPLETE OR NOT LEGIBLE.

PLEASE PRINT CLEARLY.

NAME: 

AACN CUSTOMER #: 

I hereby apply for the PCCN certification exam. Submission of this application indicates I have read and understand the exam policies and eligibility requirements as documented in the PCCN Exam Handbook and the Certification Exam Policy Handbook.

LICENSURE: I possess a current, unencumbered U.S. RN or APRN license. My ________________________________ (state) nursing license ________________________________ (number) is due to expire _______________________________ (date). An unencumbered license is not currently being subjected to formal discipline by any state board of nursing and has no provisions or conditions that limit my practice in any way. This applies to all RN or APRN licenses I currently hold. I understand that I must notify AACN Certification Corporation within 30 days if any disciplinary action is taken against my RN or APRN license(s) in the future.

PRACTICE: I have fulfilled one of the following clinical practice requirement options:

- Practice as an RN or APRN for 1,750 hours in direct bedside care of acutely ill adult patients during the past 2 years, with 875 of those hours accrued in the most recent year preceding application.

  OR

- Practice as an RN or APRN for at least 5 years with a minimum of 2,000 hours in direct bedside care of acutely ill adult patients, with 144 of those hours accrued in the most recent year preceding application.

Hours were completed in a U.S.-based or Canada-based facility or in a facility determined to be comparable to the U.S. standard of progressive care nursing practice as evidenced by Magnet Status or Joint Commission International accreditation.

PRACTICE VERIFICATION: Following is the contact information of my clinical supervisor or a professional colleague (RN or physician) who can verify that I have met the clinical hour eligibility requirements:

VERIFIER'S NAME: FACILITY NAME: 

Last First

VERIFIER'S PHONE NUMBER: VERIFIER'S EMAIL ADDRESS: 

You may not list yourself or a relative as your verifier.

AUDIT: I understand that my certification application is subject to audit, and failure to respond to or pass an audit will result in revocation of certification.

ETHICS: I understand the importance of ethical standards and agree to act in a manner congruent with the ANA Code of Ethics for Nurses.

NON-DISCLOSURE OF EXAM CONTENT: Submission of this application indicates my agreement to keep the contents of the exam confidential and not disclose or discuss specific exam content with anyone except AACN Certification Corporation. Per AACN Certification Corporation policy, sharing of exam content is cause for revocation of certification.

To the best of my knowledge, the information contained in this application is accurate and submitted in good faith. My signature below indicates I have read this honor statement and meet the eligibility requirements as outlined.

Applicant's Signature: Date: