Exam Handbook

ACCNS-P

Pediatric Clinical Nurse Specialist Certification (Wellness Through Acute Care)

AACN CERTIFICATION CORPORATION

Certification Organization for the American Association of Critical-Care Nurses

Mission

AACN Certification Corporation drives patient health and safety through comprehensive credentialing of acute and critical care nurses, advancing 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 driving the health and safety of patients experiencing acute and critical illness, we are guided by a set of deeply rooted values. These values are the foundation upon which we build our relentless pursuit of excellence.

- **Integrity –** *We demonstrate sound judgment, ethical behavior and accountability in all we do.*
- **Inclusion –** *We cultivate an inclusive culture, where everyone contributes their unique strengths and perspectives.*
- **Transformation –** *We drive change and innovation to positively impact the healthcare system and improve the lives of patients, families and nurses.*
- **Leadership –** *We advocate and influence to achieve optimal outcomes and healthy work environments.*
- **Relationships –** *We collaborate and advance partnerships, honoring each individual to strengthen the collective.*

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 where certified nurses have a responsibility to read about, understand and act in a manner congruent with the ANA Code of Ethics for Nurses.

ABSNC Accredited Program

The following AACN Certification Corporation programs have been accredited by the Accreditation Board for Specialty Nursing Certification (ABSNC).

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

Our advanced practice certification programs, ACCNS-AG, ACCNS-P, ACCNS-N and ACNPC-AG, are in alignment with the Consensus Model for APRN Regulation and other foundational national standards for APRN education, accreditation and regulation.

AACN
CERTIFICATION
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ACCNS-P EXAM HANDBOOK

Pediatric Clinical Nurse Specialist (wellness through acute care)

As healthcare becomes increasingly complex and challenging, certification has emerged as a mark of excellence showing patients, employers and the public that a nurse possesses a defined body of knowledge 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 and/or influence the care delivered to 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 ACCNS-P certification exam.

Today, nurses hold more than 140,000 certifications from AACN Certification Corporation.

Specialty Certifications

CCRN® is for the nurse providing care to or influencing the care of acutely/critically ill adult, pediatric or neonatal patients. Three eligibility pathways are available:

- **Direct Care** - for the nurse who provides direct care to acutely/critically ill adult, pediatric or neonatal patients.
- **Knowledge Professional** - for the nurse who influences the care delivered to acutely/critically ill adult, pediatric or neonatal patients, but does not primarily or exclusively provide direct care.
- **Tele-critical Care** - for the nurse working in a tele-critical care setting monitoring/caring for acutely/critically ill adult patients from a remote location.

PCCN® is for the progressive care nurse. Two pathways of eligibility are available:

- **Direct Care** - for the nurse providing direct care to acutely ill adult patients.
- **Knowledge Professional** - for the nurse who influences the care delivered to acutely ill adult patients, but does not primarily or exclusively provide direct care.

Subspecialty Certifications

CMC® is for the certified nurse providing direct care to acutely/critically ill adult cardiac patients.

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

Advanced Practice Certifications

ACNPC-AG® is for the nurse educated at the graduate level as an adult-gerontology acute care nurse practitioner (AGACNP).

The **ACCNS** credentials are for nurses educated at the graduate level as clinical nurse specialists to provide care across the continuum from wellness through acute care:

ACCNS-AG® is for the clinical nurse specialist educated to care for adult-gerontology patients.

ACCNS-P® is for the clinical nurse specialist educated to care for pediatric patients.

ACCNS-N® is for the clinical nurse specialist educated to care for neonatal patients.

With implementation of the Consensus Model in 2015, ACNPC and CCNS are available as renewal options only:

ACNPC® is for the acute care nurse practitioner educated to provide care to adult patients.

CCNS® is for the acute/critical care clinical care specialist educated to provide care to adult, pediatric or neonatal patients.

AACN Certification Corporation's APRN certifications are recognized for licensure in all U.S. states and territories.

We continually seek to provide quality certification programs that meet the changing needs of nurses and patients. Please visit www.aacn.org/certification, 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.

ACCNS-P

Please direct inquiries to:

AACN Certification Corporation, 27071 Aliso Creek Road, Aliso Viejo, CA 92656

800-899-2226 • Fax: 949-362-2020 • APRNcert@aacn.org

Please include your AACN customer number with all correspondence to AACN Certification Corporation.

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The following information can be found in the *Certification Exam Policy Handbook* online at www.aacn.org/certhandbooks:

- AACN Certification Programs
- Name and Address Changes
- Confidentiality of Exam Application Status
- Testing Options
- Exam Scheduling and Cancellation
- Exam Day Experience
- Duplicate Score Reports
- Recognition of Certification
- Use of Credentials
- Denial of Certification
- Revocation of Certification
- Review and Appeal of Certification Eligibility

ACCNS-P Certification Program

ACCNS-P® is an entry-level advanced practice certification for clinical nurse specialists (CNSs) educated at the graduate level to provide advanced nursing care across the continuum of healthcare services - wellness through acute care - to meet the specialized needs of the pediatric patient population.

ACCNS-P® Registered Service Mark

ACCNS-P is a registered service mark and denotes certification as a pediatric clinical nurse specialist as granted by AACN Certification Corporation.

Clinical nurse specialists who have not achieved ACCNS-P certification or whose ACCNS-P certification has lapsed are not authorized to use the ACCNS-P credential.

Misuse of the credential is viewed by AACN Certification Corporation as misleading to the public and may result in denial or revocation of certification.

Purpose and Rationale

The purpose of ACCNS-P certification is to help ensure public protection. New graduate clinical nurse specialists are required to pass a psychometrically sound exam that measures the advanced practice competencies needed to perform safely and effectively as a newly licensed, entry-level clinical nurse specialist with authority to diagnose and prescribe.

The ACCNS-P exam is based on a study of practice, also known as a job analysis. The study of practice, conducted at least every five years, validates the knowledge, skills and experience required for safe and effective advanced practice as an entry-level pediatric CNS.

The test plan, which provides an outline of exam content, is developed by an expert ACCNS-P panel based on the results of the study of practice.

Eligibility requirements for ACCNS-P certification are based on the *Consensus Model for APRN Regulation* and other foundational national standards for APRN education, accreditation and regulation.

An unencumbered U.S. license as RN or APRN is required to validate that a nurse is following accepted legal nursing practice in compliance with State Board of Nursing requirements.

State Boards of Nursing may use ACCNS-P exam results as a factor in making APRN licensure determinations. As regulatory partners, AACN Certification Corporation's master's-prepared registered nurses are required to evaluate graduate program curricula for compliance with national and state standards.

Exam Structure and Content

The ACCNS-P exam is three-and-a-half (3 ½) hours and consists of 175 multiple-choice items. Of the 175 items, 150 are scored. The remaining 25 items are used to gather statistical data on item performance for future exams.

Sixty-seven percent (67%) of the items test clinical judgment related to nursing care of the pediatric patient population (wellness through acute care). The remaining items (33%) test non-clinical judgment knowledge required for pediatric CNS practice.

AACN Certification Corporation is transitioning to the use of generic names only for medications in exams and practice exam products. During the transition, exam candidates may continue to see items that include both generic and trade names.

Passing Point/Cut Score

A criterion-referenced standard setting process, known as the modified Angoff, is used to establish the passing point/cut score for the exam. Each candidate's performance on the exam is measured against a predetermined standard.

The passing point/cut score for the exam is established using a panel of subject matter experts, a Score Evaluation Committee (SEC), who carefully reviews each exam question to determine the basic level of knowledge or skill that is expected. The passing point/cut score is based on the panel's established difficulty ratings for each exam question.

Under the guidance of a psychometrician, the panel develops and recommends the passing point/cut score, which is reviewed and approved by AACN Certification Corporation. The passing point/cut score for the exam is established to identify individuals with an acceptable level of knowledge and skill. All individuals who pass the exam, regardless of their score, have demonstrated an acceptable level of knowledge.

ACCNS-P Exam Eligibility

Score Reporting

For purposes of evaluating educational programs, exam pass/fail status and a breakdown of exam scores by content area will be reported to the candidate's program director.

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

ACCNS-P certification is accepted in all states that recognize the CNS as an APRN role.

Licensure

Current, unencumbered U.S.[1] RN or APRN licensure is required.

- An unencumbered license, as defined by AACN Cert Corp, is not currently being subjected to formal discipline by the board of nursing in the state(s) in which you are practicing and has no provisions or conditions that limit your nursing practice.[2]
- Your state Board's definition of unencumbered may be different from AACN Cert Corp's definition.
- Provisions or conditions may include, but are not limited to, direct supervision of practice, drug administration limitations and/or practice area exclusions.
- Documentation of all provisions and conditions from the board or its designee must be reviewed prior to approval for testing.
- Candidates and ACCNS-P-certified nurses must notify AACN Certification Corporation **within 30 days** if any provisions or conditions are placed on their RN or APRN license(s).

Nurses who hold an encumbered license, meaning a provision or condition that limits their nursing practice has been placed against their RN and/or APRN license, may be eligible for Conditional Certification. Email APRNcert@aacn.org to inquire.

- Conditional Certification is a temporary status granted to a nurse seeking APRN certification who has a provision or condition placed against their RN and/or APRN license.
- Conditional status will be changed to Active status once the provision or condition against the RN and/or APRN license has been removed and the license is unencumbered.
- If the SBON suspends or revokes the nurse's license and he/she cannot practice, certification will be revoked.

Education

Completion of a graduate-level advanced practice education program that meets the following requirements:

1. The program is through a college or university that offers a CCNE or ACEN accredited master's or higher degree in nursing with a concentration as a pediatric clinical nurse specialist (CNS) covering the spectrum of wellness through acute care.
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:
    a. Biological, behavioral, medical and nursing sciences relevant to practice as a pediatric CNS, including advanced pathophysiology, pharmacology and physical assessment
    b. Legal, ethical and professional responsibilities of the CNS
    c. Supervised clinical practice relevant to the specialty
4. The curriculum meets the following criteria:
    a. The curriculum is consistent with the competencies of pediatric CNS practice.
    b. The instructional track/major has a minimum of 500 supervised clinical practice hours overall.
    c. All clinical hours are focused on the direct care of pediatric patients and completed within the U.S.
    d. The supervised clinical experience is directly related to the knowledge and all role components of the pediatric CNS.

continued

[1] *Includes District of Columbia and U.S. territories of Guam, Virgin Islands, American Samoa and Northern Mariana Islands*

[2] *If a restriction (temporary or permanent) is placed on an RN or APRN license for an incident that occurred prior to obtaining the license, AACN Certification Corporation will evaluate such an occurrence on a case-by-case basis to determine if exam eligibility requirements are met.*

ACCNS-P Exam Eligibility (continued)

Completion of 500 supervised clinical practice hours in all roles of the pediatric CNS within the graduate-level educational program is required. A portion of the total clinical hours must be focused on wellness and a portion on acute care, in the pediatric patient population.

Didactic coursework with content related to the care of pediatric patients, covering wellness through acute care, is required. Content must be in alignment with the ACCNS-P Test Plan.

- The director of your education program must complete an Educational Eligibility Form (see page 24).
- Official, final transcripts for all graduate-level nursing coursework showing degree/date conferred are required.
    - Secure, electronic transcripts may be emailed *directly from the school* to APRNcert@aacn.org.
    - Mailed transcripts must be sent to AACN in a sealed envelope *directly from the school*.
- If you are making up clinical or didactic coursework to meet ACCNS-P exam eligibility, courses must be completed in a post-graduate certificate or DNP program.

AACN Certification Corporation may adopt additional eligibility requirements at its sole discretion. Any such requirements will be designed to establish, for the purposes of ACCNS-P certification, the adequacy of a candidate's knowledge in care of the acutely and/or critically ill.

Questions regarding eligibility should be emailed to APRNcert@aacn.org.

Application Fees

ACCNS-P Fees	Member	Nonmember
Computer-Based Exam	$275	$385
Retest	$215	$320
Renewal by Exam	$215	$320

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

Applicants determined to be ineligible for the ACCNS-P exam will have their application fee refunded.

AACN Certification Corporation recommends that you be ready to test *before* applying for the ACCNS-P exam.

Online Application Process

- **Register online** for computer-based testing at www.aacn.org/certification > Get Certified
- **Before you get started**, have available the following:
  - RN or APRN license number and expiration date
  - Credit card (Visa, MasterCard, Discover or American Express)
- **Official, final** transcript(s) for all *graduate-level* nursing coursework are required
  - Must show degree and date conferred
  - Secure, electronic transcript may be emailed *directly from the school* to APRNcert@aacn.org
  - Mailed transcripts must be sent to AACN in a sealed envelope *directly from the school*
- **Educational Eligibility Form** completed by program director
  - Paper form or online via Program Director Portal

Paper Application Process

Complete and submit the following **in one envelope**:

- **Official, final** transcript(s) for all *graduate-level* nursing coursework are required
  - Must show degree and date conferred
  - Secure, electronic transcript may be emailed *directly from the school* to APRNcert@aacn.org
  - Mailed transcripts must be sent to AACN in a sealed envelope *directly from the school*
- **Educational Eligibility Form** on page 24
  - To be completed/signed by director of CNS program; originals only, or emailed direct from school
- **Application/Honor Statement** on pages 25-27
  - Fill in all requested information, sign and date
- **Application fee**
  - Credit card, check or money order

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.

1. **Receive email notification of receipt of application**
   - AACN will send you an email confirming that your application has been received and forwarded to a Certification specialist for evaluation.
     - Evaluation will take 1 to 4 weeks — depending on whether we need to contact your school to request additional information to confirm your eligibility.
2. **Receive confirmation email**
   - Once all required documentation is received and your application is approved, AACN will send an email with a link to schedule your exam. The email will include the eligibility period during which you must take the exam — normally a 90-day window, but currently a 180-day window.
   - In your AACN customer dashboard, you will also find a "Schedule Exam" link.
   - If you do not receive your confirmation email after applying for an exam, please email APRNcert@aacn.org.
3. **Schedule the exam**
   - In your confirmation email from AACN, you will find a link to schedule your exam appointment — or from your AACN customer dashboard, you can click "Schedule Exam." Both links will take you to the AACN Scheduling page.
   - Before you select an exam date, you will need to choose your preferred computer-based testing options — at a PSI Testing Center or via Live Remote Proctoring from your computer in a quiet, private location. For details refer to the *Certification Exam Policy Handbook* at www.aacn.org/certhandbooks.
   - If you are taking a paper-and-pencil exam or testing outside the U.S., AACN and PSI will coordinate with you to schedule you exam appointment.
4. **Sit for the exam**
   - Upon completion of computer-based exams, results will show on-screen, and a detailed score report will be emailed to you within 24 hours.
   - Results of paper-and-pencil exams are received by mail 6 to 8 weeks following testing.
   - Successful candidates will be mailed their wall certificate approximately 4-6 weeks after testing. Certificants are also able to self-print a certificate through their AACN Dasboard; log into AACN.org and select Certification. More information will be provided in your congratulations email.

Please ensure that AACN has your current contact information on record.
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**.

ACCNS-P Certification Renewal

Purpose and Limitations of Renewal Options

The purpose of certification renewal is to promote continued competence. The renewal process helps to maintain an up-to-date knowledge base through one of the following options:

- Practice hours and CE Points including pharmacology CE
- Practice hours, pharmacology CE and passing the certification exam
- CE Points including pharmacology CE and passing the certification exam

Following are the limitations to the components of the renewal options:

- CE limitations include content quality and relevance to practice as well as an individual's ability to self-select CEs most pertinent to the individual's practice and educational needs.
- Limitations of practice hours include the quality of the practice environment and limitations on learning opportunities.
- One limitation of the exam is not assessing new competencies, as exam competencies were validated through initial certification.

Requiring multiple components for renewal rather than one decreases the limitations and furthers the goal of continued competence.

Renewal Period

ACCNS-P certification is granted for a period of 5 years.

Your certification period begins the first day of the month in which the ACCNS-P exam is passed and ends 5 years later, e.g., February 1, 2023 through January 31, 2028.

Renewal notifications will be emailed to you starting 4 months prior to your scheduled ACCNS-P renewal date. **You are responsible for renewing your certification even if you do not receive a renewal notification.** Refer to www.aacn.org/certification > Renew Certification for current information.

Eligibility

To maintain a current ACCNS-P certification, renewal must be completed **prior to** your certification expiration date.

To reobtain certification you would need to meet the current ACCNS-P initial exam eligibility requirements (based on educational preparation) and pass the ACCNS-P exam.

Eligible candidates for ACCNS-P renewal must hold current, unencumbered U.S.[1] RN or APRN license. An unencumbered license has not been subjected to formal discipline by the board of nursing in the state(s) in which you practiced and had no provisions or conditions that limited your nursing practice during the 5-year certification period.

ACCNS-P-certified nurses must notify AACN Certification Corporation **within 30 day**s if any provisions or conditions are placed on their RN or APRN license(s).

An APRN whose license is encumbered may be eligible for Conditional Certification; see page 2.

Renewal Options

At renewal time you may seek certification renewal by one of 3 options:

Option 1 - 1,000 Practice Hours and 150 CE Points

Option 2 - 1,000 Practice hours, 25 Pharmacology CE and Exam

Option 3 - 150 CE Points and Exam

For complete information refer to the *ACCNS-P Renewal Handbook* online at www.aacn.org/certhandbooks.

[1] *Includes District of Columbia and U.S. territories of Guam, Virgin Islands, American Samoa and Northern Mariana Islands*

ACCNS-P Test Plan
Pediatric CNS (Wellness Through Acute Care)

Overview

The ACCNS-P certification program is based on competencies from nationally recognized organizations such as the National Association of Clinical Nurse Specialists and the American Association of Colleges of Nursing, as well as a study of practice, also known as a job analysis, that is conducted at least every 5 years. This study of practice validates the knowledge, skills and experience required for safe and effective advanced practice as a pediatric CNS. The test plan is constructed using entry-level competencies. All competencies are listed on pages 7-12 of the test plan.

The test plan, which provides an outline of exam content, is developed by an expert CNS panel based on the results of the study of practice. The organizing framework for all AACN Certification Corporation exams is the AACN Synergy Model for Patient Care™.

Following are the major content dimensions of the pediatric CNS, wellness through acute care, (ACCNS-P) exam, which are part of the test plan:

- **Patient Care Problems** validated by the study of practice as those regularly encountered by the entry-level CNS.

  Refer to pages 2-5 for the list of patient care problems.

- **Skills and Procedures** validated by the study of practice as those pertinent to the entry-level CNS. In addition to classifying exam items according to the specified patient care problems and related validated competencies, items may require an understanding of skills and procedures pertinent to pediatric CNS practice.

  Refer to page 6 for the list of skills and procedures.

- **Validated Competencies** include Clinical Judgment, Advocacy/Moral Agency, Caring Practices, Response to Diversity, Facilitation of Learning, Collaboration, Systems Thinking and Clinical Inquiry.

  Refer to pages 7-12 for a complete listing of the ACCNS-P Validated Competencies.

Integrated Concepts

To meet criteria for regulatory sufficiency, APRN certification exams must test national practice standards and core competencies for the role and patient population(s) being certified. The ACCNS-P exam incorporates the following standards and competencies:

- American Association of Critical-Care Nurses. Stahl M, ed. *Scope and Standards for Acute Care Clinical Nurse Specialist Practice*; 2022.
- American Nurses Association. *Pediatric Nursing: Scope and Standards of Practice*; 2015.
- National Association of Clinical Nurse Specialists. *Statement on Clinical Nurse Specialist Practice and Education*; 2019.

I. CLINICAL JUDGMENT (67%)

Validated Competencies are detailed on pages 7-12 of this test plan.

1A. Cardiovascular (7%)

1. Acute inflammatory disease (e.g., myocarditis, endocarditis, pericarditis, vasculitis, Kawasaki)
2. Cardiac surgery
3. Cardiac tamponade
4. Cardiogenic shock
5. Cardiomyopathies (e.g., hypertrophic, dilated, restrictive, idiopathic)
6. Dysrhythmias
7. Heart failure (acute and chronic)
8. Hypertension
9. Hypertensive urgencies or emergencies
10. Pulmonary edema
11. Structural heart defects and disease (acquired and congenital)
12. Vasculitis

2A. Respiratory (8%)

1. Acute lung injury (ALI), acute respiratory distress syndrome (ARDS)
2. Acute pulmonary embolus
3. Acute respiratory failure
4. Air-leak syndromes (e.g., pneumothorax, pulmonary interstitial emphysema, pneumopericardium, pneumomediastinum)
5. Airway obstruction
6. Aspiration
7. Asthma/reactive airway disease
8. Chronic lung disease (e.g., bronchopulmonary dysplasia, exacerbation, interstitial pulmonary fibrosis)
9. Congenital and acquired anomalies
10. Cystic fibrosis
11. Exacerbation of chronic lung disease
12. Inhalation injuries
13. Obstructive sleep apnea
14. Pleural effusion
15. Pulmonary hemorrhage
16. Pulmonary hypertension
17. Pulmonary infections
18. Thoracic and pulmonary trauma and injuries
19. Thoracic surgery (e.g., lung reduction surgery, pneumonectomy, lobectomy, tracheal surgery)
20. Brief resolved unexplained event

Endocrine/Hematology/Gastrointestinal/Renal/Integumentary

3A. Endocrine (4%)

1. Adrenal insufficiency
2. Diabetes mellitus
3. Diabetic ketoacidosis (DKA) and hyperglycemic hyperosmolar state (HHS)
4. Hyperglycemia
5. Hypoglycemia
6. Inborn errors of metabolism
7. Pituitary disorders
8. Syndrome of inappropriate antidiuretic hormone secretion
9. Thyroid disorders

3B. Hematology/Immunology/Oncology (5%)

1. Anemia
2. Anticoagulation
3. Autoimmune diseases
4. Bleeding disorders
5. Blood and blood-product transfusion
6. Coagulopathies
7. Congenital and acquired immunosuppression
8. Hematologic and solid tumors
9. Hyperbilirubinemia
10. Myelosuppression (i.e., neutropenia, thrombocytopenia)
11. Organ and tissue transplantation and associated problems
12. Sickle cell disease
13. Venous thromboembolism

continued

3C. Gastrointestinal (4%)

1. Abdominal trauma
2. Bowel infarction/obstruction/perforation
3. Gastroesophageal reflux
4. GI infectious disorders
5. GI abnormalities (congenital and acquired)
6. GI hemorrhage
7. GI motility disorders (congenital and acquired)
8. GI surgeries
9. Inflammatory bowel disease
10. Liver disease (e.g., hepatitis, hepatic failure)
11. Malnutrition
12. Nausea/vomiting
13. Pancreatitis

3D. Renal/Genitourinary (5%)

1. Acute kidney injury
2. Chronic kidney disease (CKD)
3. Renal/genitourinary abnormalities (congenital and acquired)
4. Nephrotoxic medication-associated kidney injury (NAKI)
5. Electrolyte imbalances
6. Fluid volume imbalances
7. Incontinence
8. Infections (e.g., UTI, PID, STIs)
9. Renal trauma

3E. Integumentary (4%)

1. Dermatologic disorders (e.g., incontinence-associated dermatitis, impetigo, coxsackie, atopic dermatitis)
2. Exfoliative skin disorders (e.g., Stevens-Johnson, TEN, epidermolysis bullosa)
3. Infectious skin disorders
4. IV infiltration and extravasation
5. Pressure injuries
6. Wounds

Musculoskeletal/Neurology/Psychosocial

4A. Musculoskeletal (3%)

1. Congenital anomalies
2. Functional issues (e.g., immobility, debility, falls, gait disorders, myopathies)
3. Infections (e.g., necrotizing fasciitis, osteomyelitis)
4. Rhabdomyolysis
5. Spinal disease (e.g., scoliosis, kyphosis, disc disease)
6. Sports injuries
7. Fractures

4B. Neurology (5%)

1. Brain death
2. Cerebral salt wasting
3. Congenital neurological abnormalities
4. Encephalopathy
5. Head and brain trauma/injury
6. Hydrocephalus
7. Intracerebral hemorrhage
8. Intracranial hypertension
9. Migraine headaches
10. Neurologic infectious diseases
11. Neuromuscular disorders
12. Seizure disorders
13. Space-occupying lesions
14. Spinal cord injury
15. Stroke
16. Vascular malformation

4C. Psychosocial/Behavioral/Cognitive Health Issues (6%)

1. Aggression
2. Agitation
3. Anxiety disorders (e.g., PTSD, OCD, fears, phobias)
4. Attention-deficit/hyperactivity disorder
5. Autism spectrum disorders
6. Delirium

continued

7. Developmental delays and regression
8. Eating disorders
9. Learning disabilities and disorders
10. Maltreatment (e.g., abuse and neglect)
11. Medical nonadherence
12. Mood disorders (e.g., depression)
13. Personality disorders (e.g., antisocial behaviors, schizophrenia)
14. Post ICU syndrome
15. Self-harm
16. Sleep disorders
17. Substance-use disorder
18. Suicidal behavior

Factors Influencing Wellness and Health Status/ Multisystem

5A. Factors Influencing Health Status (risk assessment, prevention and wellness) (8%)

1. Advanced care planning
2. Care transition
3. Caregiver burden
4. Developmental care
5. Genetic counseling
6. Growth and development (e.g., anticipatory guidance, milestones)
7. Immunizations/vaccinations
8. Injury prevention (e.g., shaken baby, helmets, car seats, environmental modification, gun safety)
9. Behavioral health screenings
10. Nutrition and weight management
11. Pain prevention and management (e.g., needle stick, chronic pain syndromes)
12. Physical health screenings
13. Risk-taking behaviors (e.g., unprotected sex, substance use)
14. Safe sleep
15. Vulnerable population screenings (e.g., child abuse, intimate partner violence, human trafficking, bullying)
16. Social determinants of health (e.g., access to care, socioeconomic factors, health literacy)
17. Population health
18. Team-based care
19. Gender-affirming care
20. Patient and family-centered care
21. Interventions for health promotion
22. Transition to adult care
23. Health policy
24. Dyslipidemia (early-onset screening)

5B. Multisystem (8%)

1. Acid-base imbalances
2. Burns
3. Neonatal opioid withdrawal syndrome
4. Compartment syndrome
5. Distributive shock (e.g., anaphylaxis, neurogenic)
6. End-of-life issues
7. Failure to thrive
8. Hospital-acquired conditions (e.g., CAUTI, CLABSI, VAP, falls)
9. Hypovolemic shock
10. Hypoxic ischemic encephalopathy
11. Infectious diseases (e.g., perinatal, viral, bacterial)
12. Morbid obesity
13. Multisystem trauma
14. Near-drowning
15. Pain
16. Palliative care issues
17. Patient safety issues
18. Post-resuscitation care
19. Sensory impairment (e.g., hearing, visual, speech, tactile)
20. Sepsis/septic shock and MODS
21. Toxic exposure (acute and chronic)
22. Toxic ingestions and inhalations

continued

II. PROFESSIONAL CARING & ETHICAL PRACTICE (33%)

Validated Competencies are detailed on pages 7-12 of this test plan.

Advocacy/Caring Practices/Response to Diversity/ Facilitation of Learning

6A. Advocacy/Moral Agency (4%)

6B. Caring Practices (6%)

6C. Response to Diversity (3%)

6D. Facilitation of Learning (4%)

Collaboration/Systems Thinking/Clinical Inquiry

7A. Collaboration (5%)

7B. Systems Thinking(6%)

7C. Clinical Inquiry (5%)

The sum of these percentages is not 100 due to rounding.

Order of content does not necessarily reflect importance.

Skills and Procedures

In addition to classifying exam items according to the specified patient care problems and identifying related competencies on the following pages, items may require an understanding of skills and procedures pertinent to the pediatric CNS. The study of practice sought to determine whether selected skills and procedures are performed and important to the pediatric CNS. If applicable to assessment of knowledge of the patient care problem, the following skills and procedures may be incorporated within items. This list is not intended to be all-inclusive. Common nursing skills and procedures may also e included in the exam content.

Cardiovascular

- Determine lead selection for ECGs
- Direct cardiopulmonary resuscitation
- Interpret ECG rhythms
- Interpret hemodynamic values
- Interpret noninvasive hemodynamic values
- Perform elective cardioversion

Respiratory

- Assist with thoracentesis
- Manage chest tubes
- Manage mechanical ventilation
- Manage nasal/facial CPAP/BIPAP/hi-flow nasal cannula

Endocrine

- Manage continuous glucose monitoring
- Manage insulin pump

Hematology/Immunology/Oncology

- Coordinate patient blood management (PBM)
- Manage chemotherapy/biotherapy
- Manage plasmapheresis

Gastrointestinal

- Manage feeding tubes
- Manage PEG tube
- Manage PEG/JT/drainage catheters (e.g., IR drains, biliary drains)

Renal/Genitourinary

- Manage non-tunneled dialysis catheters
- Manage renal replacement therapies
- Manage suprapubic catheters
- Manage tunneled dialysis catheters

Integumentary

- Manage wound care

Musculoskeletal

- Apply treatment device (e.g., traction, orthotic)

Neurology

- Assist with lumbar puncture
- Manage lumbar drain
- Manage patient with intracranial pressure (ICP) monitoring devices

Behavioral

- Manage assaultive behavior
- Manage patient in restraints
- Use de-escalation techniques (e.g., crisis prevention)

Wellness

- Implement acute and chronic pain prevention strategies
- Interpret anthropometric measurements
- Perform developmental screening and/or examinations
- Perform mental health screening and/or examinations
- Perform physical health screening and/or examinations
- Perform vulnerable population risk screening and/or examination

Multisystem

- Antimicrobial stewardship
- Interpret diagnostic imaging
- Manage pharmaceutical interventions
- Manage targeted temperature therapies
- Pandemic management
- Prescribe durable medical equipment
- Provide nonpharmacological interventions

Validated Competencies

In addition to classifying exam items according to the previous specifications, each item is written to reflect one of the following competencies validated through the study of practice. These competencies are eligible for assessing knowledge of content.

CLINICAL JUDGMENT

Core CNS Competencies

- Synthesizes assessment findings using advanced knowledge, expertise, critical thinking and clinical judgment to formulate differential diagnoses
- Prescribes medications, therapeutics, diagnostic studies, equipment and procedures to manage the health issues of patients
- Provides expert specialty consultation to nurses related to complex patient care needs
- Conducts a comprehensive health assessment in diverse care settings including psychosocial, functional, physical and environmental factors
- Provides expert consultation based on a broad range of theories and evidence for patients with complex healthcare needs

Pediatric CNS Competencies

- Conducts comprehensive physical, mental health and developmental assessments
- Analyzes the family system to identify factors that might influence the health of the child and family
- Screens for evidence-based risk factors (e.g., unsupervised after school, abuse, bullying and relationships with peers and siblings)
- Initiates and interprets age-appropriate and condition-specific laboratory tests and diagnostic procedures
- Systematically compares and contrasts clinical findings with normal and abnormal variations and developmental events in formulating a differential diagnosis that encompasses anatomical, physiological, motor, cognitive, developmental, psychological and social behavior across the pediatric lifespan
- Utilizes complex data and information obtained during interview, examination and diagnostic procedures in identifying diagnoses
- Interprets age-, developmental- and situational-appropriate screening and analytic studies essential in the diagnosis and management of the child with a health condition
- Applies evidence-based clinical practice guidelines to guide screening and diagnosis
- Identifies expected outcomes that incorporate cost and clinical effectiveness, the child's and family's expectations and continuity and consistency among healthcare providers
- Incorporates the use of evidence-based clinical guidelines that support positive expected outcomes for the child
- Identifies assessment, diagnostic strategies and therapeutic interventions within the plan of care that reflect current pediatric healthcare practice, including data, research, literature and expert clinical knowledge
- Formulates the comprehensive plan of care, including educational interventions related to the child's health status, conventional and alternative therapies, self-care activities and coordination of comprehensive services to ensure continuity of care
- Supports the integration of clinical, human and financial resources to enhance and complete decision-making processes
- Supports collaboration with nursing and other colleagues to implement the plan of care
- Incorporates new knowledge and strategies to initiate change in nursing care practices if desired outcomes are not achieved
- Actively participates in the development and continuous improvement of systems that support implementation of the plan of care
- Prescribes evidence-based treatments, therapies and procedures considering the child's comprehensive healthcare needs and based on current pediatric knowledge, research and practice
- Prescribes appropriate nonpharmacological interventions, including complementary and alternative therapies
- Prescribes pharmacologic agents based on current knowledge of pharmacogenetics, genomics and physiological principles that are both universal and unique to the care of children at each stage in their development

continued

Validated Competencies

- Prescribes specific pharmacological agents and treatments based on clinical indicators, the child's status and needs, and results of diagnostic and laboratory tests
- Selects pharmacological and nonpharmacological treatments based on an evaluation of therapeutic and potential adverse effects
- Provides information to the family regarding agents the child should refrain from taking because of potential adverse effects on the child
- Provides the child (if age or developmentally appropriate) and family with information about costs, alternative treatments and procedures as appropriate
- Monitors current issues related to pharmacological agents, including off-label use and pediatric safe dosage for medications indicated for adults
- Orders appropriate medications and treatments utilizing evidence-based guidelines and protocols
- Evaluates diagnosis accuracy and the effectiveness of interventions and other variables in relation to the child's attainment of expected outcomes
- Adapts the plan of care according to the evaluation of the child's response
- Refers to best-practice models to assist in evaluating outcomes
- Synthesizes an evaluation, on a continual basis, as it relates to the effectiveness of care provided

ADVOCACY/MORAL AGENCY

Core CNS Competencies

- Facilitates patient and family understanding of the risks, benefits and outcomes of proposed healthcare regimens to promote informed, shared decision-making
- Facilitates resolution of ethical conflicts in complex patient care situations
- Analyzes the ethical impact of scientific advances, including cost and clinical effectiveness, on patient and family values and preferences
- Advocates for patient's preferences and rights
- Leads efforts to resolve ethical conflict and moral distress experienced by nurses and nursing staff
- Demonstrates stewardship of human and fiscal resources in decision-making
- Advocates for equitable healthcare by participating in professional organizations and public policy activities
- Advocates for ethical principles in protecting the dignity, uniqueness and safety of all

Pediatric CNS Competencies

- Documents the comprehensive plan of care in a manner that allows access by the child, family and healthcare providers, as appropriate, and provides direction for the family and healthcare team as they focus on attaining expected outcomes
- Informs the child (as appropriate) and family of the risks, benefits and outcomes of healthcare regimens to support informed decision-making by the child and family
- Ensures informed consent or age-appropriate assent for procedures, treatment and research, as appropriate
- Serves as an advocate for the child and family in developing policies and providing care to the child and family
- Contributes to the creation of individual and system responses to the resolution of ethical dilemmas
- Advocates for a process of ongoing ethical inquiry into patient care practices where varying perspectives are acknowledged and validated
- Applies ethically sound solutions to complex issues related to individuals, populations and systems of care
- Identifies and communicates the risks, benefits and outcomes of programs and decisions that may negatively affect healthcare delivery
- Advances the profession through enhancing public awareness and health professional familiarity with the advanced practice pediatric nursing role and scope of practice
- Advocates for unrestricted access to quality, cost-effective care within healthcare agencies for children and families
- Uses relevant policy specific to children to direct appropriate patient care and to eliminate financial and legislative restrictions that limit access to healthcare
- Advocates for health team members, families and children, as appropriate, when conflicts in communication or decision-making arise

continued

Validated Competencies

- Influences decision-making bodies to improve child healthcare, health services and policies locally, regionally, nationally and internationally

CARING PRACTICES

Core CNS Competencies

- Uses relationship-building communication to promote health and wellness, healing, self-care and peaceful end-of-life
- Engages nurses in reflective practice activities that promote self-awareness and invite peer feedback to improve the practice of nursing
- Fosters a healthy work environment by exhibiting positive regard, conveying mutual respect and acknowledging the contributions of others

Pediatric CNS Competencies

- Selects or designs strategies to meet the multifaceted needs of the complex pediatric patient
- Assumes responsibility for safe and efficient implementation of the plan of care
- Uses advanced communication skills to promote relationships between the child, family and caregiver to assure an open discussion of the family's experiences and to improve healthcare outcomes
- Provides the child (if age or developmentally appropriate) and family with information about diagnostic and laboratory results, as well as effects and potential adverse effects of proposed prescriptive therapies
- Creates partnerships that promote sustainable environmental health policies and conditions
- Advocates for implementation of environmental principles for pediatric nursing practice
- Supports nurses in advocating for and implementing environmental principles in pediatric nursing practice
- Addresses patient safety with each client contact, incorporates safety standards in own practice and periodically evaluates safety of the practice environment

RESPONSE TO DIVERSITY

Core CNS Competencies

- Promotes interventions that prevent the impact of implicit bias on relationship-building and outcomes
- Leads and facilitates change in response to organizational and community needs in a dynamic healthcare environment

Pediatric CNS Competencies

- Ensures that the care provided is consistent with the child's and family's needs and values and is within codes of ethical practice
- Makes decisions and initiates actions on behalf of children and their families in an ethical manner, taking into consideration the values of the child and family
- Analyzes the impact of social, political and economic influences on the environment and pediatric health exposures
- Serves as an advocate for the unique needs of children and families within the healthcare system, including facilitating transitions across varying healthcare settings and the home

FACILITATION OF LEARNING

Core CNS Competencies

- Designs and employs educational strategies that consider readiness to learn, individual preferences and other social determinants of health
- Provides education and coaching to patients with complex learning needs and atypical responses
- Mentors nurses and nursing staff in using evidence-based practice principles
- Facilitates opportunities for nurses, students and other staff to acquire knowledge and skills that foster professional development

Pediatric CNS Competencies

- Assists staff in developing and maintaining competency in the diagnostic process
- Employs diverse and complex strategies, interventions and teaching with the child and family to promote, maintain, restore and improve health, and to prevent illness and injury
- Synthesizes empirical evidence about risk behaviors, learning theories, behavioral change theories, motivational theories, epidemiology, genetics, culture and other related theories and frameworks when designing health education information and programs

continued

Validated Competencies

- Bases anticipatory guidance and teaching on current scientific knowledge, research, epidemiological principles and the family's health beliefs and practices
- Collaborates with the interprofessional team to provide the child (if age appropriate) and family with information regarding interventions, including potential benefits, risks, complications and alternatives
- Engages consumer alliances and advocacy groups, when appropriate, in health teaching and health promotion activities related to the health and welfare of children and families
- Uses current evidence to expand clinical knowledge, skills, abilities and judgment to enhance role performance and increase knowledge of professional issues
- Participates in interprofessional educational experiences focusing on patient outcomes
- Promotes communication of information and advancement of the profession through writing, publishing and preparing presentations for professional and lay audiences
- Mentors colleagues in the acquisition of clinical knowledge, skills, abilities and judgment

COLLABORATION

Core CNS Competencies

- Uses advanced communication skills in complex situations and difficult conversations
- Employs conflict management and negotiation skills to promote a healthy work environment
- Cultivates a practice environment in which mutual respect, communication and collaboration contribute to safe, quality outcomes
- Uses leadership, team-building, negotiation, collaboration and conflict resolution to build partnerships within and across systems and/or communities
- Provides leadership for the interprofessional team in identifying, developing, implementing and evaluating evidence-based practices and research opportunities
- Disseminates CNS practice and fiscal outcomes to internal stakeholders and the public
- Promotes nursing's unique contributions to advancing health to stakeholders (e.g., the organization, community, public and policymakers)

Pediatric CNS Competencies

- Devises a comprehensive plan of care that reflects the responsibilities of the advanced practice registered nurse, child and family and may include delegation of activities
- Participates in interprofessional teams that address ethical concerns, risks or considerations, benefits and outcomes of patient care
- Collaborates with other professionals to assemble a comprehensive assessment of the child and family
- Identifies the need for and initiates appropriate referrals to healthcare professionals to support the comprehensive plan of care
- Leads the interprofessional team in developing effective communication patterns and conflict resolution
- Establishes effective communication modalities and formats between healthcare team members and the children and families for whom they care
- Serves as a consultant for team members, families and children who are having trouble communicating effectively
- Provides direction to enhance the effectiveness of the interprofessional healthcare team
- Promotes advanced practice nursing and role development by interpreting its role for patients, families and the community
- Designs innovations to effect change in practice and improve health outcomes
- Contributes to an environment that is conducive to clinical education of other healthcare providers, including teaching, mentoring and precepting
- Contributes to others' professional development to improve child healthcare and to foster the profession's growth
- Partners with other disciplines to enhance healthcare consumer outcomes through interprofessional activities, such as education, consultation, management, technological development or research opportunities
- Invites the contribution of the child, family and team members in order to achieve optimal outcomes

continued

Validated Competencies

- Leads in establishing, improving and sustaining collaborative relationships to achieve safe, quality healthcare for children and their families
- Models expert practice to interprofessional team members and healthcare consumers
- Documents plan-of-care communications, rationales for plan-of-care changes and collaborative discussions to improve child health outcomes
- Participates on interprofessional teams that contribute to role development, advanced pediatric nursing practice and healthcare
- Provides leadership in the coordination of interprofessional healthcare for integrated delivery of pediatric care services
- Synthesizes data and information to prescribe necessary system and community support measures, including modifications of surroundings
- Delegates appropriate activities according to the condition of the child and the relative skill and scope of practice of the caregiver
- Provides case management and clinical coordination of care using advanced data synthesis with consideration of the child's and family's complex needs and desired outcomes
- Coordinates system and community resources to achieve optimal quality of care, delivered in a cost-effective manner within an interprofessional team approach
- Negotiates health-related services and additional specialized care with the child, family, appropriate systems, agencies and providers across continuums of care
- Discusses referrals with the child (if age appropriate) and family
- Makes referrals to other healthcare providers and community service agencies, as appropriate, to meet the needs of the child with consideration of benefits and costs
- Ensures continuity of care throughout the healthcare referral process by implementing recommendations from referral sources

SYSTEMS THINKING

Core CNS Competencies

- Implements customized evidence-based advanced nursing interventions, including the provision of direct care
- Leads and facilitates coordinated care and transitions in collaboration with the patient and interprofessional team
- Advocates for nurses to practice to the full extent of their role in the delivery of healthcare
- Leads nurses in the process of planning, implementing and evaluating change considering intended and unintended consequences
- Mentors nurses to analyze legislative, regulatory and fiscal policies that affect nursing practice and patient outcomes
- Consults with healthcare team members to integrate the needs, preferences and strengths of a population into the healthcare plan to optimize health outcomes and patient experience within a healthcare system
- Leads and participates in systematic quality-improvement and safety initiatives based on precise problem/etiology identification, gap analysis and process evaluation
- Leads and participates in the process of selecting, integrating, managing and evaluating technology and products to promote safety, quality, efficiency and optimal health outcomes
- Evaluates system-level interventions, programs and outcomes based on the analysis of information from relevant sources

Pediatric CNS Competencies

- Differentiates outcomes that require care-process interventions from those that require system-level interventions
- Contributes to the development and continuous improvement of organizational systems that support the plan-of-care process
- Facilitates utilization of systems and community resources to implement the plan of care
- Leads the design and development of interprofessional processes to address the situation or issue

continued

Validated Competencies

- Assesses the quality of care provided to children and families across settings
- Utilizes organizational and community resources to formulate interprofessional plans of care
- Develops innovative solutions for child healthcare problems that address effective resource utilization and maintenance of quality
- Develops evaluation strategies to demonstrate cost efficiency and effectiveness associated with pediatric nursing practice
- Develops evaluation methods to measure patient safety and effectiveness for interventions and outcomes
- Promotes activities that help others learn about benefits, risks and costs of the plan of care
- Initiates ongoing activities to analyze patient care systems in an effort to improve the quality of care provided to children and their families
- Uses aggregate data, in collaboration with others, to develop or revise systems to avoid duplication of or gaps in service
- Advocates for the elimination of barriers to care and supports the optimal level of care for the child and family
- Develops innovative solutions and applies strategies to obtain appropriate resources for nursing initiatives
- Secures organizational resources to ensure a work environment conducive to completing the identified plan of care and outcomes
- Uses evaluation results to make or recommend process or structural changes, including policy, procedure or protocol revision, as appropriate
- Critically evaluates the manner in which environmental health issues are presented by the popular media

CLINICAL INQUIRY

Core CNS Competencies

- Designs evidence-based, cost-effective interventions, including advanced nursing therapies, to meet the multifaceted needs of complex patients
- Evaluates impact of nursing interventions on patients' aggregate outcomes using a scientific approach
- Assesses the nursing practice environment and processes for improvement opportunities
- Uses evidence-based knowledge as a foundation for nursing practice to achieve optimal nurse-sensitive outcomes
- Evaluates the outcomes of nursing practice using methods that provide valid data
- Partners with research-focused, doctorally prepared (i.e. PhD) colleagues to translate, conduct and disseminate research that addresses gaps and improves clinical knowledge and practice

Pediatric CNS Competencies

- Contributes to nursing knowledge by conducting or synthesizing research that discovers, examines and evaluates knowledge, theories, criteria and creative approaches to improve healthcare practice and outcomes
- Formally and informally disseminates research findings through practice, education, presentations, publications, consultation and journal clubs
- Promotes a climate of research and clinical inquiry
- Engages in a formal process seeking feedback regarding one's own practice from the child, family, peers, professional colleagues and others
- Actively participates in the process of monitoring the quality of one's own practice with periodic evaluation and plans to address deficiencies and continue improvement
- Synthesizes results of the evaluation to determine the effect of the plan of care on children, providers, families, groups, communities and institutions
- Initiates and revises policies, protocols and guidelines that reflect evidence-based practice and novel approaches in care management and address emerging trends
- Actively participates in or provides guidance to research teams in discovery and application of evidence for nursing practice

ACCNS-P Sample Questions

The purpose of the sample questions is to familiarize candidates with the style and format of the certification exam items.

1. **The CNS is assessing a 12-year-old who presents with severe headaches, nystagmus and vomiting. The parent noticed episodes of lethargy and daydreaming in child over the last few months. Diagnostic testing should first include which of the following?**

   A. an EEG

   B. a lumbar puncture

   C. a drug screen

   D. an MRI

2. **The CNS has observed both nurses and respiratory therapists instilling saline down ET tubes prior to suctioning. The CNS can encourage evidence-based practice by INITIALLY assisting the staff to**

   A. evaluate their current practice based on the research findings.
   B. design a unit evaluation to substantiate research results in the literature.
   C. incorporate research results into the unit's policy and procedure manual.
   D. disseminate research findings during the next staff meeting.

3. **A 22-month-old with Down's Syndrome is admitted with uncontrolled seizures. Assessment findings include respiratory depression, nystagmus and ataxia, as well as elevated PT/PTT and BUN/Cr levels and a low serum sodium level. Further efforts should be focused on**

   A. administering a hypertonic solution.

   B. removing the cause of infection.

   C. identifying a source of toxicity.

   D. performing genetic screening.

4. **A 1-week-old presents with lethargy, pale color and decrease in feeding. Pulses are weak, and the skin is cool and clammy. The CNS notes the right arm BP remains 129/78, and the lower extremity BP is 70/52. What is the definitive test?**

   A. echocardiogram

   B. chest x-ray

   C. magnetic resonance imaging (MRI)

   D. cardiac catheterization

5. **During a routine clinic visit, a parent shares that their child with attention-defecit/hyperactivity disorder (ADHD) has been struggling with transitioning to a new school year and asks which strategies would be most helpful to suggest to her child's new teacher. Which strategy would the CNS recommend?**

   A. give the child more time to adapt to the new environment.

   B. provide consistency with daily routines at home and in the classroom.

   C. use "time-outs" to manage negative behavior

   D. create a colorful, high-energy enviornment to keep the child engaged.

Answers

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

continued

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

More current versions may be available.

How to Prepare for Your Certification Exam

Having a thoughtful study plan can boost your confidence and help you feel ready for your exam. AACN Certification Corporation surveys newly certified nurses, and most report they began preparing about three months before the exam, using the methods below.

Test Plan

The test plan in your exam handbook includes specific content areas, with each assigned a percentage reflecting how that area is weighted on the exam. The test plan also includes a list of competencies or testable nursing actions that will be assessed. Consider starting with a practice exam, noting your scores in each content area, and balancing your study time accordingly. If you are retaking a certification exam, refer to your previous score report to identify key areas of focus.

Practice Questions & Exams

Practice questions are certificants' most preferred study method. AACN offers subscription-based practice exams, with questions written in the style and format of exam items, with rationales for correct answers. Strengthen your test-taking skills with timed practice exams.

Review Courses

Formal exam preparation courses, whether online or in person, provide an in-depth review of relevant content areas and often include test-taking strategies. Some review courses also offer continuing education (CE) hours.

Books

When considering books for study, look for authors who are still in clinical practice and have earned the credential you're working toward. Focus on books published in the last five years. The bibliography in your exam handbook lists references used to create/validate items on the exam.

Group Study

Teaming up with colleagues can make learning fun and help boost confidence. Consider collaborating with nurses who have earned the credential you're seeking and/or starting a study group in your workplace or local AACN chapter.

Browse a wide selection of exam preparation resources, including books, online review courses and practice exam options: www.aacn.org/cert-review-products

Check for review courses in your area: www.aacn.org/cert-review-events

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AACN CERTIFICATION CORPORATION

Certification Organization for the American Association of Critical-Care Nurses

AACN Certification Corporation does not approve, endorse or require for eligibility the use of any specific exam preparation products.

AACN Synergy Model for Patient Care

The ACCNS-P certification program is organized using the AACN Synergy Model for Patient Care as a framework. All competencies are from nationally recognized organizations such as the National Association of Clinical Nurse Specialists and the American Association of Colleges of Nursing.

The basic tenet of the Synergy Model is that optimal patient outcomes can be produced through the synergistic interaction between the needs of the patient and the competencies of the nurse. 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 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.

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	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	Ability to maintain a steady-state equilibrium
Complexity	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 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.

continued

Nurse Characteristics

Nursing care reflects an integration of knowledge, skills 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 APRN skills acquired through a process of integrating formal and informal experiential knowledge and evidence-based guidelines. Includes differential diagnosis.
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	APRN 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. Includes but is not limited to vigilance, engagement and responsiveness of caregivers, including family and healthcare personnel. Content in this category includes pain management, infection control, risk assessment and the clinical nurse specialist/patient relationship
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. Includes initiating referrals, providing consultation and the coordination of inter- and intradisciplinary teams to develop or revise plans of care focused on the concerns of the patient, family or both
Systems Thinking	Body of knowledge and tools that allow the APRN to manage whatever environmental and system resources exist for the patient/family and staff, within or across healthcare and non-healthcare systems. Includes analysis and promotion of cost-effective resource utilization that results in optimal patient outcomes.
Response to Diversity	The sensitivity to recognize, appreciate and incorporate differences into the provision of care. Differences may include, but are not limited to, cultural differences, spiritual beliefs, gender, race, ethnicity, lifestyle, socioeconomic status, age and values.
Facilitation of Learning	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	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 skills in an associated continuum.

FOR EXAMPLE:
If the patient was 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 patient was vulnerable, unable to participate in decision-making and care, and had 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.**

The certification program is also based on the three spheres of impact in which CNSs operate: Patient, Nurses/Nursing Practice and Organizations/Systems. A sphere of impact identifies the focus of practice activities and target outcomes associated with the area. The certification exam is based on the activities performed by CNSs in connection with the eight nurse characteristics in the context of the three spheres of impact.

Based on the most recent AACN Certification Corporation study of nursing practice, the test plans for our certification exams reflect the Synergy Model as well as findings related to nursing care of the patient population studied (e.g., CNS practice in the care of pediatric patients, covering the spectrum of wellness through acute care).

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

Educational Eligibility Form

ACCNS-P Certification for Pediatric Clinical Nurse Specialists

To be completed by Program Director and returned to AACN Certification Corporation.

CANDIDATE NAME _____
Last First MI Maiden

CANDIDATE EMAIL _____

PEDIATRIC CLINICAL NURSE SPECIALIST PROGRAM INFORMATION

SCHOOL NAME _____

SCHOOL ADDRESS _____

PROGRAM TYPE ☐ Pediatric CNS ☐ Other (specify): _____

DEGREE AWARDED ☐ Master's ☐ DNP ☐ Post-Graduate Certificate

PROGRAM START DATE _____ (MM/DD/YY) **GRADUATION DATE** _____ (MM/DD/YY)

PROGRAM DESCRIPTION - *for time period applicant was in program*

DIDACTIC	Course Number(s)	☑ If Transfer Credit	Course Type * D or D/C	Number of *Credit* Hours
Advanced Pathophysiology		☐		
Advanced Pharmacology		☐		
Advanced Physical Assessment		☐		
Pediatric Wellness through Acute Care		☐		
		☐		
		☐		
		☐		
		☐		

***Course Type:**
D: Didactic
C: Clinical
D/C: Didactic/Clinical

CLINICAL	Course Number(s)	☑ If Transfer Credit	Course Type * C or D/C	Number of *Credit* Hours	Number of *Clinical* Hours
Pediatric Wellness through Acute Care		☐			
		☐			
		☐			
		☐			
		☐			

Total number of supervised *clinical* clock hours directly related to the knowledge and all roles of the pediatric clinical nurse specialist: _____

The following statements apply to the advanced practice education program completed by the candidate (check all that apply):

- ❒ A portion of the total clinical hours within the program focused on wellness in the pediatric patient population.
- ❒ A portion of the total clinical hours within the program focused on acute care in the pediatric patient population.

My signature on this form attests to the fact that at the time of graduation the above-named applicant met the program requirements noted and checked above. I understand that AACN Certification Corporation may contact me, if needed, for clarification of this candidate's eligibility.

Program Director Signature **Phone** **Date**

Printed Name **Email**

This completed form with an original signature may be submitted to AACN Certification Corporation via mail to:
AACN Certification Corporation, 27071 Aliso Creek Road, Aliso Viejo, CA 92656.
Alternatively, the form may be scanned/emailed directly from the school to APRNcert@aacn.org.

AACN CERTIFICATION CORPORATION

STAPLE CHECK HERE

ACCNS-P 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: _____ Number _____ Exp. Date **RN/APRN LICENSE:** _____ Number _____ State _____ Exp. Date

LEGAL NAME: _____ Last _____ First _____ MI _____ Maiden

HOME ADDRESS: _____ City _____ State _____ Zip

EMAIL: _____ **HOME PHONE:** _____

EMPLOYER NAME: _____ **BUSINESS PHONE:** _____

EMPLOYER ADDRESS: _____ City _____ State _____ Zip

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)*

☐ 1-year AACN membership……$78
☐ 2-year AACN membership……$148
☐ 3-year AACN membership……$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 ($275) + 1-year Membership ($78) = Savings of $32 over Nonmember fee

3. EXAM FEES

ACCNS-P	Initial Exam Fee		Retest Fee	
	AACN Member	Nonmember	AACN Member	Nonmember
*Check **one** box only*	☐ $275	☐ $385	☐ $215	☐ $320

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

Membership Fee
$_____
+
Exam Fee:
$_____
=
Total Payment:
$_____

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 _____ Signature _____

Amount Billed $_____ 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.

ACCNS-P Exam Application

NAME: _____ **AACN CUSTOMER #:** _____
Last First MI

5. DEMOGRAPHIC INFORMATION

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

Primary Area Employed
- ☐ Acute Hemodialysis Unit (21)
- ☐ Burn Unit (13)
- ☐ Cardiac Rehabilitation (26)
- ☐ Cardiac Surgery/OR (36)
- ☐ Cardiovascular/Surgical ICU (09)
- ☐ Catheterization Lab (22)
- ☐ Combined Adult/Ped. ICU (23)
- ☐ Combined ICU/CCU (01)
- ☐ Coronary Care Unit (03)
- ☐ Corporate Industry (24)
- ☐ Crit. Care Transport/Flight (17)
- ☐ Direct Observation Unit (39)
- ☐ Emergency Dept. (12)
- ☐ General Med./Surg. Floor (18)
- ☐ Home Care (25)
- ☐ Intensive Care Unit (02)
- ☐ Interventional Cardiology (31)
- ☐ Long-Term Acute Care (27)
- ☐ Medical Cardiology (34)
- ☐ Medical ICU (04)
- ☐ Medical Surgical ICU (35)
- ☐ Neonatal ICU (06)
- ☐ Neuro./Neurosurgical ICU (10)
- ☐ Oncology Unit (19)
- ☐ Operating Room (15)
- ☐ Outpatient Clinic (29)
- ☐ Pediatric ICU (05)
- ☐ Private Practice (32)
- ☐ Progressive Care Unit (16)
- ☐ Recovery Room/PACU (14)
- ☐ Respiratory ICU (08)
- ☐ Stepdown Unit (30)
- ☐ Subacute Care (28)
- ☐ Surgical ICU (07)
- ☐ TeleICU (37)
- ☐ Telemetry (20)
- ☐ Trauma Unit (11)
- ☐ Other – specify below

_____ (99)

Primary Position Held
- ☐ Academic Faculty (07)
- ☐ Acute Care Nurse Practitioner (09)
- ☐ Bedside/Staff Nurse (01)
- ☐ Case Manager (39)
- ☐ Charge Nurse (45)
- ☐ Clinic Nurse (40)
- ☐ Clinical Coordinator (44)
- ☐ Clinical Director (04)
- ☐ Clinical Nurse Specialist (08)
- ☐ Corporate/Industry (11)
- ☐ Hospital Administrator (38)
- ☐ Internist (37)
- ☐ Legal Nurse Consultant (47)
- ☐ Manager (03)
- ☐ Nurse Anesthetist (02)
- ☐ Nurse Educator (46)
- ☐ Nurse Midwife (13)
- ☐ Nurse Practitioner (05)
- ☐ Outcomes Manager (42)
- ☐ Physician (16)
- ☐ Physician Assistant (17)
- ☐ Researcher (18)
- ☐ Respiratory Therapist (19)
- ☐ Technician (21)
- ☐ Unit Coordinator (22)
- ☐ Other - specify below

_____ (99)

Highest Nursing Degree
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Diploma
- ☐ Doctorate
- ☐ Master's Degree

Ethnicity
- ☐ African American (02)
- ☐ Asian (05)
- ☐ Hispanic (03)
- ☐ Native American (04)
- ☐ Pacific Islander (06)
- ☐ White/Non-Hispanic (01)
- ☐ Other – specify below

_____ (99)

Primary Type of Facility in Which Employed
- ☐ College/University (08)
- ☐ Community Hospital (Nonprofit) (01)
- ☐ Community Hospital (Profit) (02)
- ☐ Corporate/Industry (11)
- ☐ County Hospital (07)
- ☐ Federal Hospital (05)
- ☐ HMO/Managed Care (12)
- ☐ Home Health (13)
- ☐ Long-Term Acute Care Hosp. (16)
- ☐ Military/Government Hospital (04)
- ☐ Non-Academic Teaching Hosp. (14)
- ☐ Registry (10)
- ☐ Self-Employed (09)
- ☐ State Hospital (06)
- ☐ Travel Nurse (15)
- ☐ University Med. Ctr. (03)
- ☐ Other – specify below

_____ (99)

Number of Beds in Institution:

_____

Years of Experience in Nursing:

_____

Years of Experience in Acute/Critical Care Nursing:

_____

Date of Birth: (mm/dd/yy):

_____

Gender:
☐ Male ☐ Female ☐ Non-binary

6. HONOR STATEMENT

Complete the ACCNS-P Honor Statement on page 27 and submit with application.

7. ADDITIONAL REQUIRED DOCUMENTATION

- Official, final transcripts for all graduate-level nursing coursework showing degree/date conferred
  - Secure, electronic transcripts may be emailed *directly from the school* to APRNcert@aacn.org.
  - Mailed transcripts must be sent to AACN in a sealed envelope *directly from the school*.
- *Educational Eligibility Form* completed/signed by your program director

  AACN will reach out to your program director to request completion of the form via AACN's online Portal, **OR** a printed form (see page 24) with original signature may be submitted with your application. Your school may email the form directly to APRNcert@aacn.org.

8. SUBMIT WITH PAYMENT TO AACN Certification Corporation, 27071 Aliso Creek Road, Aliso Viejo, CA 92656-3399

Retest applications may be faxed to 949-362-2020.

*NOTE: Allow **1 to 4 weeks** from the date received by AACN Certification Corporation for application processing. If your school must be contacted to verify eligibility or application is incomplete, processing may be delayed.*

Questions? Please visit www.aacn.org/certification, email APRNcert@aacn.org or call us at 800-899-2226.

Did you include your signed honor statement, additional forms and fee payment?

AACN CERTIFICATION CORPORATION

ACCNS-P Exam Honor Statement

PROCESSING WILL BE DELAYED IF INCOMPLETE OR NOT LEGIBLE.

NAME: _____ **AACN CUSTOMER #:** _____

Last First MI

I hereby apply for the ACCNS-P certification exam. I have read and understand the exam policies and eligibility requirements as documented in the *ACCNS-P Exam Handbook* and the *Certification Exam Policy Handbook*.

EDUCATION: I acknowledge that certification depends upon successful completion of the specified requirements. I authorize AACN Certification Corporation to contact my graduate nursing program to verify my educational eligibility for the ACCNS-P certification exam.

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 the board of nursing in the state(s) in which I am practicing and has no provisions or conditions that limit my nursing practice in any way. I understand that I must notify AACN Certification Corporation **within 30 days** if any provisions or conditions are placed against my RN or APRN license(s) in the future. I understand I may be eligible for Conditional Certification if my license becomes encumbered.

AUDIT: I understand that my certification eligibility is subject to audit, and failure to respond to or pass an audit will result in revocation of certification. If selected for audit, I understand that switching to renewal by exam, selecting Inactive or another status, or completing CERPs/CE Points is not an option.

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

SCORE REPORTING: I authorize AACN Certification Corporation to release my ACCNS-P exam pass/fail status to the _____ State Board(s) of Nursing to which I have applied or intend to apply for advanced practice licensure. I understand that my ACCNS-P exam pass/fail status and a breakdown of my exam scores by content area will be reported to the program director of my school.

NONDISCLOSURE 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.

RETAKE POLICY:
I understand that I may apply for and take the same certification exam **up to four times in a rolling 12-month period**, and that after 12 months signing a new honor statement is required.

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:** _____

*Please allow **1 to 4 weeks** from the date received by AACN Certification Corporation for processing of your application.*

ACCNS-P