Exam Handbook

ACNPC-AG

Adult-Gerontology Acute Care Nurse Practitioner Certification

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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ACNPC-AG EXAM HANDBOOK

Adult-Gerontology Acute Care Nurse Practitioner

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 ACNPC-AG 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.

ACNPC-AG

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

ACNPC-AG Certification Program

The adult-gerontology acute care nurse practitioner (ACNP) is a registered nurse educated at the graduate level to provide continuous and comprehensive advanced nursing care to acutely ill adult-gerontology patients (young adults, older adults and frail elderly) experiencing episodic illness, exacerbation of chronic illness or terminal illness.

The practice of the adult-gerontology ACNP is not defined by the setting but rather is determined by the acuity of patient needs. The ACNP practices in any setting in which patient care requirements include complex monitoring and therapies, high-intensity nursing intervention or continuous nursing vigilance within the range of high-acuity care.

While ACNPs may traditionally practice in acute care and hospital-based settings, including subacute care, emergency care and intensive care, the continuum of acute care services spans the geographic settings of home, ambulatory care, urgent care and rehabilitative care.

ACNPC-AG® Registered Service Mark

ACNPC-AG is a registered service mark and denotes certification as an adult-gerontology acute care nurse practitioner as granted by AACN Certification Corporation.

Adult-gerontology ACNPs who have not achieved ACNPC-AG certification or whose ACNPC-AG certification has lapsed are not authorized to use the ACNPC-AG 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 ACNPC-AG certification is to help ensure public protection. New graduate nurse practitioners 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 adult-gerontology acute care nurse practitioner (ACNP).

The ACNPC-AG 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 adult-gerontology ACNP.

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

Eligibility requirements for ACNPC-AG 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 ACNPC-AG 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 ACNPC-AG 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.

Eighty percent (80%) of the items test Clinical Judgment related to nursing care of the adult-gerontology patient population (young adults, older adults and frail elderly). The remaining items test non-Clinical Judgment knowledge and are focused across the life span.

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.

continued

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.

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.

ACNPC-AG certification is accepted in all states.

ACNPC-AG Exam Eligibility

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 ACNPC-AG-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 an adult-gerontology ACNP. The program must include in-depth competencies to care for the entire adult population (young adults, older adults and frail elderly).
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 an adult-gerontology ACNP, including advanced pathophysiology, pharmacology and physical assessment
   b. Legal, ethical and professional responsibilities of the ACNP
   c. Supervised clinical practice relevant to the specialty of acute care
4. The curriculum meets the following criteria:
   a. The curriculum is consistent with the competencies of adult-gerontology ACNP 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 acutely ill adult-gerontology patients and completed within the U.S.
   d. The supervised clinical experience is directly related to the knowledge and all role components of the adult-gerontology ACNP.

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.*

ACNPC-AG Exam Eligibility (continued)

Didactic coursework with content specific to care of acutely ill adult-gerontology patients is required.

- The director of your education program must complete an Educational Eligibility Form (see page 23).
- 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 ACNPC-AG 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 purposes of ACNPC-AG certification, the adequacy of a candidate's knowledge in the care of acutely ill adult-gerontology patients.

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

Application Fees

ACNPC-AG 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 ACNPC-AG exam will have their application fee refunded.

AACN Certification Corporation recommends that you be ready to test *before* applying for the ACNPC-AG 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 23
  - To be completed/signed by director of CNS program; originals only, or emailed direct from school
- **Application/Honor Statement** on pages 24-26
  - 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 Dashboard; 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**.

ACNPC-AG 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

ACNPC-AG certification is granted for a period of 5 years.

Your certification period begins the first day of the month in which the ACNPC-AG 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 ACNPC-AG 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 ACNPC-AG certification, renewal must be completed **prior to** your certification expiration date.

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

Eligible candidates for ACNPC-AG 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.

ACNPC-AG-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 3.

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 *ACNPC-AG 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*

ACNPC-AG Test Plan
Adult-Gerontology Acute Care Nurse Practitioner

Overview

The ACNPC-AG certification program is based on competencies from nationally recognized organizations such as the National Organization for Nurse Practitioner Faculties 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 five years. This study of practice validates the knowledge, skills and experience required for safe and effective advanced practice as an adult-gerontology ACNP. The test plan is constructed using entry-level competencies. All competencies are listed on pages 6-10 of the test plan.

The test plan, which provides an outline of exam content, is developed by an expert ACNP 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™. Please refer to pages 21 and 22 for more about the Synergy Model.

Following are the major content dimensions of the ACNPC-AG 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 ACNP.

  Refer to pages 2-4 for the list of patient care problems.

- **Skills and Procedures** validated by the study of practice as those pertinent to the entry-level ACNP. 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 adult-gerontology ACNP practice.

  Refer to page 5 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 6-10 for a complete listing of the ACNPC-AG 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 ACNPC-AG exam incorporates the following standards and competencies:

- Advanced Practice Work Group. Bell L, ed. *Scope and Standards for Acute Care Nurse Practitioner Practice*. Aliso Viejo, CA: American Association of Critical-Care Nurses; 2017.
- National Organization of Nurse Practitioner Faculties (NONPF). *Nurse Practitioner Core Competencies Content*. Washington, DC: NONPF; 2017.
- National Panel for Acute Care Nurse Practitioner Competencies. *Adult-Gerontology Acute Care and Primary Care Nurse Practitioner Competencies*. Washington, DC: NONPF; 2016.

Applies to exams taken on and after January 10, 2022

I. CLINICAL JUDGMENT (80%)

Validated Competencies are detailed on pages 6-10 of this test plan.

1A. Cardiovascular (15%)

1. Acute inflammatory disease (e.g., myocarditis, endocarditis, pericarditis)
2. Coronary artery disease
   a. Acute coronary syndrome
3. Cardiac interventions
   a. Surgical (e.g., revascularization, valve replacement, valve repair)
   b. Non surgical/PCI
   c. Hybrid procedures (e.g., ablation, TAVR)
   d. Electrophysiology
4. Cardiac arrest (e.g., ACLS protocols, post care, targeted temperature management [TTM])
5. Cardiac tamponade
6. Cardiac trauma
7. Cardiomyopathies (e.g., hypertrophic, dilated, restrictive, idiopathic)
8. Dyslipidemia
9. Dysrhythmias
10. Heart failure
    a. Acute
    b. Chronic
11. Hypertension
12. Hypertensive urgencies or emergencies
13. Congenital heart disease
14. Structural heart disease
15. Syncope
16. Postural orthostatic tachycardic syndrome
17. Vascular Conditions
    a. Arterial (e.g., carotid stenosis, peripheral artery disease, acute occlusion)
    b. Venous (e.g., stasis, venous insufficiency)
    c. Aortic syndromes (e.g., dissection, aneurysm, occlusion)
    d. Venous thromboembolism (VTE)
    e. Vascular interventions (e.g., stents, bypass, endarterectomy)
    f. Trauma
18. Transplant and mechanical circulatory support (e.g., LVAD and ECMO)

2A. Respiratory (11%)

1. Pulmonary embolus
2. Pulmonary edema
3. Acute respiratory distress syndrome (ARDS)
4. Respiratory failure
5. Air-leak syndromes (e.g., pneumothorax)
6. Airway obstruction (e.g., angioedema, mucus plug, air space-occupying lesions)
7. Chronic lung disease
   a. Asthma
   b. COPD
   c. Interstitial lung disease
8. Sleep apnea
9. Pleural effusion
10. Pulmonary hypertension
11. Pulmonary infectious/inflammatory conditions
    a. Community-acquired pneumonia
    b. Empyema
    c. Hospital-acquired pneumonia
    d. Ventilator-associated events
    e. Aspiration
12. Pulmonary trauma (e.g., lung contusions, fractured ribs, hemothorax)
13. Pulmonary interventions (e.g., surgical, stent, percutaneous)

Endocrine / Hematology / Gastrointestinal / Renal / Integumentary

3A. Endocrine (5%)

1. Adrenal disorders
2. Diabetes mellitus
3. Diabetic ketoacidosis (DKA)/hyperglycemic hyperosmolar state (HHS)

4. Hyperglycemia (e.g., stress-induced, medication-induced)
5. Hypoglycemia
6. Syndrome of inappropriate secretion of antidiuretic hormone (SIADH)
7. Diabetes insipidus
8. Thyroid disorders

3B. Hematology / Immunology / Oncology (6%)

1. Anemia (e.g., microcytic, macrocytic)
2. Autoimmune diseases
3. Coagulopathies
   a. Hypercoagulable states (e.g., cancers, DIC, VTE)
   b. Hypocoagulable states (e.g., thrombocytopenia, iatrogenic/ medication induced)
4. Hematologic and solid tumors
5. Immunosuppression (e.g., post-transplant, oncologic, medication-induced)
6. Myelosuppression (e.g., neutropenia, pancytopenia, thrombocytopenia)
7. Oncologic emergencies (e.g., tumor lysis syndrome, electrolyte imbalances, SVC syndrome, neutropenic fever)
8. Immunotherapy and chemotherapy side effects (e.g., pneumonitis, colitis, myocarditis)

3C. Gastrointestinal (3%)

1. Abdominal trauma
2. Bowel infarction/obstruction/perforation
3. Gallbladder disease
4. GI infectious disorders
5. GI hemorrhage
6. GI motility disorders (e.g., constipation, diarrhea, ileus, gastroparesis)
7. GI surgeries
8. Hepatorenal syndrome
9. Liver disease (e.g., hepatitis, hepatic failure)
10. Acute liver dysfunction
11. Cirrhosis
12. Pancreatitis
13. Erosive/ulcerative conditions (e.g., GERD, peptic ulcer, IBD/IBS)

3D. Renal / Genitourinary (5%)

1. Acute kidney failure
2. Chronic kidney disease
3. Contrast-associated nephropathy
4. Fluid and electrolyte imbalances
5. Infections (e.g., UTI, PID, STIs)
6. Urogenital/renal trauma

3E. Integumentary (1%)

1. Exfoliative skin disorders (e.g., Stevens-Johnson, toxic epidermal necrolysis [TEN])
2. Infectious skin disorders (e.g., necrotizing fasciitis, cellulitis)
3. Intravenous infiltration and extravasation
4. Pressure injuries
5. Wounds (surgical, nonsurgical, traumatic)

Musculoskeletal / Neurology / Psychosocial

4A. Musculoskeletal (3%)

1. Gait disturbance (e.g., spastic gait, ataxic gait)
2. Infections (e.g., osteomyelitis)
3. Rhabdomyolysis
4. Fractures and dislocations (e.g., traumatic, pathologic, osteoporosis)
5. Amputations
6. Osteoporosis/osteopenia

4B. Neurology (8%)

1. Encephalopathy
2. Intracranial hypertension/herniation syndromes
3. Hydrocephalus
4. Neurologic infectious diseases
5. Neuromuscular disorders
6. Seizure disorders
7. Space-occupying lesions
8. Spinal cord injury
9. Stroke (e.g., ischemic and hemorrhagic)
10. Traumatic brain injury

4C. Psychosocial / Behavioral / Cognitive Health (3%)

1. Agitation
2. Anxiety disorders (e.g., PTSD, OCD, fears, phobias)
3. Delirium
4. Dementia
5. Mood disorders (e.g., depression)
6. Post-ICU syndrome
7. Sleep disorders (e.g., insomnia)
8. Suicidal ideation

Factors Influencing Health Status / Multisystem

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

1. Advance care planning (e.g., advance directive, power of attorney)
2. Prevention and screening
   a. Primary (e.g., tobacco cessation, vaccines, genetic screening, colon screening)
   b. Secondary (e.g., cardiac rehabilitation, pulmonary rehabilitation)
   c. Co-morbid risk assessment (e.g., procedural risk assessment)
3. Caregiver burden
4. Palliative care (e.g., symptom management)
5. Nutrition (e.g., malnutrition, enteral, parenteral nutrition)
6. Mobility (e.g., immobility, debility, falls)
7. Medical nonadherence
8. Maltreatment (e.g., abuse, neglect, self-harm)
9. Social determinants of health (e.g., access to care, socioeconomic factors, health literacy)
10. Failure to thrive

5B. Multisystem (14%)

1. Acid-base disorders
2. Compartment syndrome
3. Shock
   a. Distributive shock (e.g., anaphylaxis, neurogenic, septic)
   b. Hypovolemic shock
   c. Cardiogenic shock
4. Sepsis
5. Fever of unknown origin
6. Infectious and communicable diseases
7. Morbid obesity
8. Multisystem trauma
9. Pain Management
   a. Acute pain
   b. Chronic pain
10. Substance use disorder
11. Substance withdrawal
12. Burns
13. MODS
14. Solid organ transplant
15. Bone marrow transplant
16. Stem cell transplant
17. Toxic ingestions/inhalations
18. Obstetric/gynecologic conditions
19. Critical illness polyneuropathy
20. Infiltrative disease (e.g., sarcoidosis, amyloidosis)
21. End of life (e.g., transition to comfort care)
22. Organ and tissue donation

II. PROFESSIONAL CARING & ETHICAL PRACTICE (20%)

Validated Competencies are detailed on pages 6-10 of this test plan.

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

6A. Advocacy/Moral Agency (3%)

6B. Caring Practices (3%)

6C. Response to Diversity (3%)

6D. Facilitation of Learning (1%)

Collaboration / Systems Thinking / Clinical Inquiry

7A. Collaboration (3%)

7B. Systems Thinking(3%)

7C. Clinical Inquiry (3%)

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 underlying competencies on the following pages, items may also require an understanding of skills and procedures pertinent to the adult-gerontology acute care nurse practitioner (ACNP). The study of practice sought to determine whether selected skills and procedures are performed and important to the adult-gerontology ACNP. The following lists skills and procedures that may be incorporated within items. This list is not intended to be all encompassing, that is, other well-established skills and procedures may also be included in the exam content.

Cardiovascular

- Insert/remove arterial access devices
- Insert/remove central venous access devices
- Insert/remove midline catheters/PICCs
- Interpret electrocardiograms
- Interpret cardiac rhythms
- Interpret echocardiograms
- Interpret hemodynamic values
- Lead cardiopulmonary resuscitation team
- Manage temporary pacemakers
- Manage cardiac implantable electronic devices
- Perform cardioversion
- Manage mechanical circulatory support devices

Respiratory

- Initiate mechanical ventilation
- Manage mechanical ventilation
- Insert/remove large-bore chest tubes
- Insert/remove small-bore chest tubes
- Perform needle thoracostomy
- Perform thoracentesis
- Change, downsize and/or decannulate tracheostomy
- Interpret pulmonary function tests
- Order multi-modal oxygen therapy
- Order noninvasive positive pressure ventilation
- Perform intubation/airway management
- Perform extubation
- Perform rapid-sequence intubation (RSI)
- Perform invasive airway access
- Perform bronchoscopy

Gastrointestinal

- Insert/remove small-bore feeding tubes
- Perform paracentesis

Renal/Genitourinary

- Initiate and manage renal replacement therapies
- Perform pelvic exams

Integumentary

- Administer local anesthetic
- Incise and drain (e.g., skin, wounds, abscesses)
- Perform wound debridement
- Prescribe wound care
- Perform wound closure

Musculoskeletal

- Insert/remove intraosseous access

Hematology/Immunology/Oncology

- Initiate/manage blood-product transfusions

Neurology

- Perform brain death testing
- Perform lumbar puncture
- Manage ICP monitor
- Manage CSF drain
- Manage shunts

Behavioral

- Order and manage restraints

Multisystem

- Interpret diagnostic studies
- Prescribe durable medical equipment
- Prescribe pharmaceutical interventions
- Perform ultrasound-guided diagnostic procedures
- Perform ultrasound-guided therapeutic procedures
- Manage enteral nutrition
- Manage parenteral nutrition
- Perform moderate sedation
- Prescribe and manage thrombolytic therapy
- Declare and certify cardiac death
- Provide multimodal interventions for pain
- Manage end-of-life care

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. The following competencies are eligible for assessing knowledge of content.

CLINICAL JUDGMENT

Core ACNP Competencies

- Develops new practice approaches based on the integration of research, theory and practice knowledge
- Demonstrates the highest level of accountability for professional practice
- Practices independently, managing previously diagnosed and undiagnosed patients
- Provides the full spectrum of healthcare services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative and end-of-life care
- Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings
- Employs screening and diagnostic strategies in the development of diagnoses
- Prescribes medications within scope of practice
- Manages the health/illness status of patients and families over time

Adult-Gerontology ACNP Competencies

- Uses scientific knowledge and theoretical foundations to differentiate between normal and abnormal changes in physiological, psychological and sociological development and aging
- Functions as licensed independent practitioner managing complex acute, critical and chronically ill adult and older adult patients at risk for urgent and emergent conditions, using both physiologically and technologically derived data, to manage physiologic instability and risk for potential life-threatening conditions
- Provides for the promotion of health and protection from disease and environmental factors by assessing risks associated with care of acute, critical and complex chronically ill patients
- Identifies the presence of comorbidities and the potential for rapid physiologic and mental health deterioration or life-threatening instability and the risk for iatrogenesis
- Diagnoses common behavioral and mental health and substance use or addictive disorder/disease in the presence of complex acute, critical and chronic illness
- Prioritizes diagnoses during rapid physiologic and mental health deterioration or life-threatening instability
- Performs specific diagnostic strategies and technical skills to monitor and sustain physiological function and ensure patient safety, including but not limited to:
    - ECG interpretation
    - X-ray interpretation
    - Respiratory support
    - Hemodynamic monitoring
    - Line and tube insertion
    - Lumbar puncture
    - Wound debridement
- Manages geriatric syndromes and changing conditions using evidence-based guidelines
- Employs treatments and therapeutic devices as indicated, such as:
    - Oxygen
    - Bilevel PAP
    - Prosthetics
    - Splints
    - Pacers
    - LVAD
    - Adaptive equipment
- Performs therapeutic interventions to stabilize acute and critical health problems, including but not limited to:
    - Suturing
    - Wound debridement
    - Lumbar puncture
    - Airway
    - Line and tube insertion and management

Validated Competencies

- Evaluates the effect of therapies, including but not limited to:
  - Physical therapy
  - Occupational therapy
  - Speech therapy
  - Home health
  - Palliative care
  - Nutritional therapy
- Implements interventions to support the patient with a rapidly deteriorating physiologic condition based on Advanced Cardiac Life Support and Fundamentals of Critical Care Support
- Conducts a pharmacologic assessment addressing pharmacogenetic risks, complex medical regimens, drug interactions and other adverse events
- Prescribes medications maintaining awareness of and monitoring for adverse drug outcomes and complex medical regimens, especially in high-risk and vulnerable populations
- Uses pharmacologic and nonpharmacologic management strategies to ameliorate physical and behavioral symptoms in individuals who have mental health and substance misuse disorders
- Practices within the national, state and institutional credentialing and scope of practice for adult-gerontology acute care NPs based upon education, certification and licensure criteria

ADVOCACY/MORAL AGENCY

Core ACNP Competencies

- Advocates for improved access, quality and cost-effective healthcare
- Demonstrates an understanding of the inter-dependence of policy and practice
- Advocates for ethical policies that promote access, equity, quality and cost
- Analyzes ethical, legal and social factors influencing policy development
- Contributes in the development of health policy
- Integrates ethical principles in decision making
- Evaluates the ethical consequences of decisions
- Applies ethically sound solutions to complex issues related to individuals, populations and systems of care
- Advocates for policies for safe and healthy work environments

Adult-Gerontology ACNP Competencies

- Applies ethical and legal standards regarding the use of technology in healthcare for the adult-gerontology population
- Makes recommendations for the design of clinical information systems including age-appropriate clinical and social indicators that promote effective care for the adult-gerontology population
- Advocates for implementation of the full scope of the adult-gerontology acute care NP role
- Advocates within acute care healthcare systems for access to quality cost-effective care
- Advocates for the patient's and family's rights regarding healthcare decision making, taking into account ethical and legal standards
- Facilitates patient and family decision making regarding complex acute, critical and chronic illness treatment decisions

CARING PRACTICES

Core ACNP Competencies

- Works to establish a relationship with the patient characterized by mutual respect, empathy and collaboration
- Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust and respect
- Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care

Adult-Gerontology ACNP Competencies

- Employs interventions to support the patient to regain and maintain age-specific physiologic and psychological stability consistent with the patient's goals of care
- Assesses the individual's and family's ability to cope with and manage developmental (life stage) transitions

Validated Competencies

- Initiates discussion of sensitive issues with the individual, family and other caregivers
- Applies principles of crisis and stress management in assisting the patient and family experiencing complex acute, critical and chronic physical and mental illness during changes in status

RESPONSE TO DIVERSITY

Core ACNP Competencies

- Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision making
- Incorporates the patient's cultural and spiritual preferences, values and beliefs into healthcare
- Develops strategies to prevent one's own personal biases from interfering with delivery of quality care
- Addresses cultural, spiritual and ethnic influences that potentially create conflict among individuals' families, staff and caregivers
- Educates professional and lay caregivers to provide culturally and spiritually sensitive appropriate care

Adult-Gerontology ACNP Competencies

- Develops strategies to reduce the impact of ageism and sexism on healthcare policies and systems
- Demonstrates sensitivity to diverse organizational cultures and populations

FACILITATION OF LEARNING

Core ACNP Competencies

- Communicates practice knowledge effectively, both orally and in writing
- Disseminates evidence from inquiry to diverse audiences using multiple modalities
- Integrates appropriate technologies for knowledge management to improve healthcare
- Translates technical and scientific health information appropriate for various users' needs
- Assesses the patient's and caregiver's educational needs to provide effective, personalized healthcare
- Coaches the patient and caregiver for positive behavioral change
- Demonstrates information literacy skills in complex decision making

Adult-Gerontology ACNP Competencies

- Contributes to knowledge development and improved care of the adult-gerontology population
- Provides guidance, consultation, mentorship and educational experiences to students, nurses and other health professionals in acute and critical care populations and to complex care systems
- Collaborates with the individual, family and caregivers in the development of educational interventions appropriate to the complex acute, critical and chronically ill patient's needs, values, developmental and cognitive level, and health literacy
- Educates individuals, families, caregivers and groups regarding strategies to manage the interaction among normal development, aging and mental and physical disorders
- Adapts teaching-learning approaches based on physiological and psychological changes, age, developmental stage, cognitive status, readiness to learn, health literacy, the environment and available resources

COLLABORATION

Core ACNP Competencies

- Provides leadership to foster collaboration with multiple stakeholders (e.g., patients, community, integrated healthcare teams and policymakers) to improve healthcare
- Leads practice inquiry, individually or in partnership with others
- Collaborates in planning for transitions across the continuum of care
- Collaborates with both professional and other caregivers to achieve optimal care outcomes

Adult-Gerontology ACNP Competencies

- Describes the current and evolving adult-gerontology acute care NP role to other healthcare providers and the public
- Develops advanced communication skills and processes for effective collaboration with both formal and informal caregivers and professional staff to achieve optimal care outcomes during complex acute, critical and chronic illness, attending to variations across the life span

Validated Competencies

- Collaborates with intraprofessional and inter-professional teams and informal caregivers to achieve optimal patient outcomes during acute, critical and/or complex chronic illness

SYSTEMS THINKING

Core ACNP Competencies

- Assumes complex and advanced leadership roles to initiate and guide change
- Demonstrates leadership that uses critical and reflective thinking
- Advances practice through the development and implementation of innovations incorporating principles of change
- Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus
- Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of healthcare
- Provides leadership in the translation of new knowledge into practice
- Contributes to the design of clinical information systems that promote safe, quality and cost-effective care
- Uses technology systems that capture data on variables for the evaluation of nursing care
- Analyzes the implications of health policy across disciplines
- Applies knowledge of organizational practices and complex systems to improve healthcare delivery
- Effects healthcare change using broad-based skills, including negotiating, consensus building and partnering
- Minimizes risk to patients and providers at the individual and system level
- Facilitates the development of healthcare systems that address the needs of culturally diverse populations, providers and other stakeholders
- Evaluates the impact of healthcare delivery on patients, providers, other stakeholders and the environment
- Analyzes organizational structure, functions and resources to improve the delivery of care
- Uses devices and technology to improve outcomes for acutely, critically, and chronically ill patients

Adult-Gerontology ACNP Competencies

- Coordinates healthcare services for acute, critical and complex chronic illness
- Provides leadership to facilitate the highly complex planning required for the delivery of care to young adults (including late adolescents), adults and older adults (including frail elderly)
- Synthesizes data from a variety of sources, including clinical decision support technology, to make clinical decisions regarding appropriate management, consultation or referral for acutely and critically ill patients
- Improves practice outcomes through use of devices and technology with care of the acutely, critically and chronically ill patient to enhance safety and monitor healthcare outcomes
- Analyzes technological system barriers across settings, geographic areas and diverse providers to improve care delivery and coordination
- Assesses the impact of internal and external healthcare delivery system factors on individual and population health status and quality of life during acute, critical and complex chronic illness
- Determines the need for transition to a different level of acute care or care environment based on an assessment of an individual's acuity, frailty, stability, resources and need for assistance, supervision or monitoring
- Analyzes the cost-effectiveness of high-acuity practice initiatives accounting for risk and improvement of healthcare outcomes
- Facilitates the patient's transition within healthcare settings and across levels of acute care, including admitting, transferring and discharging patients
- Identifies processes, principles and regulations related to payer systems used in the planning and delivery of complex healthcare services
- Describes challenges to optimal complex care created by the competing priorities of patients, payers, providers and suppliers
- Promotes efficient use of resources in acute care and provision of safe, high-quality care to achieve cost-effective outcomes

Validated Competencies

- Analyzes system barriers to acute care delivery and coordination
- Applies knowledge of the type and level of services provided across complex healthcare and residential settings
- Facilitates patient and family navigation of complex healthcare system
- Participates in interprofessional teams to address issues related to triage situations, quality of life and utilization of resources
- Coordinates comprehensive care in and across care settings for patients who have acute and chronic illness needs
- Analyzes the adequacy of data capture methods in clinical information systems to promote effective care for adult-gerontology populations
- Coordinates transitional care services in and across care settings

CLINICAL INQUIRY

Core ACNP Competencies

- Critically analyzes data and evidence for improving advanced nursing practice
- Integrates knowledge from the humanities and sciences within the context of nursing science
- Translates research and other forms of knowledge to improve practice processes and outcomes
- Uses best available evidence to continuously improve quality of clinical practice
- Evaluates the relationships among access, cost, quality and safety and their influence on healthcare
- Applies skills in peer review to promote a culture of excellence
- Anticipates variations in practice and is proactive in implementing interventions to ensure quality
- Generates knowledge from clinical practice to improve practice and patient outcomes
- Applies clinical investigative skills to improve health outcomes
- Analyzes clinical guidelines for individualized application into practice
- Evaluates the impact of globalization on healthcare policy development

Adult-Gerontology ACNP Competencies

- Implements evidence-based practice interventions to promote safety and risk reduction in addressing the unique needs of acutely, critically and complex chronically ill adults and older adults
- Evaluates one's own practice with respect to incorporation of evidence-based practice and leadership skills into their practice
- Participates in the design and/or implementation and evaluation of evidence- based, age-appropriate professional standards and guidelines for care impacting acute, critical and complex chronically ill patients
- Evaluates risk-benefit ratio for adverse outcomes due to acute care treatment, including under- or overtreatment
- Promotes the delivery of evidence-based care for patients with complex acute, critical and chronic physical and mental illness
- Participates in the development, use and evaluation of professional standards of evidence-based care

ACNPC-AG Sample Questions

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

1. Following cardiac surgery, a patient in sinus rhythm suddenly converts to the following rhythm.

The patient is asymptomatic. Treatment should include

A. sedation and cardioversion.
B. diltiazem (Cardizem) infusion.
C. emergency defibrillation.
D. digoxin (Lanoxin).

(Clinical Judgment – Cardiovascular)

2. Following a 10-foot fall, a young adult presents on a backboard with a c-collar on. The patient had an initial loss of consciousness at the scene and was lucid on arrival, but LOC is rapidly deteriorating. The right pupil is round and reactive, but the left is dilated and unresponsive to light. The ACNP should FIRST suspect

A. a basilar skull fracture.
B. a subdural hematoma.
C. an epidural hematoma.
D. a cerebellar herniation.

(Clinical Judgment – Neurology)

3. A patient is readmitted due to a suspected pulmonary embolus. Home medications include metformin (Glucophage). Which of the following available diagnostic methods would be indicated?

A. V/Q scan
B. spiral CT
C. pulmonary angiogram
D. venous doppler study

(Clinical Judgment – Pulmonary)

4. The ACNP should recognize that a toxic exposure to

A. methanol is best treated with a sodium bicarbonate infusion.
B. salicylates is best treated with n-acetylcysteine (Mucomyst).
C. benzodiazepines is best treated with hemodialysis.
D. carbon monoxide is best treated with hyperbaric oxygen.

(Clinical Judgment – Multisystem)

5. When assessing the weaning ability of a 75-year-old COPD patient who is being mechanically ventilated, it is important for the ACNP to consider that elderly patients

A. have a greater respiratory reserve than younger patients.
B. have equivalent PaO_2/FiO_2 ratios compared to younger patients.
C. tend to breathe faster and shallower than younger patients.
D. tend to have a lower A-a gradient compared to younger patients.

(Clinical Judgment – Pulmonary)

6. While discharging a patient following knee replacement surgery, the patient experiences a new onset episode of chest pain lasting 10 minutes. The cardiac biomarkers and 12-lead ECG are unremarkable. The patient is currently pain free and anxious to go home. The ACNP should

A. discharge the patient and have them follow up with their primary care provider.
B. hold discharge and repeat cardiac biomarkers in 8 hours.
C. discharge the patient and schedule an appointment for a cardiology follow-up.
D. hold discharge and schedule an emergent cardiac catheterization.

(Clinical Judgment – Cardiovascular)

7. Concerns are raised about a unit's increasing utilization of blood products. The ACNP is asked to participate on a newly formed inter-professional team. Upon agreeing to participate, the ACNP should first

A. verify that the meeting schedule would align with the ACNP's schedule.
B. ensure that the ACNP's suggestions will be adopted.
C. find out who else will be participating.
D. identify the goals assigned to the team.

(Collaboration)

Answers

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

ACNPC-AG Exam Bibliography

References Used for Item Validation

Applies to exams taken on and after January 10, 2022.

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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 ACNPC-AG 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 Organization for Nurse Practitioner Faculties 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 nurse practitioner/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 practice changes through research utilization and experiential learning.

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**.

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., ACNP practice in the care of adult-gerontology patients).

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

Educational Eligibility Form

ACNPC-AG Certification for Adult-Gerontology Acute Care Nurse Practitioners

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

CANDIDATE NAME _____

Last First MI Maiden

CANDIDATE EMAIL _____

ADULT-GERONTOLOGY ACUTE CARE NURSE PRACTITIONER PROGRAM INFORMATION

SCHOOL NAME _____

SCHOOL ADDRESS _____

PROGRAM TYPE ☐ Adult-Gerontology Acute Care NP ☐ 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		☐		
Health Promotion/Maintenance		☐		
Adult-Gerontology 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
Acutely Ill Adult-Gerontology Patient Care		☐			
		☐			
		☐			
		☐			
		☐			
Total number of supervised *clinical* clock hours directly related to the knowledge and all roles of the adult-gerontology acute care nurse practitioner:					_____

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.

Submit an ONLINE application at www.aacn.org/certification > Get Certified.

AACN CERTIFICATION CORPORATION

STAPLE CHECK HERE

ACNPC-AG 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

ACNPC-AG	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.

This application form may be photocopied and is also available online at www.aacn.org/certification.

ACNPC-AG 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 ACNPC-AG Honor Statement on page 26 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 23) 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?

ACNPC-AG Exam Honor Statement

PROCESSING WILL BE DELAYED IF INCOMPLETE OR NOT LEGIBLE.

NAME: **AACN CUSTOMER #:**

Last First MI

I hereby apply for the ACNPC-AG certification exam. I have read and understand the exam policies and eligibility requirements as documented in the *ACNPC-AG 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 ACNPC-AG 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 ACNPC-AG 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 ACNPC-AG 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.*

ACNPC-AG