PCCN

Direct Care
Certification Eligibility Pathway

Progressive Care
Nursing Certification
• Adult

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.

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
CORPORATION

Certification Organization for the American Association of Critical-Care Nurses

PCCN EXAM HANDBOOK
Direct Care Eligibility Pathway
Progressive Care Nursing Certification - Adult

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 PCCN certification exam - Direct Care Eligibility Pathway.

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.

PCCN

Please direct inquiries to:

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

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

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

Contents

Forms

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

Which PCCN Eligibility Pathway is Right for You?

Direct Care Pathway

You provide direct care to acutely ill adult patients, regardless of their geographic location.

ELIGIBILITY

- A current, unencumbered U.S. RN or APRN license is required.

- Candidates must complete one of the following clinical practice hour requirement options:

    Two-Year Option: Practice as an RN or APRN for 1,750 hours in direct care of acutely/critically ill patients during the previous two years, with 875 of those hours accrued in the most recent year preceding application.

    OR

    Five-Year Option: Practice as an RN or APRN during the previous five years with a minimum of 2,000 hours in direct care of acutely ill patients, with 144 of those hours accrued in the most recent year preceding application.

For more details, explore this *PCCN Exam Handbook - Direct Care Eligibility Pathway*.

Knowledge Professional Pathway

You apply knowledge that influences the care delivered to acutely ill adult patients, but do not primarily or exclusively provide direct care.

ELIGIBILITY

- A current, unencumbered U.S. RN or APRN license is required.

- Candidates must meet the following practice requirement.

    Practice as an RN or APRN for 1,040 hours during the previous two years, with 260 of those hours accrued in the most recent year preceding application.

    Eligible practice hours include those in which the nurse applies knowledge in a way that influences patients, nurses and/or organizations to have a positive impact on the care delivered to acutely ill patients and families.

For more details, refer to the *PCCN Exam Handbook - Knowledge Professional Eligibility Pathway* at www.aacn.org/certhandbooks.

PCCN Certification Program

PCCN® Registered Service Mark

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

Progressive Care Certified Nurse (PCCN) certification is a specialty certification for nurses who provide care to or influence the care of acutely ill adult patients who are moderately stable with an elevated risk of instability.

The PCCN exam is based on a study of practice, also known as a job analysis. The job analysis, conducted at least every five years, validates the knowledge, skills and experience required for safe and effective practice as an RN or APRN who provides care to or influences the care delivered to acutely ill adult patients.

The test plan, which provides an outline of exam content, is developed by an expert PCCN 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™.

Clinical practice requirements have been validated by subject matter experts. The required hours of clinical practice correspond to the third stage of competence in *Benner's Stages of Clinical Competence*. PCCN certification denotes to the public those practitioners who possess a distinct and clearly defined body of knowledge in progressive care nursing.

PCCN Exam Content

The PCCN exam is a 3-hour test consisting of 150 multiple-choice items. Of the 150 items, 125 are scored and 25 are used to gather statistical data on item performance for future exams. Please refer to the PCCN Test Plan for detailed content information. The PCCN exam focuses on adult patient populations only.

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.

PCCN Test Plans

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

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.

PCCN Exam - Direct Care Eligibility Pathway

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

Practice

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

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

    OR

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

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

Clinical practice hours for the PCCN exam and renewal eligibility must be completed in a U.S.-based[1] or Canada-based facility or in a facility determined to be comparable to the U.S. standard of progressive care nursing practice as evidenced by Magnet® designation or Joint Commission International accreditation.

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

- Nurses in these roles must be actively involved in direct patient care; for example, performing a procedure or supervising a new employee or student nurse performing a procedure.

Practice Verification

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

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

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

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[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.*

Application Fees

PCCN Fees	Member	Nonmember
Computer-Based Exam	$255	$370
Retest	$180	$285
Renewal by Exam	$180	$285

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

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

For details about the Group Discount and Organization Discount Programs, visit www.aacn.org/certdiscounts, email certification@aacn.org or call 800-899-2226.

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

Online Application Process

▸ **Register online** for computer-based testing at www.aacn.org/certification > Get Certified

▸ **Before you get started**, have available the following:

- RN or APRN license number and expiration date
- Name, address, phone and email address of your clinical supervisor or a professional colleague (RN or physician) who can verify your practice eligibility
- Credit card (Visa, MasterCard, Discover or American Express)

▸ **Same day processing**

Paper Application Process

▸ **Paper applications are required** for those applying with a group, for paper-and-pencil exams and for testing outside the U.S.

▸ **Complete the application** on pages 18 and 19 **and honor statement** on page 20

- Fill in all requested information, including that for your RN or APRN license

▸ **Include application fee**

- Credit card, check or money order

▸ **Allow 2 to 4 weeks for processing**

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

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1. **Receive confirmation email**

   - After you *successfully* apply for the exam, you will receive a confirmation email from AACN with information about how to schedule your exam appointment. 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.

   - If you do not receive your confirmation email after applying for an exam, please contact AACN Customer Care at 800-899-2226 or certcorp@aacn.org.

2. **Schedule your exam**

   - In your confirmation email from AACN, you will find a link to schedule your exam appointment. In your AACN customer dashboard, you will also find a "Schedule Exam" link. Both links will take you to the AACN Scheduling page.

   - Before selecting an exam date, you will need to choose your preferred computer-based testing option — 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* online 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 your exam appointment.

3. **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 receive their wall certificate approximately 4-6 weeks after exam results are received.

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**.

PCCN Renewal - Direct Care Pathway

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 continuing education and practice hours, or practice hours and passing the certification exam.

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

- CE/CERP limitations include content quality and relevance to practice as well as an individual's ability to self-select CE/CERPs 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 two components for renewal rather than one decreases the limitations and furthers the goal of continued competence.

Renewal Period

PCCN certification is granted for a period of 3 years. Your certification period begins the first day of the month in which the PCCN certification exam is passed and ends 3 years later; for example, February 1, 2023 through January 31, 2026.

You have up to 90 days beyond your certification expiration date to renew; however, practice hours and CERP's must have been completed during the 3-year period of your certification date. **CERPs or practice hours cannot be accumulated during the 90-day grace period.**

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

Renewal Eligibility Pathways

Two renewal eligibility pathways are available to PCCN certificants.

PCCN - Direct Care Pathway

If you primarily or exclusively provide direct care to acutely ill adult patients specialty areas such as intermediate care, direct observation, stepdown, telemetry and transitional care units, PCCN renewal via the Direct Care Eligibility Pathway may be an option.

For more details, refer to the *PCCN Renewal Handbook - Direct Care Eligibility Pathway* online at www.aacn.org/certhandbooks.

PCCN - Knowledge Professional Pathway

If you apply knowledge in a way that influences patients, nurses and/or organizations to have a positive impact on the care delivered to acutely ill adult patients, but do not primarily or exclusively provide direct care, PCCN renewal via the Knowledge Professional Eligibility Pathway may be an option.

For more details, refer to the *PCCN Renewal Handbook - Knowledge Professional Eligibility Pathway* online at www.aacn.org/certhandbooks.

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

Renewal Eligibility Options

You may seek PCCN certification renewal via Renewal by Synergy CERPs or Renewal by Exam, or you may choose Inactive, Retired or Alumnus status. Online Renewal is available to all active certificants as early as 4 months prior to their scheduled renewal date. Visit www.aacn.org/certification > Renew Certification.

Option 1 - Renewal by Synergy CERPs

- Meet eligibility requirements for PCCN renewal and complete the Continuing Education Recognition Point (CERP) Program, which requires 100 CERPs in various categories (A, B & C).

- You must retain evidence of your achievement of the required CERPs. Up to 3 years following your scheduled renewal date, you may be selected for audit.

Option 2 - Renewal by Exam

- Meet the eligibility requirements for renewal and successfully apply for and schedule your exam.

- The PCCN exam must be completed **before** your scheduled renewal date. You may not take the exam early, then attempt to renew by CERPs if you do not pass.

- This option is unavailable in the last month of the renewal period.

Option 3 - Inactive Status

- Inactive status is available to PCCN-certified nurses who do not meet the renewal eligibility requirements but do not wish to lose their certification status. Inactive status provides additional time, **up to 3 years** from the scheduled renewal date, to meet the renewal eligibility requirements.

AACN Synergy Model for Patient Care

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

The Synergy Model creates a comprehensive look at the patient. It puts the patient in the center of nursing practice. The 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 nursing skills acquired through a process of integrating education, experiential knowledge and evidence-based guidelines.
Advocacy/ Moral Agency	Working on another's behalf and representing the concerns of the patient/family and nursing staff; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within and outside the clinical setting.
Caring Practices	Nursing activities that create a compassionate, supportive and therapeutic environment for patients and staff, with the aim of promoting comfort and healing and preventing unnecessary suffering. These caring behaviors include but are not limited to vigilance, engagement and responsiveness of caregivers. Caregivers include family and healthcare personnel.
Collaboration	Working with others (e.g., patients, families, healthcare providers) in a way that promotes/encourages each person's contributions toward achieving optimal/realistic patient/family goals. Collaboration involves intra- and inter-disciplinary work with colleagues and community.
Systems Thinking	Body of knowledge and tools that allow the nurse to manage whatever environmental and system resources that exist for the patient/family and staff, within or across healthcare systems and non-healthcare systems.
Response to Diversity	The sensitivity to recognize, appreciate and incorporate differences into the provision of care. Differences may include, but are not limited to, individuality, cultural, spiritual, gender, race, ethnicity, lifestyle, socioeconomic, age and values.
Facilitation of Learning	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.**

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 adult patient population.

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

Applies to exams taken on and after February 6, 2024.

I. CLINICAL JUDGMENT (80%)

1A. Cardiovascular (20%)

1. Acute coronary syndromes
   a. Non-ST segment elevation myocardial infarction
   b. ST segment elevation myocardial infarction
   c. Unstable angina
2. Acute inflammatory disease (e.g., myocarditis, endocarditis, pericarditis)
3. Aneurysms (dissecting or ruptured)
4. Cardiac surgery (e.g., post ICU care)
5. Cardiac tamponade
6. Cardiac/vascular catheterization
   a. Diagnostic
   b. Interventional
7. Cardiogenic shock
8. Cardiomyopathies
   a. Dilated (e.g., ischemic/non-ischemic)
   b. Hypertrophic
   c. Restrictive
   d. Takotsubo cardiomyopathy
9. Dysrhythmias
10. Heart failure
    a. Acute exacerbations (e.g., pulmonary edema)
    b. Chronic
11. Hypertension (uncontrolled)
12. Hypertensive crisis
13. Structural heart procedures (e.g., TAVR, mitral clip)
14. Valvular heart disease
15. Vascular disease

2A. Respiratory (14%)

1. Acute respiratory distress syndrome (ARDS)
2. Asthma (severe)
3. COPD exacerbation
4. Minimally-invasive thoracic surgery (e.g., VATS)
5. Sleep apnea
   a. Obstructive
   b. Central
6. Pleural space complications (e.g., pneumothorax, hemothorax, pleural effusion, empyema, chylothorax)
7. Pulmonary embolism
8. Pulmonary fibrosis
9. Pulmonary hypertension
10. Connective tissue disorders (e.g., sarcoidosis)
11. Respiratory depression (e.g., medication-induced, decreased-LOC induced)
12. Respiratory failure
    a. Acute
    b. Chronic
    c. Failure to wean
13. Respiratory infections (e.g., pneumonia)
14. Thoracic surgery (e.g., pneumonectomy, lobectomy)

Endocrine/Hematology/Immunology/Oncology/Neurology/Gastrointestinal/Renal

3A. Endocrine (6%)

1. Diabetes mellitus
2. Diabetic ketoacidosis
3. Hyperosmolar hyperglycemic state (HHS)
4. Syndrome of inappropriate antidiuretic hormone diabetic secretion (SIADH)
5. Diabetes insipidus
6. Hyperglycemia
7. Hypoglycemia
8. Thyroid disorders

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

1. Anemia
2. Coagulopathies: medication induced (e.g., Coumadin, platelet inhibitors, heparin [HIT])
3. Autoimmune disorders (e.g., lupus, Guillain-Barre syndrome, ALS, multiple sclerosis)

3C. Neurology (7%)

1. Encephalopathy (e.g., hypoxic ischemic, metabolic, infectious, hepatic)
2. Seizure disorders
3. Stroke
4. Traumatic brain injury (TBI)

continued

5. Space-occupying lesions (e.g., brain tumors, subdural hematomas, abscesses)
6. Altered mental status
7. Delirium
8. Dementia

3D. Gastrointestinal (7%)

1. GI motility disorders (e.g., obstruction, ileus, diabetic gastroparesis)
2. GI bleed
   a. Lower
   b. Upper
3. GI infections (e.g., *C. difficile*)
4. GI surgeries (e.g., resections, esophagogastrostomy)
5. Bariatric surgery
6. Hepatic disorders (e.g., cirrhosis, hepatitis, portal hypertension)
7. Ischemic bowel
8. Malnutrition (e.g., failure to thrive, malabsorption disorders)
9. Pancreatitis

3E. Renal (4%)

1. Acute kidney injury (AKI)
2. Chronic kidney disease (CKD)
3. Electrolyte imbalances
4. End-stage renal disease (ESRD)

Musculoskeletal/Multisystem/Psychosocial

4A. Musculoskeletal (2%)

1. Functional issues (e.g., immobility, falls, gait disorders)
2. Compartment syndrome

4B. Multisystem (15%)

1. End-of-life
2. Healthcare-acquired infections
   a. Catheter-associated urinary tract infections (CAUTI)
   b. Central-line-associated bloodstream infection (CLABSI)
   c. Surgical site infection (SSI)
   d. Hospital-acquired pneumonia

3. Infectious diseases
   a. Influenza
   b. Multi-drug resistant organisms (e.g., MRSA, VRE, CRE, ESBL)
4. Pain (acute and chronic)
5. Palliative care
6. Pandemic management
7. Pressure injuries
8. Rhabdomyolysis
9. Sepsis
10. Shock states
    a. Anaphylactic
    b. Hypovolemic
11. Toxic ingestion/inhalation/drug overdose
12. Wounds (e.g., infectious, surgical, trauma)
13. Alcohol withdrawal syndrome
14. Substance withdrawal

4C. Behavioral / Psychosocial (3%)

1. Disruptive behaviors, aggression, violence
2. Psychological disorders
   a. Anxiety
   b. Depression
3. Substance use disorder

II. PROFESSIONAL CARING AND ETHICAL PRACTICE (20%)

Advocacy/Caring Practices/Response to Diversity/ Facilitation of Learning (11%)

5A. Advocacy / Moral Agency

5B. Caring Practices

5C. Response to Diversity

5D. Facilitation of Learning

Collaboration/Systems Thinking/Clinical Inquiry (9%)

6A. Collaboration

6B. Systems Thinking

6C. Clinical Inquiry

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

Order of content does not necessarily reflect importance.

Cardiovascular

- Identify, interpret and monitor:
    - dysrhythmias
    - QTc intervals
    - ST segments
- Manage
    - arterial lines
    - CVP
    - non-Invasive hemodynamic monitoring
- Manage patients requiring:
    - ablation
    - arterial closure devices
    - arterial/venous sheaths
    - cardiac catheterization
    - cardioversion
    - defibrillation
    - pacemakers (single chamber, dual-chamber, biventricular pacemakers)
    - pericardial drain
    - percutaneous coronary intervention (PCI)
    - transesophageal echocardiogram (TEE)
    - ventricular assist devices
- Monitor hemodynamic status and recognize signs and symptoms of hemodynamic instability
- Select leads for cardiac monitoring for the indicated disease process

Respiratory

- Interpret blood gases (ABG, VBG)
- Maintain airway
- Manage patients in the prone position
- Manage patients requiring mechanical ventilation (i.e. stable vents, home vents, chronic vents)
- Manage patients requiring non-invasive O_2 or ventilation delivery systems:
    - BiPAP
    - CPAP
    - face masks
    - high-flow therapy
    - nasal cannula
    - non-breather mask
    - venti-masks

- Manage patients requiring respiratory monitoring devices:
    - continuous SpO_2
    - end-tidal CO_2 (capnography)
- Manage patients requiring tracheostomy tubes
- Manage patients with chest tubes (including pleural drains)
- Manage patients with pulmonary artery hypertension
- Monitor patients pre- and post-:
    - bronchoscopy
    - chest tube insertion
    - thoracentesis
- Recognize respiratory complications and initiate interventions

Endocrine

- Manage and titrate insulin infusions

Hematology/Immunology/Oncology

- Administer blood products and monitor patient response
- Manage patients requiring plasmapheresis
- Manage patients who would refuse blood products
- Manage patients with oncological emergencies

Gastrointestinal

- Manage and recognize implications of patients who have had bariatric surgery
- Manage patients pre- and post-procedure (e.g., EGD, colonoscopy)
- Manage patients who have fecal containment devices
- Manage patients who have tubes and drains
- Recognize indications for and complications of enteral and parenteral nutrition

Renal

- Identify medications that can be removed during dialysis
- Identify medications that may cause nephrotoxicity
- Initiate renal protective measures for nephrotoxic procedures
- Manage patients pre- and post-hemodialysis *continued*
- Manage patients with peritoneal dialysis

Neurology

- Manage neuro tubes and drains
- Manage patients undergoing EEG monitoring
- Manage pre- and post-surgical procedures
- Perform bedside screening for dysphagia
- Use the NIH Stroke Scale (NIHSS)

Musculoskeletal

- Initiate and monitor early mobility measures

Multisystem

- Administer medications for procedural sedations and monitor patient response
- Differentiate types of wounds, pressure injuries
- Manage patients with complex wounds (e.g., fistulas, drains and vacuum-assisted closure devices)
- Manage patients with hypertonic solution
- Manage patients with infections
- Screen for SIRS, sepsis, severe sepsis

Behavioral/Psychosocial

- Assess and manage patients with suicidal ideation
- Screen patients using a delirium assessment tool (e.g., CAM)
- Use withdrawal assessment tools (e.g., CIWA, COWS)

General

- Administer medications and monitor for expected and adverse patient response
- Anticipate therapeutic regimens
- Incorporate safe and/or evidence-based complementary medicine techniques and nonpharmacologic interventions
- Monitor diagnostic test results
- Perform an assessment pertinent to the system
- Provide health promotion interventions for patients, populations and diseases
- Provide patient and family education unique to the clinical situation
- Recognize procedural and surgical complications
- Recognize urgent situations and initiate interventions

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

1. **Two days post admission for rapid atrial fibrillation, a patient has been weaned from IV diltiazem to PO administration. The patient develops new onset of hallucinations, agitation and disorientation. The most appropriate INITIAL nursing action is to**

    A. obtain an order for lorazepam every six hours.

    B. evaluate the patient's SpO_2 and neurological status.

    C. request an order for haloperidol and monitor QT intervals.

    D. consult with the pharmacist regarding a possible drug interaction.

2. **A patient with CAD has parasthesia to the foot. The nurse notes the right foot is cooler than the other extremity, and pedal pulses are difficult to palpate. Which additional assessment findings in the right leg would lead the nurse to suspect peripheral arterial disease?**

    A. pallor when elevating the extremity

    B. redness of the ankle and foot

    C. dependent edema

    D. engorged varicose veins

3. **A patient with a history of severe substance use disorder that includes alcohol, tobacco, methamphetamine and IV heroin is suspected to have valvular endocarditis. Which of the following best reflects the cause for the diagnosis?**

    A. ingestion of alcohol causes myocardial depression

    B. inhalation of stimulants causes instability to the electrical system of the heart

    C. contaminated needles can introduce bacteria into the bloodstream

    D. repeated exposure to nicotine is related to stenosis of the leaflets

4. **Which of the following may predispose an individual to ventricular fibrillation?**

    A. hypernatremia and hypomagnesemia

    B. hypophosphatemia and hyperchloremia

    C. hypermagnesemia and hyponatremia

    D. hyperkalemia and hypocalcemia

5. **Chest auscultation of a patient with severe acute asthma will commonly reveal which of the following?**

    A. expiratory wheezes

    B. inspiratory crackles

    C. diminished bilateral breath sounds

    D. a pleural friction rub

6. **A patient who is 1 week post MI suddenly becomes agitated, restless and diaphoretic. Pulse pressure drops to 20 mm Hg. Assessment also reveals faint radial and apical pulses that weaken significantly on inspiration. This patient is MOST LIKELY experiencing**

    A. mitral valve rupture.

    B. pulmonary embolus.

    C. pulmonary edema.

    D. cardiac tamponade.

7. **After PCI for a STEMI, the patient has shortness of breath. Crackles are auscultated throughout all lung fields. VS: BP 72/50, HR 124, RR 32, SpO_2 88% on 2L nasal cannula. Which of the following would be the IMMEDIATE goal for treatment strategies?**

    A. volume to enhance venous return

    B. diuresis to reduce myocardial workload

    C. antiarrhythmics to restore electrical stability

    D. thrombolytics to eliminate the pulmonary embolus

8. **A patient's family wishes to spend the night, which is contrary to the visiting policy. The nurse's BEST action would be to**

   A. adhere to the visiting policy.

   B. allow the family to stay in the room.

   C. obtain a motel room near the hospital where the family may spend the night.

   D. allow one or two family members to stay, then evaluate the patient's response.

9. **Members of the nursing staff are developing written patient education materials for a group of patients with diverse reading abilities. It would be MOST EFFECTIVE for the staff to**

   A. design individual handouts for each patient.

   B. develop a computer-based education series.

   C. write the materials at a fourth-grade reading level.

   D. limit text and provide color pictures.

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

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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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STAPLE CHECK HERE

PCCN Exam Application - Direct Care Pathway

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

AACN CUSTOMER: _____   **RN/APRN LICENSE:** _____

    Number   Exp. Date   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 ($255) + 1-year Membership ($78) = Savings of $37 over Nonmember fee

Membership Fee

$_____

+

Exam Fee:

$_____

=

Total Payment:

$_____

3. EXAM FEES

PCCN Adult	**Initial Exam Fee**		**Retest Fee**	
	AACN Member	**Nonmember**	**AACN Member**	**Nonmember**
*Check **one** box only*	☐ $255	☐ $370	☐ $180	☐ $285

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

4. PAYMENT INFORMATION - *application must be accompanied by payment*

☐ Check or money order attached – *payable to AACN Certification Corporation. U.S. funds only.*

Bill my credit card: ☐ Visa   ☐ MasterCard   ☐ American Express   ☐ Discover Card

Credit Card # ☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐   Exp. Date (mm/yy) ☐☐ / ☐☐

Name on Card _____   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.

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

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2 of 3

PCCN Exam Application - Direct Care Pathway

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 Honor Statement on page 20.

7. SUBMIT APPLICATION

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

AACN Certification Corporation
27071 Aliso Creek Road
Aliso Viejo, CA 92656-3399

or fax to: 949-362-2020

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

NOTE: Allow **2 to 4 weeks** from the date received by AACN Certification Corporation for application processing.

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

Please complete page 3 of application (honor statement).

Online exam registration is available at www.aacn.org/certification > Get Certified.

3 of 3

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PCCN Exam Honor Statement - Direct Care Pathway
PROCESSING WILL BE DELAYED IF INCOMPLETE OR NOT LEGIBLE.

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

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

LICENSURE: I possess a current, unencumbered U.S. RN or APRN license. My _____ (state) nursing license _____ (number) is due to expire _____ (date). An unencumbered license is not currently being subjected to formal discipline by 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.

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

- Practice as an RN or APRN for 1,750 hours in direct care of acutely ill **adult** patients during the past 2 years, with 875 of those hours accrued in the most recent year preceding application.
  OR
- Practice as an RN or APRN during the previous 5 years with a minimum of 2,000 hours in direct care of acutely ill **adult** patients, with 144 of those hours accrued in the most recent year preceding application.

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

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

Verifier's Name: _____ **Facility Name:** _____
Last   First

Verifier's Phone Number: _____ **Verifier's Email Address:** _____

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

AUDIT: I understand that my certification 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.

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:** _____

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

PCCN Exam Handbook - Direct Care | November 2025   20