CCNS Renewal Handbook
(Adult • Pediatric • Neonatal)

Acute/Critical Care Clinical Nurse Specialist 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 ensuring practice consistent with standards of excellence.

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

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

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

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

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

<table>
<thead>
<tr>
<th>Program 1</th>
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<tr>
<td>CCRN® (Adult)</td>
<td>PCCN®</td>
<td>ACCNS-AG®</td>
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<td>CCRN® (Neonatal)</td>
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<td>CCRN-E™ (Adult)</td>
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Our advanced practice certification programs, ACCNS-AG, ACCNS-P, ACCNS-N and ACNPC-AG, meet the National Council of State Boards of Nursing (NCSBN) criteria for APRN certification programs.
CCNS RENEWAL HANDBOOK
Acute/Critical Care Clinical Nurse Specialist - Adult, Pediatric, Neonatal

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

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

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

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

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

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

Advanced Practice Certifications
- With implementation of the Consensus Model in 2015, **ACNPC®** is for acute care nurse practitioners educated to provide care to adult patients.
- **CCNS®** is for acute/critical care clinical care specialists educated to provide care to adult, pediatric or neonatal patients.

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

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

AACN Certification Corporation, 101 Columbia, Aliso Viejo, CA 92656-4109
(800) 899-2226 • Fax: (949) 448-5522 • certification@aacn.org

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

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

CCNS certification validates knowledge at entry-level as a clinical nurse specialist in the care of acutely and/or critically ill patients to hospitals, peers, patients and, most importantly, to yourself. CCNS certification promotes continuing excellence in acute and/or critical care nursing.

The purpose of certification renewal is to enhance continued competence. The certification renewal process helps you maintain an up-to-date knowledge base. In addition to providing you with a sense of professional pride and achievement, certification reinforces the special knowledge and experience required for acute and critical care nursing.

Code of Ethics
AACN and AACN Certification Corporation consider the American Nurses Association (ANA) Code of Ethics for Nurses foundational for nursing practice, providing a framework for making ethical decisions and fulfilling responsibilities to the public, colleagues and the profession.

AACN Certification Corporation’s mission of public protection supports a standard of excellence that certified nurses have a responsibility to read, understand and act in a manner congruent with the ANA Code of Ethics for Nurses. To access the ANA Code of Ethics visit www.certcorp.org > About AACN Certification Corp > Mission & Values.

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

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

Membership Requirements
There are no association membership requirements to participate in the CCNS certification program.

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

Recognition of Certification
Candidates who meet all eligibility requirements and pass the CCNS certification exam may use “CCNS” after their licensing title. CCNS is used as the recognition of professional competence in acute and critical care nursing for a 5-year period of certification.

CCNS is a registered service mark. It is not punctuated with periods. The proper use of CCNS is as follows: Chris Smith, RN, CCNS.

A listing of CCNS-certified nurses is maintained by AACN Certification Corporation and may be reported in its publications and/or listed on its website. Certification status is available to the public via the online Certification Verification system, available at www.certcorp.org.
AACN Certification Corporation may adopt additional eligibility requirements at its sole discretion. Any such requirements will be designed to establish, for purposes of CCNS certification, the adequacy of a candidate’s knowledge in care of the acutely and/or critically ill.

With implementation of the Consensus Model in 2015, CCNS certification is available as a renewal option only.

- Current CCNSs may continue to renew their certification into the future, as long as it does not lapse and renewal requirements are met. **Late or retroactive renewal is not available for CCNS certification. Renewal must be completed prior to your certification expiration date.**

- If you allow your CCNS certification to expire, you will need to meet the eligibility requirements for the adult-gerontology, pediatric or neonatal CNS exam (ACCNS-AG, ACCNS-P or ACCNS-N). CCNS certificants interested in ACCNS certification will most likely need to obtain a post-graduate certificate to be eligible to sit for the ACCNS exams.

If Clinical Nurse Specialist is not selected as “Primary Position Held” on your CCNS Renewal application, you must complete the **CCNS Practice Validation Form** on pages 13-16 and submit with your renewal application.
CCNS RENEWAL OPTIONS

Renew online up to 4 months prior to your scheduled renewal date at www.certcorp.org > Renew Your Certification.

Candidates for CCNS renewal must hold a current, unencumbered U.S. RN or APRN license.

- An unencumbered license has not been subjected to formal discipline by any state board of nursing and has no provisions or conditions that limit the nurse’s practice in any way. This applies to all RN and APRN licenses currently held.

- Certificants must notify AACN Certification Corporation within 30 days if any restriction is placed on their RN or APRN license(s).

The name and contact information of your supervisor or a professional colleague (RN or physician) who can verify practice hours must be provided. The verifier need not be CCNS-certified.

CCNSs may seek certification renewal via one of the following options:

**Option 1 - Practice Hours and CE Points**

- In the 5-year renewal period, CCNS renewal candidates must work a minimum of 1,000 hours meeting the practice hour requirement as outlined and complete 150 CE Renewal Points, 75 of which must be in Category I - Acute/Critical Care Education Programs and 25 of which must be pharmacology-focused.

- Complete the CE Renewal Points Log on pages 11 and 12 of this handbook. If selected for audit, submit the completed log along with supporting documentation.

- Candidates must complete the CCNS Renewal by Practice Hours and CE Renewal Points application/honor statement located on pages 35 and 36.

**Option 2 - Practice Hours, Pharmacology CE and Exam**

- In the 5-year renewal period, CCNS renewal candidates must work a minimum of 1,000 hours meeting the practice hour requirement as outlined, complete 25 Pharmacology CE, and apply for, take and pass the certification exam for the appropriate age-related population before the expiration date of their certification. It is not permissible to take the exam early and then attempt to renew by CE Points if exam is failed.

- Candidates must complete the CCNS Renewal by Practice Hours, Pharmacology CE and Exam application/honor statement located on pages 37 and 38.

**Option 3 - CE Points and Exam**

- In the 5-year renewal period, CCNS renewal candidates must complete 150 CE Renewal Points, 75 of which must be in Category I - Acute/Critical Care Education Programs and 25 of which must be in pharmacology, and apply for, take and pass the CCNS renewal exam for the appropriate age-related population before the certification expiration date.

- Complete the CE Renewal Points Log on pages 11 and 12 of this handbook. If selected for audit, submit the completed log along with supporting documentation.

- Candidates must complete the CCNS Renewal by CE Points and Exam application/honor statement located on pages 39 and 40.
For Those Renewing by Practice Hours  
(Options 1 and 2):

- Practice hours for CCNS renewal includes active involvement in the direct care of acutely and/or critically ill patients in all roles of the clinical nurse specialist as an APRN for a minimum of 1,000 hours during the most recent certification period.

- Eligible hours are those spent caring for the patient population (adult, pediatric or neonatal) in which certification is held.

- Hours spent by faculty members supervising the acute and/or critical care practice of APRN students may be counted toward the practice hour requirement for CCNS renewal.

- Eligible practice hours for CCNS renewal are those completed within the U.S. CNSs practicing outside the U.S. should contact AACN at APRNcert@aacn.org regarding eligible practice hours.

For Those Renewing by Exam  
(Options 2 and 3):

- Refer to the renewal test plan and study references for the appropriate patient population (adult, pediatric or neonatal) found in this handbook. For information regarding exam scheduling and testing refer to the Certification Exam Policy Handbook online at www.certcorp.org > Documents and Handbooks.

- Once the application is processed (takes 2 to 4 weeks) AACN Certification Corporation will notify our testing service, AMP, of eligible candidates. AMP will send a confirmation email and postcard with a toll-free number and web address, for those who prefer to register online, to each eligible candidate to schedule the exam.

- Candidates call or go online directly after receiving their confirmation email or postcard from AMP to schedule an appointment at a testing location of their choice.

- Candidates must apply for, take and pass the CCNS renewal exam for the appropriate age-related population before the certification expiration date.

Certificants who do not pass the renewal exam must complete up to 15 CEs focused in their lowest score area(s). These CEs must be completed after the renewal exam date and before the certification expiration date in order to successfully renew.
Category I - Acute/Critical Care Education Programs

At least 75 of the 150 required CE Points must be in this category. All 150 CE Points may be in this category.

A. Formally Approved Programs

This area encompasses acute/critical care programs granting approved continuing education credit(s) such as CE, CNE, CME, ACPE and academic credit courses.

Acceptable programs must possess one of the following characteristics:

- Have direct application to meeting the needs of the adult, pediatric or neonatal patient population.
- Address clinical knowledge, skills and abilities utilized by adult, pediatric or neonatal CNSs.

Twenty-five (25) CE Points in Category I must be pharmacology-focused:

- Pharmacology content must be at the advanced practice level and related to the APRN's licensed advanced role and population focus.
- To determine the number of CE Points for programs providing CEs, CNEs or CMEs that don’t specify pharmacology hours and programs that don’t provide formal contact hours, but include pharmacology content, use the following calculation: 60 minutes = 1 CE Point.
- If audited, submit the educational presentation or conference agenda as evidence to validate the CE point calculation and include a narrative note describing pharmacology content within agenda.

These programs need NOT be approved by the American Association of Critical-Care Nurses and may be offered by hospitals, professional associations or independent education groups. Home study or self-study programs from professional journals and other sources that grant contact hours apply to Category I.

Continuing Medical Education (CME) may account for no more than 50% of the total points in Category I.

Eligible courses include, but are not limited to:

- Physical assessment
- Anatomy/physiology/pathophysiology
- Diagnostic tests used in acute and critical care settings (e.g., ABG interpretation, cardiac angiography, x-ray and lab interpretation)
- Concerns regarding the acute or critical care environment (e.g., infection control)
- Psychological or behavioral responses of the patient and family (e.g., sensory deprivation, patient teaching, nursing diagnosis)
- Issues pertaining to the patient care environment (e.g., ethical and legal issues)
- Therapies, interventions or knowledge vital to patient management (e.g., fluid dynamics, BLS, ACLS, PALS, NRP, ECG interpretation, nutritional support, pain management, IV therapy, pharmacology)
- Applied clinical research

B. Continuing Education Programs Not Formally Approved

Includes AACN chapter programs, hospital in-services, workshops, study modules, etc. May account for no more than 25 CE Points in Category I.

Category II - Optional Activities

Optional activities may only account for 75 of the 150 required CE Points. Optional activities are not required.

A. Professional Publications

Encompasses professional nursing publications. Responsibility in the publication may be authorship, co-authorship or editorial. The item to be published may be a book, chapter in a book, paper, article, abstract, book reviews, etc. Professionally authored multimedia aids are acceptable (points for joint authorships are determined by dividing the number of points to be awarded by the number of authors).

continued
CCNS RENEWAL POINTS PROGRAM (CONTINUED)

Number of CEs Points Awarded

<table>
<thead>
<tr>
<th>Activity</th>
<th>Points</th>
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<tbody>
<tr>
<td>Editorial in a journal</td>
<td>5</td>
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<tr>
<td>Write a column for a journal</td>
<td>10</td>
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<tr>
<td>Article in a local newsletter or AACN chapter newsletter</td>
<td>3</td>
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<tr>
<td>Original research article (peer reviewed)</td>
<td>30</td>
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<tr>
<td>Textbook or chapter editor</td>
<td>2 points / 10 pages (max 30)</td>
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<tr>
<td>Textbook author less than 300 pages</td>
<td>30</td>
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<td>Textbook author more than 300 pages</td>
<td>60</td>
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<tr>
<td>Professionally authored multimedia aids</td>
<td>15</td>
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<tr>
<td>Research abstract</td>
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<td>Journal article (peer reviewed)</td>
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<td>5</td>
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<td>Book reviews</td>
<td>5</td>
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<tr>
<td>Unpublished master's thesis or equivalent final project</td>
<td>30</td>
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<tr>
<td>Doctoral dissertation or equivalent final project</td>
<td>45</td>
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<tr>
<td>Service on editorial boards</td>
<td>5 points per board per year</td>
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B. Professional Presentations

Encompasses the certificant’s participation as an instructor delivering content related to the adult, pediatric or neonatal patient population to nurses, other healthcare professionals or the public. See CCNS Test Plan for acceptable topics. The presentation must be delivered within a structured framework of teaching/learning.

A presentation includes a seminar, in-service, clinical conference, patient/family education program, consumer education program, AACN chapter educational activities and/or presenting an original paper or poster. The participation may be as a primary instructor, member of a team, guest lecturer, panel participant, etc. No credit is given for repeat presentations of the same content.

6 points per hour of lecture given

If the program is co-taught, the number of points to be awarded is determined by dividing points by the number of instructors.

NOTE: Activities regularly completed as the focus of employment may not be counted. For example, if you regularly teach in your hospital’s orientation program, you may not count those presentations; however, you may count presentations given on a newly researched topic for NTI or for your chapter, etc.

C. Preceptorship or Volunteer Activities

Participating in activities/teams/committees that solve or prevent complex problems or improve care, across multiple departments, settings, facilities or regions such as spearheading a major patient care improvement; and leading an interdisciplinary team to solve a problem.

10 points per year

NOTE: Activities regularly completed as the focus of employment may not be counted. For example, as one of your hospital’s clinical nurse specialists, if you are automatically assigned to the rapid response team, you may not count this participation.

Participation in leadership responsibilities or committee involvement on a chapter/regional level.

10 points per committee per year

Leadership responsibilities or committee involvement in professional, governmental or health related organizations.

10 points per committee per year

Preceptorship/mentorship – A minimum of 80 hours per year of preceptorship activity must be obtained in order for points to be granted.

10 points per year

NOTE: Activities regularly completed as the focus of employment may not be counted. If you are precepting an APRN student from a graduate program and are not faculty in that program, you may count those hours. You may not count hours spent precepting or teaching undergraduate students.
CCNS CE RENEWAL POINTS LOG
Please Do NOT Submit Unless Being Audited

NAME: ___________________________  Aacen CUSTOMER #: ___________________________

Last  First  MI

RENEWAL PERIOD: From To

CCNS RENEWAL BY CE REQUIREMENTS
Candidates seeking CCNS certification renewal must, during the 5-year certification period, complete 150 CE Renewal Points, with 75 in the area of Acute/Critical Care Education Programs and 25 in pharmacology.

DIRECTIONS
Print or type all information legibly. This form may be photocopied. Keep this log for your records to submit if you are randomly selected for a renewal audit.

CATEGORY I - ACUTE/CRITICAL CARE EDUCATION PROGRAMS: At least 75 of the 150 required CE Points must be in this category, of which 25 must be pharmacology-focused. All 150 CE Points may be in this category.

Programs granting contact hours that address subjects with direct application to the needs of the acutely and/or critically ill patient or family. If selected for audit, submit photocopy of CE certificate, which includes name, date(s) of attendance, title of course and contact hours.

<table>
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<tr>
<th>Program/Course Title</th>
<th>Date(s)</th>
<th>Sponsoring Organization</th>
<th>CE Points Awarded</th>
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TOTALS

APRIL 2016
**CATEGORY II - OPTIONAL ACTIVITIES** Only 75 of the 150 required CE Renewal Points may be in this category.

**PROFESSIONAL PUBLICATIONS**
Responsibility in the publication may be authorship, co-authorship or editorial. The item to be published may be a book, chapter in a book, paper, article, abstract, book reviews, etc. Professionally authored multimedia aids are acceptable (points for joint authorships are determined by dividing the number of points to be awarded by the number of authors).

Number of CE Points awarded: Editorial in a journal, book reviews – 5 each; Write a column for a journal – 10; Article for a local newsletter or AACC chapter newsletter – 3; Original research article (peer reviewed) – 30; Textbook or chapter author or editor – 2 points per 10 pages (max 30); Textbook author less than 300 pages – 30; Textbook author more than 300 pages – 60; Professionally authored multimedia aids – 15; Research abstract – 5; Journal article (peer reviewed) – 20; Journal reviewer (articles or book chapters) – 5; Unpublished master’s thesis – 30; Doctoral dissertation – 45; Service on editorial boards – 5 points per board per year.

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<tr>
<th>Title</th>
<th>Date(s)</th>
<th>Type of Publication</th>
<th>No. of Authors</th>
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**PROFESSIONAL PRESENTATIONS**
Encompasses the certificant’s participation as an instructor delivering content to nurses, other healthcare professionals or the public. The presentation must be delivered within a structured framework of teaching/learning.

A presentation includes a seminar, in-service, clinical conference, patient/family education program, consumer education program, AACC chapter educational activities and/or presenting an original paper or poster. The participation may be as a primary instructor, member of a team, guest lecturer, panel participant, etc.

Six (6) points are granted for each contact hour of lecture given. No credit is given for repeat presentations of the same content. If the program is co-taught, the number of points to be awarded is determined by dividing points by the number of instructors.

<table>
<thead>
<tr>
<th>Presentation/Program Type</th>
<th>Date(s)</th>
<th>No. of Contact Hours Taught</th>
<th>No. of Instructors</th>
<th>CE Points Awarded</th>
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**PRECEPTORSHIP OR VOLUNTEER ACTIVITIES**
Participation in leadership responsibilities or committee involvement: on a chapter/regional level - 10 points per committee per year; in professional, governmental or health related organizations – 10 points per committee per year

Preceptorship/mentorship – A minimum of 80 hours per year of preceptorship activity must be obtained in order for points to be granted – 10 points per year

<table>
<thead>
<tr>
<th>Activity/Organization</th>
<th>Date(s)</th>
<th>No. of Hours Involved in Activity</th>
<th>CE Points Awarded</th>
<th>Office Use</th>
</tr>
</thead>
<tbody>
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(Attach additional sheet if necessary.)

By signing below I affirm that the information included on this CCNS Renewal CE Points Log is true and correct.

Signature ________________________________ Printed Name __________________ Date ______________

12 APRIL 2016
CCNS PRACTICE VALIDATION FORM

NAME: 

AACN CUSTOMER #: 

This form is for use by applicants who are unable to select Clinical Nurse Specialist under “Primary Position Held” on their CCNS renewal Application, but believe that their practice aligns with the role of the CNS.

Please check any of the following activities that apply to your practice during the 5-year CCNS certification renewal period. If you wish to provide any additional information about your practice, please feel free to include an additional page.

Clinical Judgment

☐ Conduct comprehensive, holistic wellness/illness assessments
☐ Obtain data necessary to formulate differential diagnoses/plans of care, and evaluate outcomes
☐ Use evidence base to guide clinical practice
☐ Synthesize data/advanced knowledge/experience using critical thinking to formulate differential diagnoses
☐ Use reliable and valid age-appropriate assessment instruments to assess acute and chronic health concerns, including but not limited to mental status, delirium, dementia and pain
☐ Assess for manifestation of health disorders/disruptions, e.g., infection, adverse drug effect, dehydration and ischemia
☐ Evaluate for mental health disorders such as depression, dementia, anxiety, or substance-related disorders
☐ Conduct pharmacologic assessment including polypharmacy, drug interactions, over-the-counter and herbal product use and the ability to safely and correctly store and administer medications
☐ Interpret values/results of lab/diagnostic tests with consideration of age, ethnicity and health status
☐ Assess patient/caregiver/family ability to implement complex plans of care
☐ Assess patient/caregiver/family preferences in relation to cultural/spiritual/quality of life/lifestyle choices
☐ Design strategies to meet multifaceted needs of complex patients/groups of patients
☐ Provide direct care to selected patients based on needs of patient and CNSs specialty knowledge and skills
☐ Evaluate nursing practice that considers safety, timeliness, effectiveness, efficiency, efficacy and patient/family centered care

☐ According to legal restrictions in the state, prescribe:
  ○ pharmacologic interventions
  ○ non-pharmacologic interventions
  ○ diagnostic measures
  ○ equipment
  ○ procedures
  ○ treatments

☐ Recommend
  ○ pharmacologic interventions
  ○ non-pharmacologic interventions
  ○ diagnostic measures
  ○ equipment
  ○ procedures
  ○ treatments

☐ Determine when evidence-based guidelines/policies/procedures/plans of care need to be tailored to individual
☐ Intervene to prevent/minimize iatrogenesis
☐ Differentiate between outcomes that require care process modification at the patient vs. system level
☐ Lead development of evidence-based plans for meeting individual, family, community and population needs
☐ Provide leadership for collaborative, evidence-based plans for meeting individual, family, community and population needs
☐ Provide consultation to interdisciplinary colleagues
☐ Provide consultation to the interdisciplinary team regarding the patient’s mental status, home environment, mobility, functional status, self-care, and caregiver’s abilities
☐ Initiate consultation to obtain resources to facilitate progress toward achieving identified outcomes
☐ Develop age-specific, individualized treatment plans and interventions with consideration of cognitive status, sensory function, perception and the environment

continued
Advocacy/Moral Agency

☐ Coach patients and families to help them navigate the healthcare system
☐ Use coaching and advanced communication skills to facilitate the development of effective clinical teams
☐ Foster professional accountability in self and others
☐ Promote a practice climate conducive to providing ethical care
☐ Facilitate interdisciplinary teams to address ethical concerns, risks or considerations, benefits and outcomes of patient care
☐ Promote the role and scope of practice of the CNS to legislators, regulators, other health care providers and the public
☐ Communicate information that promotes nursing, the role of the CNS and outcomes of nursing and CNS practice through the use of the media, advanced technologies and community networks
☐ Facilitate patient/family understanding of risks/benefits/outcomes of proposed healthcare regimens to promote informed decision making
☐ Facilitate decision-making regarding treatment options with the patient/family/caregivers/healthcare proxy
☐ Advocate for equitable patient care by:
  ☐ participating in organizational, local, state, national, or international level of policy-making activities for issues related to their expertise
  ☐ evaluating the impact of legislative and regulatory policies as they apply to nursing practice and patient or population outcomes
☐ Facilitate resolution of ethical conflicts by:
  ☐ identifying ethical implications of complex care situations
  ☐ considering the impact of scientific advances/cost/clinical effectiveness/patient and family values and preferences/other external influence
  ☐ applying ethical principles to resolve concerns
☐ Advocate for access to hospice and palliative care services for patients across the appropriate age spectrum

Caring Practices

☐ Use advanced communication skills to improve patient outcomes
☐ Assess the effects of interactions among the individual/family/community/social systems
☐ Identify potential risks to patient safety/autonomy, and quality of care based on assessments across all spheres of influence
☐ Determine nursing practice and system interventions that promote patient/family/community safety
☐ Select interventions that may include, but are not limited to:
  ☐ application of advanced nursing therapies
  ☐ initiation of interdisciplinary team meetings/consults/other communications to benefit patient care
  ☐ management of pain meds/clinical procedures/other interventions
  ☐ psychosocial support including patient counseling and spiritual interventions
☐ Use behavioral, communication and environmental-modification strategies with individuals who have cognitive/psychiatric impairments

Collaboration

☐ Communicate consultation findings as appropriate
☐ Facilitate the provision of clinically competent care through education, role modeling, teambuilding, and quality monitoring
☐ Provide leadership in promoting interdisciplinary collaboration to implement outcome-focused patient care programs
☐ Use leadership, team building, negotiation and conflict resolution skills to build partnerships within and across systems, including communities
☐ Establish collaborative relationships within and across departments that promote patient safety, culturally competent care and clinical excellence
☐ Provide leadership for establishing, improving and sustaining collaborative relationships
☐ Practice collegially with members of the healthcare team
Collaboration (cont’d)

☐ Facilitate intra-agency and inter-agency communication

☐ Foster an interdisciplinary approach to quality improvement, evidence-based practice, research, and translation of research into practice

Systems Thinking

☐ Perform system level assessments to identify variables that influence nursing practice and outcomes, including but not limited to:
  - population variables (age distribution, health status, income distribution, culture)
  - system of health care delivery
  - regulatory requirements
  - internal and external political influences/stability
  - health care financing
  - recurring practices that enhance or compromise patient or system outcomes

☐ Use effective strategies for changing clinician and team behavior to encourage adoption of evidence-based practices and innovations in care delivery

☐ Provide leadership in maintaining a supportive and healthy work environment

☐ Evaluate use of products and services for appropriateness and cost/benefit in meeting care needs

☐ Conduct cost/benefit analysis of new clinical technologies

☐ Evaluate impact of introduction or withdrawal of products, services and technologies

☐ Assess the impact of environmental/system factors on care

☐ Provide leadership in conflict management/negotiation to address problems in the healthcare system

☐ Manage patients transitions of care in collaboration with individual/family/caregivers/interdisciplinary team members including:
  - analyzing the readiness of the patient and family to transition
  - determining the appropriate level and/or setting of care
  - coordinating implementation of transition

☐ Lead system change to improve health outcomes through evidence-based practice by:
  - specifying expected clinical and system level outcomes
  - designing programs to improve clinical and system level processes and outcomes
  - facilitating the adoption of practice change

☐ Evaluate impact of CNS and other nursing practice on systems of care using nurse-sensitive outcomes

☐ Disseminate outcomes of system-level change internally and externally

☐ Assess system barriers and facilitators to adoption of evidence-based practices

☐ Promote healthcare policy and system changes that facilitate access to care and address biases (e.g., socioeconomic, ethnic, ageism, sexism, cultural, mental health stigma)

☐ Integrate information technology into systems of care to enhance safety and monitor health outcomes

Response to Diversity

☐ Develop age-specific clinical standards, policies, and procedures

☐ Promote system-wide policies and protocols that address cultural, ethnic, spiritual and intergenerational/age differences among patients, healthcare providers and caregivers

Clinical Inquiry

☐ Assess the quality and effectiveness of interdisciplinary, intra-agency and inter-agency communication and collaboration

☐ Contribute to the advancement of the profession by disseminating outcomes of CNS practice

☐ Analyze research findings and other evidence for potential application to clinical practice

☐ Integrate evidence into the health, illness and wellness management of patients, families, communities and groups

☐ Apply principles of evidence-based practice and quality improvement to all patient care

☐ Design programs for effective implementation of research findings and other evidence in clinical practice

continued
Clinical Inquiry (cont’d)

☐ Develop evidence-based clinical interventions to achieve defined patient and system outcomes

☐ Assist staff in the development of innovative, cost-effective programs or protocols of care

☐ Cultivate a climate of clinical inquiry across spheres of influence by:
  o evaluating the need for improvement or redesign of care delivery processes to improve safety, efficiency, reliability and quality
  o disseminating expert knowledge

☐ Participate in establishing quality improvement agenda for unit, department, program, system, or population

☐ Provide leadership in planning data collection and quality monitoring

☐ Use data to assess the quality and effectiveness of clinical programs in meeting outcomes

☐ Develop quality improvement initiatives based on assessments

☐ Provide leadership in the design, integration and evaluation of process improvement initiatives

☐ Provide leadership in the system-wide integration of quality improvement and innovation

☐ Engage in a formal self-evaluation process, seeking feedback regarding own practice, from patients, peers, professional colleagues and others

☐ Analyze data from consultations to implement practice improvements

☐ Participate in conduct/implementation of research by:
  o identifying questions for clinical inquiry
  o critiquing literature during literature reviews
  o synthesizing literature during literature reviews
  o designing and implementing studies
  o collecting data
  o analyzing data
  o disseminating findings

☐ Apply ethical principles in safeguarding the confidentiality, dignity and safety of all research participants including the vulnerable and those with impaired decision-making capacity

Facilitation of Learning

☐ Design health information and patient education appropriate to the patient’s developmental level, health literacy level, learning needs, readiness to learn and cultural values and beliefs

☐ Provide education to individuals, families, groups and communities to promote knowledge, understanding and optimal functioning across the wellness-illness continuum

☐ Mentor staff nurses, graduate students and others to acquire new knowledge and skills and develop their careers

☐ Mentor health professionals in applying the principles of evidence-based care

☐ Participate in pre-professional, graduate and continuing education of nurses and other healthcare providers by:
  o completing a needs assessment as appropriate to guide interventions with staff
  o promoting professional development of staff nurses and continuing education activities
  o implementing staff development and continuing education activities
  o mentoring others to use research findings in practice

☐ Modify health information, patient education programs and interventions for patients with sensory, perceptual, cognitive and physical and mental illness limitations
AACN SYNERGY MODEL FOR PATIENT CARE

The CCNS certification program is based on the AACN Synergy Model for Patient Care. 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:

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

**FOR EXAMPLE:**

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

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

*continued*
Nurse Characteristics

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

<table>
<thead>
<tr>
<th>Nurse Characteristics</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Judgment</td>
<td>Clinical reasoning, which includes clinical decision making, critical thinking, and a global grasp of the situation, coupled with APRN skills acquired through a process of integrating formal and informal experiential knowledge and evidence-based guidelines. Includes differential diagnosis.</td>
</tr>
<tr>
<td>Advocacy/Moral Agency</td>
<td>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.</td>
</tr>
<tr>
<td>Caring Practices</td>
<td>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.</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Working with others (e.g., patients, families, healthcare providers) in a way that promotes/encourages each person's contributions toward achieving optimal/realistic patient/family goals. Includes initiating referrals, providing consultation, and the coordination of inter- and intradisciplinary teams to develop or revise plans of care focused on patient and/or family concerns.</td>
</tr>
<tr>
<td>Systems Thinking</td>
<td>The 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.</td>
</tr>
<tr>
<td>Response to Diversity</td>
<td>The sensitivity to recognize, appreciate, and incorporate differences into the provision of care. Differences may include, but are not limited to, cultural differences, spiritual beliefs, gender, race, ethnicity, lifestyle, socioeconomic status, age, and values.</td>
</tr>
<tr>
<td>Facilitation of Learning</td>
<td>The ability to facilitate learning for patients/families, nursing staff, other members of the healthcare team and community. Includes both formal and informal facilitation of learning.</td>
</tr>
<tr>
<td>Clinical Inquiry</td>
<td>The ongoing process of questioning and evaluating practice and providing informed practice. Creating practice changes through research utilization and experiential learning.</td>
</tr>
</tbody>
</table>

Nurses become competent within each continuum at a level that best meets the fluctuating needs of their population of patients. More compromised patients have more severe or complex needs, requiring nurses to have advanced knowledge and skills in an associated continuum.

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

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

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

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

For more information about the AACN Synergy Model for Patient Care, visit www.certcorp.org.
CCNS RENEWAL TEST PLAN – ADULT

I. CLINICAL JUDGMENT (60%)

A. Cardiovascular (12%)
1. Acute coronary syndromes
2. Acute inflammatory disease (e.g., myocarditis, endocarditis, pericarditis)
3. Cardiac trauma (blunt and penetrating)
4. Cardiac surgery
5. Cardiac tamponade
6. Cardiogenic shock
7. Cardiomyopathies (e.g., hypertrophic, dilated, restrictive, idiopathic)
8. Decompensated heart failure
9. Dysrhythmias
10. Heart failure
11. Hypertension
12. Hypertensive crisis
13. Peripheral vascular insufficiency (e.g., acute, arterial occlusion, carotid artery stenosis)
14. Pulmonary edema
15. Ruptured and dissecting aneurysm
16. Structural heart defects and diseases (acquired and congenital)

B. Pulmonary (11%)
1. Acute pulmonary embolus
2. Acute respiratory failure
3. Air-leak syndromes (e.g., pneumothorax, pulmonary interstitial emphysema [PIE], pneumopericardium)
4. Acute lung injury (ALI) (e.g., ARDS)
5. Aspirations
6. Asthma and reactive airway disease
7. Chronic lung disease
8. Exacerbation of chronic lung disease
9. Obstructive sleep apnea
10. Pulmonary hypertension
11. Pulmonary infections
12. Thoracic surgery (e.g., lung contusions, fractured ribs, hemothorax, lung reduction surgery, pneumoectomy, lobectomy, tracheal surgery)
13. Thoracic and pulmonary trauma
14. Upper airway obstruction

C. Endocrine (3%)
1. Diabetes insipidus
2. Diabetic ketoacidosis/hyperglycemic hyperosmolar nonketoic coma (HHNK)
3. Diabetes mellitus
4. Hyperglycemia
5. Hypoglycemia
6. Syndrome of inappropriate secretion of antidiurectic hormone (SIADH)

D. Musculoskeletal (2%)
1. Functional issues (e.g., immobility, debility, falls, gait disorders)
2. Infections
3. Traumatic fractures

E. Hematology/Immunology/Oncology (3%)
1. Anemia
2. Autoimmune diseases
3. Coagulopathies (including thrombocytopenia)

F. Neurology (7%)
1. Encephalopathy
2. Head and brain trauma
3. Increased intracranial pressure
4. Intracranial and intraventricular hemorrhage
5. Neurologic infectious diseases
6. Neuromuscular disorders
7. Seizure disorders
8. Space-occupying lesions
9. Spinal cord injury
10. Stroke
11. Vascular malformation

continued
CCNS RENEWAL TEST PLAN – ADULT

G. Gastrointestinal (5%)
1. Abdominal trauma
2. Acute GI hemorrhage
3. Bowel infarction, obstruction, perforation
4. Gastro-esophageal reflux
5. Gastrointestinal infectious diseases
6. GI motility disorders
7. GI surgeries
8. Hepatic failure and coma
9. Hepatitis
10. Malnutrition
11. Nausea and vomiting
12. Pancreatitis

H. Renal/Genitourinary (5%)
1. Acute renal failure
2. Chronic renal failure
3. Electrolyte imbalances
4. Fluid volume imbalances
5. Infections (e.g., UTI, PID, STDs)

I. Integumentary (2%)
1. Pressure ulcers
2. Wounds (surgical and non-surgical)

J. Multisystem (7%)
1. Compartment syndrome
2. Distributive shock (e.g., anaphylaxis, neurogenic)
3. End of life issues
4. Hypovolemic shock
5. Hypoxic ischemic encephalopathy
6. Infectious diseases (e.g., congenital, viral, bacterial, hospital-acquired)
7. Multisystem trauma
8. Pain (e.g., pharmacologic/therapeutic interventions)
9. Palliative care issues (e.g., symptom management)
10. Patient safety issues
11. Systemic inflammatory response syndrome (SIRS)/sepsis/septic shock/MODS
12. Toxic ingestions and inhalations

K. Psychosocial/Behavioral/Cognitive Health (3%)
1. Age-related developmental issues
2. Aggression
3. Anxiety disorders (e.g., PTSD, OCD, fears, phobias)
4. Delirium
5. Dementia
6. Failure to thrive
7. Maltreatment (abuse/neglect)
8. Mood disorders (e.g., depression)
9. Substance abuse
10. Suicidal behavior

II. PROFESSIONAL CARING AND ETHICAL PRACTICE
A. Advocacy/Moral Agency (5%)
B. Caring Practices (7%)
C. Collaboration (5%)
D. Systems Thinking (7%)
E. Response to Diversity (3%)
F. Clinical Inquiry (7%)
G. Facilitation of Learning (6%)

Refer to the Skills and Procedures and Validated Competencies on pages 25-29.
CCNS RENEWAL TEST PLAN – PEDIATRIC

I. CLINICAL JUDGMENT (60%)

A. Cardiovascular (9%)
   1. Acute inflammatory disease (e.g., myocarditis, endocarditis, pericarditis)
   2. Cardiac surgery
   3. Cardiac tamponade
   4. Cardiogenic shock
   5. Cardiomyopathies (e.g., hypertrophic, dilated, restrictive, idiopathic)
   6. Decompensated heart failure
   7. Dysrhythmias
   8. Heart failure
   9. Hypertension
  10. Hypertensive crisis
  11. Pulmonary edema
  12. Structural heart defects and diseases (acquired and congenital)

B. Pulmonary (11%)
   1. Acute life-threatening events (ALTE)
   2. Acute respiratory failure
   3. Air-leak syndromes (e.g., pneumothorax, pulmonary interstitial emphysema [PIE], pneumopericardium
   4. Acute lung injury (ALI) (e.g., ARDS)
   5. Aspirations
   6. Asthma and reactive airway disease
   7. Chronic lung disease
   8. Exacerbation of chronic lung disease
   9. Pulmonary hypertension
  10. Pulmonary infections
  11. Thoracic surgery (e.g., fractured ribs, hemothorax, lobectomy, tracheal surgery)
  12. Thoracic and pulmonary trauma
  13. Upper airway obstruction

C. Endocrine (3%)
   1. Diabetes insipidus
   2. Diabetes mellitus
   3. Diabetic ketoacidosis/hyperglycemic hyperosmolar nonketotic coma (HHNK)
   4. Hyperglycemia
   5. Hypoglycemia
   6. Syndrome of inappropriate secretion of antidiuretic hormone (SIADH)

D. Musculoskeletal (2%)
   1. Congenital abnormalities
   2. Infections
   3. Traumatic fractures

E. Hematology/Immunology/Oncology (5%)
   1. Anemia
   2. Autoimmune diseases
   3. Coagulopathies (including thrombocytopenia)
   4. Congenital and acquired immunosuppression
   5. Leukemia and tumors
   6. Sickle cell disease

F. Neurology (6%)
   1. Encephalopathy
   2. Head and brain trauma
   3. Increased intracranial pressure
   4. Intracranial and intraventricular hemorrhage
   5. Neurologic infectious diseases
   6. Neuromuscular disorders
   7. Seizure disorders
   8. Space-occupying lesions
   9. Spinal cord injury
  10. Stroke
  11. Vascular malformation

G. Gastrointestinal (6%)
   1. Abdominal trauma
   2. Acute GI hemorrhage
   3. Bowel infarction, obstruction, perforation
   4. Gastro-esophageal reflux
   5. Gastrointestinal infectious diseases
   6. GI surgeries
   7. Hepatic failure and coma
   8. Hepatitis
   9. Malnutrition
  10. Nausea and vomiting

continued
H. Renal/Genitourinary (3%)
1. Acute renal failure
2. Chronic renal failure
3. Electrolyte imbalances
4. Fluid volume imbalances
5. Infections

I. Integumentary (2%)
1. Pressure ulcers
2. Wounds (surgical and non-surgical)

J. Multisystem (8%)
1. Burns (e.g., management of superficial, pre-transport of partial/full thickness)
2. Compartment syndrome
3. Distributive shock (e.g., anaphylaxis, neurogenic)
4. End of life issues
5. Hypovolemic shock
6. Hypoxic ischemic encephalopathy
7. Infectious diseases (e.g., viral, bacterial, hospital-acquired)
8. Multisystem trauma
9. Near-drowning
10. Pain (e.g., pharmacologic/therapeutic interventions)
11. Palliative care issues (e.g., symptom management)
12. Patient safety issues
13. Systemic inflammatory response syndrome (SIRS)/sepsis/septic shock/MODS
14. Toxic ingestions and inhalations

K. Psychosocial/Behavioral/Cognitive Health (5%)
1. Age-related developmental issues
2. Anxiety disorders (e.g., PTSD, OCD, fears)
3. Failure to thrive
4. Maltreatment (abuse/neglect)
5. Medical nonadherence
6. Substance abuse
7. Suicidal behavior

II. PROFESSIONAL CARING AND ETHICAL PRACTICE
A. Advocacy/Moral Agency (5%)
B. Caring Practices (7%)
C. Collaboration (5%)
D. Systems Thinking (7%)
E. Response to Diversity (3%)
F. Clinical Inquiry (7%)
G. Facilitation of Learning (6%)

Refer to the Skills and Procedures and Validated Competencies on pages 25-29.
CCNS RENEWAL TEST PLAN – NEONATAL

I. CLINICAL JUDGMENT (60%)

A. Cardiovascular (9%)
   1. Acute inflammatory disease (e.g., myocarditis, endocarditis, pericarditis)
   2. Cardiac surgery
   3. Cardiac tamponade
   4. Cardiogenic shock
   5. Cardiomyopathies (e.g., hypertrophic, dilated, restrictive, idiopathic)
   6. Dysrhythmias
   7. Heart failure
   8. Hypertension
   10. Pulmonary edema
   11. Structural heart defects and diseases (acquired and congenital)

B. Pulmonary (10%)
   1. Acute respiratory failure
   2. Air-leak syndromes (e.g., pneumothorax, pulmonary interstitial emphysema [PIE])
   3. Apnea of prematurity
   4. Aspirations
   5. Chronic lung disease (e.g., bronchopulmonary dysplasia)
   6. Exacerbation of chronic lung disease
   7. Persistent pulmonary hypertension of the newborn (PPHN)
   8. Pulmonary hypertension
   9. Pulmonary infections
   10. Reactive airway disease
   11. Respiratory distress syndrome (e.g., surfactant deficiency)
   12. Transient tachypnea of newborn
   13. Upper airway obstruction

C. Endocrine (2%)
   1. Diabetes insipidus
   2. Inborn errors of metabolism
   3. Infant of diabetic mother
   4. Hypoglycemia
   5. Syndrome of inappropriate secretion of antidiuretic hormone (SIADH)

D. Musculoskeletal (2%)
   1. Functional issues (e.g., immobility)
   2. Infections
   3. Traumatic fractures

E. Hematology/Immunology/Oncology (5%)
   1. Anemia
   2. Autoimmune diseases
   3. Coagulopathies (including thrombocytopenia)
   4. Hyperbilirubinemia

F. Neurology (6%)
   1. Encephalopathy
   2. Head and brain trauma
   3. Hydrocephalus
   4. Increased intracranial pressure
   5. Intracranial and intraventricular hemorrhage
   6. Neurologic infectious diseases
   7. Neuromuscular disorders
   8. Periventricular leukomalacia
   9. Seizure disorders
   10. Space-occupying lesions
   11. Spinal cord injury
   12. Stroke
   13. Vascular malformation

G. Gastrointestinal (6%)
   1. Acute GI hemorrhage
   2. Bowel infarction, obstruction, perforation
   3. Gastro-esophageal reflux
   4. Gastrointestinal infectious diseases
   5. GI motility disorders
   6. GI surgeries
   7. Hepatic failure
   8. Malnutrition
   9. Nausea and vomiting

continued
CCNS RENEWAL TEST PLAN – NEONATAL

H. Renal/Genitourinary (4%)
1. Acute renal failure
2. Chronic renal failure
3. Electrolyte imbalances
4. Fluid volume imbalances
5. Infections

I. Integumentary (2%)
1. Pressure ulcers
2. Wounds (surgical and non-surgical)

J. Multisystem (10%)
1. Child of addicted mother
2. Distributive shock (e.g., anaphylaxis, neurogenic)
3. End of life issues
4. Hypovolemic shock
5. Hypoxic ischemic encephalopathy
6. Infectious diseases (congenital, viral, bacterial, hospital acquired infections)
7. Life-threatening maternal-fetal complications
8. Low birth weight and prematurity
9. Pain (e.g., pharmacologic/therapeutic interventions)
10. Palliative care issues (e.g., symptom management)
11. Patient safety issues
12. Sensory impairment (e.g., hearing loss)
13. Systemic inflammatory response syndrome (SIRS)/sepsis/septic shock/MODS

K. Psychosocial/Behavioral/Cognitive Health (4%)
1. Age-related developmental issues
2. Behavioral state (e.g., NPASS, Brazelton, stress in extremely low birth weight infants)
3. Failure to thrive
4. Maltreatment (abuse/neglect)
5. Substance abuse

II. PROFESSIONAL CARING AND ETHICAL PRACTICE

A. Advocacy/Moral Agency (5%)
B. Caring Practices (7%)
C. Collaboration (5%)
D. Systems Thinking (7%)
E. Response to Diversity (3%)
F. Clinical Inquiry (7%)
G. Facilitation of Learning (6%)

Refer to the Skills and Procedures and Validated Competencies on pages 25-29.
CCNS RENEWAL TEST PLAN
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 require an understanding of skills and procedures pertinent to the acute/critical care CNS. If applicable to assessment of knowledge of the patient care problem, the following skills and procedures may be incorporated within items.

**Cardiovascular**
- Interpret ECG rhythms
- Interpret 12-lead ECGs
- Determine lead selection for ECGs
- Interpret hemodynamic values
- Interpret non-invasive hemodynamic values
- Manage transcutaneous (external) pacemakers
- Manage temporary transvenous pacemakers
- Manage permanent transvenous pacemakers
- Manage epicardial pacemakers
- Manage implantable cardioverter defibrillators (ICDs)
- Manage cardiac assist devices (e.g., RVAD, BVAD, LVAD, ECMO)
- Direct cardiopulmonary resuscitation
- Adjust pulmonary artery pressure catheters
- Perform elective cardioversion
- Disconnect pacer wire

**Gastrointestinal**
- *Remove PEG/JT/drainage catheters

**Renal/Genitourinary**
- *Initiate renal replacement therapies

**Integumentary**
- Provide wound care

**Multisystem**
- Interpret diagnostic imaging
- Provide nonpharmacological interventions for pain
- Manage (i.e., recommend/prescribe) pharmaceutical interventions
- Prescribe durable medical equipment

**Pulmonary**
- Order nasal/facial CPAP/BiPAP
- Initiate mechanical ventilation
- Manage mechanical ventilation
- Wean mechanical ventilation
- Interpret pulmonary function tests
- Disconnect chest tube

Skills and procedures noted with an asterisk (*) may not be widely performed but are a significant part of the practice for those who perform them (applies to adult patients only). As such, if these skills or procedures are incorporated in an item, knowledge about the skill or procedure would be limited to its purpose and would not require in-depth knowledge of the performance of the skill or procedure.
Clinical Judgment

- Conduct comprehensive, holistic wellness/illness assessments
- Obtain data necessary to formulate differential diagnoses/plans of care, and evaluate outcomes
- Use evidence base to guide clinical practice
- Synthesize data/advanced knowledge/experience using critical thinking to formulate differential diagnoses
- Use reliable and valid age-appropriate assessment instruments to assess acute and chronic health concerns, including but not limited to mental status, delirium, dementia and pain
- Assess for manifestation of health disorders/disruptions, e.g., infection, adverse drug effect, dehydration and ischemia
- Evaluate for mental health disorders such as depression, dementia, anxiety, or substance-related disorders
- Conduct pharmacologic assessment including polypharmacy, drug interactions, over-the-counter and herbal product use and the ability to safely and correctly store and administer medications
- Interpret values/results of lab/diagnostic tests with consideration of age, ethnicity and health status
- Assess patient/caregiver/family ability to implement complex plans of care
- Assess patient/caregiver/family preferences in relation to cultural/spiritual qualidade of life/lifestyle choices
- Design strategies to meet multifaceted needs of complex patients/groups of patients
- Provide direct care to selected patients based on needs of patient and CNSs specialty knowledge and skills
- Evaluate nursing practice that considers safety, timeliness, effectiveness, efficiency, efficacy and patient/family centered care
- According to legal restrictions in the state, prescribe:
  - pharmacologic interventions
  - non-pharmacologic interventions
  - diagnostic measures
  - equipment
  - procedures
  - treatments
- Recommend
  - pharmacologic interventions
  - non-pharmacologic interventions
  - diagnostic measures
  - equipment
  - procedures
  - treatments
- Determine when evidence-based guidelines/policies/procedures/plans of care need to be tailored to individual
- Intervene to prevent/minimize iatrogenesis
- Differentiate between outcomes that require care process modification at the patient vs. system level
- Lead development of evidence-based plans for meeting individual, family, community and population needs
- Provide leadership for collaborative, evidence-based plans for meeting individual, family, community and population needs
- Provide consultation to interdisciplinary colleagues
- Provide consultation to the interdisciplinary team regarding the patients mental status, home environment, mobility, functional status, self-care, and caregivers abilities
- Initiate consultation to obtain resources to facilitate progress toward achieving identified outcomes
- Develop age-specific, individualized treatment plans and interventions with consideration of cognitive status, sensory function, perception and the environment
Advocacy/Moral Agency

- Coach patients and families to help them navigate the healthcare system
- Use coaching and advanced communication skills to facilitate the development of effective clinical teams
- Foster professional accountability in self and others
- Promote a practice climate conducive to providing ethical care
- Facilitate interdisciplinary teams to address ethical concerns, risks or considerations, benefits and outcomes of patient care
- Promote the role and scope of practice of the CNS to legislators, regulators, other health care providers and the public
- Communicate information that promotes nursing, the role of the CNS and outcomes of nursing and CNS practice through the use of the media, advanced technologies and community networks
- Facilitate patient/family understanding of risks/benefits/outcomes of proposed healthcare regimens to promote informed decision making
- Facilitate decision-making regarding treatment options with the patient/family/caregivers/healthcare proxy
- Advocate for equitable patient care by:
  - participating in organizational, local, state, national, or international level of policy-making activities for issues related to their expertise
  - evaluating the impact of legislative and regulatory policies as they apply to nursing practice and patient or population outcomes
- Facilitate resolution of ethical conflicts by:
  - identifying ethical implications of complex care situations
  - considering the impact of scientific advances/cost/clinical effectiveness/patient and family values and preferences/other external influence
  - applying ethical principles to resolve concerns
- Advocate for access to hospice and palliative care services for patients across the appropriate age spectrum

Caring Practices

- Use advanced communication skills to improve patient outcomes
- Assess the effects of interactions among the individual/family/community/social systems
- Identify potential risks to patient safety/autonomy, and quality of care based on assessments across all spheres of influence
- Determine nursing practice and system interventions that promote patient/family/community safety
- Select interventions that may include, but are not limited to:
  - application of advanced nursing therapies
  - initiation of interdisciplinary team meetings/consults/other communications to benefit patient care
  - management of pain meds/clinical procedures/other interventions
  - psychosocial support including patient counseling and spiritual interventions
- Use behavioral, communication and environmental-modification strategies with individuals who have cognitive/psychiatric impairments

Collaboration

- Communicate consultation findings as appropriate
- Facilitate the provision of clinically competent care through education, role modeling, teambuilding, and quality monitoring
- Provide leadership in promoting interdisciplinary collaboration to implement outcome-focused patient care programs
- Use leadership, team building, negotiation and conflict resolution skills to build partnerships within and across systems, including communities
- Establish collaborative relationships within and across departments that promote patient safety, culturally competent care and clinical excellence
- Provide leadership for establishing, improving and sustaining collaborative relationships

continued
Collaboration (cont’d)

- Practice collegially with members of the healthcare team
- Facilitate intra-agency and inter-agency communication
- Foster an interdisciplinary approach to quality improvement, evidence-based practice, research, and translation of research into practice

Systems Thinking

- Perform system level assessments to identify variables that influence nursing practice and outcomes, including but not limited to:
  - population variables (age distribution, health status, income distribution, culture)
  - system of health care delivery
  - regulatory requirements
  - internal and external political influences/stability
  - health care financing
  - recurring practices that enhance or compromise patient or system outcomes
- Use effective strategies for changing clinician and team behavior to encourage adoption of evidence-based practices and innovations in care delivery
- Provide leadership in maintaining a supportive and healthy work environment
- Evaluate use of products and services for appropriateness and cost/benefit in meeting care needs
- Conduct cost/benefit analysis of new clinical technologies
- Evaluate impact of introduction or withdrawal of products, services and technologies
- Assess the impact of environmental/system factors on care
- Provide leadership in conflict management/negotiation to address problems in the healthcare system
- Manage patients transitions of care in collaboration with individual/family/caregivers/interdisciplinary team members including:
  - analyzing the readiness of the patient and family to transition
  - determining the appropriate level and/or setting of care
  - coordinating implementation of transition
- Lead system change to improve health outcomes through evidence-based practice by:
  - specifying expected clinical and system level outcomes
  - designing programs to improve clinical and system level processes and outcomes
  - facilitating the adoption of practice change
- Evaluate impact of CNS and other nursing practice on systems of care using nurse-sensitive outcomes
- Disseminate outcomes of system-level change internally and externally
- Assess system barriers and facilitators to adoption of evidence-based practices
- Promote healthcare policy and system changes that facilitate access to care and address biases (e.g., socioeconomic, ethnic, ageism, sexism, cultural, mental health stigma)
- Integrate information technology into systems of care to enhance safety and monitor health outcomes

Response to Diversity

- Develop age-specific clinical standards, policies, and procedures
- Promote system-wide policies and protocols that address cultural, ethnic, spiritual and intergenerational/age differences among patients, healthcare providers and caregivers

Clinical Inquiry

- Assess the quality and effectiveness of interdisciplinary, intra-agency and inter-agency communication and collaboration

continued
Clinical Inquiry (cont’d)

- Contribute to the advancement of the profession by disseminating outcomes of CNS practice
- Analyze research findings and other evidence for potential application to clinical practice
- Integrate evidence into the health, illness and wellness management of patients, families, communities and groups
- Apply principles of evidence-based practice and quality improvement to all patient care
- Design programs for effective implementation of research findings and other evidence in clinical practice
- Develop evidence-based clinical interventions to achieve defined patient and system outcomes
- Assist staff in the development of innovative, cost-effective programs or protocols of care
- Cultivate a climate of clinical inquiry across spheres of influence by:
  - evaluating the need for improvement or redesign of care delivery processes to improve safety, efficiency, reliability and quality
  - disseminating expert knowledge
- Participate in establishing quality improvement agenda for unit, department, program, system, or population
- Provide leadership in planning data collection and quality monitoring
- Use data to assess the quality and effectiveness of clinical programs in meeting outcomes
- Develop quality improvement initiatives based on assessments
- Provide leadership in the design, integration and evaluation of process improvement initiatives
- Provide leadership in the system-wide integration of quality improvement and innovation
- Engage in a formal self-evaluation process, seeking feedback regarding own practice, from patients, peers, professional colleagues and others
- Analyze data from consultations to implement practice improvements

- Participate in conduct/implementation of research by:
  - identifying questions for clinical inquiry
  - critiquing literature during literature reviews
  - synthesizing literature during literature reviews
  - designing and implementing studies
  - collecting data
  - analyzing data
  - disseminating findings
- Apply ethical principles in safeguarding the confidentiality, dignity and safety of all research participants including the vulnerable and those with impaired decision-making capacity

Facilitation of Learning

- Design health information and patient education appropriate to the patient’s developmental level, health literacy level, learning needs, readiness to learn and cultural values and beliefs
- Provide education to individuals, families, groups and communities to promote knowledge, understanding and optimal functioning across the wellness-illness continuum
- Mentor staff nurses, graduate students and others to acquire new knowledge and skills and develop their careers
- Mentor health professionals in applying the principles of evidence-based care
- Participate in pre-professional, graduate and continuing education of nurses and other healthcare providers by:
  - completing a needs assessment as appropriate to guide interventions with staff
  - promoting professional development of staff nurses and continuing education activities
  - implementing staff development and continuing education activities
  - mentoring others to use research findings in practice
- Modify health information, patient education programs and interventions for patients with sensory, perceptual, cognitive and physical and mental illness limitations


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

More current versions may be available.

PUBLISHER CONTACTS:

AACN – (800) 899-2226
American Heart Association – (800) 242-8721
ASHSP, Special Publishing – (301) 657-3000
Elsevier (including Mosby, W. B. Saunders and Hanley & Belfus) – (800) 545-2522
F. A. Davis – (800) 323-3555
Lippincott Williams & Wilkins – (800) 638-3030
McGraw-Hill – (877) 833-5524
Springer Publishing – (877) 687-7476
Wiley-Blackwell Publishing – (800) 216-2522


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Cambridge University Press – (212) 337-5000
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F. A. Davis – (800) 323-3555
Jones & Bartlett – (800) 832-0034
McGraw-Hill – (877) 833-5524
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Lippincott Williams & Wilkins – (800) 638-3030
McGraw-Hill – (877) 833-5524
Springer Publishing – (877) 687-7476
CCNS RENEWAL AUDIT

In compliance with standard regulatory practices, AACN Certification Corporation conducts random audits following certificants’ successful renewal. Certificants are not notified in advance when being audited.

Certificants selected for audit are notified via mail and have a period of 60 days to submit the required verification materials, which include:

- copy of RN or APRN license
- CE Renewal Points Log
- copies of course certificates
- form to verify clinical hours

Failure to respond to or pass an audit may result in revocation of certification. Revocation may include notification of the candidate’s employer and state board of nursing, as appropriate.

Certificants who successfully complete CCNS renewal should continue to keep personal records of CE Renewal Point activities for at least 5 years to submit in the event that an audit is performed.

AACN Certification Corporation reserves the right to conduct additional audits as necessary.

REVOCA TION OF CERTIFICATION

AACN Certification Corporation may revoke certification, or renewal of certification may be denied, for any reason deemed appropriate including, but not limited to, the following:

- Cheating (or reasonable evidence of intent to cheat) on an exam
- Sharing exam content
- Restrictions placed on RN or APRN licensure during the certification period
- Certificants must notify AACN Certification Corporation within 30 days if any restriction is placed on their RN or APRN license.

In the event of revocation, notification may be sent to your employer and state board of nursing, where appropriate. You will be notified that you may be prohibited from reapplying for an AACN exam for a period of up to 3 years.

Fees paid for certification renewal are not refunded.
REVIEW AND APPEAL PROCESS

The review and appeal process is available to individuals whose certification status has expired, or has been denied or revoked. The review process is conducted by the staff of AACN Certification Corporation and the appeal process by the AACN Certification Corporation Appeals Panel.

If you do not meet the AACN Certification Corporation experience component of the clinical practice eligibility requirement but believe your practice conforms to the intent, if not the precise content and definition of the experience requirement, you may submit a request for review. Your written request should describe your clinical practice and how it conforms to the certification program.

You may request a review of your eligibility at any time.

Please email your request for review to:

certification@aacn.org

Or mail to:

Certification Specialist
AACN Certification Corporation
101 Columbia
Aliso Viejo, CA 92656

Following the review process, if AACN Certification Corporation staff affirms the decision to deny or revoke certification, information about the appeal process will be sent to you.

Requests for appeal should include the following:

- The reason(s) you believe the expiration, denial or revocation of certification should be reconsidered
- Any additional information or documentation requested during the review process that was not submitted, if applicable
- The outcome you are requesting

Upon receipt of a request for appeal, the Appeals Panel will review the case at its next scheduled appeals review. Individuals will be notified in writing of the Appeals Panel’s decision. The decision of the Appeals Panel shall be final.

For questions about the review and appeal process, please call AACN Certification Corporation at (800) 899-2226.
APPLICATION – CCNS RENEWAL BY PRACTICE HOURS AND CE POINTS

CHECK ONE: □ ADULT □ PEDIATRIC □ NEONATAL

REGISTRATION INFORMATION

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

AACN CUSTOMER #: MEMBERSHIP EXP. DATE: CCNS EXP. DATE:

LEGAL NAME: ____________________________ ____________________________

HOME ADDRESS: Last First MI Maiden

EMAIL ADDRESS: ______________________________________________

EMPLOYER NAME: ______________________________________________

EMPLOYER ADDRESS: City State ZIP

PAYMENT INFORMATION

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

Bill my credit card □ Visa □ MasterCard □ American Express □ Discover Card

Name on Card ________________________________________________ Exp. Date (mm/yy) ___________ ___________

Amount Billed $ __________________ Address of Payor (if different than applicant) ______________________________________________

AACN CUSTOMER #: MEMBERSHIP EXP. DATE: CCNS EXP. DATE:

LEGAL NAME: ____________________________ ____________________________

HOME ADDRESS: Last First MI Maiden

EMAIL ADDRESS: ______________________________________________

EMPLOYER NAME: ______________________________________________

EMPLOYER ADDRESS: City State ZIP

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Amount Billed $ __________________ Address of Payor (if different than applicant) ______________________________________________

AACN CUSTOMER #: MEMBERSHIP EXP. DATE: CCNS EXP. DATE:

LEGAL NAME: ____________________________ ____________________________

HOME ADDRESS: Last First MI Maiden

EMAIL ADDRESS: ______________________________________________

EMPLOYER NAME: ______________________________________________

EMPLOYER ADDRESS: City State ZIP

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Bill my credit card □ Visa □ MasterCard □ American Express □ Discover Card

Name on Card ________________________________________________ Exp. Date (mm/yy) ___________ ___________

Amount Billed $ __________________ Address of Payor (if different than applicant) ______________________________________________
Please print clearly.

I hereby apply for CCNS certification renewal. Submission of this application indicates I understand and have met the eligibility requirements as documented in the CCNS Renewal Handbook and the Certification Exam Policy Handbook.

Licensure: I possess a current, unencumbered U.S. RN or APRN license. My __________________________ (state) nursing license ____________________________ (number) is due to expire ____________________________ (date). During this last 5-year certification period, no license I've held was subjected to formal discipline by any state board of nursing and no provisions/conditions have limited my practice in any way. I understand that I must notify AACN Certification Corporation within 30 days if disciplinary action is taken against any RN or APRN license I hold.

Practice: I understand that a significant component of APRN practice focuses on direct care of individuals. During this last 5-year certification period, I have completed 1,000 hours, as an APRN within the U.S., in all roles of the clinical nurse specialist which included direct care of the following acutely and/or critically ill patient population:

( check one box only )  □ ADULT  □ PEDIATRIC  □ NEONATAL

Practice Verification: Following is the contact information of my supervisor or a professional colleague (RN or physician) who can verify that I have met the practice hour requirements:

Verifier’s Name:  
Facility Name:  
Verifier’s Phone Number:  
Verifier’s Email:  

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

Continued Competence: During this last certification period, I completed 150 CE Renewal Points, with at least 75 in the area of Acute/Critical Care Education Programs and 25 in pharmacology.

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

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

Non-Disclosure of Exam Content: Submission of this application indicates my agreement to keep the content of the exam confidential and not disclose or discuss specific exam content with anyone except AACN Certification Corporation. Per AACN Certification Corporation policy, sharing of exam content is cause for revocation of certification.

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

Applicant’s Signature:  
Date:  

Submit Application and Fee: Mail application with payment to:
AACN Certification Corporation, 101 Columbia, Aliso Viejo, CA 92656-4109. Or fax to: (949) 448-5522.
Do Not fax AND mail your application. Please use only ONE method to submit your application.

Please allow 2 to 4 weeks from the date received by AACN Certification Corporation for the processing of your application.

Questions? Please visit www.certcorp.org, email APRNcert@aacn.org or call us at (800) 899-2226.
APPLICATION – CCNS RENEWAL
BY PRACTICE HOURS, PHARMACOLOGY CE AND EXAM

CHECK ONE: □ ADULT □ PEDIATRIC □ NEONATAL

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 #: MEMBERSHIP EXP. DATE: CCNS EXP. DATE:

LEGAL NAME: Last First MI Maiden

HOME ADDRESS: City State ZIP

EMAIL ADDRESS: HOME PHONE:

EMPLOYER NAME: BUSINESS PHONE:

EMPLOYER ADDRESS:

RENEWAL FEES

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<th>Check one box only.</th>
<th>AACN Member</th>
<th>Nonmember</th>
<th>Renewal + 1 Year Membership</th>
<th>Renewal + 2 Year Membership</th>
<th>Renewal + 3 Year Membership</th>
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</tbody>
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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.

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

PAYMENT INFORMATION
☐ 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) __________________________________________

DEMOGRAPHIC INFORMATION
Select ONE in each category. This information is 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/Thoracic (09) ☐ Catheterization Lab (22) ☐ Combined Adult/Ped. ICU (23) ☐ Combined ICU/CCU (01) ☐ Coronary Care Unit (03) ☐ Corporate Industry (24) ☐ Critical Care Transport/Flight (17) ☐ Direct Observation Unit (39) ☐ Emergency Dept. (12) ☐ General Medical/Surgical 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) ☐ Recovery ICU/OICU (08) ☐ Stepdown Unit (30) ☐ Subacute Care (28) ☐ Surgical ICU (07) ☐ Tele-ICU (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)


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 Hosp. (Profit) (02) ☐ Corporate/Industry (11) ☐ County Hospital (07) ☐ Federal Hospital (05) ☐ HM/O/Managed Care (12) ☐ Home Health (13) ☐ Long-Term Care Facility (16) ☐ Military/Government Hospital (04) ☐ Non-Academic Teaching Hospital (14)

☐ Registry (10) ☐ Self-Employed (09) ☐ State Hospital (06) ☐ Travel Nurse (15) ☐ University Medical 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: ☐ Female ☐ Male

If you are not able to select Clinical Nurse Specialist under “Primary Position Held,” please complete and submit with your application the CCNS Practice Validation Form on pages 13-16.

Please complete second page of application
OPTION 2

HONOR STATEMENT – CCNS RENEWAL
BY PRACTICE HOURS, PHARMACOLOGY CE AND EXAM

PLEASE PRINT CLEARLY.

NAME:   AACN CUSTOMER #:

I hereby apply for CCNS certification renewal. Submission of this application indicates I understand and have met the eligibility requirements as documented in the CCNS Renewal Handbook and the Certification Exam Policy Handbook.

LICENSURE: I possess a current, unencumbered U.S. RN or APRN license. My ____________________________ (state) nursing license ____________________________ (number) is due to expire ____________________________ (date).

During this last 5-year certification period, no license I’ve held was subjected to formal discipline by any state board of nursing and no provisions/conditions have limited my practice in any way. I understand that I must notify AACN Certification Corporation within 30 days if disciplinary action is taken against any RN or APRN license I hold.

PRACTICE: I understand that a significant component of APRN practice focuses on direct care of individuals. During this last 5-year certification period, I have completed 1,000 hours, as an APRN within the U.S., in all roles of the clinical nurse specialist which included direct care of the following acutely and/or critically ill patient population:

(check one box only)  □ ADULT  □ PEDIATRIC  □ NEONATAL

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

VERIFIER'S NAME: FACILITY NAME:

VERIFIER'S PHONE NUMBER: VERIFIER'S EMAIL:

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

CONTINUED COMPETENCE: During this last certification period, I completed 25 Pharmacology CE.

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

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

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

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

APPLICANT'S SIGNATURE: DATE:

REFER TO: The Certification Exam Policy Handbook contains testing site and scheduling information and day of exam rules.

SUBMIT APPLICATION AND FEE: Mail application with payment to:
AACN Certification Corporation, 101 Columbia, Aliso Viejo, CA 92656-4109. Or fax to: (949) 448-5522.
DO NOT fax AND mail your application. Please use only ONE method to submit your application.

Please allow 2 to 4 weeks from the date received by AACN Certification Corporation for the processing of your application.

Questions? Please visit www.certcorp.org, email APRNcert@aacn.org or call us at (800) 899-2226.
APPLICATION – CCNS RENEWAL BY CE POINTS AND EXAM

CHECK ONE: □ ADULT □ PEDIATRIC □ NEONATAL

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 #: MEMBERSHIP EXP. DATE: CCNS EXP. DATE:

LEGAL NAME: ____________________________  Last   First  MI  Maiden

HOME ADDRESS: ____________________________  City  State  ZIP

EMAIL ADDRESS: ____________________________  HOME PHONE: ____________________________

EMPLOYER NAME: ____________________________  BUSINESS PHONE: ____________________________

EMPLOYER ADDRESS: ____________________________  City  State  ZIP

RENEWAL FEES

<table>
<thead>
<tr>
<th>CCNS Renewal by CE Points and Exam</th>
<th>AANC Member</th>
<th>Nonmember</th>
<th>Renewal + 1 Year Membership</th>
<th>Renewal + 2 Year Membership</th>
<th>Renewal + 3 Year Membership</th>
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<td>$278</td>
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<td>$400</td>
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</tr>
</tbody>
</table>

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.

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

PAYMENT INFORMATION

☐ 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) ____________________________

DEMOGRAPHIC INFORMATION

Select ONE in each category. This information is 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/ Surg. ICU (09)  ☐ Catheterization Lab (22)  ☐ Combined Adult/Ped. ICU (23)  ☐ Combined ICU/CCU (01)  ☐ Coronary Care Unit (03)  ☐ Corporate Industry (24)  ☐ Critical Care Transport/ Flight (17)  ☐ Direct Observation Unit (39)  ☐ Emergency Dept. (12)  ☐ General Medical/Surgical 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)  ☐ Tele-IUC (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)  ☐ Clinical Nurse (40)  ☐ Clinical Coordinator (44)  ☐ Clinical Director (04)  ☐ Clinical Nurse Specialist (08)


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)

Number of Beds in Institution: ____________________________  Years of Experience in Nursing: ____________________________

Primary Type of Facility in Which Employed

☐ College/University (08)  ☐ Community Hospital (Nonprofit) (01)  ☐ Community Hosp. (Profit) (02)  ☐ Corporate/Industry (11)  ☐ County Hospital (07)  ☐ Federal Hospital (05)  ☐ HMO/Managed Care (12)  ☐ Home Health (13)  ☐ Long-Term Acute Care Hospital (16)  ☐ Military/Government Hospital (04)  ☐ Non-Academic Teaching Hospital (14)

☐ Registry (10)  ☐ Self-Employed (09)  ☐ State Hospital (06)  ☐ Travel Nurse (15)  ☐ University Medical Ctr. (03)  ☐ Other – specify below (99)

Number of Beds in Institution: ____________________________  Years of Experience in Acute/Critical Care Nursing: ____________________________

Date of Birth: (mm/dd/yyyy)

Gender: ☐ Female  ☐ Male

Please complete second page of application.
OPTION 3

HONOR STATEMENT – CCNS RENEWAL
BY CE POINTS AND EXAM

PLEASE PRINT CLEARLY.

NAME:                                      AACN CUSTOMER #:

I hereby apply for CCNS certification renewal. Submission of this application indicates I understand and have met the eligibility requirements as documented in the CCNS Renewal Handbook and the Certification Exam Policy Handbook.

LICENSURE: I possess a current, unencumbered U.S. RN or APRN license. My ______________________________ (state) nursing license ______________________________ (number) is due to expire _______________________________ (date).

During this last 5-year certification period, no license I’ve held was subjected to formal discipline by any state board of nursing and no provisions/conditions have limited my practice in any way. I understand that I must notify AACN Certification Corporation within 30 days if disciplinary action is taken against any RN or APRN license I hold.

CONTINUED COMPETENCE: During this last 5-year certification period, I completed 150 CE Renewal Points, with at least 75 in the area of Acute/Critical Care Education Programs and 25 in pharmacology.

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

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

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