Renewal Handbook

ACCNS-P

Pediatric Clinical Nurse Specialist Certification (Wellness Through Acute Care)

AACN
CERTIFICATION CORPORATION
Certification Organization for the American Association of Critical-Care Nurses

Mission

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

Vision

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

Values

As the Corporation advances its mission and vision to fulfill its purpose and inherent obligation of driving the health and safety of patients experiencing acute and critical illness, we are guided by a set of deeply rooted values. These values are the foundation upon which we build our relentless pursuit of excellence.

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

Ethics

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

ABSNC Accredited Program

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

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

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

AACN
CERTIFICATION
CORPORATION

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ACCNS-P RENEWAL HANDBOOK

Pediatric Clinical Nurse Specialist (wellness through acute care)

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

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

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

Specialty Certifications

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

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

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

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

Subspecialty Certifications

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

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

Advanced Practice Certifications

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

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

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

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

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

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

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

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

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

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

Thank you for your commitment to patients and their families and to becoming certified.

ACCNS-P

Please direct inquiries to:

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

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

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

Contents

Certification Program 1

Recognition of Certification 1

Name and Address Changes 2

Renewal Policies 2

Renewal Fees 3

Online Renewal 3

ACCNS-P Renewal Options 4-5

- Option 1 — Practice Hours and CE Points
- Option 2 — Practice Hours, Pharmacology CE and Exam
- Option 3 — CE Points and Exam

CE Renewal Points Program 6-7

CE Renewal Points Log 8-9

AACN Synergy Model for Patient Care 10-11

Renewal Audit 12

Revocation of Certification 12

Review and Appeal of Certification Eligibility 13

ACCNS-P Renewal Applications

Renewal by Practice Hours and CE Points 14-15

Renewal by Practice Hours, Pharmacology CE and Exam 16-17

Renewal by CE Points and Exam 18-19

Certification Program

Definition

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

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

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.aacn.org/certification > Overview > Learn More.

ACCNS-P® Registered Service Mark

ACCNS-P is a registered service mark and denotes certification as a pediatric clinical nurse specialist as granted by AACN Certification Corporation. Clinical nurse specialists who have not achieved ACCNS-P certification or whose ACCNS-P certification has lapsed are not authorized to use the ACCNS-P credential.

Administration and Sponsorship

The certification programs are administered by AACN Certification Corporation. The certification exams are conducted in cooperation with PSI Services.

Membership Requirements

There are no association membership requirements to participate in AACN Certification Corporation programs.

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

Recognition of Certification

Candidates who meet all eligibility requirements and pass the ACCNS-P certification exam may use "ACCNS-P" after their licensing title. ACCNS-P is used in recognition of professional competence as a pediatric clinical nurse specialist for a 5-year period of certification.

ACCNS-P is a registered service mark. It is not punctuated with periods. The proper use of ACCNS-P is as follows:

Chris Smith, RN, MSN, ACCNS-P

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

A listing of ACCNS-P-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.aacn.org/certification.

Name and Address Changes

Renewal notifications will be emailed to you starting 4 months prior to your scheduled renewal date. You are responsible for notifying AACN Certification Corporation should your name and/or address change at any time before or after you become certified. Failure to do so may result in not receiving information necessary for certification renewal.

Please notify us of any address or email address changes; you may update your profile as follows:

- Online at www.aacn.org/myaccount,
- Email info@aacn.org, or
- Call AACN Customer Care at 800-899-2226

The following changes must be made by calling AACN Customer Care at 800-899-2226:

- Name changes
- Address changes for exam candidates during 90-day testing window

Candidates are responsible for renewing their certification even if they do not receive a renewal notice.

ACCNS-P Renewal Policies

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

Late or retroactive renewal is not available for ACCNS-P certification. To maintain a current ACCNS-P certification, renewal must be completed prior to your certification expiration date.

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

ACCNS-P Renewal Fees

ACCNS-P Renewal Fees	Member	Nonmember
Renewal by Practice Hours and CE Points	$250	$340
Renewal by Practice Hours and Exam	$215	$320
Renewal by CE Points and Exam	$215	$320

Payable in U.S. funds. A $15 fee will be charged for a returned check.

The renewal fee is for processing and is nonrefundable.

Fees subject to change without notice.

Online Renewal

Candidates may apply for ACCNS-P certification renewal online at www.aacn.org/certification > Renew Certification or via a paper application. The completed paper renewal application must be postmarked or faxed by the scheduled certification renewal date.

Online renewal is available to all active ACCNSs, as well as those who hold inactive status, up to 4 months prior to their scheduled renewal date. Online renewal allows a candidate to submit an application and credit card payment for renewal via a secure Internet connection.

To apply for renewal online, go to www.aacn.org/certification > Renew Certification and follow the detailed instructions listed.

As a certificant, you already have an AACN customer account. Therefore, please do NOT create a new account or you will have a duplicate record, which could affect the processing of your renewal.

Access your existing AACN account as follows:

- At **Customer Sign In** enter your email address on file with AACN or your AACN customer number.
- Your **AACN Customer Number** can be found on your most recent renewal notice.
- Your initial **password** is your last name. You will be able to change your password once you log in. If you do not remember your password, click Forgot Password.
- You will be able to **verify and update your account information** during the online process.
- **Verify your email address** to receive a confirmation of your renewal and to continue to receive important renewal information.

Renewing candidates will not be mailed a certificate; however, a certificate can be printed from your AACN Dashboard. Log into to AACN.org and select Certification.

Once you have successfully renewed online, you will be subject to the same random audit process as any other certificant. You must maintain records of your CERPs for 3 years after your scheduled renewal date, to submit in the event of an audit.

ACCNS-P Certification Renewal

Renew online up to 4 months prior to your scheduled renewal date at www.aacn.org/certification > Renew Certification.

Purpose and Limitations of Renewal Options

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

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

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

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

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

Eligibility

Candidates for ACCNS-P renewal must hold a current, unencumbered U.S.[1] RN or APRN license.

- An unencumbered license has not been subjected to formal discipline by the board of nursing in the state(s) in which you practiced during the 5-year certification period and had no provisions or conditions that limited your nursing practice.
- Provisions or conditions may include, but are not limited to, direct supervision of practice, drug administration limitations and/or practice area exclusions.
- Documentation of all provisions and conditions from the board or its designee must be reviewed prior to approval for renewal.
- Certificants must notify AACN Certification Corporation **within 30 days** if any provisions or conditions are placed against their RN or APRN license(s).

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

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

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

Renewal Options

ACCNS-Ps may seek certification renewal via one of the following options:

Option 1 — Practice Hours and CE Points

- In the 5-year renewal period, ACCNS-P 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 — Wellness through Acute Care Education Programs (25 as Pharmacology CE).
- Complete the CE Renewal Points Log on pages 7 and 8 of this handbook. If selected for audit, submit the completed log along with supporting documentation.
- Candidates must complete the ACCNS-P Renewal by Practice Hours and CE Renewal Points application/honor statement located on pages 13 and 14.

continued

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

Option 2 - Practice Hours, Pharmacology CE and Exam

- In the 5-year renewal period, ACCNS-P 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 **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 the exam is failed.
- Candidates must complete the ACCNS-P Renewal by Practice Hours, Pharmacology CE and Exam application/honor statement located on pages 15 and 16.

Option 3 - CE Points and Exam

- In the 5-year renewal period, ACCNS-P renewal candidates must complete 150 CE Renewal Points, 75 of which must be in Category I — Wellness through Acute Care Education Programs (25 as Pharmacology CE), and apply for, take and pass the ACCNS-P exam **before** the expiration date of their certification.

  Complete the CE Renewal Points Log on pages 7 and 8 of this handbook. If selected for audit, submit the completed log along with supporting documentation.
- Candidates must complete the ACCNS-P Renewal by CE Points and Exam application/honor statement located on pages 17 and 18.

For Those Renewing by Practice Hours

(Options 1 and 2)

- Practice hours for ACCNS-P renewal includes active involvement in the direct care of patients *in all roles of the clinical nurse specialist* as an APRN for a minimum of 1,000 hours during the 5-year certification period.
- Eligible hours are those spent caring for pediatric patients within the spectrum of wellness through acute care.
- Hours spent by faculty members supervising the acute care clinical practice of **APRN** students may be counted toward the practice hour requirement for ACCNS-P renewal.
- Eligible practice hours for ACCNS-P 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)

- For current test plan and study references, refer to the *ACCNS-P Exam Handbook*. For information regarding exam scheduling and testing, refer to the *Certification Exam Policy Handbook*. These documents are available online at www.aacn.org/certhandbooks.
- Once the application is processed (takes 2 to 4 weeks) AACN Certification Corporation will notify our testing service, PSI, of eligible candidates; PSI 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 PSI to schedule an appointment at a testing location of their choice.
- Candidates must apply for, take and pass the ACCNS-P exam **before** the expiration date of their certification.

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

ACCNS-P CE Renewal Points Program

Category I - Education Programs (Wellness through Acute Care)

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 programs granting approved continuing education credit(s) such as CE, CME, ACPE and academic credit courses.

Acceptable programs must possess one of the following characteristics:

- Have direct application to meeting the care needs of the pediatric patient population.
- Address clinical knowledge, skills and experience utilized by pediatric CNSs.

Twenty-five (**25**) CE Points in Category IA must be Pharmacology CE.

- Pharmacology CE must be related to the APRN's licensed advanced role and population focus.
- Pharmacology CE may be labeled as "Pharmacology contact hours" or "Pharmacotherapeutic contact hours," and may include topics such as drug specific information, safe prescribing practices, safe medication administration, prescribing methodologies, new regulations, or similar content.
- If audited, submit CE certificate that lists the number of formally-approved Pharmacology CE/contact hours.

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.

If an academic credit course specific to care of the pediatric patient population is completed, CE Points can be awarded in Category I. For academic credit courses, one (1) credit is worth 15 CE Points. For example, a 3-credit course would be worth 45 CE Points.

Eligible courses include, but are not limited to:

- Physical assessment
- Anatomy/physiology/pathophysiology
- Diagnostic tests used in clinical settings (e.g., ABG, x-ray and lab interpretation)
- Concerns regarding the clinical 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, nutritional support, pain management, IV therapy, pharmacology)
- Applied clinical research

B. Continuing Education Programs *Not* Formally Approved

Includes AACN chapter programs, clinical 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 account for no more than 75 of the 150 required CE Points. Points in Category II 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

Number of CE Points Awarded

Editorial in a journal	5
Column in a journal	10
Journal article (peer reviewed)	20
Journal reviewer (article or book chapter)	5
Service on editorial boards	5 points per board, per year
Article in a local newsletter or AACN chapter newsletter	2
Original research article (peer reviewed)	30
Textbook or chapter editor	1 point per 10 pages (max. 30)
Textbook or chapter author	2 points per 10 pages (max. 50)
Professionally authored multimedia aids	15
Book review	3
Clinical blog	2 (max. 4 points per year)
Master's thesis/final project	30
DNP capstone/final project	35
Doctoral dissertation	45

B. Professional Presentations

Encompasses the certificant's participation as an instructor delivering content related to the pediatric patient population to nurses, other healthcare professionals or the public. See the *ACCNS-P 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, podcast 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.**

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.

3 points per hour of lecture given
(max. 9 points per year)

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.

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

10 points per activity, per year

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

30 points per committee, per year

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

30 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.

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.

10 points per year

ACCNS-P CE Renewal Points Log

Please do NOT submit unless being audited.

Name: _____ **AACN Customer Number:** _____
Last First MI

Renewal Period: _____ — _____
From To

ACCNS-P CE Renewal Points Program

Candidates seeking ACCNS-P certification renewal must, during the 5-year certification period, complete 150 CE Renewal Points, with at least 75 in the area of Wellness through Acute Care Education Programs (25 as Pharmacology CE).

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

Category I — Education Programs (Wellness through Acute Care):

At least 75 of the 150 required CE Points must be in this category (25 as Pharmacology CE). 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 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.

Program/Course Title	Date(s)	Sponsoring Organization	CEs Awarded	Office Use
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
		Totals		

ACCNS-P CE Renewal Points Log (continued)

Category II — Optional Activities:

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

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 authorship are determined by dividing the number of points to be awarded by the number of authors).

Number of CEs Points awarded: editorial in a journal – 5 each; column in a journal – 10; journal article (peer reviewed) – 20; journal reviewer (article or chapter) – 5; service on editorial boards - 5 points per board, per year; article in a local newsletter or AACN chapter newsletter – 2; original research article (peer reviewed) – 30; textbook or chapter editor – 1 point per 10 pages (max. 30); textbook or chapter author – 2 points per 10 pages (max. 50); professionally authored multimedia aids – 15; book review - 3; clinical blog - 2 (max. 4 per year); master's thesis/final project – 30; DNP capstone/final project - 35; doctoral dissertation – 45.

Title	Date(s)	Type of Publication	No. of Authors	CEs Awarded	Office Use
1.					
2.					
3.					
			Totals		

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, 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.

Three (3) points are granted for each contact hour of lecture given (max. 9 points per year). 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.

Presentation/Program Type	Date(s)	No. of Contact Hours Taught	No. of Instructors	CEs Awarded	Office Use
1.					
2.					
3.					
				Totals	

Preceptorship or Volunteer Activities

- Participating in activities/teams/committees that solve or prevent complex problems or improve care, across many participants, 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 activity, per year**
- Participation in leadership responsibilities or committee involvement on a chapter/regional level – **30 points per committee per year;** in professional, governmental or health related organizations – **30 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**

Activity/Organization	Date(s)	No. of Hours Involved in Activity	CEs Awarded	Office Use
1.				
2.				
3.				
			Totals	

(Attach additional sheet if necessary)

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

Signature _____ **Printed Name** _____ **Date** _____

AACN Synergy Model for Patient Care

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

The basic tenet of the Synergy Model is that optimal patient outcomes can be produced through the synergistic interaction between the needs of the patient and the competencies of the nurse. AACN Certification Corporation is committed to ensuring that certified nursing practice is based on the needs of patients. Integration of the AACN Synergy Model for Patient Care into AACN Certification Corporation's certification programs puts emphasis on the patient and says to the world that patients come first.

The Synergy Model creates a comprehensive look at the patient. It puts the patient in the center of nursing practice. The model identifies nursing's unique contributions to patient care and uses language to describe the professional nurse's role. It provides nursing with a venue that clearly states what we do for patients and allows us to start linking ourselves to, and defining ourselves within, the context of the patient and patient outcomes.

Patient Characteristics

The Synergy Model encourages nurses to view patients in a holistic manner rather than the "body systems" medical model. Each patient and family is unique, with a varying capacity for health and vulnerability to illness. Each patient, regardless of the clinical setting, brings a set of unique characteristics to the care situation. Depending on where they are on the healthcare continuum, patients may display varying levels of the following characteristics:

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

FOR EXAMPLE:

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

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

continued

Nurse Characteristics

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

Clinical Judgment	Clinical reasoning, which includes clinical decision-making, critical thinking and a global grasp of the situation, coupled with APRN skills acquired through a process of integrating formal and informal experiential knowledge and evidence-based guidelines. Includes differential diagnosis.
Advocacy/ Moral Agency	Working on another's behalf and representing the concerns of the patient/family and nursing staff; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within and outside the clinical setting.
Caring Practices	APRN activities that create a compassionate, supportive and therapeutic environment for patients and staff, with the aim of promoting comfort and healing and preventing unnecessary suffering. Includes but is not limited to vigilance, engagement and responsiveness of caregivers, including family and healthcare personnel. Content in this category includes pain management, infection control, risk assessment and the clinical nurse specialist/patient relationship
Collaboration	Working with others (e.g., patients, families, healthcare providers) in a way that promotes/encourages each person's contributions toward achieving optimal/realistic patient/family goals. Includes initiating referrals, providing consultation and the coordination of inter- and intradisciplinary teams to develop or revise plans of care focused on the concerns of the patient, family or both
Systems Thinking	Body of knowledge and tools that allow the APRN to manage whatever environmental and system resources exist for the patient/family and staff, within or across healthcare and non-healthcare systems. Includes analysis and promotion of cost-effective resource utilization that results in optimal patient outcomes.
Response to Diversity	The sensitivity to recognize, appreciate and incorporate differences into the provision of care. Differences may include, but are not limited to, cultural differences, spiritual beliefs, gender, race, ethnicity, lifestyle, socioeconomic status, age and values.
Facilitation of Learning	The ability to facilitate learning for patients/families, nursing staff, other members of the healthcare team and community. Includes both formal and informal facilitation of learning.
Clinical Inquiry	The ongoing process of questioning and evaluating practice and providing informed practice. Creating changes through evidence-based practice, research utilization and experiential knowledge.

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

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

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

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

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

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

ACCNS-P 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 email 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 practice 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 ACCNS-P 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.

Revocation 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:

- Falsification of a certification exam application or renewal application
- Falsification of any information provided to AACN Certification Corporation
- Failure to meet/maintain eligibility requirements
- Failure to pay fees
- Failure to meet deadlines
- Failure to respond to or pass an audit
- Misrepresentation of certification status or misuse of certification
- Conviction of a felony
- Cheating (or reasonable evidence of intent to cheat) on the exam
- Sharing exam content
- Provisions or conditions placed on RN or APRN licensure during the certification renewal period

  Certificants must notify AACN Certification Corporation **within 30 days** of any provisions or conditions placed against their RN or APRN license(s).

In the event of revocation, notification may be sent to the candidate's employer and state board of nursing, where appropriate. The candidate will be notified that he/she may be prohibited from reapplying for any AACN certification exam for a period of up to 3 years.

Fees paid for certification renewal are not refunded.

Review and Appeal of Certification Eligibility

The review and appeal process is available to individuals whose certification status has been denied, expired or revoked.

Internal Review Panel (IRP)

The review process is conducted by the staff of AACN Certification Corporation.

Initial applicants and prospective applicants may request a review of eligibility within 45 days of notification of denial. The written request should describe their eligibility and how it conforms to the certification program.

Requests for review of expired or revoked certification status should include information and documents to support the request for reinstatement. Requests for review should be received within 30 days of notification of certification expiration or revocation.

Please email your request for review to:

certification@aacn.org

Or mail to:

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

The IRP will review the documentation provided and render a decision within 30 days. Additional information may be requested by the IRP. The IRP decision will be communicated via phone or email to the individual requesting review.

Appeal of Eligibility, Exam and Renewal Determination

A candidate who believes he/she was unjustly denied eligibility for an exam, who challenges results of an exam or who believes he/she was unjustly denied renewal of certification may request reconsideration of the decision by emailing a written appeal to certification@aacn.org.

The candidate for certification or renewal of certification must provide convincing evidence that a severe disadvantage was afforded the candidate during processing of an application for exam or renewal of certification or prior to or during administration of an exam.

The appeal must be made within 45 days of receipt of the adverse decision (for example, a score report or any other official correspondence related to certification or renewal of certification from AACN Certification Corporation or its agents). The written appeal must also indicate the specific relief requested.

The appeal process is conducted by the AACN Certification Corporation Appeals Panel. The Appeals Panel is comprised of certified peer volunteers who have an understanding of the credential being appealed and are not members of the internal review process. Panel members sign confidentiality agreements as well as conflict of interest forms prior to participation.

The Appeals Panel will review the documentation provided and render a decision within 30 days of date of appeal. The decision of the Appeals Panel is final and will be communicated via email to the requesting individual.

For questions about the review and appeal process, please call AACN Certification Corporation at 800-899-2226.

AACN CERTIFICATION CORPORATION

OPTION 1

STAPLE CHECK HERE

Application - ACCNS-P Renewal by Practice Hours and CE Points

Please print clearly.

AACN CUSTOMER: **MEMBERSHIP EXP. DATE:** **ACCNS-P EXP. DATE:**

LEGAL NAME:
Last First MI Maiden

HOME ADDRESS:
City State Zip

EMAIL: **HOME PHONE:**

EMPLOYER NAME: **BUSINESS PHONE:**

EMPLOYER ADDRESS:
City State Zip

RENEWAL FEES

Check ***one*** box only	AACN Member	Nonmember	Renewal + 1 Year AACN Membership	Renewal + 2 Year AACN Membership	Renewal + 3 Year AACN Membership
ACCNS-P Renewal by Practice Hours and CE Points	☐ $250	☐ $340	☐ $328	☐ $398	☐ $450

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 lists sold to other organizations.

PAYMENT INFORMATION - *application must be accompanied by payment*

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

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

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

Name on Card _____ Signature _____

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

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 Med./Surg. Floor (18)
- ☐ Home Care (25)
- ☐ Intensive Care Unit (02)
- ☐ Interventional Cardiology (31)
- ☐ Long-Term Acute Care (27)
- ☐ Medical Cardiology (34)
- ☐ Medical ICU (04)
- ☐ Medical Surgical ICU (35)
- ☐ Neonatal ICU (06)
- ☐ Neuro./Neurosurgical ICU (10)
- ☐ Oncology Unit (19)
- ☐ Operating Room (15)
- ☐ Outpatient Clinic (29)
- ☐ Pediatric ICU (05)
- ☐ Private Practice (32)
- ☐ Progressive Care Unit (16)
- ☐ Recovery Room/PACU (14)
- ☐ Respiratory ICU (08)
- ☐ Stepdown Unit (30)
- ☐ Subacute Care (28)
- ☐ Surgical ICU (07)
- ☐ TeleICU (37)
- ☐ Telemetry (20)
- ☐ Trauma Unit (11)
- ☐ Other – *specify below*

_____ (99)

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

_____ (99)

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

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

_____ (99)

Primary Type of Facility in Which Employed
- ☐ College/University (08)
- ☐ Community Hospital (Nonprofit) (01)
- ☐ Community 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/Gov't Hospital (04)
- ☐ Non-Academic Teaching Hospital (14)
- ☐ Registry (10)
- ☐ Self-Employed (09)
- ☐ State Hospital (06)
- ☐ Travel Nurse (15)
- ☐ University Med. Ctr. (03)
- ☐ Other – *specify below*

_____ (99)

Number of Beds in Institution: _____

Years of Experience in Nursing: _____

Years of Experience in Acute/Critical Care Nursing: _____

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

_____

Gender:
- ☐ Male ☐ Female
- ☐ Non-binary

Please complete second page of application.

OPTION 1

Honor Statement - ACCNS-P Renewal by Practice Hours and CE Points

Please print clearly.

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

I hereby apply for ACCNS-P certification renewal. Submission of this application indicates I understand and have met the eligibility requirements as documented in the *ACCNS-P Renewal 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 the board of nursing in the state(s) in which I practiced and had no provisions or conditions that limited my nursing practice in any way. I understand that I must notify AACN Certification Corporation **within 30 days** if any provisions or conditions are placed against any RN or APRN license(s) I hold. I understand I may be eligible for Conditional Certification if my license becomes encumbered.

PRACTICE: I understand that a significant component of APRN practice focuses on direct care of individuals. During this last certification period I have completed 1,000 practice hours as an APRN within the U.S., *in all roles of the clinical nurse specialist* in the care of pediatric patients within the spectrum of wellness through acute care.

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:** _____
Last First

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

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

CONTINUED COMPETENCE: During this last 5 year certification period, I completed 150 CE Renewal Points, with at least 75 in the area of Wellness through Acute Care Education Programs (25 as Pharmacology CE).

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

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

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

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 eligibility requirements as outlined.

Applicant's Signature: _____ **Date:** _____

SUBMIT APPLICATION AND FEE: Mail application with payment to:
AACN Certification Corporation, 27071 Aliso Creek Road, Aliso Viejo, CA 92656-3399 **or** fax to: 949-362-2020.
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.aacn.org/certification, email APRNcert@aacn.org or call us at 800-899-2226.

AACN CERTIFICATION CORPORATION

OPTION 2

STAPLE CHECK HERE

Application - ACCNS-P Renewal by Practice Hours, Pharmacology CE and Exam

Please print clearly.

AACN CUSTOMER: **MEMBERSHIP EXP. DATE:** **ACCNS-P EXP. DATE:**

LEGAL NAME:
Last First MI Maiden

HOME ADDRESS:
City State Zip

EMAIL: **HOME PHONE:**

EMPLOYER NAME: **BUSINESS PHONE:**

EMPLOYER ADDRESS:
City State Zip

RENEWAL FEES

Check ***one*** box only	AACN Member	Nonmember	Renewal + 1 Year AACN Membership	Renewal + 2 Year AACN Membership	Renewal + 3 Year AACN Membership
ACCNS-P Renewal by Practice Hours, Pharm. CE and Exam	☐ $215	☐ $320	☐ $293	☐ $363	☐ $415

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 lists sold to other organizations.

PAYMENT INFORMATION - *application must be accompanied by payment*

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

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

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

Name on Card _____ Signature _____

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

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 Med./Surg. Floor (18)
- ☐ Home Care (25)
- ☐ Intensive Care Unit (02)
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- ☐ Subacute Care (28)
- ☐ Surgical ICU (07)
- ☐ TeleICU (37)
- ☐ Telemetry (20)
- ☐ Trauma Unit (11)
- ☐ Other – *specify below*

_____ (99)

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

_____ (99)

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

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

_____ (99)

Primary Type of Facility in Which Employed
- ☐ College/University (08)
- ☐ Community Hospital (Nonprofit) (01)
- ☐ Community 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/Gov't Hospital (04)
- ☐ Non-Academic Teaching Hospital (14)
- ☐ Registry (10)
- ☐ Self-Employed (09)
- ☐ State Hospital (06)
- ☐ Travel Nurse (15)
- ☐ University Med. Ctr. (03)
- ☐ Other – *specify below*

_____ (99)

Number of Beds in Institution: _____

Years of Experience in Nursing: _____

Years of Experience in Acute/Critical Care Nursing: _____

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

_____

Gender:
☐ Male ☐ Female
☐ Non-binary

Please complete second page of application.

OPTION 2

Honor Statement - ACCNS-P Renewal by Practice Hours, Pharmacology CE and Exam

Please print clearly.

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

I hereby apply for ACCNS-P certification renewal. Submission of this application indicates I understand and have met the eligibility requirements as documented in the *ACCNS-P 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 the board of nursing in the state(s) in which I practiced and had no provisions or conditions that limited my nursing practice in any way. I understand that I must notify AACN Certification Corporation **within 30 days** if any provisions or conditions are placed against any RN or APRN license(s) I hold. I understand I may be eligible for Conditional Certification if my license becomes encumbered.

PRACTICE: I understand that a significant component of APRN practice focuses on direct care of individuals. During this last certification period I have completed 1,000 practice hours as an APRN within the U.S., *in all roles of the clinical nurse specialist* in the care of pediatric patients within the spectrum of wellness through acute care.

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:** _____
Last First

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

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

CONTINUED COMPETENCE: During this last 5 year certification period, I completed 25 Pharmacology CE.

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

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

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

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 eligibility requirements as outlined.

Applicant's Signature: _____ **Date:** _____

REFER TO THE OTHER HANDBOOKS: The *ACCNS-P Exam Handbook* contains the current test plan, study references and sample questions. 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, 27071 Aliso Creek Road, Aliso Viejo, CA 92656-3399 **or** fax to: 949-362-2020.
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.aacn.org/certification, email APRNcert@aacn.org or call us at 800-899-2226.

AACN CERTIFICATION CORPORATION

OPTION 3

STAPLE CHECK HERE

Application - ACCNS-P Renewal by CE Points and Exam

Please print clearly.

AACN CUSTOMER: **MEMBERSHIP EXP. DATE:** **ACCNS-P EXP. DATE:**

LEGAL NAME:
Last First MI Maiden

HOME ADDRESS:
City State Zip

EMAIL: **HOME PHONE:**

EMPLOYER NAME: **BUSINESS PHONE:**

EMPLOYER ADDRESS:
City State Zip

RENEWAL FEES

Check ***one*** box only	AACN Member	Nonmember	Renewal + 1 Year AACN Membership	Renewal + 2 Year AACN Membership	Renewal + 3 Year AACN Membership
ACCNS-P Renewal by CE Points and Exam	☐ $215	☐ $320	☐ $293	☐ $363	☐ $415

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 lists sold to other organizations.

PAYMENT INFORMATION - *application must be accompanied by payment*

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

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

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

Name on Card _____ Signature _____

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

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 Med./Surg. Floor (18)
- ☐ Home Care (25)
- ☐ Intensive Care Unit (02)
- ☐ Interventional Cardiology (31)
- ☐ Long-Term Acute Care (27)
- ☐ Medical Cardiology (34)
- ☐ Medical ICU (04)
- ☐ Medical Surgical ICU (35)
- ☐ Neonatal ICU (06)
- ☐ Neuro./Neurosurgical ICU (10)
- ☐ Oncology Unit (19)
- ☐ Operating Room (15)
- ☐ Outpatient Clinic (29)
- ☐ Pediatric ICU (05)
- ☐ Private Practice (32)
- ☐ Progressive Care Unit (16)
- ☐ Recovery Room/PACU (14)
- ☐ Respiratory ICU (08)
- ☐ Stepdown Unit (30)
- ☐ Subacute Care (28)
- ☐ Surgical ICU (07)
- ☐ TeleICU (37)
- ☐ Telemetry (20)
- ☐ Trauma Unit (11)
- ☐ Other – *specify below*

_____ (99)

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

_____ (99)

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

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

_____ (99)

Primary Type of Facility in Which Employed
- ☐ College/University (08)
- ☐ Community Hospital (Nonprofit) (01)
- ☐ Community 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/Gov't Hospital (04)
- ☐ Non-Academic Teaching Hospital (14)
- ☐ Registry (10)
- ☐ Self-Employed (09)
- ☐ State Hospital (06)
- ☐ Travel Nurse (15)
- ☐ University Med. Ctr. (03)
- ☐ Other – *specify below*

_____ (99)

Number of Beds in Institution: _____

Years of Experience in Nursing: _____

Years of Experience in Acute/Critical Care Nursing: _____

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

_____

Gender:
- ☐ Male ☐ Female
- ☐ Non-binary

Please complete second page of application.

AACN CERTIFICATION CORPORATION

OPTION 3

Honor Statement - ACCNS-P Renewal by CE Points and Exam

Please print clearly.

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

I hereby apply for ACCNS-P certification renewal. Submission of this application indicates I understand and have met the eligibility requirements as documented in the *ACCNS-P 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 the board of nursing in the state(s) in which I practiced and had no provisions or conditions that limited my nursing practice in any way. I understand that I must notify AACN Certification Corporation **within 30 days** if any provisions or conditions are placed against any RN or APRN license(s) I hold. I understand I may be eligible for Conditional Certification if my license becomes encumbered.

CONTINUED COMPETENCE: During this last 5 year certification period, I completed 150 CE Renewal Points, with at least 75 in the area of Wellness through Acute Care Education Programs (25 as Pharmacology CE).

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

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

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

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 eligibility requirements as outlined.

Applicant's Signature: _____ **Date:** _____

REFER TO THE OTHER HANDBOOKS: The *ACCNS-P Exam Handbook* contains the current test plan, study references and sample questions. 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, 27071 Aliso Creek Road, Aliso Viejo, CA 92656-3399 **or** fax to: 949-362-2020.
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.aacn.org/certification, email APRNcert@aacn.org or call us at 800-899-2226.

ACCNS-P