Renewal Handbook

Cardiac Surgery Subspecialty Certification • Adult

AACN
CERTIFICATION CORPORATION

Certification Organization for the American Association of Critical-Care Nurses

Mission

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

Vision

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

Values

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

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

Ethics

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

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.

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CSC RENEWAL HANDBOOK

Acute/Critical Care Cardiac Surgery Subspecialty Certification - Adult

As a certified nurse, you know that certification validates your knowledge of nursing and demonstrates your commitment to your profession. The purpose of certification renewal is to support continued competence. Research shows that certification increases your confidence and empowers you to provide the finest care possible for your patients, ensuring their safety and bringing about the best outcomes.

A few key things to note about renewing your CSC® certification:

- You are encouraged to **renew online**, where you may apply up to 4 months prior to your scheduled renewal date.
- To renew, you must hold a clinical nursing **specialty certification** that meets AACN's criteria (see page 4) and is valid for 90 days beyond your scheduled renewal date.
- For 3 years beyond your scheduled renewal date, you must **retain documentation** of the required Category A CERPs to submit to AACN if selected for audit. A CERP is a Continuing Education Recognition Point.
- For answers to **frequently asked questions** about CSC renewal, please refer to page 1.

We encourage you to renew as early as possible. We're here to support you every step of the way. Please visit our website at www.aacn.org/certification, email certcorp@aacn.org or call AACN Customer Care at 800-899-2226 if you have any questions.

Thank you for your commitment to certification!

Please direct inquiries to:

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

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

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

Contents

Frequently Asked Questions for CSC Renewal 1

Application Instructions 2

Certification Program 3

CSC Renewal Eligibility 4

Renewal Eligibility Options 5

- Option 1 — Renewal by CERPs
- Option 2 — Renewal by Exam
- Option 3 — Inactive Status

Online Renewal 6

Renewal Fees 6

Name and Address Changes 7

Renewal Audit 8

Revocation of Certification 8

Review and Appeal of Certification Eligibility 9

Renewal by CERPs 10

CERP Log 11

CSC Test Plan 12-13

Forms

CSC Renewal Application 14

- Option 1 — CSC Renewal by **CERPs** Honor Statement 15
- Option 2 — CSC Renewal by **Exam** Honor Statement 16

Frequently Asked Questions About CSC Renewal

What types of CERPs may be counted toward my CSC renewal?

A CERP is a Continuing Education Recognition Point. Twenty-five (25) Category A Clinical Judgment CERPs are required. The CERPs must pertain to cardiac surgery and may include any topic on the CSC Test Plan, available on pages 12 and 13 of this handbook.

May I count ACLS toward my CSC renewal?

Yes, ACLS (initial or renewal) may be counted toward the CERPs required for CSC renewal, but may be counted no more than once during your 3-year renewal period.

If selected for audit, which can happen up to 3 years after your scheduled renewal date, you will need to submit documentation showing the amount of time spent in the course. A copy of your ACLS card is not sufficient for audit as it does not include actual class time, which varies.

Please provide documentation of hours with course date and title, your name, and signature of an educator, supervisor or course director.

May I count the same CERPs toward both my specialty and subspecialty certifications?

Yes, you may count CERPs toward both your specialty and subspecialty renewals if they occur during the applicable date range for each of your credentials.

If you are audited for your *subspecialty* renewal, the CERPs being evaluated must fall within that 3-year renewal cycle. If you are audited for your *specialty* certification those CERPs would need to fall within the renewal cycle of that certification.

If my specialty certification has expired, may I still renew my CSC certification?

No, to renew your CSC certification, you must hold a current clinical nursing specialty certification that meets AACN's criteria, which includes but is not limited to being nationally-accredited (ABSNC or NCCA). For details, refer to page 4.

If my specialty certification has expired, may I still display my CSC credential?

No, the 3-letter credential may only be displayed with a current clinical nursing specialty certification, attached by a dash (e.g., CCRN-CSC).

If your specialty credential has expired, you may display the CSC with another eligible current specialty nursing credential. To request this change you must contact AACN and provide proof of the current non-AACN specialty credential.

Application Instructions

To ensure that your CSC Renewal Application is complete, please refer to the following:

1. **Confirm** that you have met all the eligibility requirements for renewal by thoroughly reviewing this handbook.

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

3. **If unable to renew online**, complete and sign the Renewal Application on page 14 and the Honor Statement on page 15 (for Renewal by CERPs) ***or*** page 16 (for Renewal by Exam). Be sure to include contact information for your verifier.

   Those wishing to renew by exam may refer to the current test plan and exam references in the *CSC Exam Handbook* at www.aacn.org/certhandbooks.

4. **Mail** your signed Application, Honor Statement and fee to:

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

   Or fax to 949-362-2020

   DO NOT mail **and** fax; please use ***one*** method to submit your application.

5. **Do not submit a CERP Log or copy of your RN or APRN license** unless you are selected for audit. If selected, you will be notified **after** your successful renewal. Keep all CERP records for at least **3 years** following your scheduled renewal date to submit if audited.

6. **If you desire verification of receipt** of your application, you may mail your application "return receipt requested" via certified mail or include a self-addressed stamped postcard, which will be mailed to you when your application is received.

   Return of the postcard by AACN indicates receipt of your application only, not approval.

7. **Ensure that the application is postmarked by your scheduled certification renewal date.** Do not send a duplicate application. For example, if you fax your application do not also mail the original.

8. Those wishing to apply for **Inactive status** may complete and submit the first page only of the CSC Renewal Application.

An incomplete application will delay processing and require you to submit additional documentation.

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. Over 136,000 practicing nurses are currently certified in acute and critical care nursing through AACN Certification Corporation.

Certification validates your knowledge of nursing care of acutely/critically ill patients in your specialty area to hospitals, peers, patients and, most importantly, to yourself. Certification promotes continuing excellence in acute/critical care nursing.

In addition to providing you with a sense of professional pride and achievement, CSC certification reinforces the special knowledge and experience required for acute/critical care nursing.

Purpose and Limitations of Renewal Options

The purpose of certification renewal is to promote continued competence. The renewal process helps to maintain an up-to-date knowledge base through continuing education and practice hours, or practice hours and passing the certification exam.

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

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

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

Membership Requirements

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

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.

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 any other protected characteristic.

Recognition of Certification

Candidates who meet all eligibility requirements and have passed the CSC subspecialty certification exam may use "CSC" respectively after their licensing title, attached to a specialty certification. CSC is a registered service mark. It is not punctuated with periods.

The proper use of CSC is as follows:

Chris Smith, RN, CCRN-CSC.

Certificants who choose Inactive status may not use the corresponding credential.

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

The specific program of certification will be noted on the individual's certificate. A listing of CSC-certified nurses will be maintained by AACN Certification Corporation and may be reported in its publications.

Certification status is available to the public via the online certification verification system, available at www.aacn.org/certification > Verify Certification.

CSC Renewal Eligibility

Licensure

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

- 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 3-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 on their RN or APRN license(s).

Certification

A current clinical nursing **specialty certification**, to which the CSC credential will be attached, is required. The clinical nursing specialty certification must:

- involve direct care of adult patients, *and*
- be nationally accredited by ABSNC (American Board of Specialty Nursing Certification) or NCCA (National Commission for Certifying Agencies), *and*
- tests beyond clinical judgment to include key nursing competencies of professional caring and ethical practice as outlined in the AACN Synergy Model for Patient Care™.

Examples of acceptable clinical nursing certifications include, but are not limited to, CCRN (via the Direct Care or Tele-critical Care Pathway), PCCN (via the Direct Care Pathway), ACNPC, ACNPC-AG, CCNS, ACCNS-AG, CNOR, CRNFA, CPAN, etc.

A nurse whose CSC certification is tied to a non-AACN specialty certification must provide proof of an eligible specialty certification that is valid for 90 days beyond his or her CSC renewal date.

Practice

For CSC renewal, practice as an RN or APRN is required for 432 hours in direct care of acutely/critically ill cardiac surgery patients within the first 48 hours postoperatively during the 3-year certification renewal period, with 144 of those hours accrued in the 12-month period prior to the scheduled renewal date.

CSC-certified nurses who work in areas such as cardiothoracic surgery, cardiovascular surgery or post anesthesia care (or other areas as appropriate) may qualify for CSC renewal.

Practice hours must be completed in a U.S.-based [1] or Canada-based facility or in a facility determined to be comparable to the U.S. standard of acute/critical care nursing practice as evidenced by Magnet® designation or Joint Commission International accreditation.

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

- Nurses in these roles must be actively involved in caring for cardiac and/or cardiac surgery patients; for example, demonstrating how to measure pulmonary artery pressures or supervising a new employee or student nurse performing a procedure.

Practice Verification

The name and contact information of your clinical supervisor or a professional colleague (RN or physician) must be provided for verification of eligibility related to clinical practice hours. If you are selected for audit, this associate will need to verify that you have met the clinical hour requirements.

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

If you have questions about renewal eligibility, please contact AACN Certification Corporation at 800-899-2226 or email us at certification@aacn.org.

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

Renewal Eligibility Options

CSC certification is granted for a period of 3 years. At renewal time candidates may seek Renewal by CERPs or Renewal by Exam, or may choose Inactive status. Do not apply for more than one option.

Option 1 - Renewal by CERPs

Subspecialty Renewal by CERPs is obtained by accumulating a total of 25 Category A Clinical Judgment CERPs. These CERPs must be accrued during the 3-year certification renewal period.

A CERP is a Continuing Education Recognition Point. For CSC, CERPs must pertain to cardiology and may include any topic on the CSC Test Plan, which is included in this handbook.

For CSC renewal, ACLS courses (initial or renewal) are acceptable for CERPs once during the 3-year certification renewal period.

For free CE courses applicable for CSC renewal, please visit www.aacn.org > Education > Continuing Education Activities.

Complete the CSC Renewal Application, on page 14 **and** the Renewal by CERPs Honor Statement, on page 15.

Option 2 - Renewal by Exam

Renewal by exam candidates must submit their application no later than 30 days prior to the certification expiration date. Contact AACN Customer Care for more information and assistance. You may not take the exam and then attempt to renew by CE Points or CERPs if you do not pass. If you do not pass the exam, you must meet initial exam eligibility requirements and submit an application to retake the exam.

Refer to the *CSC Exam Handbook* for the current test plan and exam references, and to the *Certification Exam Policy Handbook* for exam scheduling and testing information. Visit www.aacn.org/certification or email certcorp@aacn.org.

Complete the CSC Renewal Application, on page 14, **and** the Renewal by Exam Honor Statement, on page 16.

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.

Option 3 - Inactive Status

Inactive status is available to renewing certificants who do not currently meet certification renewal eligibility requirements but do not wish to lose their certification. Inactive status allows up to 3 years from your original date of renewal to meet eligibility requirements.

While Inactive, you may not use the CSC credential. You may reactivate your certification anytime during the 3-year Inactive period, as soon as you meet all of the established renewal eligibility requirements. Inactive status does not allow the certified nurse 6 years to meet the requirements (the original renewal period plus the Inactive period).

The eligibility requirements must be accrued within a 3-year period with 144 of the 432 clinical hours caring for cardiac surgery patients accrued in the most recent year preceding reactivation.

You may choose to reactivate as soon as you meet the renewal criteria. When moving from Inactive status to active status, your new 3-year certification period begins on the first day of the month following when your renewal application is signed.

> **Example**: Mary Jones obtains Inactive status on February 1, 2023. She completes a home study course acquiring the needed CERPs by April 30, 2023 and would now like to reactivate. Eligible CERPs and hours must have been completed between May 1, 2020 and April 30, 2023.

Inactive status may be held more than once, but not for two consecutive renewal periods.

To apply for Inactive status:

- Go online to www.aacn.org/certification > Renew Certification, or
- Complete the first page of the CSC Renewal Application (on page 14), select the Inactive status category, and sign and date.

If you do not reactivate 4 months prior to the end of your 3-year Inactive status period, reminders will be sent to you by email, referring you to the most recent version of the *CSC Renewal Handbook*.

Online Renewal

Candidates may apply for CSC 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 CSC certificants, 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.

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

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.

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 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.

Renewal Fees

CSC Renewal Fees	Member	Nonmember
Renewal by CERPs	$75	$130
Renewal by Exam	$125	$170
Inactive Status	$55	$145

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

AACN offers 2-year and 3-year discounted membership rates. Please refer to the application at the back of this handbook for pricing.

Name and Address Changes

It is the certificant's responsibility to notify AACN Certification Corporation of any changes in name and/or address during the certification period. Failure to do so may result in not receiving the 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

CSC 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
- CERP Log
- Copies of CERP documentation
- 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 CSC renewal should continue to keep personal records of CERP activities for at least 3 years beyond their scheduled renewal date to submit in the event that an audit is performed. A CERP Log, to be submitted only if audited, is included in this handbook. Electronic versions of the CERP Log may be accessed online at www.aacn.org/certification.

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.

Renewal by CERPs

For Renewal by CERPs, a total of 25 CERPs (Continuing Education Recognition Points) pertaining cardiac surgery is required during the 3-year CSC certification renewal period. Applicable topics include those listed on the CSC Test Plan included in this handbook.

Category A Clinical Judgment CERPs

Acute and Critical Care Education Programs

A minimum of 25 Category A Clinical Judgment CERPs pertaining to cardiac surgery are required per 3-year certification renewal period.

Description of Activities

This category encompasses acute and critical care cardiac programs granting contact hours or CERPs. These programs must address subjects that have direct application to the needs of acutely or critically ill cardiac patients.

- Ongoing learning topics may be in-services or CEs related to a Clinical Judgment topic on the test plan. Topics must have direct application to the needs of acutely/critically ill cardiac surgery patients.
- ACLS courses (initial or renewal) are acceptable for CERPs once during the 3-year renewal period.
- 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 or other sources that grant contact hours may be counted as long as they are focused on the care of acutely/critically ill cardiac surgery patients.

For free CE courses applicable for CSC renewal, visit www.aacn.org > Education > Continuing Education Activities.

How to Calculate CERPs

Continuing Education Recognition Points (CERPs) are calculated according to the educational contact hour for seminars or lectures.

For purposes of certification renewal, **1 CERP is equal to 1 contact hour**. For example, if you attended an educational program and earned 6 contact hours, 6 CEs or 6 CMEs, then 6 CERPs would be awarded for this program.

CERPs are not awarded for registration, introductions, breaks, lunch or clinical time. CERPs are not awarded for completion of certification exams offered by other organizations.

For Academic Credit Courses, **one (1) credit is worth 15 CERPs**. For example, a 3-credit course would be worth 45 CERPs.

Acceptable Proof for CERPs

If selected for audit, submit a photocopy of your CE certificate. The Continuing Education (CE) certificate must contain your name, date(s) of attendance, title of course and contact hours.

If the program was not formally granted contact hours, submit the following: written verification of attendance, including name of participant, date(s) of attendance, title and hours of course (minus breaks and lunch), signed by educator, course director or supervisor.

A copy of your ACLS card is not sufficient for audit as it does not include actual class time, which varies. Please provide documentation of hours, with course date and title, your name, and signature of an educator, course director or supervisor.

CSC Renewal CERP Log

Do NOT submit unless being audited.

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

3-Year Certification Renewal Period: _____ — _____
From To

Candidates seeking CSC certification renewal must accumulate 25 Category A Clinical Judgment CERPs (Continuing Education Recognition Points), pertaining to cardiac surgery, within the 3-year period prior to the scheduled certification renewal date. Applicable topics include those listed on the CSC Test Plan, included in this handbook. ACLS courses (initial or renewal) are acceptable for CERPs once during the 3-year renewal period.

Directions

Print or type all information legibly. This form may be photocopied. Keep this log for your records to submit if audited.

If selected for audit, please attach all documents verifying continuing education activities, in the order listed, to this form. Do not submit originals. Submit all documentation in a single PDF file to certaudit@aacn.org.

Category A

Minimum of 25 Clinical Judgment CERPs
Ongoing learning topic may be in-services or CEs related to a Clinical Judgment topic on the CSC Test Plan. Topics must have direct application to the needs of acutely/critically ill cardiac surgery patients.

Ongoing Learning Topic (Title of Program or Activity)	Date(s)	Sponsoring Organization	No. of Academic Course Credits	CERPs Awarded	Office Use
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

By signing below I affirm that the information listed on this CERP Log is true and correct.

Signature _____ **Date**_____

Printed Name _____

For CERPs completed at NTI you need not list course details, simply write "Refer to NTI CE certificate" and list total number of CERPs awarded in each category.

Cardiac Surgery Certification (CSC) Test Plan

Applies to exams taken on or after January 31, 2022.

I. PROCEDURES (11%)

A. Cardiovascular

1. Coronary artery bypass surgery (CABG) with cardiopulmonary bypass
2. Coronary artery bypass surgery (CABG) without cardiopulmonary bypass
3. Cox maze and modified maze procedure
4. Minimally invasive cardiac surgery
5. Pericardial window
6. Repair of non-congenital heart defects (e.g., left-ventricular aneurysm, VSD post MI)
7. Surgical valve repair or replacement
8. Transcatheter valve replacement (e.g., TAVR)

B. Thoracic

1. Endovascular repair of the aorta
2. Open repair of thoracic aortic aneurysm or dissection

II. COMPLICATIONS (33%)

A. Cardiovascular

1. Cardiogenic shock
2. Hypotension and hypertension
3. Hypovolemia and hypervolemia
4. Bleeding
5. Myocardial infarction
6. Myocardial stunning
7. Open chest from the operating room
8. Pericarditis
9. Dysrhythmias
10. Right heart failure
11. Cardiac tamponade
12. Vascular complications (e.g., compartment syndrome, retroperitoneal bleeding)

B. Respiratory

1. Acute respiratory failure
2. Acute respiratory distress syndrome (ARDS)
3. Transfusion related acute lung injury (TRALI)
4. Transfusion associated circulatory overload (TACO)
5. Pleural space abnormalities (e.g., pneumothorax)
6. Air-leak syndromes (e.g., pneumopericardium, pneumomediastinum)
7. Aspiration
8. Atelectasis
9. Pleural effusion
10. Prolonged mechanical ventilation
11. Pulmonary hypertension

C. Endocrine

1. Hyperglycemia and hypoglycemia

D. Hematology / Immunology

1. Protamine reactions
2. Coagulopathies
3. Anemia
4. Heparin-induced thrombocytopenia (HIT)

E. Neurology

1. Postoperative impaired cognition
2. Cerebrovascular accident (stroke)
3. Lower limb deficits (e.g., spinal cord ischemia, paralysis)
4. Delirium

F. Gastrointestinal

1. Ischemic bowel

G. Renal

1. Acute kidney injury
2. Electrolyte imbalances

H. Multisystem

1. Multisystem organ dysfunction syndrome (MODS)
2. Chronic pain
3. Acute pain
4. Acid-base imbalances
5. Malignant hyperthermia

I. Behavioral / Psychosocial

1. Preexisting behavioral health disorder (e.g., anxiety, PTSD)
2. Substance use and withdrawal

continued

Cardiac Surgery Certification (CSC) Test Plan (continued)

III. THERAPEUTIC INTERVENTIONS (43%)

A. Cardiovascular

1. Fluid volume management specific to cardiac surgery
2. Defibrillation and cardioversion
3. Emergent resternotomy
4. Cardiac surgery advanced life support (CALS)
5. Temporary pacing
6. Intra-aortic balloon pump
7. Short-term ventricular assist devices (VADs)
8. Extracorporeal membrane oxygenation (ECMO)
9. Pericardial and mediastinal drain

B. Pharmacology

1. Platelet inhibitors
2. Thrombolytics
3. Anticoagulants
4. Vasoactive agents
5. Antidysrhythmics
6. Inotropes
7. Diuretics
8. Beta-blockers
9. Statins
10. Pharmacologic agents for controlling bleeding (e.g., desmopressin acetate, factor VII, antifibrinolytics)
11. Pulmonary vasodilators
12. Sedation
13. Neuromuscular blockade

C. Respiratory

1. Pleural chest tubes and drains
2. Invasive and non-invasive mechanical ventilation
3. Oxygen therapy delivery devices
4. Post-extubation care

D. Endocrine

1. Glycemic control

E. Hematology and Immunology

1. Blood and blood products

F. Neurology

1. Lumbar drain
2. Pain management

G. Renal

1. Renal replacement therapy (e.g., hemodialysis, CRRT)

H. Standards of Care

1. Deep vein thrombosis (DVT) prophylaxis
2. Early mobility protocols
3. Gastrointestinal (GI) prophylaxis
4. Surgical site protocols
5. Recovery from anesthesia
6. Rewarming from hypothermia
7. Pneumonia prevention

IV. MONITORING AND DIAGNOSTICS (13%)

A. Cardiovascular

1. Hemodynamic monitoring
2. Echocardiography
3. Electrocardiography (ECG)
4. Laboratory testing

B. Respiratory

1. Arterial blood gas (ABG)
2. Mixed venous gas
3. Pulse oximetry
4. Capnography
5. Radiography

C. Neurology

1. Bispectral index monitoring (BIS)
2. Cerebral oximetry monitoring
3. Train-of-four (TOF)

Order of content does not necessarily reflect importance.

AACN CERTIFICATION CORPORATION

CSC Cardiac Subspecialty Renewal Application

Staple Check Here

Please print clearly.

AACN CUSTOMER: **MEMBERSHIP EXP. DATE:** **CSC 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 FEE

Check ***one*** box only	AACN Member	Nonmember	Renewal + 1 Year AACN Membership	Renewal + 2 Year AACN Membership	Renewal + 3 Year AACN Membership
CSC Renewal by CERPs	☐ $75	☐ $130	☐ $153	☐ $223	☐ $275
CSC Renewal by Exam	☐ $125	☐ $170	☐ $203	☐ $273	☐ $325
CSC Inactive Status*	☐ $55	☐ $145	☐ $133	☐ $203	☐ $255

*For **INACTIVE STATUS** please sign and date here: Signature _____ Date _____

☐ I am using this application to **reactivate** my CSC status from Inactive status and have included the appropriate CSC renewal fees.

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.

SUBMIT APPLICATION AND FEE TO:
AACN Certification Corporation
27071 Aliso Creek Road
Aliso Viejo, CA 92656-3399
Or fax to: 949-362-2020

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 select and complete **Option 1** (CERPs) or **Option 2** (Exam) for second page of application.*

Option 1

CSC Renewal by CERPs Honor Statement

Complete and submit with application on page 14.

Please print clearly.

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

Last First MI

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

LICENSURE: I possess a current, unencumbered U.S. license to practice as an RN or APRN. My _____ (state) nursing license _____ (number) is due to expire _____ (date). During this last 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.

CLINICAL NURSING SPECIALTY CERTIFICATION: I hold a current clinical nursing specialty certification that meets AACN's criteria, which includes but is not limited to being nationally-accredited (ABSNC or NCCA). If my CSC is tied to a non-AACN certification, I agree to submit proof of my specialty certification with this application. I understand that I must notify AACN if my specialty certification lapses.

To which clinical nursing specialty certification will your CSC credential be tied?_____

Attach proof of non-AACN certification, such as copy of wallet card or wall certificate, or verification letter from certifying organization; must be valid for **90 days** beyond scheduled renewal date.

PRACTICE: During this last 3-year certification period, I fulfilled the clinical practice requirements of 432 hours in direct care of acutely/critically ill **adult cardiac surgery patients within the first 48 hours postoperatively** as an RN or APRN, with 144 of those hours accrued in the 12-month period prior to my scheduled certification renewal date. Hours were completed in a U.S.-based or Canada-based facility or in a facility determined to be comparable to the U.S. standard of acute/critical care nursing practice as evidenced by Magnet® designation or Joint Commission International accreditation.

PRACTICE VERIFICATION: Following is the contact information of my clinical supervisor or a professional colleague (RN or physician) who can verify that I have met the clinical 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 3-year certification period, I completed 25 Category A Clinical Judgment CERPs pertaining to nursing care of the cardiac patient.

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 is accurate and submitted in good faith. My signature below indicates I have read this honor statement and meet the renewal requirements as outlined.

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

Please allow 1 to 2 weeks from the date received by AACN Certification Corporation for the processing of your application.

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

Option 2

CSC Renewal by Exam Honor Statement

Complete and submit with application on page 14.

Please print clearly.

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

Last First MI

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

LICENSURE: I possess a current, unencumbered U.S. license to practice as an RN or APRN. My _____ (state) nursing license _____ (number) is due to expire _____ (date). During this last 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.

CLINICAL NURSING SPECIALTY CERTIFICATION: I hold a current clinical nursing specialty certification that meets AACN's criteria, which includes but is not limited to being nationally-accredited (ABSNC or NCCA). If my CSC is tied to a non-AACN certification, I agree to submit proof of my specialty certification with this application. I understand that I must notify AACN if my specialty certification lapses.

To which clinical nursing specialty certification will your CSC credential be tied?_____

Attach proof of non-AACN certification, such as copy of wallet card or wall certificate, or verification letter from certifying organization; must be valid for **90 days** beyond scheduled renewal date.

PRACTICE: During this last 3-year certification period, I fulfilled the clinical practice requirements of 432 hours in direct care of acutely/critically ill **adult cardiac surgery patients within the first 48 hours postoperatively** as an RN or APRN, with 144 of those hours accrued in the 12-month period prior to my scheduled certification renewal date. Hours were completed in a U.S.-based or Canada-based facility or in a facility determined to be comparable to the U.S. standard of acute/critical care nursing practice as evidenced by Magnet® designation or Joint Commission International accreditation.

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Last First

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

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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.

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

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

The *CSC Exam Handbook*, available online, contains the current test plan and exam references.

Please allow 1 to 2 weeks from the date received by AACN Certification Corporation for the processing of your application.

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

CSC