Exam Handbook

ACCNS-AG

Adult-Gerontology 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.

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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ACCNS-AG EXAM HANDBOOK

Adult-Gerontology 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 our programs and how to apply for and take the ACCNS-AG certification exam.

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

Specialty Certifications

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

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

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

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

Subspecialty Certifications

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

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

Advanced Practice Certifications

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

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

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

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

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

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

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

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

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

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

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

ACCNS-AG

Please direct inquiries to:

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

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

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

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The following information can be found in the *Certification Exam Policy Handbook* online at www.aacn.org/certhandbooks:

- AACN Certification Programs
- Name and Address Changes
- Confidentiality of Exam Application Status
- Testing Options
- Exam Scheduling and Cancellation
- Exam Day Experience
- Duplicate Score Reports
- Recognition of Certification
- Use of Credentials
- Denial of Certification
- Revocation of Certification
- Review and Appeal of Certification Eligibility

ACCNS-AG Certification Program

ACCNS-AG® 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 adult-gerontology patient population (young adults, older adults and frail elderly).

ACCNS-AG® Registered Service Mark

ACCNS-AG is a registered service mark and denotes certification as an adult-gerontology clinical nurse specialist as granted by AACN Certification Corporation.

Clinical nurse specialists who have not achieved ACCNS-AG certification or whose ACCNS-AG certification has lapsed are not authorized to use the ACCNS-AG credential.

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

Purpose and Rationale

The purpose of ACCNS-AG certification is to help ensure public protection. New graduate clinical nurse specialists are required to pass a psychometrically sound exam that measures the advanced practice competencies needed to perform safely and effectively as a newly licensed, entry-level clinical nurse specialist with authority to diagnose and prescribe.

The ACCNS-AG exam is based on a study of practice, also known as a job analysis. The study of practice, conducted at least every five years, validates the knowledge, skills and experience required for safe and effective advanced practice as an entry-level adult-gerontology CNS.

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

Eligibility requirements for ACCNS-AG certification are based on the *Consensus Model for APRN Regulation* and other foundational national standards for APRN education, accreditation and regulation.

An unencumbered U.S. license as RN or APRN is required to validate that a nurse is following accepted legal nursing practice in compliance with State Board of Nursing requirements.

State Boards of Nursing may use ACCNS-AG exam results as a factor in making APRN licensure determinations. As regulatory partners, AACN Certification Corporation's master's-prepared registered nurses are required to evaluate graduate program curricula for compliance with national and state standards.

Exam Structure and Content

The ACCNS-AG exam is three-and-a-half (3 ½) hours and consists of 175 multiple-choice items. Of the 175 items, 150 are scored. The remaining 25 items are used to gather statistical data on item performance for future exams.

Sixty-seven percent (67%) of the items test clinical judgment related to nursing care of the adult-gerontology patient population (wellness through acute care). The remaining items (33%) test non-clinical judgment knowledge required for adult-gerontology CNS practice.

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.

Passing Point/Cut Score

A criterion-referenced standard setting process, known as the modified Angoff, is used to establish the passing point/cut score for the exam. Each candidate's performance on the exam is measured against a predetermined standard.

The passing point/cut score for the exam is established using a panel of subject matter experts, a Score Evaluation Committee (SEC), who carefully reviews each exam question to determine the basic level of knowledge or skill that is expected. The passing point/cut score is based on the panel's established difficulty ratings for each exam question.

Under the guidance of a psychometrician, the panel develops and recommends the passing point/cut score, which is reviewed and approved by AACN Certification Corporation. The passing point/cut score for the exam is established to identify individuals with an acceptable level of knowledge and skill. All individuals who pass the exam, regardless of their score, have demonstrated an acceptable level of knowledge.

ACCNS-AG Exam Eligibility

Score Reporting

For purposes of evaluating educational programs, exam pass/fail status and a breakdown of exam scores by content area will be reported to the candidate's program director.

The Board of Nursing in the state(s) in which you have applied for or intend to apply for licensure will also be notified of your pass/fail status.

ACCNS-AG certification is accepted in all states that recognize the CNS as an APRN role.

Licensure

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

- An unencumbered license, as defined by AACN Cert Corp, is not currently being subjected to formal discipline by the board of nursing in the state(s) in which you are practicing and has no provisions or conditions that limit your nursing practice.[2]
- Your state Board's definition of unencumbered may be different from AACN Cert Corp's definition.
- Provisions or conditions may include, but are not limited to, direct supervision of practice, drug administration limitations and/or practice area exclusions.
- Documentation of all provisions and conditions from the board or its designee must be reviewed prior to approval for testing.
- Candidates and ACCNS-AG-certified nurses must notify AACN Certification Corporation **within 30 days** if any provisions or conditions are placed on their RN or APRN license(s).

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

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

Education

Completion of a graduate-level advanced practice education program that meets the following requirements:

1. The program is through a college or university that offers a CCNE or ACEN accredited master's or higher degree in nursing with a concentration as an adult-gerontology clinical nurse specialist (CNS) covering the spectrum of wellness through acute care.
2. Both direct and indirect clinical supervision must be congruent with current AACN and nursing accreditation guidelines.
3. The curriculum includes but is not limited to:
    a. Biological, behavioral, medical and nursing sciences relevant to practice as an adult-gerontology CNS, including advanced pathophysiology, pharmacology and physical assessment
    b. Legal, ethical and professional responsibilities of the CNS
    c. Supervised clinical practice relevant to the specialty
4. The curriculum meets the following criteria:
    a. The curriculum is consistent with the competencies of adult-gerontology CNS practice.
    b. The instructional track/major has a minimum of 500 supervised clinical practice hours overall.
    c. All clinical hours are focused on the direct care of adult-gerontology patients and completed within the U.S.
    d. The supervised clinical experience is directly related to the knowledge and all role components of the adult-gerontology CNS.

continued

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

[2] *If a restriction (temporary or permanent) is placed on an RN or APRN license for an incident that occurred prior to obtaining the license, AACN Certification Corporation will evaluate such an occurrence on a case-by-case basis to determine if exam eligibility requirements are met.*

ACCNS-AG Exam Eligibility (continued)

Completion of 500 supervised clinical practice hours in all roles of the adult-gerontology CNS within the graduate-level educational program is required. A portion of the total clinical hours must be focused on wellness and a portion on acute care, in the adult-gerontology patient population (includes young adults, older adults and frail elderly).

Didactic coursework with content related to the care of adult-gerontology patients, covering wellness through acute care, is required. Content must be in alignment with the ACCNS-AG Test Plan.

- The director of your education program must complete an Educational Eligibility Form (see page 23).
- Official, final transcripts for all graduate-level nursing coursework showing degree/date conferred are required.
    - Secure, electronic transcripts may be emailed *directly from the school* to APRNcert@aacn.org.
    - Mailed transcripts must be sent to AACN in a sealed envelope *directly from the school*.
- If you are making up clinical or didactic coursework to meet ACCNS-AG exam eligibility, courses must be completed in a post-graduate certificate or DNP program.

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

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

Application Fees

ACCNS-AG Fees	Member	Nonmember
Computer-Based Exam	$275	$385
Retest	$215	$320
Renewal by Exam	$215	$320

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

Applicants determined to be ineligible for the ACCNS-AG exam will have their application fee refunded.

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

Online Application Process

- **Register online** for computer-based testing at www.aacn.org/certification > Get Certified
- **Before you get started**, have available the following:
  - RN or APRN license number and expiration date
  - Credit card (Visa, MasterCard, Discover or American Express)
- **Official, final** transcript(s) for all *graduate-level* nursing coursework are required
  - Must show degree and date conferred
  - Secure, electronic transcript may be emailed *directly from the school* to APRNcert@aacn.org
  - Mailed transcripts must be sent to AACN in a sealed envelope *directly from the school*
- **Educational Eligibility Form** completed by program director
  - Paper form or online via Program Director Portal

Paper Application Process

Complete and submit the following **in one envelope**:

- **Official, final** transcript(s) for all *graduate-level* nursing coursework are required
  - Must show degree and date conferred
  - Secure, electronic transcript may be emailed *directly from the school* to APRNcert@aacn.org
  - Mailed transcripts must be sent to AACN in a sealed envelope *directly from the school*
- **Educational Eligibility Form** on page 23
  - To be completed/signed by director of CNS program; originals only, or emailed direct from school
- **Application/Honor Statement** on pages 24-26
  - Fill in all requested information, sign and date
- **Application fee**
  - Credit card, check or money order

Use your legal name on the application.

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

1. **Receive email notification of receipt of application**
   - AACN will send you an email confirming that your application has been received and forwarded to a Certification specialist for evaluation.
     - Evaluation will take 1 to 4 weeks — depending on whether we need to contact your school to request additional information to confirm your eligibility.
2. **Receive confirmation email**
   - Once all required documentation is received and your application is approved, AACN will send an email with a link to schedule your exam. The email will include the eligibility period during which you must take the exam — normally a 90-day window, but currently a 180-day window.
   - In your AACN customer dashboard, you will also find a "Schedule Exam" link.
   - If you do not receive your confirmation email after applying for an exam, please email APRNcert@aacn.org.
3. **Schedule the exam**
   - In your confirmation email from AACN, you will find a link to schedule your exam appointment — or from your AACN customer dashboard, you can click "Schedule Exam." Both links will take you to the AACN Scheduling page.
   - Before you select an exam date, you will need to choose your preferred computer-based testing options — at a PSI Testing Center or via Live Remote Proctoring from your computer in a quiet, private location. For details refer to the *Certification Exam Policy Handbook* at www.aacn.org/certhandbooks.
   - If you are taking a paper-and-pencil exam or testing outside the U.S., AACN and PSI will coordinate with you to schedule you exam appointment.
4. **Sit for the exam**
   - Upon completion of computer-based exams, results will show on-screen, and a detailed score report will be emailed to you within 24 hours.
   - Results of paper-and-pencil exams are received by mail 6 to 8 weeks following testing.
   - Successful candidates will be mailed their wall certificate approximately 4-6 weeks after testing. Certificants are also able to self-print a certificate through their AACN Dashboard; log into AACN .org and select Certification. More information will be provided in your congratulations email.

Please ensure that AACN has your current contact information on record.
Updates may be made online at **www.aacn.org/myaccount** or emailed to **info@aacn.org**.
For name changes, please call AACN Customer Care at **800-899-2226**.

ACCNS-AG Certification Renewal

Purpose and Limitations of Renewal Options

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

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

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

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

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

Renewal Period

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

Your certification period begins the first day of the month in which the ACCNS-AG exam is passed and ends 5 years later, e.g., February 1, 2023 through January 31, 2028.

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

Eligibility

To maintain a current ACCNS-AG certification, renewal must be completed **prior to** your certification expiration date.

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

Eligible candidates for ACCNS-AG renewal must hold current, unencumbered U.S.[1] RN or APRN license. An unencumbered license has not been subjected to formal discipline by the board of nursing in the state(s) in which you practiced and had no provisions or conditions that limited your nursing practice during the 5-year certification period.

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

An APRN whose license is encumbered may be eligible for Conditional Certification; see page 2.

Renewal Options

At renewal time you may seek certification renewal by one of 3 options:

Option 1 - 1,000 Practice Hours and 150 CE Points

Option 2 - 1,000 Practice hours, 25 Pharmacology CE and Exam

Option 3 - 150 CE Points and Exam

For complete information refer to the *ACCNS-AG Renewal Handbook* online at www.aacn.org/certhandbooks.

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

ACCNS-AG Test Plan

Adult-Gerontology CNS (Wellness Through Acute Care)

Overview

The ACCNS-AG certification program is based on competencies from nationally recognized organizations such as the National Association of Clinical Nurse Specialists and the American Association of Colleges of Nursing, as well as a study of practice, also known as a job analysis, that is conducted at least every five years. This study of practice validates the knowledge, skills and experience required for safe and effective advanced practice as an adult-gerontology CNS. The test plan is constructed using entry-level competencies. All competencies are listed on pages 7-11 of the test plan.

The test plan, which provides an outline of exam content, is developed by an expert CNS panel based on the results of the study of practice. The organizing framework for all AACN Certification Corporation exams is the AACN Synergy Model for Patient Care™. Please refer to pages 21 and 22 for more about the Synergy Model.

Following are the major content dimensions of the adult-gerontology CNS, wellness through acute care, (ACCNS-AG) exam, which are part of the test plan:

- **Patient Care Problems** validated by the study of practice as those regularly encountered by the entry-level CNS.

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

- **Skills and Procedures** validated by the study of practice as those pertinent to the entry-level CNS. In addition to classifying exam items according to the specified patient care problems and related validated competencies, items may require an understanding of skills and procedures pertinent to adult-gerontology CNS practice.

  Refer to pages 5-6 for the list of skills and procedures.

- **Validated Competencies** include Clinical Judgment, Advocacy/Moral Agency, Caring Practices, Response to Diversity, Facilitation of Learning, Collaboration, Systems Thinking and Clinical Inquiry.

  Refer to pages 7-11 for a complete listing of the ACCNS-AG Validated Competencies.

Integrated Concepts

To meet criteria for regulatory sufficiency, APRN certification exams must test national practice standards and core competencies for the role and patient population(s) being certified. The ACCNS-AG exam incorporates the following standards and competencies:

- American Association of Critical-Care Nurses. Stahl M, ed. *Scope and Standards for Acute Care Clinical Nurse Specialist Practice*; 2022.
- National Association of Clinical Nurse Specialists. *Statement on Clinical Nurse Specialist Practice and Education*; 2019.
- American Association of Colleges of Nursing. *Adult-Gerontology Clinical Nurse Specialist Population Focused Competencies*. Washington, DC: AACN Colleges; 2010.

Applies to exams taken on and after January 31, 2024.

I. CLINICAL JUDGMENT (67%)

Validated Competencies are detailed on pages 7-11 of this test plan.

1A. Cardiovascular (11%)

1. Acute coronary syndrome
2. Acute inflammatory disease (e.g., myocarditis, endocarditis, pericarditis)
3. Cardiac surgery
   a. On-pump
   b. Off-pump
   c. Valve procedures
   d. Hybrid procedures
   e. Revascularization procedures
4. Cardiac tamponade
5. Cardiac trauma (blunt and penetrative)
6. Cardiogenic shock
7. Cardiomyopathies (e.g., hypertrophic, dilated, restrictive, idiopathic)
8. Coronary artery disease
9. Dyslipidemia
10. Dysrhythmias
11. Heart failure
    a. Acute
    b. Chronic
    c. Advanced
12. Hypertension
13. Hypertensive urgencies or emergencies
14. Peripheral vascular insufficiency (e.g., acute arterial occlusion, carotid artery stenosis, endarterectomy, peripheral stents and Fem-Pop bypass)
15. Pulmonary edema
16. Ruptured or dissecting aneurysm
17. Structural heart defects and disease (acquired and congenital)
18. Mechanical circulatory support
    a. IABP
    b. VA ECMO
    c. VV ECMO
    d. Impella
    e. LVAD

2A. Respiratory (9%)

1. Acute pulmonary embolus
2. Acute respiratory distress syndrome (ARDS)
3. Acute respiratory failure
4. Air-leak syndromes (e.g., pneumothorax, pulmonary interstitial emphysema, pneumopericardium, pneumomediastinum)
5. Airway obstruction (e.g., angioedema, mucus plug, air space-occupying lesions)
6. Aspiration
7. Asthma/reactive airway disease
8. Chronic lung disease (e.g., COPD exacerbation, interstitial pulmonary fibrosis, cystic fibrosis)
9. Chronic respiratory failure (e.g., ventilator dependency)
10. Obstructive sleep apnea
11. Pulmonary hemorrhage
12. Pulmonary arterial hypertension
13. Pulmonary infections (e.g., pneumonia, tuberculosis)
14. Thoracic surgery (e.g., lung reduction, pneumonectomy, lobectomy, tracheal, lung transplant)
15. Thoracic and pulmonary trauma and injuries (e.g., lung contusions, fractured ribs, hemothorax)
16. Restrictive lung disease (e.g., obesity hypoventilation, tumor metastasis, pulmonary fibrosis)
17. Pleural effusion

Endocrine/Hematology/Gastrointestinal/Renal/Integumentary

3A. Endocrine (5%)

1. Adrenal disorders
2. Diabetes mellitus
3. Diabetic ketoacidosis (DKA) and hyperglycemic hyperosmolar state (HHS)
4. Hyperglycemia
5. Hypoglycemia
6. Pituitary disorders
7. Syndrome of inappropriate secretion of antidiuretic hormone (SIADH)

continued

8. Diabetes insipidus (DI)
9. Thyroid disorders

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

1. AIDS and HIV
2. Anemias (e.g., microcytic, macrocytic)
3. Autoimmune diseases
4. Coagulopathies (e.g., VTE, DIC, hypercoagulable states)
5. Congenital and acquired immunosuppression
6. HELLP syndrome
7. Myelosuppression (e.g., neutropenia, anemia, thrombocytopenia)
8. Sickle cell disease

3C. Gastrointestinal (5%)

1. Abdominal trauma
2. GI hemorrhage
3. Bowel infarction/obstruction/perforation
4. Gastroesophageal reflux
5. Gastrointestinal infectious disorders
6. GI motility disorders (e.g., constipation, diarrhea, ileus, gastroparesis)
7. GI surgeries
8. Hepatorenal syndrome
9. Liver disease (e.g., hepatitis, hepatic failure)
10. Malnutrition
11. Nausea/vomiting
12. Pancreatitis
13. Peptic ulcer disease

3D. Renal/Genitourinary (6%)

1. Acute kidney injury (AKI)
2. Chronic kidney disease (CKD)
3. Contrast-induced nephropathy
4. Electrolyte imbalances
5. Fluid volume imbalances
6. Incontinence
7. Infections (e.g., UTI, PID, STIs)
8. GU Trauma

3E. Integumentary (3%)

1. Exfoliative skin disorders (e.g., Stevens-Johnson syndrome)
2. Extravasation
3. Pressure injuries
4. Wounds (surgical and nonsurgical)

Musculoskeletal/Neurology/Psychosocial

4A. Musculoskeletal (3%)

1. Mobility disorders (e.g., immobility, debility secondary to acute, chronic or critical illness)
2. Infections (e.g., necrotizing fasciitis, osteomyelitis)
3. Neuromuscular dysfunction related to illness
4. Osteoarthritis
5. Spinal disease (e.g., scoliosis, kyphosis, disc disease)
6. Musculoskeletal trauma

4B. Neurology (5%)

1. Brain death
2. Cerebral salt wasting
3. Encephalopathy
4. Head and brain trauma/injury
5. Hydrocephalus
6. Intracranial hypertension
7. Intracerebral hemorrhage
8. Neurologic infectious diseases
9. Neuromuscular disorders
10. Seizure disorders
11. Space-occupying lesions
12. Spinal cord injury
13. Stroke
14. Vascular malformation

4C. Psychosocial/Behavioral/Cognitive Health Issues (5%)

1. Aggression
2. Agitation
3. Anxiety disorders (e.g., PTSD, OCD, fears, phobias)
4. Capacity for decision-making
5. Delirium
6. Dementia
7. Maltreatment

continued

8. Medical nonadherence
9. Mood disorders (e.g., depression)
10. Personality disorders (e.g., anti-social behaviors, schizophrenia)
11. Post-ICU syndrome
12. Substance use disorder
13. Suicidal behavior

Factors Influencing Wellness and Health Status/ Multisystem

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

1. Advance care planning
2. Cancer prevention (e.g., tobacco cessation, sunscreen)
3. Caregiver burden
4. Life stage transitions
5. Immunizations
6. Mental health screenings (e.g., depression, suicidal ideation, eating disorders)
7. Nutrition and weight management
8. Pain prevention and management
9. Prudent heart living
10. Risk-taking behaviors (e.g., substance use, unprotected sex)
11. Secondary prevention (e.g., cardiac rehab, pulmonary rehab)
12. Sleep hygiene
13. Vulnerable population screens (e.g., intimate partner violence, human trafficking)
14. Social determinants of health (e.g., access to care, socioeconomic factors, health literacy)
15. Population health
16. Team-based care

5B. Multisystem (7%)

1. Acid-base imbalances
2. Bariatric care issues
3. Burns
4. Compartment syndrome
5. Distributive shock (e.g., anaphylaxis, neurogenic)
6. End-of-life issues
7. Failure to thrive
8. Hospital-acquired conditions (e.g., CAUTI, CLABSI, falls, pressure injuries)
9. Hypovolemic shock
10. Hypoxic ischemic encephalopathy
11. Infectious diseases (e.g., viral, bacterial)
12. Methemoglobinemia
13. Multisystem trauma
14. Nonfatal drowning
15. Pain
16. Palliative care issues
17. Rhabdomyolysis
18. Sensory impairment (e.g., hearing loss)
19. Sepsis/septic shock and MODS
20. Toxic exposures, ingestions and inhalations (e.g., overdose, carbon monoxide, lead, asbestos)
21. Transgender care issues
22. Withdrawal (e.g., alcohol, opioids, benzodiazepines)
23. Antimicrobial stewardship

II. PROFESSIONAL CARING & ETHICAL PRACTICE (33%)

Validated Competencies are detailed on pages 7-11 of this test plan.

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

6A. Advocacy/Moral Agency (3%)

6B. Caring Practices (4%)

6C. Response to Diversity (4%)

6D. Facilitation of Learning (4%)

Collaboration/Systems Thinking/Clinical Inquiry

7A. Collaboration (6%)

7B. Systems Thinking (6%)

7C. Clinical Inquiry (6%)

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

Order of content does not necessarily reflect importance.

Skills and Procedures

In addition to classifying exam items according to the specified patient care problems and identifying related underlying competencies, items may require an understanding of skills and procedures pertinent to the adult-gerontology CNS. The study of practice sought to determine whether selected skills and procedures are performed and important to the adult-gerontology CNS. The following skills and procedures may be incorporated within items. This list is not intended to be all-encompassing; that is, other well-established skills and procedures may also be included in the exam content.

Cardiovascular

- Adjust temporary pacemakers
- Determine lead selection for patient care monitoring (e.g., ST-segment monitoring)
- Direct cardiopulmonary resuscitation
- Interpret 12-lead ECGs
- Interpret hemodynamic values
- Interpret noninvasive hemodynamic values
- Manage patient with arterial sheath removal
- Manage patient with cardiac assist devices (e.g., RVAD, BVAD, LVAD, ECMO)
- Manage patient with dysrhythmias
- Manage patient with epicardial pacemakers
- Manage patient with hemodynamic monitoring requiring pharmacological intervention
- Manage patient with temporary transvenous pacemakers
- Manage patient with transcutaneous (external) pacemakers
- Manage patient with venous sheath removal
- Perform synchronized cardioversion
- Use data from echocardiograms

Respiratory

- Interpret pulmonary function tests
- Manage patient receiving nitric oxide
- Manage patient with artificial airways
- Manage patient with chest tubes
- Manage patient with mechanical ventilation
- Manage patient with multimodal oxygen therapy
- Manage patient with noninvasive ventilation/CPAP
- Perform end-tidal CO_2 monitoring
- Perform extubation
- Perform terminal ventilator withdrawal
- Remove chest tube

Endocrine

- Manage patient with corticosteroid tapering
- Manage fluid and electrolyte levels of patients with endocrine disorders
- Manage patient with insulin infusions
- Manage patient with insulin pumps
- Manage patient with hyperglycemia
- Manage patient with hypoglycemia

Hematology/Immunology/Oncology

- Manage patient with cancer treatment symptoms
- Manage patient with chemotherapy and biotherapy
- Manage patient with immunosuppression therapy

Gastrointestinal

- Manage patient with drainage catheters (e.g., biliary drains)
- Manage patient with enteral nutrition
- Manage patient with large-bore nasogastric tubes
- Manage patient with PEG/JT catheters
- Manage patient with small-bore nasogastric tubes

Integumentary

- Implement measures to prevent surgical site infections
- Implement pressure injury prevention strategies
- Manage patient with pressure injuries
- Provide wound care
- Stage pressure injuries

Neurology

- Manage patient with epidural catheters
- Manage patient with intracranial pressure (ICP) monitoring devices
- Manage patient with lumbar drain
- Manage patient receiving neuromuscular blockade

continued

Skills and Procedures

- Manage patient undergoing bispectral index monitoring
- Manage patient undergoing targeted temperature management
- Perform brain death testing

Behavioral

- Manage assaultive behavior
- Manage patient in restraints
- Suggest restraint alternatives
- Use de-escalation techniques (e.g., crisis prevention)

Multisystem

- Implement measures to prevent hospital-acquired infections
- Interpret diagnostic imaging (e.g., radiographic, CT, MRI)
- Manage patient with complex pain problems
- Pandemic management
- Perform procedural sedation
- Provide nonpharmacological interventions for pain

Validated Competencies

In addition to classifying exam items according to the previous specifications, each item is written to reflect one of the following competencies validated through the study of practice. These competencies are eligible for assessing knowledge of content.

CLINICAL JUDGMENT

Core CNS Competencies

- Synthesizes assessment findings using advanced knowledge, expertise, critical thinking, and clinical judgment to formulate differential diagnoses
- Prescribes medications, therapeutics, diagnostic studies, equipment, and procedures to manage the health issues of patients
- Provides expert specialty consultation to nurses related to complex patient care needs
- Conducts a comprehensive health assessment in diverse care settings including psychosocial, functional, physical, and environmental factors
- Provides expert consultation based on a broad range of theories and evidence for patients with complex healthcare needs

Adult-Gerontology CNS Competencies

- Conducts a comprehensive, holistic assessment of individuals, including those who are nonverbal, developmentally, functionally, and/or cognitively impaired
- Assesses physiological and functional changes associated with aging and development across the adult continuum
- Assesses age-specific and genetic risk factors
- Assesses the interaction between acute and chronic physical and mental health problems
- Recognizes the presence of comorbidities and psychosocial issues that may impact optimal level of health
- Uses reliable and valid age-appropriate assessment instruments to assess acute and chronic health concerns, including but not limited to, mental status, delirium, dementia, and pain
- Assesses for manifestations of health disorders or health disruptions, e.g., infection, adverse drug effect, dehydration, ischemia, and geriatric syndromes
- Evaluates for common mental health disorders such as depression, dementia, anxiety, or substance-related disorders
- Conducts a pharmacologic assessment including polypharmacy, drug interactions, over-the-counter and herbal product use, and the ability to safely and correctly store and self-administer medications
- Interprets values/results of laboratory and diagnostic tests with consideration of age, ethnicity, and health status
- Assesses patient, family, and caregiver's ability to implement complex plans of care
- Determines diagnoses in the complex patient and takes into consideration physiologic and pathophysiologic changes, morbidities and comorbidities, events across the life span, and patient's pharmacologic history
- Manages or appropriately refers the patient with signs and symptoms of physical and mental health disorders across the adult lifespan, including geriatric syndromes
- Intervenes to prevent or minimize iatrogenesis
- Intervenes to facilitate transitions of care with emphasis on quality, safety, and risk avoidance
- Designs a comprehensive, individualized, age- and disease-appropriate plan for health promotion
- Modifies health information, patient education programs, and interventions for patients with sensory, perceptual, cognitive, and physical and mental illness limitations

ADVOCACY/MORAL AGENCY

Core CNS Competencies

- Facilitates patient and family understanding of the risks, benefits, and outcomes of proposed healthcare regimens to promote informed, shared decision-making
- Facilitates resolution of ethical conflicts in complex patient care situations
- Analyzes the ethical impact of scientific advances, including cost and clinical effectiveness, on patient and family values and preferences
- Advocates for patient's preferences and rights

continued

Validated Competencies

- Leads efforts to resolve ethical conflict and moral distress experienced by nurses and nursing staff
- Demonstrates stewardship of human and fiscal resources in decision-making
- Advocates for equitable healthcare by participating in professional organizations and public policy activities
- Advocates for ethical principles in protecting the dignity, uniqueness, and safety of all

Adult-Gerontology CNS Competencies

- Facilitates decision-making regarding treatment options with the patient, family, caregivers and/or healthcare proxy
- Applies ethical principles in safeguarding the confidentiality, dignity, and safety of all adult-older adult research participants, including the vulnerable and those with impaired decision-making capacity
- Facilitates resolution of ethical conflicts: identifies ethical implications of complex care situations; considers the impact of scientific advances, cost, clinical effectiveness, patient and family values and preferences, and other external influences; applies ethical principles to resolving concerns across the three spheres of influence
- Promotes a practice climate conducive to providing ethical care
- Balances patient and family preferences, threats to patient safety, and risk/benefit analysis of interventions, such as fall prevention, pain management, and treatment choices
- Facilitates interdisciplinary teams to address ethical concerns, risks or considerations, benefits and outcomes of patient care
- Articulates the role and significance of the CNS in improving healthcare outcomes for adults-older adults to other healthcare providers and the public
- Facilitates patient and family understanding of the risks, benefits, and outcomes of proposed healthcare regimen to promote informed decision-making
- Advocates for equitable patient care by participating in organizational, local, state, national, or international level of policy-making activities for issues related to their expertise; evaluating the impact of legislative and regulatory policies as they apply to nursing practice and patient or population outcomes
- Promotes the role and scope of practice of the CNS to legislators, regulators, other healthcare providers, and the public: communicates information that promotes nursing, the role of the CNS and outcomes of nursing and CNS practice through the use of the media, advanced technologies, and community networks
- Advocates for the CNS/APRN role and for positive legislative response to issues affecting nursing practice

CARING PRACTICES

Core CNS Competencies

- Uses relationship-building communication to promote health and wellness, healing, self-care, and peaceful end-of-life
- Engages nurses in reflective practice activities that promote self-awareness and invite peer feedback to improve the practice of nursing
- Fosters a healthy work environment by exhibiting positive regard, conveying mutual respect, and acknowledging the contributions of others

Adult-Gerontology CNS Competencies

- Creates therapeutic, health-promoting, aging-friendly environments
- Implements system-level changes based on analysis and evaluation of age-specific outcomes of care
- Intervenes to facilitate transitions of care with emphasis on quality, safety, and risk avoidance
- Designs a comprehensive, individualized, age- and disease-appropriate plan for health promotion
- Develops age-specific, individualized treatment plans and interventions with consideration of cognitive status, sensory function, perception, and the environment
- Advises patients, families and caregivers on how to address sensitive issues such as sexually transmitted diseases, suicide prevention, substance use and potential for abuse, driving and independent living, end-of-life concerns, advance care planning, and finances
- Uses behavioral, communication, and environmental-modification strategies with individuals who have cognitive and psychiatric impairments

continued

Validated Competencies

- Coordinates care with other healthcare providers and community resources, with special attention to the needs of the nonverbal and developmentally and cognitively impaired patient and frail older adult

RESPONSE TO DIVERSITY

Core CNS Competencies

- Promotes interventions that prevent the impact of implicit bias on relationship-building and outcomes
- Leads and facilitates change in response to organizational and community needs in a dynamic healthcare environment

Adult-Gerontology CNS Competencies

- Assesses patient, caregiver, and family's preferences in relation to cultural, spiritual, quality of life, and lifestyle choices
- Promotes healthcare policy and system changes that facilitate access to care and address biases (e.g., socioeconomic, ethnic, ageism, sexism, cultural, and mental health stigma)
- Promotes system-wide policies and protocols that address cultural, ethnic, spiritual, and intergenerational/age differences among patients, healthcare providers, and caregivers
- Provides programs for the development of healthcare providers, students, and caregivers that incorporate age-specific cultural competence and skills

FACILITATION OF LEARNING

Core CNS Competencies

- Designs and employs educational strategies that consider readiness to learn, individual preferences, and other social determinants of health
- Provides education and coaching to patients with complex learning needs and atypical responses
- Mentors nurses and nursing staff in using evidence-based practice principles
- Facilitates opportunities for nurses, students, and other staff to acquire knowledge and skills that foster professional development

Adult-Gerontology CNS Competencies

- Coordinates formal and informal education for healthcare providers to improve adult-older adult healthcare outcomes
- Designs educational programs that enhance the knowledge of older adults, families, and caregivers regarding normal changes of aging, myths and stereotypes of aging, and health promotion and prevention activities for older adults
- Provides education to patients, families, caregivers, and the community, including but not limited to, the following topics: health promotion, high-risk behaviors and their impact on health, and the interaction between physical and mental health
- Mentors healthcare providers, students, and others to develop expertise in the care of the vulnerable adult including the frail elderly patient

COLLABORATION

Core CNS Competencies

- Uses advanced communication skills in complex situations and difficult conversations
- Employs conflict management and negotiation skills to promote a healthy work environment
- Cultivates a practice environment in which mutual respect, communication, and collaboration contribute to safe, quality outcomes
- Uses leadership, team building, negotiation, collaboration, and conflict resolution to build partnerships within and across systems and/or communities
- Provides leadership for the interprofessional team in identifying, developing, implementing, and evaluating evidence-based practices and research opportunities
- Disseminates CNS practice and fiscal outcomes to internal stakeholders and the public
- Promotes nursing's unique contributions to advancing health to stakeholders (e.g., the organization, community, public, and policymakers)

Adult-Gerontology CNS Competencies

- Provides consultation to the interdisciplinary team regarding the patient's mental status, home environment, mobility, functional status, self-care, and caregiver's abilities

continued

Validated Competencies

- Advocates for access to hospice and palliative care services for patients across the adult age spectrum
- Leads collaborative efforts of the healthcare team in focusing on individuals and systems issues that impact the adult-older adult patient
- Balances patient and family preferences, threats to patient safety, and risk/benefit analysis of interventions such as fall prevention, pain management, and treatment choices
- Identifies potential risks to patient safety, autonomy and quality of care based on assessments across the patient, nurse and system spheres of influence

SYSTEMS THINKING

Core CNS Competencies

- Implements customized evidence-based advanced nursing interventions, including the provision of direct care
- Leads and facilitates coordinated care and transitions in collaboration with the patient and interprofessional team
- Advocates for nurses to practice to the full extent of their role in the delivery of healthcare
- Leads nurses in the process of planning, implementing, and evaluating change, considering intended and unintended consequences
- Mentors nurses to analyze legislative, regulatory, and fiscal policies that affect nursing practice and patient outcomes
- Consults with healthcare team members to integrate the needs, preferences, and strengths of a population into the healthcare plan to optimize health outcomes and patient experience within a healthcare system
- Leads and participates in systematic quality improvement and safety initiatives based on precise problem/etiology identification, gap analysis, and process evaluation
- Leads and participates in the process of selecting, integrating, managing, and evaluating technology and products to promote safety, quality, efficiency, and optimal health outcomes
- Evaluates system-level interventions, programs, and outcomes based on the analysis of information from relevant sources

Adult-Gerontology CNS Competencies

- Manages patient's transitions of care in collaboration with the individual, family, caregivers, and interdisciplinary team members, including analyzing the readiness of the patient and family to transition, determining appropriate level and/or setting of care, and coordinating implementation of transition
- Assists healthcare team members to integrate the needs, preferences, and strengths of the patient into the healthcare plan in order to optimize health outcomes
- Integrates information technology into systems of care to enhance safety and monitor health outcomes
- Provides leadership to address threats to healthcare safety and quality in the adult-older adult population
- Participates in development, implementation, and evaluation of clinical practice guidelines that address patient needs across the adult age spectrum
- Facilitates access to and use of information and care technology based on assessment of the ability and preferences of patients across the adult age spectrum

CLINICAL INQUIRY

Core CNS Competencies

- Designs evidence-based, cost-effective interventions, including advanced nursing therapies, to meet the multifaceted needs of complex patients
- Evaluates impact of nursing interventions on patients' aggregate outcomes using a scientific approach
- Assesses the nursing practice environment and processes for improvement opportunities
- Uses evidence-based knowledge as a foundation for nursing practice to achieve optimal nurse-sensitive outcomes
- Evaluates the outcomes of nursing practice using methods that provide valid data
- Partners with research-focused, doctorally-prepared (i.e. PhD) colleagues to translate, conduct, and disseminate research that addresses gaps and improves clinical knowledge and practice

Validated Competencies

Adult-Gerontology CNS Competencies

- Facilitates the incorporation of evidence-based practices, products, and technology that are specific to adult-older adult populations, into clinical practice and policies
- Provides leadership in identifying gaps in data and analyses specific to age-related outcomes of care
- Facilitates the incorporation of evidence related to adults-older adults when formulating and reviewing age-specific policies, procedures, and protocols
- Evaluates innovative approaches to delivering care to the adult-older adult populations
- Identifies areas of inquiry relevant to the adult-older adult population
- Advocates the use of data collection tools and consents that are understandable and appropriate for adult-older adult populations

ACCNS-AG Sample Questions

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

1. **The CNS has observed both nurses and respiratory therapists instilling saline down ET tubes prior to suctioning. The CNS can encourage research-based practice by INITIALLY assisting the staff to**
   A. evaluate their current practice based on the research findings.
   B. design a unit evaluation to substantiate research results in the literature.
   C. incorporate research results into the unit's policy and procedure manual.
   D. disseminate research findings during the next staff meeting.

2. **A patient underwent an emergent percutaneous transluminal coronary angioplasty (PTCA) 3 days ago. During interdisciplinary rounds, it is reported that the patient is walking only within the room and declining to participate in progressive activity. Upon assessment, the only significant finding is a persistent bilateral dull ache over the scapulae unrelieved by oral narcotic analgesics. A priority intervention should include**
   A. the addition of an NSAID.
   B. a modified exercise program.
   C. a serial 12-lead ECG.
   D. pain service referral.

3. **A patient with pneumonia is being weaned after receiving mechanical ventilation for 5 days. Current ventilator settings: assist control, FiO_2 40%, rate 24, tidal volume 450 and PEEP 5. The mode is changed to CPAP with pressure support of 15. Twenty minutes later the patient is apneic. The CNS should**
   A. return to the previous settings but lower the rate to 20.
   B. maintain current settings but increase pressure support to 20.
   C. return to the previous settings but decrease the PEEP to 2.5 .
   D. maintain current settings but increase the FiO_2 to 60%.

4. **An elderly patient is admitted from a long-term care facility with altered mental status. Vital signs: BP 88/50, HR 120 – irregular and bounding, RR 28, temperature 101.9°F (38.8°C). The patient responds to deep pain only. The CT is negative. Which of the following tests will provide the BEST information to make a diagnosis?**
   A. 12-lead ECG, CBC and troponin levels.
   B. chest x-ray, ABG and Gram stain of sputum.
   C. urinalysis with cultures of urine, sputum and blood.
   D. echocardiogram, basic metabolic panel and CPK-MB.

5. **A new CNS graduate is promoted within the unit to a CNS role, which is the first of its kind for the hospital. When developing a strategic plan for the program, the CNS should first**
   A. discuss patient satisfaction data with the quality improvement coordinator.
   B. identify key outcome measures with the chief nursing officer.
   C. perform a review of the literature identifying barriers of APRN role integration.
   D. develop a collaborative partnership with the medical director for the unit.

Answers

1. A
2. C
3. A
4. C
5. B

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

More current versions may be available.

How to Prepare for Your Certification Exam

Having a thoughtful study plan can boost your confidence and help you feel ready for your exam. AACN Certification Corporation surveys newly certified nurses, and most report they began preparing about three months before the exam, using the methods below.

Test Plan

The test plan in your exam handbook includes specific content areas, with each assigned a percentage reflecting how that area is weighted on the exam. The test plan also includes a list of competencies or testable nursing actions that will be assessed. Consider starting with a practice exam, noting your scores in each content area, and balancing your study time accordingly. If you are retaking a certification exam, refer to your previous score report to identify key areas of focus.

Practice Questions & Exams

Practice questions are certificants' most preferred study method. AACN offers subscription-based practice exams, with questions written in the style and format of exam items, with rationales for correct answers. Strengthen your test-taking skills with timed practice exams.

Review Courses

Formal exam preparation courses, whether online or in person, provide an in-depth review of relevant content areas and often include test-taking strategies. Some review courses also offer continuing education (CE) hours.

Books

When considering books for study, look for authors who are still in clinical practice and have earned the credential you're working toward. Focus on books published in the last five years. The bibliography in your exam handbook lists references used to create/validate items on the exam.

Group Study

Teaming up with colleagues can make learning fun and help boost confidence. Consider collaborating with nurses who have earned the credential you're seeking and/or starting a study group in your workplace or local AACN chapter.

Browse a wide selection of exam preparation resources, including books, online review courses and practice exam options:
www.aacn.org/cert-review-products

Check for review courses in your area: www.aacn.org/cert-review-events

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AACN CERTIFICATION CORPORATION

Certification Organization for the American Association of Critical-Care Nurses

AACN Certification Corporation does not approve, endorse or require for eligibility the use of any specific exam preparation products.

AACN Synergy Model for Patient Care

The ACCNS-AG certification program is organized using the AACN Synergy Model for Patient Care as a framework. All competencies are from nationally recognized organizations such as the National 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 adult-gerontology patients, covering the spectrum of wellness through acute care).

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

Educational Eligibility Form

ACCNS-AG Certification for Adult-Gerontology Clinical Nurse Specialists

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

CANDIDATE NAME _____
Last First MI Maiden

CANDIDATE EMAIL _____

ADULT-GERONTOLOGY CLINICAL NURSE SPECIALIST PROGRAM INFORMATION

SCHOOL NAME _____

SCHOOL ADDRESS _____

PROGRAM TYPE ☐ Adult-Gerontology CNS ☐ Other (specify): _____

DEGREE AWARDED ☐ Master's ☐ DNP ☐ Post-Graduate Certificate

PROGRAM START DATE _____ (MM/DD/YY) **GRADUATION DATE** _____ (MM/DD/YY)

PROGRAM DESCRIPTION - *for time period applicant was in program*

DIDACTIC	Course Number(s)	☑ If Transfer Credit	Course Type * D or D/C	Number of *Credit* Hours
Advanced Pathophysiology		☐		
Advanced Pharmacology		☐		
Advanced Physical Assessment		☐		
Adult-Gerontology Wellness through Acute Care		☐		
		☐		
		☐		
		☐		
		☐		

***Course Type:**
D: Didactic
C: Clinical
D/C: Didactic/Clinical

CLINICAL	Course Number(s)	☑ If Transfer Credit	Course Type * C or D/C	Number of *Credit* Hours	Number of *Clinical* Hours
Adult-Gerontology Wellness through Acute Care		☐			
		☐			
		☐			
		☐			
		☐			
Total number of supervised *clinical* clock hours directly related to the knowledge and all roles of the adult-gerontology clinical nurse specialist:					_____

The following statements apply to the advanced practice education program completed by the candidate (check all that apply):

- ❒ A portion of the total clinical hours within the program focused on wellness in the adult-gerontology patient population.
- ❒ A portion of the total clinical hours within the program focused on acute care in the adult-gerontology patient population.

My signature on this form attests to the fact that at the time of graduation the above-named applicant met the program requirements noted and checked above. I understand that AACN Certification Corporation may contact me, if needed, for clarification of this candidate's eligibility.

Program Director Signature _____ **Phone** _____ **Date** _____

Printed Name _____ **Email** _____

This completed form with an original signature may be submitted to AACN Certification Corporation via mail to:
AACN Certification Corporation, 27071 Aliso Creek Road, Aliso Viejo, CA 92656.
Alternatively, the form may be scanned/emailed directly from the school to APRNcert@aacn.org.

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

AACN CERTIFICATION CORPORATION

STAPLE CHECK HERE

ACCNS-AG Exam Application

1. REGISTRATION INFORMATION

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

AACN CUSTOMER: _____ **RN/APRN LICENSE:** _____
Number Exp. Date Number State Exp. Date

LEGAL NAME: _____
Last First MI Maiden

HOME ADDRESS: _____
City State Zip

EMAIL: _____ **HOME PHONE:** _____

EMPLOYER NAME: _____ **BUSINESS PHONE:** _____

EMPLOYER ADDRESS: _____
City State Zip

2. AACN MEMBERSHIP

I would also like to join/renew/extend my AACN membership at this time and select member pricing for my exam fees:

*(check **one** box only)*

☐ 1-year AACN membership…….....$78
☐ 2-year AACN membership…….....$148
☐ 3-year AACN membership…….....$200

AACN membership includes nonrefundable $12 and $15 one-year subscriptions to *Critical Care Nurse*® and the *American Journal of Critical Care*®, respectively. AACN dues are not deductible as charitable contributions for tax purposes, but may be deducted as a business expense in keeping with Internal Revenue Service regulations.

Member exam fee ($275) + 1-year Membership ($78) = Savings of $32 over Nonmember fee

Membership Fee
$_____
+
Exam Fee:
$_____
=
Total Payment:
$_____

3. EXAM FEES

ACCNS-AG	Initial Exam Fee		Retest Fee	
	AACN Member	Nonmember	AACN Member	Nonmember
*Check **one** box only*	☐ $275	☐ $385	☐ $215	☐ $320

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

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

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

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

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

Name on Card _____ Signature _____

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

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

Please complete pages 2 & 3 of application.

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

ACCNS-AG Exam Application

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

Last First MI

5. DEMOGRAPHIC INFORMATION

Check **one** box in each category. Information used for statistical purposes and may be used in eligibility determination.

Primary Area Employed
- ☐ Acute Hemodialysis Unit (21)
- ☐ Burn Unit (13)
- ☐ Cardiac Rehabilitation (26)
- ☐ Cardiac Surgery/OR (36)
- ☐ Cardiovascular/Surgical ICU (09)
- ☐ Catheterization Lab (22)
- ☐ Combined Adult/Ped. ICU (23)
- ☐ Combined ICU/CCU (01)
- ☐ Coronary Care Unit (03)
- ☐ Corporate Industry (24)
- ☐ Crit. Care Transport/Flight (17)
- ☐ Direct Observation Unit (39)
- ☐ Emergency Dept. (12)
- ☐ General Med./Surg. Floor (18)
- ☐ Home Care (25)
- ☐ Intensive Care Unit (02)
- ☐ Interventional Cardiology (31)
- ☐ Long-Term Acute Care (27)
- ☐ Medical Cardiology (34)
- ☐ Medical ICU (04)
- ☐ Medical Surgical ICU (35)
- ☐ Neonatal ICU (06)
- ☐ Neuro./Neurosurgical ICU (10)
- ☐ Oncology Unit (19)
- ☐ Operating Room (15)
- ☐ Outpatient Clinic (29)
- ☐ Pediatric ICU (05)
- ☐ Private Practice (32)
- ☐ Progressive Care Unit (16)
- ☐ Recovery Room/PACU (14)
- ☐ Respiratory ICU (08)
- ☐ Stepdown Unit (30)
- ☐ Subacute Care (28)
- ☐ Surgical ICU (07)
- ☐ TeleICU (37)
- ☐ Telemetry (20)
- ☐ Trauma Unit (11)
- ☐ Other – specify below

_____ (99)

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

_____ (99)

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

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

_____ (99)

Primary Type of Facility in Which Employed
- ☐ College/University (08)
- ☐ Community Hospital (Nonprofit) (01)
- ☐ Community Hospital (Profit) (02)
- ☐ Corporate/Industry (11)
- ☐ County Hospital (07)
- ☐ Federal Hospital (05)
- ☐ HMO/Managed Care (12)
- ☐ Home Health (13)
- ☐ Long-Term Acute Care Hosp. (16)
- ☐ Military/Government Hospital (04)
- ☐ Non-Academic Teaching Hosp. (14)
- ☐ Registry (10)
- ☐ Self-Employed (09)
- ☐ State Hospital (06)
- ☐ Travel Nurse (15)
- ☐ University Med. Ctr. (03)
- ☐ Other – specify below

_____ (99)

Number of Beds in Institution:

_____

Years of Experience in Nursing:

_____

Years of Experience in Acute/Critical Care Nursing:

_____

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

_____

Gender:
☐ Male ☐ Female ☐ Non-binary

6. HONOR STATEMENT

Complete the ACCNS-AG Honor Statement on page 26 and submit with application.

7. ADDITIONAL REQUIRED DOCUMENTATION

- Official, final transcripts for all graduate-level nursing coursework showing degree/date conferred
  - Secure, electronic transcripts may be emailed *directly from the school* to APRNcert@aacn.org.
  - Mailed transcripts must be sent to AACN in a sealed envelope *directly from the school*.
- *Educational Eligibility Form* completed/signed by your program director
  AACN will reach out to your program director to request completion of the form via AACN's online Portal, **OR** a printed form (see page 23) with original signature may be submitted with your application. Your school may email the form directly to APRNcert@aacn.org.

8. SUBMIT WITH PAYMENT TO

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

Retest applications may be faxed to 949-362-2020.

*NOTE: Allow **1 to 4 weeks** from the date received by AACN Certification Corporation for application processing. If your school must be contacted to verify eligibility or application is incomplete, processing may be delayed.*

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

Did you include your signed honor statement, additional forms and fee payment?

ACCNS-AG Exam Honor Statement

PROCESSING WILL BE DELAYED IF INCOMPLETE OR NOT LEGIBLE.

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

Last First MI

I hereby apply for the ACCNS-AG certification exam. I have read and understand the exam policies and eligibility requirements as documented in the *ACCNS-AG Exam Handbook* and the *Certification Exam Policy Handbook*.

EDUCATION: I acknowledge that certification depends upon successful completion of the specified requirements. I authorize AACN Certification Corporation to contact my graduate nursing program to verify my educational eligibility for the ACCNS-AG certification exam.

LICENSURE: I possess a current, unencumbered U.S. RN or APRN license. My _____ (state) nursing license _____ (number) is due to expire _____ (date). An unencumbered license is not currently being subjected to formal discipline by the board of nursing in the state(s) in which I am practicing and has no provisions or conditions that limit my nursing practice in any way. I understand that I must notify AACN Certification Corporation **within 30 days** if any provisions or conditions are placed against my RN or APRN license(s) in the future. I understand I may be eligible for Conditional Certification if my license becomes encumbered.

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

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

SCORE REPORTING: I authorize AACN Certification Corporation to release my ACCNS-AG exam pass/fail status to the _____ State Board(s) of Nursing to which I have applied or intend to apply for advanced practice licensure. I understand that my ACCNS-AG exam pass/fail status and a breakdown of my exam scores by content area will be reported to the program director of my school.

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

RETAKE POLICY:
I understand that I may apply for and take the same certification exam **up to four times in a rolling 12-month period**, and that after 12 months signing a new honor statement is required.

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

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

*Please allow **1 to 4 weeks** from the date received by AACN Certification Corporation for processing of your application.*

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

ACCNS-AG