Renewal Handbook

CCNS

Acute/Critical Care Clinical Nurse Specialist Certification

Adult • Pediatric • Neonatal

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

Mission

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

Vision

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

Values

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

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

Ethics

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

ABSNC Accredited Program

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

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

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

AACN
CERTIFICATION
CORPORATION

Certification Organization for the American Association of Critical-Care Nurses

CCNS RENEWAL HANDBOOK

Acute/Critical Care Clinical Nurse Specialist — Adult, Pediatric, Neonatal

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

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



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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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.

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

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

Code of Ethics

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

AACN Certification Corporation's mission of public protection supports a standard of excellence that certified nurses have a responsibility to read, understand and act in a manner congruent with the ANA Code of Ethics for Nurses. To access the ANA Code of Ethics, visit www.aacn.org/certification > Overview > Learn More.

CCNS® Registered Service Mark

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

Administration and Sponsorship

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

Membership Requirements

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

Nondiscrimination Policy

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

Recognition of Certification

Recognition of Certification

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

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

Chris Smith, RN, MSN, CCNS

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

A listing of CCNS-certified nurses is maintained by AACN Certification Corporation and may be reported in its publications and/or listed on its website.

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

Name and Address Changes

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

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

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

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

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

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

CCNS Renewal Policies

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

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

- Current CCNSs may continue to renew their certification into the future, as long as it does not lapse and renewal requirements are met.
- **Late or retroactive renewal is not available for CCNS certification. To maintain a current CCNS certification, renewal must be completed prior to your certification expiration date.**
- If you allow your CCNS certification to expire, you will need to meet the eligibility requirements for the adult-gerontology, pediatric or neonatal CNS exam (ACCNS-AG, ACCNS-P or ACCNS-N). CCNS certificants interested in ACCNS certification will most likely need to obtain a post-graduate certificate to be eligible to sit for the ACCNS exams.

CCNS Renewal Fees

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

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

The renewal fee is for processing and is nonrefundable.

Fees subject to change without notice.

Online Renewal

Candidates may apply for CCNS 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 CCNSs, as well as those who hold inactive status, up to 4 months prior to their scheduled renewal date. Online renewal allows a candidate to submit an application and credit card payment for renewal via a secure Internet connection.

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

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

Access your existing AACN account as follows:

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

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

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

CCNS Certification Renewal

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

Purpose and Limitations of Renewal Options

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

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

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

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

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

Eligibility

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

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

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

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

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

Renewal Options

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

Option 1 — Practice Hours and CE Points

- In the 5-year renewal period, CCNS renewal candidates must work a minimum of 1,000 hours meeting the practice hour requirement as outlined and complete 150 CE Renewal Points, 75 of which must be in Category I — Acute/Critical Care Education Programs (25 as Pharmacology CE).
- Complete the CE Renewal Points Log on pages 7 and 8 of this handbook. If selected for audit, submit the completed log along with supporting documentation.
- Candidates must complete the CCNS Renewal by Practice Hours and CE Renewal Points application/honor statement located on pages 35 and 36.

continued

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

Option 2 - Practice Hours, Pharmacology CE and Exam

- In the 5-year renewal period, CCNS renewal candidates must work a minimum of 1,000 hours meeting the practice hour requirement as outlined, complete 25 Pharmacology CE, and apply for, take and pass the renewal exam for the appropriate age-related population **before** the expiration date of their certification. It is not permissible to take the exam early and then attempt to renew by CE Points if the exam is failed.
- Candidates must complete the CCNS Renewal by Practice Hours, Pharmacology CE and Exam application/honor statement located on pages 37 and 38.

Option 3 - CE Points and Exam

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

  Complete the CE Renewal Points Log on pages 7 and 8 of this handbook. If selected for audit, submit the completed log along with supporting documentation.
- Candidates must complete the CCNS Renewal by CE Points and Exam application/honor statement located on pages 39 and 40.

For Those Renewing by Practice Hours
(Options 1 and 2)

- Practice hours for CCNS renewal includes active involvement in the direct care of patients *in all roles of the clinical nurse specialist* as an APRN for a minimum of 1,000 hours during the 5-year certification period.
- Eligible hours are those spent caring for the patient population (adult, pediatric or neonatal) in which certification is held.
- Hours spent by faculty members supervising the acute/critical care practice of **APRN** students may be counted toward the practice hour requirement for CCNS renewal.
- Eligible practice hours for CCNS renewal are those completed within the U.S. CNSs practicing outside the U.S. should contact AACN at APRNcert@aacn.org regarding eligible practice hours.

For Those Renewing by Exam
(Options 2 and 3)

- The CCNS renewal exams are 2-hour tests consisting of 100 multiple-choice items. Sixty-five percent (65%) of each exam focuses on Clinical Judgment and is age-specific for the adult, pediatric or neonatal patient population. The remaining items test non-Clinical Judgment knowledge and are focused across the life span.
- Refer to the renewal test plan and study references for the appropriate patient populations (adult, pediatric or neonatal) found in this handbook. For information regarding exam scheduling and testing, refer to the *Certification Exam Policy Handbook*. These documents are available online at www.aacn.org/certhandbooks.
- Once the application is processed (takes 2 to 4 weeks) AACN Certification Corporation will notify our testing service, PSI, of eligible candidates; PSI will send a confirmation email and postcard with a toll-free number and web address, for those who prefer to register online, to each eligible candidate to schedule the exam.
- Candidates call or go online directly after receiving their confirmation email or postcard from PSI to schedule an appointment at a testing location of their choice.
- Candidates must apply for, take and pass the CCNS renewal exam for the appropriate age-related population **before** the certification expiration date.
- Certificants *who do not pass* the renewal exam must complete up to 15 CEs focused in their lowest score area(s). These CEs must be completed after the renewal exam date and before the certification expiration date in order to successfully renew.

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.

CCNS CE Renewal Points Program

Category I - Acute/Critical Care Education Programs

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

A. Formally Approved Programs

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

Acceptable programs must possess one of the following characteristics:

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

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

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

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

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

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

Eligible courses include, but are not limited to:

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

B. Continuing Education Programs *Not* Formally Approved

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

Category II - Optional Activities

Optional activities may account for no more than 75 of the 150 required CE Points. Points in Category II are not required.

A. Professional Publications

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

continued

Number of CE Points Awarded

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

B. Professional Presentations

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

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

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

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

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

C. Preceptorship or Volunteer Activities

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

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

10 points per activity, per year

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

30 points per committee, per year

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

30 points per committee, per year

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

NOTE: Activities regularly completed as the focus of employment may not be counted. If you are precepting an APRN student from a graduate program and are not faculty in that program, you may count those hours. You may not count hours spent precepting or teaching undergraduate students.

10 points per year

CCNS CE Renewal Points Log

Please do NOT submit unless being audited.

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

Renewal Period: _____ — _____
From To

CCNS CE Renewal Points Program

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

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

Category I — Acute/Critical Care Education Programs:

At least 75 of the 150 required CE Points must be in this category, of which 25 must be Pharmacology CE. All 150 CE Points may be in this category.

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

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

CCNS Renewal Points Log (continued)

Category II — Optional Activities:

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

Professional Publications

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

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

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

Professional Presentations

Encompasses the certificant's participation as an instructor delivering content to nurses, other healthcare professionals or the public. The presentation must be delivered within a structured framework of teaching/learning.

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

Three (3) points are granted for each contact hour of lecture given (max. 9 points per year). No credit is given for repeat presentations of the same content. If the program is co-taught, the number of points to be awarded is determined by dividing points by the number of instructors.

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

Preceptorship or Volunteer Activities

- Participating in activities/teams/committees that solve or prevent complex problems or improve care, across many participants, multiple departments, settings, facilities or regions such as spearheading a major patient care improvement; and leading an interdisciplinary team to solve a problem – **10 points per activity, per year**
- Participation in leadership responsibilities or committee involvement on a chapter/regional level – **30 points per committee per year;** in professional, governmental or health related organizations – **30 points per committee per year**
- Preceptorship/mentorship – A minimum of 80 hours per year of preceptorship activity must be obtained in order for points to be granted – **10 points per year**

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

(Attach additional sheet if necessary)

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

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

CCNS Renewal Test Plan
Acute/Critical Care Clinical Nurse Specialist

Overview

The CCNS 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 abilities required for safe and effective advanced practice as a CNS. The test plan is constructed using entry-level competencies. All competencies are listed on pages 24-25.

The renewal 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 30 and 31 for more about the Synergy Model.

Following are the major content dimensions of the CCNS renewal 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 the following pages for the list of patient care problems:

  - Adult — pages 11-13
  - Pediatric — pages 16-19
  - Neonatal — pages 21-22

- **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 CNS practice.

  Refer to the following pages for the list of skills and procedures.

  - Adult — pages 14-15
  - Pediatric — page 20
  - Neonatal — page 23

- **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 24-25 for a complete listing of the CCNS 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 CCNS renewal 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.
- American Nurses Association. *Pediatric Nursing: Scope and Standards of Practice*; 2015.
- American Nurses Association and National Association of Neonatal Nurses. *Neonatal Nursing: Scope and Standards of Practice*; 2021.
- National Association of Neonatal Nurses. *Advanced Practice Registered Nurse: Role, Preparation, and Scope of Practice*; 2014.

CCNS (Adult) Renewal Test Plan
Acute/Critical Care Clinical Nurse Specialist

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

I. CLINICAL JUDGMENT (67%)

Validated Competencies are detailed on pages 24-25.

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 (4%)

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 non-surgical)

Musculoskeletal/Neurology/Psychosocial

4A. Musculoskeletal (4%)

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
8. Medical nonadherence
9. Mood disorders (e.g., depression)

continued

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. Non-fatal 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 24-25.

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.

Refer to the **Skills and Procedures** on pages 14 and 15 and **Validated Competencies** on pages 24-25.

Skills and Procedures

In addition to classifying exam items according to the specified patient care problems and identifying related competencies on the following pages, items may require an understanding of skills and procedures pertinent to the adult CNS. The study of practice sought to determine whether selected skills and procedures are performed and important to the adult CNS. If applicable to assessment of knowledge of the patient care problem, the following skills and procedures may be incorporated within items. This list is not intended to be all inclusive. Common nursing 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 non-invasive 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 multi-modal oxygen therapy
- Manage patient with non-invasive ventilation/CPAP
- Perform end-tidal CO2 monitoring
- Perform extubation
- Perform terminal ventilator withdrawal
- Remove chest tube

Endocrine

- Manage patient with corticosteroid tapering
- Manage fluid and electrolyte levels of patient 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 treatments 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 ICP monitoring devices
- Manage patient with lumbar drain

continued

Skills and Procedures (continued)

- Manage patient receiving neuromuscular blockade
- 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

CCNS (Pediatric) Renewal Test Plan
Acute/Critical Care Clinical Nurse Specialist

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

I. CLINICAL JUDGMENT (67%)

Validated Competencies are detailed on pages 24-25.

1A. Cardiovascular (7%)

1. Acute inflammatory disease (e.g., myocarditis, endocarditis, pericarditis, vasculitis, Kawasaki)
2. Cardiac surgery
3. Cardiac tamponade
4. Cardiogenic shock
5. Cardiomyopathies (e.g., hypertrophic, dilated, restrictive, idiopathic)
6. Dysrhythmias
7. Heart failure (acute and chronic)
8. Hypertension
9. Hypertensive urgencies or emergencies
10. Pulmonary edema
11. Structural heart defects and disease (acquired and congenital)
12. Vasculitis

2A. Respiratory (8%)

1. Acute lung injury (ALI), acute respiratory distress syndrome (ARDS)
2. Acute pulmonary embolus
3. Acute respiratory failure
4. Air-leak syndromes (e.g., pneumothorax, pulmonary interstitial emphysema, pneumopericardium, pneumomediastinum)
5. Airway obstruction
6. Aspiration
7. Asthma/reactive airway disease
8. Chronic lung disease (e.g., bronchopulmonary dysplasia, exacerbation, interstitial pulmonary fibrosis)
9. Congenital and acquired anomalies
10. Cystic fibrosis
11. Exacerbation of chronic lung disease
12. Inhalation injuries
13. Obstructive sleep apnea
14. Pleural effusion
15. Pulmonary hemorrhage
16. Pulmonary hypertension
17. Pulmonary infections
18. Thoracic and pulmonary trauma and injuries
19. Thoracic surgery (e.g., lung reduction surgery, pneumonectomy, lobectomy, tracheal surgery)
20. Brief resolved unexplained event

Endocrine/Hematology/Gastrointestinal/Renal/Integumentary

3A. Endocrine (4%)

1. Adrenal insufficiency
2. Diabetes mellitus
3. Diabetic ketoacidosis (DKA) and hyperglycemic hyperosmolar state (HHS)
4. Hyperglycemia
5. Hypoglycemia
6. Inborn errors of metabolism
7. Pituitary disorders
8. Syndrome of inappropriate antidiuretic hormone secretion
9. Thyroid disorders

3B. Hematology/Immunology/Oncology (5%)

1. Anemia
2. Anticoagulation
3. Autoimmune diseases
4. Bleeding disorders
5. Blood and blood-product transfusion
6. Coagulopathies
7. Congenital and acquired immunosuppression
8. Hematologic and solid tumors
9. Hyperbilirubinemia
10. Myelosuppression (i.e., neutropenia, thrombocytopenia)
11. Organ and tissue transplantation and associated problems
12. Sickle cell disease
13. Venous thromboembolism

continued

3C. Gastrointestinal (4%)

1. Abdominal trauma
2. Bowel infarction/obstruction/perforation
3. Gastroesophageal reflux
4. GI infectious disorders
5. GI abnormalities (congenital and acquired)
6. GI hemorrhage
7. GI motility disorders (congenital and acquired)
8. GI surgeries
9. Inflammatory bowel disease
10. Liver disease (e.g., hepatitis, hepatic failure)
11. Malnutrition
12. Nausea/vomiting
13. Pancreatitis

3D. Renal/Genitourinary (5%)

1. Acute kidney injury
2. Chronic kidney disease (CKD)
3. Renal/genitourinary abnormalities (congenital and acquired)
4. Nephrotoxic medication associated kidney injury (NAKI)
5. Electrolyte imbalances
6. Fluid volume imbalances
7. Incontinence
8. Infections (e.g., UTI, PID, STIs)
9. Renal trauma

3E. Integumentary (4%)

1. Dermatologic disorders (e.g., incontinence-associated dermatitis, impetigo, coxsackie, atopic dermatitis)
2. Exfoliative skin disorders (e.g., Stevens Johnson, TEN, epidermolysis bullosa)
3. Infectious skin disorders
4. IV infiltration and extravasation
5. Pressure injuries
6. Wounds

Musculoskeletal/Neurology/Psychosocial

4A. Musculoskeletal (3%)

1. Congenital anomalies
2. Functional issues (e.g., immobility, debility, falls, gait disorders, myopathies)
3. Infections (e.g., necrotizing fasciitis, osteomyelitis)
4. Rhabdomyolysis
5. Spinal disease (e.g., scoliosis, kyphosis, disc disease)
6. Sports injuries
7. Fractures

4B. Neurology (5%)

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

4C. Psychosocial/Behavioral/Cognitive Health Issues (6%)

1. Aggression
2. Agitation
3. Anxiety disorders (e.g., PTSD, OCD, fears, phobias)
4. Attention deficit hyperactivity disorder
5. Autism spectrum disorders
6. Delirium

continued

7. Developmental delays and regression
8. Eating Disorders
9. Learning disabilities and disorders
10. Maltreatment (e.g., abuse and neglect)
11. Medical nonadherence
12. Mood disorders (e.g., depression)
13. Personality disorders (e.g., anti-social behaviors, schizophrenia)
14. Post ICU syndrome
15. Self-harm
16. Sleep disorders
17. Substance use disorder
18. Suicidal behavior

Factors Influencing Wellness and Health Status/ Multisystem

5A. Factors Influencing Health Status (risk assessment, prevention and wellness) (8%)

1. Advanced care planning
2. Care transition
3. Caregiver burden
4. Developmental care
5. Genetic counseling
6. Growth and development (e.g., anticipatory guidance, milestones)
7. Immunizations/vaccinations
8. Injury prevention (e.g., shaken baby, helmets, car seats, environmental modification, gun safety)
9. Behavioral health screenings
10. Nutrition and weight management
11. Pain prevention and management (e.g., needle stick, chronic pain syndromes)
12. Physical health screenings
13. Risk-taking behaviors (e.g., unprotected sex, substance use)
14. Safe sleep
15. Vulnerable population screenings (e.g., child abuse, intimate partner violence, human trafficking, bullying)
16. Social determinants of health (e.g., access to care, socioeconomic factors, health literacy)
17. Population health
18. Team-based care
19. Gender-affirming care
20. Patient and family-centered care
21. Interventions for health promotion
22. Transition to adult care
23. Health policy
24. Dyslipidemia (early-onset screening)

5B. Multisystem (8%)

1. Acid-base imbalances
2. Burns
3. Neonatal opioid withdrawal syndrome
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, VAP, falls)
9. Hypovolemic shock
10. Hypoxic ischemic encephalopathy
11. Infectious diseases (e.g., perinatal, viral, bacterial)
12. Morbid obesity
13. Multisystem trauma
14. Near-drowning
15. Pain
16. Palliative care issues
17. Patient safety issues
18. Post-resuscitation care
19. Sensory impairment (e.g., hearing, visual, speech, tactile)
20. Sepsis/septic shock and MODS
21. Toxic exposure (acute and chronic)
22. Toxic ingestions and inhalations

continued

CCNS (Pediatric) Renewal Test Plan (continued)
Acute/Critical Care Clinical Nurse Specialist

II. PROFESSIONAL CARING & ETHICAL PRACTICE (33%)

Validated Competencies are detailed on pages 24-25.

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

6A. Advocacy/Moral Agency (4%)

6B. Caring Practices (6%)

6C. Response to Diversity (3%)

6D. Facilitation of Learning (4%)

Collaboration/Systems Thinking/Clinical Inquiry

7A. Collaboration (5%)

7B. Systems Thinking(6%)

7C. Clinical Inquiry (5%)

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

Order of content does not necessarily reflect importance.

Refer to the **Skills and Procedures** on page 20 and **Validated Competencies** on pages 24-25.

Skills and Procedures

In addition to classifying exam items according to the specified patient care problems and identifying related competencies on the following pages, items may require an understanding of skills and procedures pertinent to the pediatric CNS. The study of practice sought to determine whether selected skills and procedures are performed and important to the pediatric CNS. If applicable to assessment of knowledge of the patient care problem, the following skills and procedures may be incorporated within items. This list is not intended to be all inclusive. Common nursing skills and procedures may also be included in the exam content.

Cardiovascular

- Determine lead selection for ECGs
- Direct cardiopulmonary resuscitation
- Interpret ECG rhythms
- Interpret hemodynamic values
- Interpret non-invasive hemodynamic values
- Perform elective cardioversion

Respiratory

- Assist with thoracentesis
- Manage chest tubes
- Manage mechanical ventilation
- Manage nasal/facial CPAP/BIPAP/hi-flow nasal cannula

Endocrine

- Manage continuous glucose monitoring
- Manage insulin pump

Hematology/Immunology/Oncology

- Coordinate patient blood management (PBM)
- Manage chemotherapy/biotherapy
- Manage plasmapheresis

Gastrointestinal

- Manage feeding tubes
- Manage PEG tube
- Manage PEG/JT/drainage catheters (e.g., IR drains, biliary drains)

Renal/Genitourinary

- Manage non-tunneled dialysis catheters
- Manage renal replacement therapies
- Manage suprapubic catheters
- Manage tunneled dialysis catheters

Integumentary

- Manage wound care

Musculoskeletal

- Apply treatment device (e.g., traction, orthotic)

Neurology

- Assist with lumbar puncture
- Manage lumbar drain
- Manage patient with ICP monitoring devices

Behavioral

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

Wellness

- Implement acute and chronic pain prevention strategies
- Interpret anthropometric measurements
- Perform developmental screening and/or examinations
- Perform mental health screening and/or examinations
- Perform physical health screening and/or examinations
- Perform vulnerable population risk screening and/or examination

Multisystem

- Antimicrobial stewardship
- Interpret diagnostic imaging
- Manage pharmaceutical interventions
- Manage targeted temperature therapies
- Pandemic management
- Prescribe durable medical equipment
- Provide nonpharmacological interventions

CCNS (Neonatal) Renewal Test Plan
Acute/Critical Care Clinical Nurse Specialist

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

I. CLINICAL JUDGMENT (69%)

Validated Competencies are detailed on pages 24-25.

1A. Cardiovascular (7%)

1. Cardiac surgery
2. Congenital heart defects
3. Dysrhythmias
4. Heart failure
5. Patent ductus arteriosus (PDA)
6. Pulmonary edema

2A. Respiratory (10%)

1. Acute respiratory failure
2. Air-leak syndromes (e.g., pneumothorax, pulmonary interstitial emphysema [PIE], pneumopericardium, pneumomediastinum)
3. Airway obstruction
4. Apnea of prematurity
5. Aspirations (e.g., meconium aspiration)
6. Bronchopulmonary dysplasia
7. Congenital abnormalities
8. Exacerbation of chronic lung disease
9. Persistent pulmonary hypertensions of the newborn (PPHN)
10. Pulmonary hemorrhage
11. Pulmonary infections
12. Respiratory distress syndrome (e.g., surfactant deficiency)
13. Thoracic surgery (e.g., pneumonectomy, lobectomy, tracheal surgery)
14. Transient tachypnea of the newborn

Endocrine/Hematology/Gastrointestinal/Renal/Integumentary

3A. Endocrine (3%)

1. Hyperglycemia
2. Hypoglycemia
3. Infant of diabetic mother

3B. Hematology/Immunology/Oncology (5%)

1. Blood group incompatibilities
2. Coagulopathies (including thrombocytopenia)
3. Hyperbilirubinemia
4. Polycythemia

3C. Gastrointestinal (5%)

1. Bowel infarction/obstruction/perforation
2. Gastroesophageal reflux
3. GI abnormalities
4. GI motility disorders
5. GI surgeries
6. Hepatic failure
7. Feeding intolerance
8. Necrotizing enterocolitis

3D. Renal/Genitourinary (5%)

1. Acute kidney injury
2. Congenital renal/genitourinary abnormalities
3. Infections

3E. Integumentary (4%)

1. Congenital abnormalities
2. Dermatologic disorders
3. Infectious skin disorders
4. Pressure injuries
5. Skin integrity protection for extremely low birth-weight infants
6. Wounds (surgical and non-surgical)

Musculoskeletal/Neurology/Psychosocial

4A. Musculoskeletal (3%)

1. Bone disease (e.g., osteopenia, osteogenesis imperfecta)
2. Congenital anomalies
3. Functional issues (e.g., immobility, birth injuries)
4. Infections (e.g., cellulitis)

4B. Neurology (5%)

1. Congenital neurological abnormalities
2. Encephalopathy
3. Head and brain trauma/injury
4. Hydrocephalus
5. Hypoxic ischemic encephalopathy
6. Increased intracranial pressure
7. Intracranial hemorrhage/intraventricular hemorrhage

continued

8. Neurologic infectious diseases
9. Periventricular leukomalacia
10. Seizure disorders
11. Stroke

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

1. Behavioral state (e.g., NPASS, Brazelton, stress in extremely low birth weight infants)
2. Developmental care (e.g., skin to skin care)
3. Maltreatment (abuse/neglect/medical nonadherence)

Factors Influencing Wellness and Health Status/ Multisystem

5A. Factors Influencing Health Status (risk assessment, prevention and wellness) (7%)

1. Discharge planning
2. Feeding (e.g., breast, cue-based, techniques)
3. Monitoring anthropometric measurements
4. Safety (e.g., safe sleep)
5. Screening (e.g., hearing, CCHD, metabolic, angle tolerance testing, ROP)
6. Wellness promotion (e.g., normal variants, immunizations)
7. Developmental care (developmental milestones)
8. Social determinants of health (e.g., access to care, socioeconomic factors, health literacy)
9. Population health (e.g., lack of prenatal care, food deserts)
10. Team-based care
11. Genetics (e.g., metabolic screening, recurrence risk, life planning)

5B. Multisystem (10%)

1. Acid-base imbalances
2. End-of-life issues
3. Fluids, electrolytes and nutrition
4. Hospital acquired conditions (e.g., CLABSI, CAUTI, VAP/VAE)
5. Hypovolemic shock
6. Iatrogenic drug exposed newborn
7. Inborn errors of metabolism
8. Infectious diseases (e.g., congenital viral, bacterial, hospital acquired infections)
9. Low birth weight/prematurity (including late preterm populations)
10. Maternal drug exposed newborn
11. Maternal-fetal complications (e.g., HELLP, preeclampsia)
12. Pain
13. Palliative care issues
14. Sensory impairment (e.g., hearing loss)
15. Sepsis/septic shock and MODS
16. Thermoregulation
17. Transition to extrauterine life
18. Antimicrobial stewardship

II. PROFESSIONAL CARING & ETHICAL PRACTICE (31%)

Validated Competencies are detailed on pages 24-25.

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

6A. Advocacy/Moral Agency (4%)

6B. Caring Practices (4%)

6C. Response to Diversity (4%)

6D. Facilitation of Learning (4%)

Collaboration/Systems Thinking/Clinical Inquiry

7A. Collaboration (5%)

7B. Systems Thinking(5%)

7C. Clinical Inquiry (5%)

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

Order of content does not necessarily reflect importance.

Refer to the **Skills and Procedures** on page 23 and **Validated Competencies** on pages 24-25.

Skills and Procedures

In addition to classifying exam items according to the specified patient care problems and identifying related competencies on the following pages, items may require an understanding of skills and procedures pertinent to the neonatal CNS. The study of practice sought to determine whether selected skills and procedures are performed and important to the neonatal CNS. If applicable to assessment of knowledge of the patient care problem, the following skills and procedures may be incorporated within items. This list is not intended to be all inclusive. Common nursing skills and procedures also may be included in the exam content.

Cardiovascular

- Direct cardiopulmonary resuscitation
- Interpret ECG rhythms
- Interpret hemodynamic values
- Interpret non-invasive hemodynamic values
- Manage patients with arterial catheters

Respiratory

- Manage patients receiving surfactant therapy
- Manage patients receiving mechanical ventilation
- Manage patients receiving nitric oxide
- Manage patients receiving non-invasive ventilatory support
- Manage patients with chest tubes

Endocrine

- Glycemic management

Hematology/Immunology/Oncology

- Manage patient with exchange transfusions

Integumentary

- Consult for patients with ostomy devices
- Consult for patients with/at risk for pressure areas
- Consult for patients requiring wound care

Neurology

- Consult for patients with cerebral oxygenation monitoring devices
- Manage patients with therapeutic hypothermia

Behavioral

- De-escalation techniques (e.g., crisis prevention)
- Manage patients with neonatal abstinence syndrome
- Provide trauma informed care

Multisystem

- Interpret diagnostic imaging
- Interpret laboratory results
- Pandemic management

CCNS Renewal Test Plan
Acute/Critical Care Clinical Care Nurse Specialist

Validated Competencies

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

Clinical Judgment

- 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

Advocacy/Moral Agency

- 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
- 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

Caring Practices

- 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

Response to Diversity

- 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

Facilitation of Learning

- 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

Collaboration

- 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

continued

Validated Competencies (continued)

- 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)

Systems Thinking

- 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

Clinical Inquiry

- 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

CCNS (Adult) Renewal Exam Bibliography

References Used for Item Validation

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

More current versions may be available.

CCNS (Pediatric) Renewal Exam Bibliography

References Used for Item Validation

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

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CCNS (Neonatal) Renewal Exam Bibliography

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AACN Synergy Model for Patient Care

The CCNS 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 current acute/critical care nursing practice.

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

CCNS Renewal Audit

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

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

- Copy of RN or APRN license
- CE Renewal Points Log
- Copies of course certificates
- Form to verify practice hours

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

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

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

Revocation of Certification

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

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

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

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

Fees paid for certification renewal are not refunded.

Review and Appeal of Certification Eligibility

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

Internal Review Panel (IRP)

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

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

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

Please email your request for review to:

certification@aacn.org

Or mail to:

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

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

Appeal of Eligibility, Exam and Renewal Determination

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

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

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

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

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

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

AACN CERTIFICATION CORPORATION

OPTION 1

STAPLE CHECK HERE

Application — CCNS Renewal by Practice Hours and CE Points

Please print clearly.

Check One: ☐ **Adult** ☐ **Pediatric** ☐ **Neonatal**

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

LEGAL NAME:
Last First MI Maiden

HOME ADDRESS:
City State Zip

EMAIL: **HOME PHONE:**

EMPLOYER NAME: **BUSINESS PHONE:**

EMPLOYER ADDRESS:
City State Zip

RENEWAL FEES

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

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

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

PAYMENT INFORMATION - *application must be accompanied by payment*

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

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

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

Name on Card _____ Signature _____

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

DEMOGRAPHIC INFORMATION

Select ONE in each category. This information is used for statistical purposes and may be used in eligibility determination.

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

_____ (99)

Primary Position Held
- ☐ Academic Faculty (07)
- ☐ Acute Care Nurse Practitioner (09)
- ☐ Bedside/Staff Nurse (01)
- ☐ Case Manager (39)
- ☐ Charge Nurse (45)
- ☐ Clinic Nurse (40)
- ☐ Clinical Coordinator (44)
- ☐ Clinical Director (04)
- ☐ Clinical Nurse Specialist (08)
- ☐ Corporate/Industry (11)
- ☐ Hospital Administrator (38)
- ☐ Internist (37)
- ☐ Legal Nurse Consultant (47)
- ☐ Manager (03)
- ☐ Nurse Anesthetist (02)
- ☐ Nurse Educator (46)
- ☐ Nurse Midwife (13)
- ☐ Nurse Practitioner (05)
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- ☐ 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)
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- ☐ Home Health (13)
- ☐ Long-Term Acute Care Hospital (16)
- ☐ Military/Gov't Hospital (04)
- ☐ Non-Academic Teaching Hospital (14)
- ☐ Registry (10)
- ☐ Self-Employed (09)
- ☐ State Hospital (06)
- ☐ Travel Nurse (15)
- ☐ University Med. Ctr. (03)
- ☐ Other – *specify below*

_____ (99)

Number of Beds in Institution: _____

Years of Experience in Nursing: _____

Years of Experience in Acute/Critical Care Nursing: _____

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

_____

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

Please complete second page of application.

OPTION 1

Honor Statement — CCNS Renewal by Practice Hours and CE Points

Please print clearly.

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

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

LICENSURE: I possess a current, unencumbered U.S. RN or APRN license. My _____ (state) nursing license _____ (number) is due to expire _____ (date). During this last 5-year certification period, no license I've held was subjected to formal discipline by the board of nursing in the state(s) in which I practiced and had no provisions or conditions that limited my nursing practice in any way. I understand that I must notify AACN Certification Corporation **within 30 days** if any provisions or conditions are placed against any RN or APRN license(s) I hold. I understand I may be eligible for Conditional Certification if my license becomes encumbered.

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

*(check **one** box only)* ☐ **Adult** ☐ **Pediatric** ☐ **Neonatal**

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

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

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

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

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

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

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

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

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

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

SUBMIT APPLICATION AND FEE: Mail application with payment to:
AACN Certification Corporation, 27071 Aliso Creek Road, Aliso Viejo, CA 92656-3399. Or fax to: 949-362-2020.
DO NOT fax **AND** mail your application. Please use only ONE method to submit your application.

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

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

AACN CERTIFICATION CORPORATION

OPTION 2

STAPLE CHECK HERE

Application — CCNS Renewal by Practice Hours, Pharmacology CE and Exam

Please print clearly. **Check One: ☐ Adult ☐ Pediatric ☐ Neonatal**

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

LEGAL NAME:
Last First MI Maiden

HOME ADDRESS:
City State Zip

EMAIL: **HOME PHONE:**

EMPLOYER NAME: **BUSINESS PHONE:**

EMPLOYER ADDRESS:
City State Zip

RENEWAL FEES

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

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

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

PAYMENT INFORMATION - *application must be accompanied by payment*

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

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

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

Name on Card _____ Signature _____

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

DEMOGRAPHIC INFORMATION

Select ONE in each category. This information is used for statistical purposes and may be used in eligibility determination.

Primary Area Employed
- ☐ Acute Hemodialysis Unit (21)
- ☐ Burn Unit (13)
- ☐ Cardiac Rehabilitation (26)
- ☐ Cardiac Surgery/OR (36)
- ☐ Cardiovascular/Surg. ICU (09)
- ☐ Catheterization Lab (22)
- ☐ Combined Adult/Ped. ICU (23)
- ☐ Combined ICU/CCU (01)
- ☐ Coronary Care Unit (03)
- ☐ Corporate Industry (24)
- ☐ Critical Care Transport/ Flight (17)
- ☐ Direct Observation Unit (39)
- ☐ Emergency Dept. (12)
- ☐ General Med./Surg. Floor (18)
- ☐ Home Care (25)
- ☐ Intensive Care Unit (02)
- ☐ 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)
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- ☐ 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)
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- ☐ Registry (10)
- ☐ Self-Employed (09)
- ☐ State Hospital (06)
- ☐ Travel Nurse (15)
- ☐ University Med. Ctr. (03)
- ☐ Other – *specify below*

_____ (99)

Number of Beds in Institution: _____

Years of Experience in Nursing: _____

Years of Experience in Acute/Critical Care Nursing: _____

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

_____

Gender:
☐ Male ☐ Female
☐ Non-binary

Please complete second page of application.

OPTION 2

Honor Statement — CCNS Renewal by Practice Hours, Pharmacology CE and Exam

Please print clearly.

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

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

LICENSURE: I possess a current, unencumbered U.S. RN or APRN license. My _____ (state) nursing license _____ (number) is due to expire _____ (date). During this last 5-year certification period, no license I've held was subjected to formal discipline by the board of nursing in the state(s) in which I practiced and had no provisions or conditions that limited my nursing practice in any way. I understand that I must notify AACN Certification Corporation **within 30 days** if any provisions or conditions are placed against any RN or APRN license(s) I hold. I understand I may be eligible for Conditional Certification if my license becomes encumbered.

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

*(check **one** box only)* ☐ **Adult** ☐ **Pediatric** ☐ **Neonatal**

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

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

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

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

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

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

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

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

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

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AACN CERTIFICATION CORPORATION

OPTION 3

STAPLE CHECK HERE

Application — CCNS Renewal by CE Points and Exam

Please print clearly.

Check One: ☐ **Adult** ☐ **Pediatric** ☐ **Neonatal**

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

LEGAL NAME:
Last First MI Maiden

HOME ADDRESS:
City State Zip

EMAIL: **HOME PHONE:**

EMPLOYER NAME: **BUSINESS PHONE:**

EMPLOYER ADDRESS:
City State Zip

RENEWAL FEES

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

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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)
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- ☐ Cardiac Rehabilitation (26)
- ☐ Cardiac Surgery/OR (36)
- ☐ Cardiovascular/Surg. ICU (09)
- ☐ Catheterization Lab (22)
- ☐ Combined Adult/Ped. ICU (23)
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- ☐ Corporate Industry (24)
- ☐ Critical Care Transport/ Flight (17)
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- ☐ Surgical ICU (07)
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- ☐ Telemetry (20)
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_____ (99)

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_____ (99)

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Years of Experience in Acute/Critical Care Nursing: _____

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

_____

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

Please complete second page of application.

AACN CERTIFICATION CORPORATION

OPTION 3

Honor Statement — CCNS Renewal by CE Points and Exam

Please print clearly.

NAME: **AACN CUSTOMER #:**

Last First MI

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

LICENSURE: I possess a current, unencumbered U.S. RN or APRN license. My _____ (state) nursing license _____ (number) is due to expire _____ (date). During this last 5-year certification period, no license I've held was subjected to formal discipline by the board of nursing in the state(s) in which I practiced and had no provisions or conditions that limited my nursing practice in any way. I understand that I must notify AACN Certification Corporation **within 30 days** if any provisions or conditions are placed against any RN or APRN license(s) I hold. I understand I may be eligible for Conditional Certification if my license becomes encumbered.

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

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

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

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

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CCNS