ACCNS-N

Neonatal
Clinical Nurse Specialist Certification
(Wellness Through Acute Care)
MISSION

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

VISION

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

VALUES

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

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

ETHICS

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

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

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<th>Program</th>
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<tr>
<td>CCRN® (Adult)</td>
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<td>CCRN® (Pediatric)</td>
<td>CMC®</td>
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<td>CCRN® (Neonatal)</td>
<td>CSC®</td>
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<td>CCRN-E™ (Adult)</td>
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<td>ACCNS-AG®</td>
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<td>ACCNS-N®</td>
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Our advanced practice certification programs, ACCNS-AG, ACCNS-P, ACCNS-N and ACNPC-AG, meet the National Council of State Boards of Nursing (NCSBN) criteria for APRN certification programs.
As healthcare becomes increasingly complex and challenging, certification has emerged as a mark of excellence showing patients, employers and the public that a nurse possesses a defined body of knowledge, and has met the rigorous requirements to achieve specialty and/or subspecialty certification.

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

Today, more than 120,000 practicing nurses hold one or more of these certifications from AACN Certification Corporation:

**Specialty Certifications**
- **CCRN**® is for nurses providing direct care to acutely/critically ill adult, pediatric or neonatal patients.
- **CCRN-K™** is for nurses who influence the care delivered to acutely/critically ill adult, pediatric or neonatal patients, but do not primarily or exclusively provide direct care.
- **CCRN-E™** is for nurses working in a tele-ICU monitoring/caring for acutely/critically ill adult patients from a remote location.
- **PCCN**® is for progressive care nurses providing direct care to acutely ill adult patients.
- **PCCN-K™** is for nurses who influence the care delivered to acutely ill adult patients, but do not primarily or exclusively provide direct care.

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

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

**Advanced Practice Certifications**

With implementation of the Consensus Model in 2015, ACNPC and CCNS are available as renewal options only:
- **ACNPC®** is for acute care nurse practitioners educated to provide care to adult patients.
- **CCNS®** is for acute/critical care clinical care specialists educated to provide care to adult, pediatric or neonatal patients.

We continually seek to provide quality certification programs that meet the changing needs of nurses and patients. Please visit www.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, 101 Columbia, Aliso Viejo, CA 92656-4109
800-899-2226 • Fax 949-362-2020 • APRNcert@aacn.org

Please include your AACN customer number with all correspondence to AACN Certification Corporation.
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The following information can be found in the Certification Exam Policy Handbook at www.aacn.org/certhandbooks:
  • AACN Certification Programs
  • Name and Address Changes
  • Confidentiality of Exam Application Status
  • Testing Site Information
  • Exam Scheduling and Cancellation
  • On the Day of Your Exam
  • Duplicate Score Reports
  • Recognition of Certification
  • Use of Credentials
  • Denial of Certification
  • Revocation of Certification
  • Review and Appeal of Certification Eligibility
ACCNS-N® is an entry-level advanced practice certification for clinical nurse specialists (CNSs) educated at the graduate level to provide advanced nursing care across the continuum of healthcare services - wellness through acute care - to meet the specialized needs of the neonatal patient population.

ACCNS-N® Registered Service Mark
ACCNS-N is a registered service mark and denotes certification as a neonatal clinical nurse specialist as granted by AACN Certification Corporation.

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

AACN views misuse of the credential as misleading to the public and may result in denial of certification or revocation of certification.

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

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

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

Eligibility requirements for ACCNS-N certification are based on the Consensus Model for APRN Regulation and National Council of State Board of Nursing Criteria for APRN Certification Programs (2012).

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

State boards of nursing may use the results of ACCNS-N exam as a factor in making APRN licensure determinations. As regulatory partner, AACN Certification Corporation’s master’s prepared registered nurses are required to evaluate graduate program curricula for compliance with these national and state standards.

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

Sixty-one percent (61%) of the items test clinical judgment related to nursing care of the neonatal patient population (wellness through acute care). The remaining items (39%) test non-clinical judgment knowledge required for neonatal CNS practice and may refer to adult, pediatric or neonatal patient situations.

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

The passing point/cut score for the exam is established using a panel of subject matter experts, an exam development committee (EDC), who carefully reviews each exam question to determine the basic level of knowledge or skill that is expected. The passing point/cut score is based on the panel’s established difficulty ratings for each exam question.
Under the guidance of a psychometrician, the panel develops and recommends the passing point/cut score, which is reviewed and approved by AACN Certification Corporation. The passing point/cut score for the exam is established to identify individuals with an acceptable level of knowledge and skill. All individuals who pass the exam, regardless of their score, have demonstrated an acceptable level of knowledge.

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

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

Current, unencumbered U.S.* RN or APRN licensure is required.

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

Candidates and ACCNS-N-certified nurses must notify AACN Certification Corporation within 30 days if any restriction is placed on their RN or APRN license(s).

Nurses who hold an encumbered license, meaning discipline has been taken against the RN and/or APRN license and practice is considered restricted as outlined by Board of Nursing (BON) stipulations, 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 is in the process of resolving disciplinary action with any BON.

- Conditional status will be changed to Active status once stipulations from the BON order are resolved, RN and/or APRN practice is no longer restricted, and the license is unencumbered.

- If the BON suspends or revokes the nurse’s license and he/she cannot practice, certification will be revoked.

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

Education

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

1. The program is through a college or university that offers a CCNE or ACEN accredited master’s or higher degree in nursing with a concentration as a neonatal clinical nurse specialist (CNS) covering the spectrum of wellness through acute care.

2. Both direct and indirect clinical supervision must be congruent with current AACN and nursing accreditation guidelines.

3. The curriculum includes but is not limited to:
   a. Biological, behavioral, medical and nursing sciences relevant to practice as a neonatal CNS, including advanced pathophysiology, pharmacology and physical assessment
   b. Legal, ethical and professional responsibilities of the CNS
   c. Supervised clinical practice relevant to the specialty

4. The curriculum meets the following criteria:
   a. The curriculum is consistent with the competencies of neonatal CNS practice.
   b. The instructional track/major has a minimum of 500 supervised clinical practice hours overall.
   c. All clinical hours are focused on the direct care of neonatal patients and completed within the U.S.
   d. The supervised clinical experience is directly related to the knowledge and all role components of the neonatal CNS.

Completion of 500 supervised clinical practice hours in all roles of the neonatal CNS within the graduate-level educational program is required. A portion of the total clinical practice hours must be focused on wellness and a portion on acute care, in the neonatal patient population.

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

- The program director of your educational program must complete an Educational Eligibility Form (see page 31).

- You must submit originals of all graduate-level educational transcripts showing degree(s) conferred. A secure, electronic transcript may be provided by your school directly to APRNcert@aacn.org.

- If you are making up clinical or didactic coursework to meet ACCNS-N exam eligibility, courses must be completed in a post-graduate certificate or DNP program.
ACCNS-N EXAM ELIGIBILITY (CONTINUED)

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

The ACCNS-N exam is in alignment with requirements of the APRN Consensus Model and meets the NCSBN Criteria for APRN Certification Programs. The ACCNS-N certification is accepted in all states that recognize the CNS as an APRN role.

Questions regarding eligibility should be emailed to APRNcert@aacn.org. Applicants determined to be ineligible for the ACCNS-N exam will have their application fee refunded.

COMPUTER-BASED TESTING (CBT) FEES

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<th>ACCNS-N Computer-Based Exam</th>
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<th>ACCNS-N Renewal by Exam</th>
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<td>Nonmembers</td>
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Payable in U.S. funds. Fees are subject to change without notice. A $15 fee will be charged for a returned check.

If you are determined to be ineligible for ACCNS-N certification your application fee will be refunded.
Receive email notification of receipt of application
1. AACN will send you an email confirming that your application has been received and forwarded to a Certification Specialist for evaluation.
   - Evaluation can take 1 to 4 weeks - depending on whether we need to contact your school to request additional information to determine your eligibility.

Receive application approval email
2. AACN will send an email notification of your approval to test.

Receive scheduling information email
3. AACN’s testing service (PSI/AMP) will send an email and mail a postcard to eligible candidates within 5 to 10 days after application approval that will include:
   - A toll-free number and online instructions to schedule your testing appointment
   - The 90-day period during which you must schedule and take the exam
   - Your exam identification number, which is your unique AACN customer number preceded by the letter “C” (e.g., C00123456)
   - If you do not receive an email or postcard from PSI/AMP within 10 days of application approval, please contact AACN Customer Care at 800-899-2226.

Schedule the exam
4. Upon receipt of PSI/AMP’s email or postcard:
   - Confirm that you are scheduled for the correct certification exam
   - Promptly schedule your exam appointment for a date and time that falls within your 90-day testing window
   - Testing is offered twice daily, Monday through Friday, at 9 a.m. and 1:30 p.m. Saturday appointments are available at some testing centers.
   - To locate one of the more than 300 PSI/AMP testing centers within the U.S., visit www.goAMP.com.

Sit for the exam
5. Upon completion of computer-based exams, results with a score breakdown will be presented on-site.
   - Results of paper and pencil exams will be mailed to candidates 2 to 4 weeks following paper testing.
   - Successful candidates will receive their wall certificate within 2 to 4 weeks of passing the exam.

Please ensure that AACN has your current contact information on record.
Updates may be made online at www.aacn.org/myaccount or emailed to info@aacn.org.
For name changes, please call AACN Customer Care at 800-899-2226.
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 continuing education (CE) including pharmacology CE
- Practice hours, pharmacology CE and passing the certification exam
- Continuing education (CE) including pharmacology CE and passing the certification exam

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

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

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

Renewal Period

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

Your certification period begins the first day of the month in which the ACCNS-N exam is passed and ends 5 years later, e.g., February 1, 2019 through January 31, 2024.

Renewal notifications will be mailed and emailed to you starting 4 months prior to your scheduled ACCNS-N renewal date. You are responsible for renewing your certification even if you do not receive a renewal notification.

Eligibility

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

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

Eligible candidates for ACCNS-N renewal must hold a current, unencumbered U.S.* RN or APRN license. An unencumbered license has not been subjected to formal discipline by any state board of nursing during the 5-year certification period and has no provisions or conditions that limit the nurse’s practice in any way. This applies to all RN or APRN licenses you currently hold.

ACCNS-N-certified nurses must notify AACN Certification Corporation within 30 days if any restriction is placed on their RN or APRN license.

An APRN whose license is encumbered may be eligible for Conditional Certification.

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

Renewal Options

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

Option 1 - 1,000 Practice Hours and 150 CE Points
Option 2 - 1,000 Practice Hours, 25 Pharmacology CE and Exam
Option 3 - 150 CE Points and Exam

For complete information refer to the ACCNS-N Renewal Handbook online at www.aacn.org/certhandbooks.
The ACCNS-N 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 neonatal CNS. The test plan is constructed using entry-level competencies. All competencies are listed on pages 5-12 of the test plan.

The test plan, which provides an outline of exam content, is developed by an expert CNS panel based on the results of the study of practice. The organizing framework for all AACN Certification Corporation exams is the AACN Synergy Model for Patient Care™. Please refer to pages 29 and 30 for more about the Synergy Model.

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

- **Patient Care Problems** validated by the study of practice as those regularly encountered by the entry-level CNS.
  
  Refer to pages 2-3 for the list of patient care problems.

- **Skills and Procedures** validated by the study of practice as those pertinent to the entry-level CNS. In addition to classifying exam items according to the specified patient care problems and related validated competencies, items may require an understanding of skills and procedures pertinent to neonatal CNS practice.
  
  Refer to page 4 for the list of skills and procedures.

  
  Refer to pages 5-12 for a complete listing of the ACCNS-N Validated Competencies.

### Integrated Concepts

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


I. CLINICAL JUDGMENT (65%)
Validated Competencies are detailed on pages 5-12 of this test plan.

A. Cardiovascular (7%)
   1. Cardiac surgery
   2. Congenital heart defects
   3. Dysrhythmias
   4. Heart failure
   5. Patent ductus arteriosus (PDA)

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

C. Endocrine (3%)
   1. Hyperglycemia
   2. Hypoglycemia
   3. Infant of diabetic mother

D. Hematology/Immunology/Oncology (3%)
   1. Anemia
   2. Blood group incompatibilities
   3. Coagulopathies (including thrombocytopenia)
   4. Hyperbilirubinemia
   5. Polycythemia

E. 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

F. Renal/Genitourinary (4%)
   1. Congenital renal/genitourinary abnormalities
   2. Infections

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

H. 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)

I. Neurology (6%)
   1. Congenital neurological abnormalities
   2. Encephalopathy
   3. Head and brain trauma/injury
   4. Hydrocephalus
   5. Hypoxic ischemic encephalopathy
   6. Increased intracranial pressure
I. Neurology (cont.)

7. Intracranial hemorrhage/intraventricular hemorrhage
8. Neurologic infectious diseases
9. Periventricular leukomalacia
10. Seizure disorders

J. Psychosocial/Behavioral/Cognitive Health (3%)

1. Behavioral state (e.g., neonatal pain, agitation and sedation scale, neonatal behavioral assessment, stress in extremely low birth weight infants)
2. Developmental care (e.g., skin to skin care)
3. Maltreatment (e.g., abuse, neglect, medical nonadherence)

K. Factors Influencing Health Status (6%)

1. Developmental care (developmental milestones)
2. Discharge planning
3. Feeding (e.g., breast, cue-based techniques)
4. Monitoring anthropometric measurements
5. Safety (i.e., sleep)
6. Screening (i.e., hearing, critical congenital heart disease, metabolic, car seat challenge, retinopathy of prematurity)
7. Wellness promotion (e.g., normal variants, immunizations)

L. Multisystem (11%)

1. Acid-base imbalances
2. End-of-life issues
3. Fluids, electrolytes and nutrition
4. Genetics (e.g., metabolic screening, recurrence risk, life planning)

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

II. PROFESSIONAL CARING AND ETHICAL PRACTICE (35%)

Validated Competencies are detailed on pages 5-12 of this test plan.

A. Advocacy/Moral Agency (4%)
B. Caring Practices (6%)
C. Response to Diversity (3%)
D. Facilitation of Learning (5%)
E. Collaboration (5%)
F. Systems Thinking (6%)
G. Clinical Inquiry (6%)

Order of content does not necessarily reflect importance.
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
- Insert peripherally inserted central catheters (PICC)
- Interpret ECG rhythms
- Interpret hemodynamic values
- Interpret non-invasive hemodynamic values
- Manage patient with arterial pressure catheters
- Remove peripherally inserted central catheters (PICC)

Pulmonary
- Manage patient receiving surfactant therapy
- Manage patient receiving mechanical ventilation
- Manage patient receiving nitric oxide
- Manage patient receiving noninvasive support
- Manage patient with chest tubes
- Perform arterial punctures

Endocrine
- Glycemic management

Hematology/Immunology/Oncology
- Manage patient with exchange transfusions

Integumentary
- Consult for patient with/at risk for pressure areas
- Provide wound care

Neurology
- Assist with lumbar puncture
- Manage patient with whole body/head therapeutic hypothermia

Behavioral
- Use de-escalation techniques (e.g., crisis prevention)
- Manage patients with neonatal abstinence syndrome

Multisystem
- Interpret diagnostic imaging
- Interpret laboratory results
- Order diagnostic imaging
CLINICAL JUDGMENT

Core CNS Competencies

- Conducts comprehensive, holistic, wellness and illness assessments using known or innovative evidence-based techniques and tools, and direct and indirect methods
- Obtains data about context and etiologies (including both non-disease and disease-related factors) necessary to formulate differential diagnoses and plans of care, and to identify and evaluate outcomes
- Assesses the effects of interactions among the individual, family, community and social systems on health and illness
- Synthesizes assessment data, advanced knowledge and experience using critical thinking and clinical judgment to formulate differential diagnoses for clinical problems amenable to CNS intervention
- Prioritizes differential diagnoses to reflect those conditions most relevant to signs, symptoms and patterns amenable to CNS interventions
- Selects interventions that may include, but are not limited to:
  - Application of advanced nursing therapies
  - Initiation of interdisciplinary team meetings
  - Consultations and other communications to benefit patient care
  - Management of patient medications
  - Clinical procedures and other interventions
  - Psychosocial support, including patient counseling and spiritual interventions
- Designs strategies, including advanced nursing therapies, to meet the multifaceted needs of complex patients and groups of patients
- Develops evidence-based clinical interventions and systems to achieve defined patient and system outcomes
- Prescribe pharmacologic interventions
- Prescribe non-pharmacologic interventions
- Prescribe diagnostic measures
- Prescribe equipment
- Prescribe treatments
- Provides direct care to selected patients based on the needs of the patient and the CNS’s specialty knowledge and skills
- Assists staff in the development of innovative, cost-effective programs or protocols of care
- Determines when evidence-based guidelines, policies, procedures and plans of care need to be tailored to the individual
- Assesses the impact of environmental/system factors on care

Neonatal CNS Competencies

- Conducts a comprehensive history and assessment of the neonate/infant and family, using known or innovative evidence-based techniques, tools, and direct and indirect methods
- Develops a comprehensive database (both disease and non-disease factors) that includes pertinent history, diagnostic tests and physical assessment
- Distinguishes between normal, variations of normal and abnormal findings, including developmental, physiologic and behavioral states
- Assesses the effects of interactions among the neonate/infant, family and the community on the patient/family dyad
- Identifies potential risks to patient safety, the patient/family dyad and quality of care
- Identifies evidence-based clinical practice guidelines to guide screening, diagnosis and management of the neonate/infant
- Develops a plan of care and interventions according to established protocol and current standards of care
- Develops a plan of care based on scientific evidence and practice guidelines
- Develops interventions to promote patient safety, strengthen the patient/family dyad and improve the quality of care
- Provides developmentally appropriate care
Applies principles of pain management to care

Applies end-of-life and palliative care principles to the delivery of care

Uses therapeutic communication skills with special attention to the capacities and needs of the neonate/infant and family

Prescribes nursing therapeutics, pharmacologic and non-pharmacologic interventions, diagnostic measures, equipment, procedures and treatments to meet the needs of neonates/infants, families and groups, in accordance with professional preparation, institutional privileges, state and federal laws and practice acts

Provides direct care to selected neonates/infants and families based on the needs of the patient and the CNS's specialty knowledge and skills

Recognizes opportunities for staff development of programs and process changes to improve cost-effectiveness

Recognizes nursing practice/performance improvement opportunities with consideration of safety, timeliness, effectiveness, efficacy and patient-centered care at the unit level

Aligns nursing practice with evidence-based information to achieve nurse-sensitive outcomes for the unit population

Participates in unit-based planning for data collection and quality monitoring

Develops and implements audits at the unit level

Recognizes when evidence-based guidelines, policies or procedures fail to meet the needs of the individual neonate/infant and family

Assesses the needs, preferences and strengths of the neonate/infant and family and recommends a healthcare plan in order to optimize health outcomes

Tailors the plan of care as indicated

Communicates to the healthcare team the rationale for any deviations from the established guidelines, policies or procedures

Applies data collected from consultations to plan or revise care for the individual patient or family

ADVOCACY AND MORAL AGENCY

Core CNS Competencies

Facilitates resolution of ethical conflicts:
- Identifies ethical implications of complex care situations
- Considers the impact of scientific advances, cost, clinical effectiveness, patient and family values and preferences, and other external influences
- Applies ethical principles to resolving concerns across the three spheres of influence

Promotes a practice climate conducive to providing ethical care

Facilitates interdisciplinary teams to address ethical concerns, risks or considerations, benefits and outcomes of patient care

Facilitates patient and family understanding of the risks, benefits and outcomes of proposed healthcare regimen to promote informed decision making

Advocates for equitable patient care by:
- Participating in organizational, local, state, national or international level of policy-making activities for issues related to their expertise
- Evaluating the impact of legislative and regulatory policies as they apply to nursing practice and patient or population outcomes

Promotes the role and scope of practice of the CNS to legislators, regulators, other healthcare providers and the public by communicating information that promotes nursing, the role of the CNS and outcomes of nursing and CNS practice through the use of the media, advanced technologies and community networks

Advocates for the CNS/APRN role and for positive legislative response to issues affecting nursing practice

Neonatal CNS Competencies

Performs self-assessment to identify own personal values and beliefs that influence the provision of care as an expert clinician

Seeks feedback from other CNSs, advanced practice registered nurses (APRNs) and other healthcare providers within the unit
• Models professional accountability to others
• Identifies ethical dilemmas unique to neonatal care at the unit level
• Identifies the need to involve the institutional ethics team in finding resolutions to the dilemmas using ethical principles
• Analyzes the medical advances, cost and clinical effectiveness impact on the patient and family, and the family's values
• Encourages discussion of ethical issues, dilemmas and principles at the unit level
• Facilitates interdisciplinary teams to address ethical concerns, risk, benefits and outcomes at the unit level
• Facilitates the discussion with families of neonates/infants regarding a proposed healthcare regimen for their child, to assist parents to make informed decisions, ensuring that families have full access to and understanding of all information related to the current situation of their child
• Participates in unit policy-making committees regarding the equitable treatment of neonates/infants and their families
• Evaluates hospital policies for their impact on neonatal nursing care practice and neonatal/infant care
• Promotes the role of the CNS to unit leadership, healthcare providers and families within the neonatal unit

CARING PRACTICES

Core CNS Competencies

• Evaluates nursing practice that considers safety, timeliness, effectiveness, efficiency, efficacy and patient-centered care
• Differentiates between outcomes that require care process modification at the individual patient level and those that require modification at the system level
• Leads development of evidence-based plans for meeting individual, family, community and population needs
• Determines nursing practice and system interventions that will promote patient, family and community safety

Neonatal CNS Competencies

• Coaches patients and families to help them navigate the healthcare system
• Balances patient and family preferences, threats to patient safety and risk/benefit analysis of interventions, such as fall prevention, pain management and treatment choices
• Fosters professional accountability in self or others

• Verbalizes effective communication strategies to include appropriate methods, behaviors and positive interventions
• Evaluates and recommends strategies for using interventions and resources to improve communication that will provide optimal outcomes related to the health and needs of the neonate/infant and family
• Seeks applicable input from nursing, medical staff, interdisciplinary teams and support systems necessary for communicating the healthcare status of the neonate/infant and patient's family
• Identifies the family's methods of communication and decision making
• Identifies gaps in communication between family members and healthcare professionals
• Assesses interactions of family members, including variations in social, cultural and spiritual beliefs that may affect decision making
• Verbalizes awareness of legal issues affecting neonate/infant care and professional practice regarding ethical decision making
• Recognizes ethical conflicts and dilemmas and distinguishes ethical decisions to be made
• Applies ethical principles across the spheres of influence
• Facilitates the incorporation of strategies for evidence-based practice specific to the neonatal population into crisis management
• Applies knowledge of and utilization of available resources to assist with crisis management
• Conducts ongoing assessment of the neonatal intensive care unit (NICU) environment, evaluating specifically its family-centeredness and its impact on the care of the patient
• Determines nursing practice and interventions that will promote a family-centered care environment
Develops a plan to assist in establishing a family-centered care environment

Promotes policies that further family-centered care

Identifies ethical and legal issues related to worth and dignity that can affect patient care and professional practice

Distinguishes differences in abnormal and normal behaviors related to dignity of life and death and demonstrates awareness of palliative care options

Identifies and communicates family functions and interactions that can affect social, cultural and spiritual variations

Identifies patient and family support systems

Interprets the role of the CNS to the patient, family, healthcare team, and community

Develops and preserves a therapeutic relationship and connection with the neonate's/infant's family and other professionals in order to facilitate optimal care and patient outcomes

Advocates for the neonate/infant and family in the NICU

Models behaviors that maintain professional boundaries (e.g., in social media, social life) and assists families in acknowledging and respecting professional boundaries

Maintains balance between personal and professional life, using appropriate conduct in social media

Fosters professional accountability to self and others

Balances the needs of the neonate/infant and family preferences while making choices and decisions related to professional accountability

Communicates consultation findings to the family and members of the healthcare team and completes the necessary documentation

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

**Pediatric CNS Competencies**

- Takes leadership in demonstrating and embracing the value of diversity in caring for neonates/infants and their families as well as working with other healthcare professionals at the unit-level
- Performs a self-assessment of cultural values and the impact of those values on the care of the neonate/infant and family
- Recognizes the unit-level the cultural dynamics of individuals from varying cultures and their effect on the care of the neonate/infant and family
- Recognizes cultural diversity and seeks input for adapting care on the basis of the family's culture
- Provides care on the basis of the family's belief system and learns the culture of the healthcare environment
- Develops culturally sensitive practices that address cultural, ethnic, spiritual and intergenerational or age differences among families and healthcare providers

**FACILITATION OF LEARNING**

**Core CNS Competencies**

- Facilitates the provision of clinically competent care by staff/team through education, role modeling, teambuilding and quality monitoring
- Provides education to individuals, families, groups and communities to promote knowledge, understanding and optimal functioning across the wellness-illness continuum
- Participates in preprofessional, graduate and continuing education of nurses and other healthcare providers:
  - Completes a needs assessment, as appropriate, to guide interventions with staff
  - Promotes professional development of staff nurses and continuing education activities
  - Implements staff development and continuing education activities
  - Mentors nurses to translate research into practice

**RESPONSE TO DIVERSITY**

**Core CNS Competencies**

- Develops age-specific clinical standards, policies and procedures
- Establishes collaborative relationships within and across departments that promote patient safety, culturally competent care and clinical excellence
• Contributes to the advancement of the profession as a whole by disseminating outcomes of CNS practice through presentations and publications
• Mentors staff nurses, graduate students and others to acquire new knowledge and skills, and develop their careers

**Neonatal CNS Competencies**

- Coaches and advocates for neonates/infants and families based on their culture, religious beliefs, and health issues
- Assists families in navigating the healthcare system to obtain the appropriate resources for their needs and problems
- Assesses the educational needs of the neonate's/infant's family members based on their knowledge of health issues, developmental level, health literacy level, learning needs, readiness to learn, culture and beliefs
- Develops an education plan based the family assessment
- Assesses neonate's/infant's family to determine the family members' education needs regarding the neonate's/infant's disease processes
- Recognizes the family's learning needs throughout the continuum
- Intervenes when the neonate's/infant's needs are complicated and the family's needs for education exceed those that can be met by the standard teaching content
- Provides educational resources to the neonate's/infant's family or provides a referral to obtain information if resources are unavailable
- Implements education needs assessment with unit-based staff
- Develops and provides education for staff
- Develops poster presentation or dashboard for unit to share outcomes of CNS practice, with guidance of CNS mentor, as needed
- Shares poster presentation or dashboard at the institution's nursing professional development or quality forums
- Mentors staff RNs and other neonatal providers to acquire new knowledge and skills in their bedside care
- Provides career guidance to staff RNs in their career development via clinical advancement and/or graduate education
- Identifies and implements evidence-based care on projects with the neonatal interdisciplinary team
- Mentors novice members of the neonatal interdisciplinary team on the implementation of evidence-based care
- Identifies communication strengths and weaknesses by using self-reflection and the observation of others
- Models appropriate communication techniques in all interactions
- Engages in conflict-resolution activities, supported by more experienced leaders

**COLLABORATION**

**Core CNS Competencies**

- Uses advanced communication skills within therapeutic relationships to improve patient outcomes
- Provides leadership for collaborative, evidence-based revision of diagnoses and plans of care to improve patient outcomes
- Provides consultation to staff nurses, medical staff and interdisciplinary colleagues
- Initiates consultation to obtain resources, as necessary, to facilitate progress toward achieving identified outcomes
- Communicates consultation findings to appropriate parties consistent with professional and institutional standards
- Provides leadership in promoting interdisciplinary collaboration to implement outcome-focused patient care programs meeting the clinical needs of patients, families, populations and communities
- Uses leadership, team building, negotiation and conflict resolution skills to build partnerships within and across systems, including communities
- Assesses the quality and effectiveness of interdisciplinary, intra-agency and inter-agency communication and collaboration
• Provides leadership for establishing, improving and sustaining collaborative relationships to meet clinical needs
• Practices collegially with medical staff and other members of the healthcare team so that all providers’ unique contributions to health outcomes will be enhanced
• Uses coaching and advanced communication skills to facilitate the development of effective clinical teams
• Provides leadership in conflict management and negotiation to address problems in the healthcare system
• Engages in a formal self-evaluation process, seeking feedback regarding own practice from patients, peers, professional colleagues and others

**Neonatal CNS Competencies**

• Participates on an interdisciplinary team
• Engages participation from other team members (patients, families, physicians and coworkers)
• Conducts literature searches for clarification of information
• Applies an interdisciplinary approach to the care of neonates/infants and families
• Uses appropriate terminology, format and technology to communicate effectively with team members and discipline experts in problem-solving and decision making
• Communicates the components of the CNS role to colleagues to increase understanding of the role's impact on quality initiatives
• Participates in interdisciplinary projects
• Participates in collaborative efforts to identify cost-saving strategies that optimize patient outcomes
• Promotes awareness of evidence-based initiatives and healthcare policies that improve the care and discharge of neonates/infants and families
• Engages and participates constructively with agencies
• Participates in collaborative efforts to improve intra-agency and inter-agency communication
• Seeks applicable nursing, medical staff and interdisciplinary input regarding the healthcare plan

**SYSTEMS THINKING**

**Core CNS Competencies**

• Performs system-level assessments to identify variables that influence nursing practice and outcomes, including but not limited to, population variables, environment, system of healthcare delivery, regulatory requirements, internal and external political influences/stability, healthcare financing and recurring practices that enhance or compromise patient or system outcomes
• Provides leadership in maintaining a supportive and healthy work environment
• Coordinates the care of patients with use of system and community resources to ensure successful health/illness/wellness transitions, enhance delivery of care and achieve optimal patient outcomes
• Considers fiscal and budgetary implications in decision making regarding practice and system modifications:
  ▪ Evaluates use of products and services for appropriateness and cost/benefit in meeting care needs
  ▪ Conducts cost/benefit analysis of new clinical technologies
  ▪ Evaluates impact of introduction or withdrawal of products, services and technologies
• Leads system change to improve health outcomes through evidence-based practice:
  ▪ Specifies expected clinical and system-level outcomes
  ▪ Designs programs to improve clinical and system-level processes and outcomes
  ▪ Facilitates the adoption of practice change
• Evaluates impact of CNS and other nursing practice on systems of care using nurse-sensitive outcomes
• Disseminates outcomes of system-level change internally and externally
• Facilitates intra-agency and inter-agency communication
• Assesses system barriers and facilitators to adoption of evidence-based practices
Neonatal CNS Competencies

- Operates primarily at the unit level
- Identifies population variables at the unit-level
- Identifies unit environment variables that influence nursing practice
- Develops constructive relationships across disciplines and departments
- Evaluates unit-level culture and practices for safety implications
- Designs and implements safety systems within the home unit
- Includes staff in the development of safety programs
- Identifies the need for evidence-based practice changes
- Provides summaries of the evidence basis for proposed practice change
- Provides unit leadership members with evidence regarding the impact of personnel practices on safe patient care and workforce maintenance
- Provides evidence-based information on work-related self-care to staff
- Provides clinical expertise to collaborative, consensus-based work teams to develop clinical programs related to patient and family care
- Leads unit-level groups to develop standards, policies and procedures related to care of the neonate/infant and family
- Builds partnerships with unit-based staff and leadership
- Identifies general transition resources needed by neonates/infants and families upon discharge
- Evaluates use of products and services for appropriateness and cost/benefit in meeting care needs
- Identifies gaps in care requiring additional resources to achieve identified outcomes
- Communicates the above findings to staff members in collaboration with unit management
- Identifies nurse-sensitive outcomes related to the neonate/infant and family

- Collaborates to establish appropriate metrics for these outcomes
- Collaborates to develop data sources for these metrics
- Collects baseline data for these outcomes
- Identifies evidence-based practices that have a positive impact on nurse-sensitive outcomes of interest
- Disseminates baseline outcomes data to unit-based teams and staff
- Disseminates outcomes of system-level change to unit-based teams and staff

CLINICAL INQUIRY

Core CNS Competencies

- Employs evidence-based clinical practice guidelines to guide screening and diagnosis
- Analyzes data from consultations to implement practice improvements
- Uses effective strategies for changing clinician and team behavior to encourage adoption of evidence-based practices and innovations in care delivery
- Mentors health professionals in applying the principles of evidence-based care
- Analyzes research findings and other evidence for their potential application to clinical practice
- Integrates evidence into the health, illness and wellness management of patients, families, communities and groups
- Applies principles of evidence-based practice and quality improvement to all patient care
- Designs programs for effective implementation of research findings and other evidence in clinical practice
- Cultivates a climate of clinical inquiry across spheres of influence by evaluating the need for improvement or redesign of care delivery processes to improve safety, efficiency, reliability and quality, and disseminates expert knowledge
Fosters an interdisciplinary approach to quality improvement, evidence-based practice, research and translation of research into practice

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

Provides leadership in planning data collection and quality monitoring

Uses quality monitoring data to assess the quality and effectiveness of clinical programs in meeting outcomes

Develops quality improvement initiatives based on assessments

Provides leadership in the design, implementation and evaluation of process improvement initiatives

Provides leadership in the system-wide implementation of quality improvements and innovations

Participates in conduct and implementation of research which includes one or more of the following:
  - Identification of questions for clinical inquiry
  - Conduct literature reviews, study design and implementation
  - Data collection

Dissemination of findings

Neonatal CNS Competencies

- Recognizes opportunities for improving clinical practice at the unit-level
- Identifies research and best practice findings to improve clinical practice at the unit level
- Prioritizes evidence-based practice changes to address safety and quality concerns at the unit level
- Identifies barriers to the implementation of evidence-based practice at the unit level
- Develops and conducts evidence-based project at the unit level
- Recognizes performance improvement opportunities at the unit level
- Aligns nursing practice with evidence-based information to achieve nurse-sensitive outcomes for the unit population
- Participates in unit-based planning for data collection and quality monitoring
- Develops and implements audits at the unit level
- Advocates across interdisciplinary teams to promote evidence-based practice, research and translation of research into best practices
- Identifies clinical questions suitable for clinical inquiry
- Conducts literature review for topics pertinent to clinical practice
ACCNS-N SAMPLE QUESTIONS

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

1. The RN is discharging a 6-week-old infant, born at 32 weeks gestational age. The nurse recognizes it is the beginning of RSV season and approaches the CNS to ask if the infant is a candidate to receive Synagis (palivizumab). Which of the following would be the CNS’s best response?
   A. No, the infant is above the recommended gestational age for RSV prophylaxis.
   B. Yes, if the infant will be going to day care or has a sibling younger than 5 years old.
   C. No, since the infant does not have congenital heart disease or bronchopulmonary dysplasia.
   D. Yes, RSV prophylaxis is the standard of care for premature infants.

2. An infant who has been receiving enteral feedings, TPN and lipids is made NPO due to feeding intolerance. In addition to discontinuing the enteral feedings, the CNS should ensure the infant is prescribed which of the following?
   A. Maintain the TPN and lipids at their current infusion rates.
   B. Increase the rate of the TPN to maintain total fluids.
   C. Add a D10W infusion to maintain total fluids.
   D. Discontinue the TPN and lipids, and administer isotonic IV fluids.

3. A patient with alcoholism is admitted for the third time with a diagnosis of bleeding esophageal varices. The CNS overhears a nurse on the unit state, “I don’t know why we have to continue to care for someone who won’t make any attempt to help himself. He knew that drinking would cause him to rebleed.” The CNS’s most appropriate response is to
   A. support the nurse’s response and attempt to change the patient assignment.
   B. discuss with the nurse how to resolve conflict between personal and professional values.
   C. report the incident to the nurse manager and suggest the nurse be counseled.
   D. ignore the comment but develop an in-service on addiction issues.

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

5. A CNS is preparing for a new admission of a full-term neonate with in utero supraventricular tachycardia (SVT) and suspected hydrops. Upon admission, the neonate’s EKG shows SVT with a short PR interval and slow upstroke of the QRS complex. The CNS should prescribe:
   A. Digoxin 30 mcg/kg IV loading dose, then 8 mcg/kg IV every 24 hours
   B. Verapamil 1.5 mg/kg IV every 6 hours
   C. Propanolol 0.15 mg/kg IV every 6 hours
   D. Adenosine 0.1 mg/kg IV push, and repeat every 2 minutes as needed

6. A 39-week-old infant was born with meconium-stained amniotic fluid. The infant presented with respiratory distress at birth requiring intubation. A chest x-ray and echocardiogram are obtained at 24 hours of age. Chest x-ray reveals patchy infiltrates throughout the lung fields, areas of consolidation more pronounced in the right upper lobe and hyperinflation. The echocardiogram reveals right-to-left cardiopulmonary shunting and elevated pulmonary artery pressure (PAP). What is the most appropriate therapy for this infant?
   A. inhaled nitric oxide
   B. surfactant
   C. high-frequency oscillatory ventilation
   D. extracorporeal membrane oxygenation

continued
7. A 14-day-old infant who is 26 weeks PMA presents with tachycardia and increasing \( \text{FiO}_2 \) requirements. The nurses followed the admitting orders to obtain a CBC with blood cultures and then started Gentamicin. The nurse is now consulting the CNS, because the infant is experiencing periods of increased apnea with bradycardia. The CBC results reveal a left shift, and the preliminary blood culture report reveals many gram-positive cocci. What should the CNS recommend based on these findings?

A. Continue Gentamicin and add Ampicillin.
B. Continue Gentamicin and add Vancomycin.
C. Stop Gentamicin and start Vancomycin.
D. Stop Gentamicin and start Ampicillin.

**Answers**

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


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

More current versions may be available.

PUBLISHER CONTACTS:
AACN – 800-899-2226
American Academy of Pediatrics – 847-434-4000
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AACN PRODUCTS FOR ACCNS-N EXAM PREPARATION

AACN Certification Corporation does not participate in the development of AACN products and does not approve, endorse or recommend any specific exam preparation products.

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<tr>
<th>Product Title/Description</th>
<th>AACN Product #</th>
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For more details and to place an order, visit www.aacn.org/store, or call AACN Customer Care at 800-899-2226, weekdays between 7:30 a.m. and 4:30 p.m. Pacific Time.
AACN SYNERGY MODEL FOR PATIENT CARE

The ACCNS-N 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 Specialist 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:

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

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

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

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

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

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

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

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

For more information about the AACN Synergy Model for Patient Care, visit www.aacn.org.
The following statements apply to the advanced practice education program completed by the candidate (check all that apply):

☐ A portion of the total clinical hours within the program focused on wellness in the neonatal population.

☐ A portion of the total clinical hours within the program focused on acute care in the neonatal population.

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

Program Director Signature

Phone

Date

Printed Name

Email

This completed form with an original signature may be submitted to AACN Certification Corporation via mail to:

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

Alternatively, the form may be scanned/mailed directly from the school to APRNcert@aacc.org.
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<th>Exp. Date</th>
<th>Number</th>
<th>State</th>
<th>Exp. Date</th>
</tr>
</thead>
</table>

LEGAL NAME:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
<th>Maiden</th>
</tr>
</thead>
</table>

HOME ADDRESS:

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
</table>

EMAIL:  HOME PHONE:

EMPLOYER NAME:  BUSINESS PHONE:

EMPLOYER ADDRESS:

City  State  ZIP

2. AACN MEMBERSHIP

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

(check one box only)

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

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

Member exam fee ($255) + 1-year Membership ($78) = Savings of $27 over Nonmember fee

3. ACCNS-N EXAM FEES

<table>
<thead>
<tr>
<th>ACCNS-N</th>
<th>Initial Exam Fee</th>
<th>Retest Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>AaCN Member</td>
<td>Nonmember</td>
<td>AaCN Member</td>
</tr>
<tr>
<td>Check one box only</td>
<td>$255</td>
<td>$200</td>
</tr>
</tbody>
</table>

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

4. PAYMENT INFORMATION – application must be accompanied by payment

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

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

Credit Card # [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Exp. Date (mm/yy) [ ] [ ] [ ]

Name on Card __________________________________________________________ Signature ____________________________

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

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

Please complete pages 2 & 3 of application.

This application form may be photocopied and is also available online at www.aacn.org/certification.
5. DEMOGRAPHIC INFORMATION
Check one box in each category. Information used for statistical purposes and may be used in eligibility determination.

Primary Area Employed
- □ Acute Hemodialysis Unit (21)
- □ Burn Unit (13)
- □ Cardiac Rehabilitation (26)
- □ Cardiac Surgery/OR (36)
- □ Cardiovascular/Surgical ICU (09)
- □ Catheterization Lab (22)
- □ Combined Adult/Ped. ICU (23)
- □ Combined ICU/CCU (01)
- □ Coronary Care Unit (03)
- □ Corporate Industry (24)
- □ Crit. Care Transport/Flight (17)
- □ 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)
- □ Tele-ICU (37)
- □ Telemetry (20)
- □ Trauma Unit (31)
- □ Other - specify below (99)

Primary Position Held
- □ Academic Faculty (07)
- □ Acute Care Nurse Practitioner (09)
- □ Bedside/Staff Nurse (01)
- □ Case Manager (39)
- □ Charge Nurse (45)
- □ Clinic Nurse (40)
- □ Clinical Coordinator (44)
- □ Clinical Director (04)
- □ Clinical Nurse Specialist (08)
- □ Corporate/Industry (11)
- □ Hospital Administrator (38)
- □ Internist (37)
- □ Legal Nurse Consultant (47)
- □ Manager (03)
- □ Nurse Anesthetist (02)
- □ Nurse Educator (46)
- □ Nurse Midwife (13)
- □ Nurse Practitioner (05)
- □ Outcomes Manager (42)
- □ Physician (16)
- □ Physician Assistant (17)
- □ Researcher (18)
- □ Respiratory Therapist (19)
- □ Technician (21)
- □ Unit Coordinator (22)
- □ Other - specify below (99)

Highest Nursing Degree
- □ Associate’s Degree
- □ Bachelor’s Degree
- □ Diploma
- □ Doctorate
- □ Master’s Degree

Ethnicity
- □ African American (02)
- □ Asian (05)
- □ Hispanic (03)
- □ Native American (04)
- □ Pacific Islander (06)
- □ White/Non-Hispanic (01)
- □ Other - specify below (99)

Primary Type of Facility in Which Employed
- □ College/University (08)
- □ Community Hospital (Nonprofit) (01)
- □ Community Hospital (Profit) (02)
- □ Corporate/Industry (11)
- □ County Hospital (07)
- □ Federal Hospital (05)
- □ HMO/Managed Care (12)
- □ Home Health (13)
- □ Long-Term Acute Care Hosp. (16)
- □ Military/Government Hospital (04)
- □ Non-Academic Teaching Hosp. (14)
- □ Registry (30)
- □ Self-Employed (09)
- □ State Hospital (06)
- □ Travel Nurse (15)
- □ University Med. Ctr. (03)
- □ Other - specify below (99)

Number of Beds in Institution: ____________________________ (99)

Years of Experience in Nursing: ____________________________ (99)

Years of Experience in Acute/Critical Care Nursing: ____________________________ (99)

Date of Birth: mm/dd/yy ____________________________ (99)

Gender: □ Female □ Male

6. COMPLETE ADDITIONAL FORMS
- Complete the ACCNS-N Honor Statement (3rd page of application) on page 35.
- Have the Educational Eligibility Form on page 31 completed and signed by the program director of your school. School may email the completed form directly to AACN.

7. SUBMIT APPLICATION AND DOCUMENTATION
Attach the following to this application:
- Completed Educational Eligibility Form with original signature of program director
- Original transcript(s) of all graduate-level coursework showing degree(s) conferred. A secure, electronic transcript may be provided by your school directly to APRNcert@aacn.org.

Submit with payment to:
AACN Certification Corporation, 101 Columbia, Aliso Viejo, CA 92656-4109.
Retest applications may be faxed to 949-362-2020.

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

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

Did you include your signed honor statement, additional forms and fee payment?
ACCNS-N EXAM HONOR STATEMENT

PROCESSING WILL BE DELAYED IF INCOMPLETE OR NOT LEGIBLE.

PLEASE PRINT CLEARLY.

NAME: ____________________________  AACCN CUSTOMER #: ____________________________

Last    First    MI

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

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

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

An unencumbered license is not currently being subjected to formal discipline by any state board of nursing and has no provisions or conditions that limit my practice in any way. This applies to all RN or APRN licenses I currently hold. I understand that I must notify AACN Certification Corporation **within 30 days** if any restriction is placed on my RN or APRN license(s) in the future. I understand I may be eligible for Conditional Certification if my license becomes encumbered.

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

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

**NON-DISCLOSURE OF EXAM CONTENT:** Submission of this application indicates my agreement to keep the 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.

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

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

**Applicant’s Signature:** ____________________________  **Date:** ____________________________

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