Exam Handbook

ACCNS-P

Pediatric Clinical Nurse Specialist Certification (Wellness Through Acute Care)

AACN
CERTIFICATION CORPORATION
Certification Organization for the American Association of Critical-Care Nurses
MISSION
AACN Certification Corporation drives patient health and safety through comprehensive credentialing of acute and critical care nurses 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):

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

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

**ACCNS-P® Registered Service Mark**

ACCNS-P is a registered service mark and denotes certification as a pediatric clinical nurse specialist as granted by AACN Certification Corporation.

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

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-P 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-P 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 pediatric CNS.

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

Eligibility requirements for ACCNS-P 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-P 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-P 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 pediatric patient population (wellness through acute care). The remaining items (39%) test non-clinical judgment knowledge required for pediatric 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.
ACCNS-P EXAM ELIGIBILITY

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-P-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 pediatric 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 pediatric 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 pediatric 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 pediatric patients and completed within the U.S.
   d. The supervised clinical experience is directly related to the knowledge and all role components of the pediatric CNS.

Completion of 500 supervised clinical practice hours in all roles of the pediatric 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 pediatric patient population.

Didactic coursework with content related to the care of pediatric patients, covering wellness through acute care, is required. Content must be in alignment with the ACCNS-P 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-P exam eligibility, courses must be completed in a post-graduate certificate or DNP program.

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-P certification, the adequacy of a candidate’s knowledge in care of the acutely and/or critically ill.

The ACCNS-P exam is in alignment with requirements of the APRN Consensus Model and meets the NCSBN Criteria for APRN Certification Programs. The ACCNS-P 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-P exam will have their application fee refunded.

### COMPUTER-BASED TESTING (CBT) FEES

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<th>ACCNS-P Renewal by Exam</th>
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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 it is determined that you are ineligible for ACCNS-P certification, your application fee will be refunded.
ONLINE APPLICATION PROCESS

- Register online for computer-based testing at www.aacn.org/certification > Get Certified
- Before you get started, have available the following:
  - RN or APRN license number and expiration date
  - Credit card (Visa, MasterCard, Discover or American Express)
- Original final graduate-level transcript(s)
  - Must show degree conferred
  - Need not be sealed but must be original, not fax or photocopy. Mail to: AACN Certification Corporation 101 Columbia, Aliso Viejo, CA 92656
  - A secure, electronic transcript may be provided by your school directly to APRNcert@aacn.org
- Educational Eligibility Form completed by program director
  - Paper form or online via Program Director Portal

PAPER APPLICATION PROCESS

Complete and submit the following in one envelope:

- Original final graduate-level transcript(s)
  - Must show degree conferred
  - Need not be sealed but must be original, not fax or photocopy
  - A secure, electronic transcript may be provided by your school directly to APRNcert@aacn.org
- Educational Eligibility Form on page 31
  - To be completed/signed by director of CNS program; originals only or emailed direct from school
- Application/Honor Statement on pages 33-35
  - Fill in all requested information, sign and date
- Application fee
  - Credit card, check or money order

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

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

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

3. Receive scheduling information email
   - 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.

4. Schedule the exam
   - 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.

5. Sit for the exam
   - 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.

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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-P certification is granted for a period of 5 years.

Your certification period begins the first day of the month in which the ACCNS-P 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-P renewal date. You are responsible for renewing your certification even if you do not receive a renewal notification.

Eligibility

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

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

Eligible candidates for ACCNS-P 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-P-certified nurses must notify AACN Certification Corporation within 30 days if any restriction is placed on their RN or APRN license(s).

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-P Renewal Handbook online at www.aacn.org/certhandbooks.
The ACCNS-P 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 pediatric CNS. The test plan is constructed using entry-level competencies. All competencies are listed on pages 7-14 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 pediatric CNS, wellness through acute care, (ACCNS-P) exam, which are part of the test plan:

- **Patient Care Problems** validated by the study of practice as those regularly encountered by the entry-level CNS. Refer to pages 2-4 for the list of patient care problems.

- **Skills and Procedures** validated by the study of practice as those pertinent to the entry-level CNS. In addition to classifying exam items according to the specified patient care problems and related validated competencies, items may require an understanding of skills and procedures pertinent to pediatric CNS practice. Refer to pages 5-6 for the list of skills and procedures.

- **Validated Competencies** include Clinical Judgment, Advocacy/Moral Agency, Caring Practices, Response to Diversity, Facilitation of Learning, Collaboration, Systems Thinking and Clinical Inquiry. Refer to pages 7-14 for a complete listing of the ACCNS-P 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-P exam incorporates the following standards and competencies:


* Includes only the additional measurement criteria for the advanced practice pediatric nurse
I. CLINICAL JUDGMENT (65%)

Validated Competencies are detailed on pages 7-14 of this test plan.

A. Cardiovascular (9%)

1. Acute inflammatory disease (e.g., myocarditis, endocarditis, pericarditis)
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 diseases (congenital and acquired)

B. Pulmonary (9%)

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. Pleural effusion
13. Pulmonary hemorrhage
14. Pulmonary hypertension
15. Pulmonary infections
16. Thoracic and pulmonary trauma and injuries
17. Unexpected acute life-threatening events

C. Endocrine (3%)

1. Diabetes mellitus
2. Diabetic ketoacidosis (DKA) and hyperglycemic hyperosmolar state (HHS)
3. Hyperglycemia
4. Hypoglycemia
5. Inborn errors of metabolism
6. Syndrome of inappropriate antidiuretic hormone secretion

D. Hematology/Immunology/Oncology (3%)

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

E. Gastrointestinal (3%)

1. Abdominal trauma
2. Bowel infarction/obstruction/perforation
3. Gastroesophageal reflux
4. GI infectious disorders
5. GI abnormalities (congenital and acquired)
6. GI hemorrhage
E. Gastrointestinal (cont.)
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

F. Renal/Genitourinary (3%)
1. Acute kidney injury (AKI)
2. Chronic kidney disease (CKD)
3. Renal/genitourinary abnormalities (congenital and acquired)
4. Electrolyte imbalances
5. Fluid volume imbalances
6. Incontinence
7. Infections (e.g., UTI, PID, STDs)
8. Renal trauma

G. Integumentary (3%)
1. Dermatologic disorders
2. Exfoliative skin disorders (e.g., Stevens-Johnson, TEN, epidermolysis bullosa)
3. Infectious skin disorders
4. IV infiltration and extravasation
5. Pressure ulcers (pressure injuries, community or hospital-acquired)
6. Pruritus
7. Wounds (surgical and non-surgical)

H. 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. Traumatic fractures

I. Neurology (7%)
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

J. Psychosocial/Behavioral/Cognitive Health (6%)
1. Aggression
2. Agitation
3. Anxiety disorders (e.g., PTSD, OCD, fears, phobias)
4. Attention deficit hyperactivity disorder (ADHD)
5. Autism and autism spectrum disorders
6. Delirium
7. Developmental issues
8. Eating disorders
9. Learning disabilities and disorders
10. Maltreatment (e.g., abuse, neglect)
11. Medical nonadherence
12. Mood disorders (e.g., depression)
J. Psychosocial/Behavioral/Cognitive Health (cont.)

13. Personality disorders (e.g., anti-social behaviors, schizophrenia)
14. Post-ICU syndrome
15. Self-harm
16. Sleep disorders
17. Substance abuse
18. Suicidal behavior

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

1. Advance care planning
2. Care transition
3. Caregiver burden
4. Developmental care
5. Growth and development (e.g., anticipatory guidance, milestones)
6. Immunizations/vaccinations
7. Injury prevention (e.g., shaken baby, helmets, car seats, environmental modification, gun safety)
8. Nutrition and weight management
9. Pain prevention and management (e.g., needle stick, chronic pain syndromes)
10. Risk-taking behaviors (e.g., unprotected sex, substance use)
11. Safe sleep
12. Sexual health education and counseling
13. Vulnerable population screenings (e.g., elder/child abuse, intimate partner violence, human trafficking, bullying)

L. Multisystem (9%)

1. Acid-base imbalances
2. Anesthetic emergencies
3. Burns
4. Child of addicted mother
5. Compartment syndrome

6. Distributive shock (e.g., anaphylaxis, neurogenic)
7. End-of-life issues
8. Failure to thrive
9. Hospital-acquired conditions (e.g., CAUTI, CLABSI, VAP, falls)
10. Hypovolemic shock
11. Hypoxic ischemic encephalopathy
12. Infectious diseases (e.g., congenital, viral, bacterial)
13. Morbid obesity
14. Multisystem trauma
15. Near-drowning
16. Pain
17. Palliative care issues
18. Patient safety issues
19. Post-resuscitation care
20. Sepsis/septic shock and MODS
21. Toxic exposure (acute and chronic)
22. Toxic ingestions and inhalations

II. PROFESSIONAL CARING AND ETHICAL PRACTICE (35%)

Validated Competencies are detailed on pages 7-14 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 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 also may be included in the exam content.

**Cardiovascular**
- Assist with pericardiocentesis
- Determine lead selection for ECG
- Direct cardiopulmonary resuscitation
- Insert temporary vascular access device
- Interpret 12-lead ECGs
- Interpret ECG rhythms
- Interpret hemodynamic values
- Interpret noninvasive hemodynamic values
- Manage patient with cardiac assist devices (e.g., RVAD, BVAD, LVAD, ECMO)
- Manage patient with epicardial pacemaker
- Manage patient with implantable cardioverter defibrillator (ICD)
- Manage patient with permanent pacemaker
- Manage patient with temporary transvenous pacemaker
- Manage patient with transcatheter (external) pacemaker
- Perform elective cardioversion

**Hematology/Immunology/Oncology**
- Manage patient with chemotherapy/biotherapy
- Manage patient with plasmapheresis

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

**Renal/Genitourinary**
- Manage patient with non-tunneled dialysis catheter
- Manage patient with renal replacement therapies
- Manage patient with tunneled dialysis catheter

**Integumentary**
- Manage wound care

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

**Neurology**
- Assist with lumbar puncture
- Manage patient with cerebral oxygenation monitoring device
- Manage patient with epidural ICP monitoring device
- Manage patient with intraventricular ICP monitoring device
- Manage patient with subdural ICP monitoring device

**Endocrine**
- Manage patient with insulin pumps
Behavioral

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

Wellness

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

Multisystem

- Interpret diagnostic imaging
- Provide pharmacological interventions
- Manage patient with targeted temperature therapies
- Prescribe durable medical equipment
- Provide nonpharmacological interventions
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
- Prescribes pharmacologic interventions
- Prescribes non-pharmacologic interventions

Pediatric CNS Competencies

- Conducts comprehensive physical, mental health and developmental assessments
- Analyzes the family system to identify factors that might influence the health of the child and family
- Screens for evidence-based risk factors (e.g., unsupervised after school, abuse, bullying and relationships with peers and siblings)
- Initiates and interprets age-appropriate and condition-specific laboratory tests and diagnostic procedures
- Systematically compares and contrasts clinical findings with normal and abnormal variations and developmental events in formulating a differential diagnosis that encompasses anatomical, physiological, motor, cognitive, developmental, psychological and social behavior across the pediatric life span
- Utilizes complex data and information obtained during interview, examination and diagnostic procedures in identifying diagnoses
- Interprets age-, developmental- and situational-appropriate screening and analytic studies essential in the diagnosis and management of the child with a health condition
- Applies evidence-based clinical practice guidelines to guide screening and diagnosis
• Identifies expected outcomes that incorporate cost and clinical effectiveness, the child’s and family’s expectations, and continuity and consistency among healthcare providers

• Incorporates the use of evidence-based clinical guidelines that support positive expected outcomes for the child

• Identifies assessment, diagnostic strategies and therapeutic interventions within the plan of care that reflect current pediatric healthcare practice, including data, research, literature and expert clinical knowledge

• Formulates the comprehensive plan of care, including educational interventions related to the child’s health status, conventional and alternative therapies, self-care activities and coordination of comprehensive services to ensure continuity of care

• Supports the integration of clinical, human and financial resources to enhance and complete the decision-making processes

• Supports collaboration with nursing and other colleagues to implement the plan

• Incorporates new knowledge and strategies to initiate change in nursing care practices if desired outcomes are not achieved

• Actively participates in the development and continuous improvement of systems that support implementation of the plan

• Prescribes evidence-based treatments, therapies and procedures considering the child’s comprehensive healthcare needs and based on current pediatric knowledge, research and practice

• Prescribes appropriate nonpharmacological interventions, including complementary and alternative therapies

• Prescribes pharmacologic agents based on current knowledge of pharmacogenetics, genomics and physiological principles that are both universal and unique to the care of children at each stage in their development

• Prescribes specific pharmacological agents and treatments based on clinical indicators, the child’s status and needs, and results of diagnostic and laboratory tests

• Selects pharmacological and nonpharmacological treatments based on an evaluation of therapeutic and potential adverse effects

• Provides information to the family regarding agents the child should refrain from taking because of potential adverse effects on the child

• Provides the child (if age or developmentally appropriate) and family with information about costs, alternative treatments and procedures as appropriate

• Monitors current issues related to pharmacological agents, including off-label use and pediatric safe dosage for medications indicated for adults

• Orders appropriate medications and treatments utilizing evidence-based guidelines and protocols

• Evaluates diagnosis accuracy and the effectiveness of interventions and other variables in relation to the child’s attainment of expected outcomes

• Adapts the plan of care according to the evaluation of the child’s response

• Refers to best practice models to assist in evaluating outcomes

• Synthesizes an evaluation on a continual basis, as it relates to the effectiveness of care provided

**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

Pediatric CNS Competencies
- Documents the comprehensive plan of care in a manner that allows access by the child, family and healthcare providers, as appropriate, and provides direction for the family and healthcare team as they focus on attaining expected outcomes
- Informs the child, as appropriate, and family of the risks, benefits and outcomes of healthcare regimens to support informed decision making by the child and family
- Ensures informed consent or age-appropriate assent for procedures, treatment and research, as appropriate
- Serves as an advocate for the child and family in developing policies and providing care to the child and family
- Contributes to the creation of individual and system responses to the resolution of ethical dilemmas
- Advocates for a process of ongoing ethical inquiry into patient care practices where varying perspectives are acknowledged and validated
- Applies ethically sound solutions to complex issues related to individuals, populations and systems of care
- Identifies and communicates the risks, benefits and outcomes of programs and decisions that may negatively affect healthcare delivery
- Advances the profession through enhancing public awareness and health professional familiarity with the advanced practice pediatric nursing role and scope of practice
- Advocates for unrestricted access to quality, cost-effective care within healthcare agencies for children and families
- Uses relevant policy specific to children to direct appropriate patient care and to eliminate financial and legislative restrictions that limit access to healthcare
- Advocates for health team members, families and children, as appropriate, when conflicts in communication or decision making arise
- Influences decision-making bodies to improve child healthcare, health services and policies locally, regionally, nationally and internationally

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
- 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

Pediatric CNS Competencies
- Selects or designs strategies to meet the multifaceted needs of the complex pediatric patient
- Assumes responsibility for safe and efficient implementation of the plan
• Uses advanced communication skills to promote relationships between the child, family and caregiver to ensure an open discussion of the family’s experiences and to improve healthcare outcomes

• Provides the child, if age or developmentally appropriate, and family with information about diagnostic and laboratory results, as well as effects and potential adverse effects of proposed prescriptive therapies

• Creates partnerships that promote sustainable environmental health policies and conditions

• Advocates for implementation of environmental principles for pediatric nursing practice

• Supports nurses in advocating for and implementing environmental principles in pediatric nursing practice

• Addresses patient safety with each client contact, incorporates safety standards in own practice and periodically evaluates safety of the practice environment

• Serves as an advocate for the unique needs of children and families within the healthcare system, including facilitating transitions across varying healthcare settings and the home

**FACILITATION OF LEARNING**

**Core CNS Competencies**

• Facilitates the provision of clinically competent care by staff/team through education, role modeling, team building 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

• 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

**Pediatric CNS Competencies**

• Assists staff in developing and maintaining competency in the diagnostic process

• Employs diverse and complex strategies, interventions and teaching with the child and family to promote, maintain, restore and improve health, and to prevent illness and injury

• Synthesizes empirical evidence about risk behaviors, learning theories, behavioral change theories, motivational theories, epidemiology, genetics, culture and other related theories and frameworks when designing health education information and programs
Bases anticipatory guidance and teaching on current scientific knowledge, research, epidemiological principles and the family’s health beliefs and practices

Collaborates with the interprofessional team to provide the child, if age appropriate, and family with information regarding interventions, including potential benefits, risks, complications and alternatives

Engages consumer alliances and advocacy groups, when appropriate, in health teaching and health promotion activities related to the health and welfare of children and families

Uses current evidence to expand clinical knowledge, skills, abilities and judgment to enhance role performance and increase knowledge of professional issues

Participates in interprofessional educational experiences focusing on patient outcomes

Promotes communication of information and advancement of the profession through writing, publishing and preparing presentations for professional and lay audiences

Mentors colleagues in the acquisition of clinical knowledge, skills, abilities and judgment

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

Pediatric CNS Competencies

Devises a comprehensive plan of care that reflects the responsibilities of the advanced practice registered nurse, child and family, and may include delegation of activities

Participates in interprofessional teams that address ethical concerns, risks or considerations, benefits and outcomes of patient care

Collaborates with other professionals to assemble a comprehensive assessment of the child and family

Identifies the need for and initiates appropriate referrals to healthcare professionals to support the comprehensive plan of care

Leads the interprofessional team in developing effective communication patterns and conflict resolution

Establishes effective communication modalities and formats between healthcare team members and the children and families for whom they care

Serves as a consultant for team members, families and children who are having trouble communicating effectively

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
• Provides direction to enhance the effectiveness of the interprofessional healthcare team
• Promotes advanced practice nursing and role development by interpreting its role for patients, families and the community
• Designs innovations to effect change in practice and improve health outcomes
• Contributes to an environment that is conducive to clinical education of other healthcare providers, including teaching, mentoring and precepting
• Contributes to others’ professional development to improve child healthcare and to foster the profession’s growth
• Partners with other disciplines to enhance healthcare consumer outcomes through interprofessional activities, such as education, consultation, management, technological development or research opportunities
• Invites the contribution of the child, family and team members in order to achieve optimal outcomes
• Leads in establishing, improving and sustaining collaborative relationships to achieve safe, quality healthcare for children and their families
• Models expert practice to interprofessional team members and healthcare consumers
• Documents plan-of-care communications, rationales for plan-of care changes and collaborative discussions to improve child health outcomes
• Participates on interprofessional teams that contribute to role development, advanced pediatric nursing practice and healthcare
• Provides leadership in the coordination of interprofessional healthcare for integrated delivery of pediatric care services
• Synthesizes data and information to prescribe necessary system and community support measures, including modifications of surroundings
• Delegates appropriate activities according to the condition of the child and the relative skill and scope of practice of the caregiver
• Provides case management and clinical coordination of care using advanced data synthesis with consideration of the child’s and family’s complex needs and desired outcomes
• Coordinates system and community resources to achieve optimal quality of care, delivered in a cost-effective manner within an interprofessional team approach
• Negotiates health-related services and additional specialized care with the child, family, appropriate systems, agencies and providers across continuums of care
• Discusses referrals with the child, if age appropriate, and family
• Makes referrals to other healthcare providers and community service agencies as appropriate to meet the needs of the child with consideration of benefits and costs
• Ensures continuity of care throughout the healthcare referral process by implementing recommendations from referral sources

SYSTEMS THINKING

Core CNS Competencies
• 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
• 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
  • Recurring practices that enhance or compromise patient or system 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

Pediatric CNS Competencies
• Differentiates outcomes that require care process interventions from those that require system-level interventions
• Contributes to the development and continuous improvement of organizational systems that support the plan of care process
• Facilitates utilization of systems and community resources to implement the plan of care
• Leads the design and development of interprofessional processes to address the situation or issue
• Assesses the quality of care provided to children and families across settings
• Utilizes organizational and community resources to formulate interprofessional plans of care
• Develops innovative solutions for child healthcare problems that address effective resource utilization and maintenance of quality
• Develops evaluation strategies to demonstrate cost efficiency and effectiveness associated with pediatric nursing practice
• Develops evaluation methods to measure patient safety and effectiveness for interventions and outcomes
• Promotes activities that help others learn about benefits, risks and costs of the plan of care
• Initiates ongoing activities to analyze patient care systems in an effort to improve the quality of care provided to children and their families
• Uses aggregate data, in collaboration with others, to develop or revise systems to avoid duplication or gaps in service
• Advocates for the elimination of barriers to care and supports the optimal level of care for the child and family
• Develops innovative solutions and applies strategies to obtain appropriate resources for nursing initiatives
• Secures organizational resources to ensure a work environment conducive to completing the identified plan of care and outcomes
• Uses evaluation results to make or recommend process or structural changes, including policy, procedure or protocol revision, as appropriate
• Critically evaluates the manner in which environmental health issues are presented by the popular media

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

Pediatric CNS Competencies

Contributes to nursing knowledge by conducting or synthesizing research that discovers, examines and evaluates knowledge, theories, criteria and creative approaches to improve healthcare practice and outcomes

Formally and informally disseminates research findings through practice, education, presentations, publications, consultation and journal clubs

Promotes a climate of research and clinical inquiry

Engages in a formal process seeking feedback regarding one’s own practice from the child, family, peers, professional colleagues and others

Actively participates in the process of monitoring the quality of one’s own practice with periodic evaluation and plans to address deficiencies and continue improvement

Synthesizes results of the evaluation to determine the effect of the plan on children, providers, families, groups, communities and institutions

Initiates and revises policies, protocols and guidelines that reflect evidence-based practice and novel approaches in care management and address emerging trends

Actively participates in or provides guidance to research teams in discovery and application of evidence for nursing practice
ACCNS-P SAMPLE QUESTIONS

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

1. The CNS is providing a didactic pediatric assessment course for a group of nurses who transferred from an adult setting. Which of the following statements by the nurses indicates the need for remediation?
   A. Cardiopulmonary monitors provide the most accurate respiratory rate data.
   B. Normal respirations of infants and children may be irregular.
   C. Respiratory rates in children are higher due to higher metabolic rates.
   D. Children have less alveolar surface area for gas exchange relative to body mass.

2. The CNS is assessing a 12-year-old who presents with severe headaches, nystagmus and vomiting. The mother states that she has noticed episodes of lethargy and daydreaming in her child over the last few months. Diagnostic testing should first include which of the following?
   A. an EEG
   B. a lumbar puncture
   C. a drug screen
   D. an MRI

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 22-month-old with Down’s Syndrome is admitted with uncontrolled seizures. Assessment findings include respiratory depression, nystagmus and ataxia, as well as elevated PT/PTT and BUN/Cr levels and a low serum sodium level. Further efforts should be focused on
   A. administering a hypertonic solution.
   B. removing the cause of infection.
   C. identifying a source of toxicity.
   D. performing genetic screening.

6. A 3-year-old has fallen from a tree. Clinical exam reveals periods of irritability alternating with unresponsiveness. The Glasgow Coma Scale score is 6. Which of the following should be the first priority of treatment?
   A. anticipate intubation if the SpO₂ becomes less than 90%
   B. begin induction followed by intubation
   C. perform rapid intubation followed by administering dexamethasone (Decadron)
   D. administer O₂ by non-rebreather mask and prepare to transport for a CT scan

continued
7. A mother brings her 1-year-old in for treatment of an uncontrolled fever refractory to repeated doses of antipyretics. The child is inconsolable and clingy.

Vital signs:
BP  70/55
HR  182
RR  40
T  102.4°F (39.1°C)
CRT 2

Pulses are weak, and the skin is warm and flushed. Following a series of NS fluid boluses, intubation and mechanical ventilation, and a dopamine infusion, the child becomes lethargic.

Vital signs:
BP  66/30
HR  195
RR  50
T  102.7°F (39.3°C)
CRT 4

The CNS should recognize the patient would benefit most by receiving which of the following?
A. norepinephrine infusion
B. epinephrine infusion
C. packed red blood cells (PRBCs)
D. glucocorticoid therapy

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

American Heart Association. 2015 Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. Available at: http://circ.ahajournals.org/content/132/18_suppl_2.toc.


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

More current versions may be available.

PUBLISHER CONTACTS:
AACN – 800-899-2226
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<th>AACN Product #</th>
</tr>
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<td>* Practice ACCNS-P Exam Questions. 2017. AACN Certification Corporation. 70 questions with answer rationales.</td>
<td>200905</td>
</tr>
<tr>
<td>AACN Advanced Critical Care Nursing. 2nd ed. 2017. Good VS, Kirkwood PL. 912 pages.</td>
<td>128250</td>
</tr>
<tr>
<td>Hemodynamic Monitoring Evolving Technologies and Clinical Practice. 2015. Lough ME. 800 pages.</td>
<td>128646</td>
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*Included at no charge with purchase of ACCNS-P exam.

For more details and to place an order, visit [www.aacn.org/store](http://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-P certification program is organized using the AACN Synergy Model for Patient Care as a framework. All competencies are from nationally recognized organizations such as the National Association of Clinical Nurse 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>
</tr>
</thead>
<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</td>
<td>Extent to which patient/family engages in decision making.</td>
</tr>
<tr>
<td>Decision Making</td>
<td></td>
</tr>
<tr>
<td>Predictability</td>
<td>A characteristic that allows one to expect a certain course of events or course of illness.</td>
</tr>
</tbody>
</table>

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>
<th>Nurse Characteristic</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Clinical Judgment</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>Advocacy/Moral Agency</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>Caring Practices</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>Collaboration</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>Systems Thinking</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>Response to Diversity</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>Facilitation of Learning</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>Clinical Inquiry</td>
<td>The ongoing process of questioning and evaluating practice and providing informed practice. Creating practice changes through research utilization and experiential learning.</td>
</tr>
</tbody>
</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 pediatric patients, covering the spectrum of wellness through acute care).

For more information about the AACN Synergy Model for Patient Care, visit www.aacn.org.
**EDUCATIONAL ELIGIBILITY FORM**

**ACCNS-P Certification for Pediatric Clinical Nurse Specialists**

*To be completed by Program Director and returned to ACCNS-P exam candidate.*

<table>
<thead>
<tr>
<th>CANDIDATE NAME</th>
<th>Last</th>
<th>First</th>
<th>MI</th>
<th>Maiden</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANDIDATE EMAIL ADDRESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PEDIATRIC CLINICAL NURSE SPECIALIST PROGRAM INFORMATION**

<table>
<thead>
<tr>
<th>SCHOOL NAME</th>
<th>SCHOOL ADDRESS</th>
<th>PROGRAM TYPE</th>
<th>☐ Pediatric CNS  ☐ Other (specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>DEGREE AWARDED</td>
<td>☐ Master’s  ☐ DNP  ☐ Post-Graduate Certificate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PROGRAM START DATE</td>
<td>(MM/DD/YY)  GRADUATION DATE</td>
</tr>
</tbody>
</table>

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

### DIDACTIC

<table>
<thead>
<tr>
<th>Course Number(s)</th>
<th>☑ If Transfer Credit</th>
<th>Course Type* D or D/C</th>
<th>Number of Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Pathophysiology</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Pharmacology</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Physical Assessment</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Wellness through Acute Care</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Clinical hour total below should not include time in simulation or skills labs.

### CLINICAL

<table>
<thead>
<tr>
<th>Course Number(s)</th>
<th>☑ If Transfer Credit</th>
<th>Course Type* C or D/C</th>
<th>Number of Credit Hours</th>
<th>Number of Clinical Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Wellness through Acute Care</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total number** of supervised clinical clock hours directly related to the knowledge and all roles of the pediatric clinical nurse specialist: __________

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

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

<table>
<thead>
<tr>
<th>Program Director Signature</th>
<th>Phone</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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@aacn.org**.
ACCNS-P EXAM APPLICATION

1. REGISTRATION INFORMATION

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

AACN CUSTOMER: RN/APRN LICENSE:

<table>
<thead>
<tr>
<th>Number</th>
<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:

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

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. EXAM FEES

<table>
<thead>
<tr>
<th>ACCNS-P</th>
<th>Initial Exam Fee</th>
<th>Retest Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AACN Member</td>
<td>Nonmember</td>
</tr>
<tr>
<td>Check one box only</td>
<td>$255</td>
<td>$360</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 # Ex. Date (mm/yy) 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

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

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

Number of Beds in Institution:

Years of Experience in Nursing:

Years of Experience in Acute/Critical Care Nursing:

6. COMPLETE ADDITIONAL FORMS
- Complete the ACCNS-P 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?
I hereby apply for the ACCNS-P certification exam. I have read and understand the exam policies and eligibility requirements as documented in the ACCNS-P 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-P 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-P exam pass/fail status to the ____________________________ State Board(s) of Nursing to which I have applied or intend to apply for advanced practice licensure. I understand that my ACCNS-P 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.*