

# CCNS

Acute/Critical Care  
Clinical Nurse Specialist Certification  
Adult • Pediatric • Neonatal

AACN  
CERTIFICATION  
CORPORATION

*Certification Organization for the American Association of Critical-Care Nurses*

## MISSION

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

## VISION

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

## VALUES

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

- **Integrity** – *We demonstrate sound judgment, ethical behavior and accountability in all we do.*
- **Inclusion** – *We build an equitable culture, inviting the full contribution of all people.*
- **Transformation** – *We drive change and innovation to positively impact the healthcare system and improve the lives of patients, families and nurses.*
- **Leadership** – *We advocate and influence to achieve optimal outcomes and healthy work environments.*
- **Relationships** – *We collaborate and advance partnerships, honoring each individual to strengthen the collective.*

## ETHICS

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

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



CCRN® (Adult)  
CMC®

CCRN® (Pediatric)  
CSC®

CCRN® (Neonatal)  
ACNPC-AG®

PCCN® (Adult)

The following AACN Certification Corporation programs have been accredited by the National Commission for Certifying Agencies (NCCA).



PCCN® (Adult)  
ACCNS-AG®

ACNPC-AG®  
ACCNS-P®

ACCNS-N®

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

# CCNS Renewal Handbook

## *Acute/Critical Care Clinical Nurse Specialist – Adult, Pediatric, Neonatal*

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

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

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

### Specialty Certifications

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

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

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

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

### Subspecialty Certifications

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

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

### Advanced Practice Certifications

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

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

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

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

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

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

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

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

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

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

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



Please direct inquiries to:

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

**800-899-2226 • Fax: 949-362-2020 • [APRNcert@aacn.org](mailto:APRNcert@aacn.org)**

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

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# Certification Program

## Definition

Certification is a process by which a nongovernmental agency validates, based upon predetermined standards, an individual nurse's knowledge for safe and effective practice in a defined functional or clinical area of nursing.

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

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

## Code of Ethics

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

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

## CCNS® Registered Service Mark

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

## Administration and Sponsorship

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

## Membership Requirements

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

## Nondiscrimination Policy

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

## Recognition of Certification

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

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

Chris Smith, RN, MSN, CCNS

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

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

Certification status is available to the public via the online Certification Verification system, available at [www.aacn.org/certification](http://www.aacn.org/certification).

## CCNS Renewal Fees

| CCNS Renewal Fees                       | Member | Nonmember |
|---|--------|-----------|
| Renewal by Practice Hours and CE Points | \$250  | \$340     |
| Renewal by Practice Hours and Exam      | \$210  | \$315     |
| Renewal by CE Points and Exam           | \$210  | \$315     |

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

The renewal fee is for processing and is nonrefundable.

Fees subject to change without notice.

## Name and Address Changes

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

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

- Online at [www.aacn.org/myaccount](http://www.aacn.org/myaccount),
- Email [info@aacn.org](mailto:info@aacn.org), or
- Call AACN Customer Care at 800-899-2226

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

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

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

## CCNS Renewal Policies

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

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

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

# CCNS Certification Renewal

Renew online up to 4 months prior to your scheduled renewal date at [www.aacn.org/certification](http://www.aacn.org/certification) > [Renew Certification](#).

## Purpose and Limitations of Renewal Options

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

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

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

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

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

## Eligibility

Candidates for CCNS renewal must hold a current, unencumbered U.S.<sup>1</sup> RN or APRN license.

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

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

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

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

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

## Renewal Options

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

### Option 1 – Practice Hours and CE Points

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

*continued*

<sup>1</sup> Includes District of Columbia and U.S. territories of Guam, Virgin Islands, American Samoa and Northern Mariana Islands



### Option 2 - Practice Hours, Pharmacology CE and Exam

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

### Option 3 - CE Points and Exam

- In the 5-year renewal period, CCNS renewal candidates must complete 150 CE Renewal Points, 75 of which must be in Category I – Acute/Critical Care Education Programs (25 as Pharmacology CE), and apply for, take and pass the CCNS exam for the appropriate age-related population **before** the expiration date of their certification.  
  
Complete the CE Renewal Points Log on [pages 7 and 8](#) of this handbook. If selected for audit, submit the completed log along with supporting documentation.
- Candidates must complete the CCNS Renewal by CE Points and Exam application/honor statement located on [pages 39 and 40](#).

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

- Practice hours for CCNS renewal includes active involvement in the direct care of patients *in all roles of the clinical nurse specialist* as an APRN for a minimum of 1,000 hours during the 5-year certification period.
- Eligible hours are those spent caring for the patient population (adult, pediatric or neonatal) in which certification is held.
- Hours spent by faculty members supervising the acute/critical care practice of **APRN** students may be counted toward the practice hour requirement for CCNS renewal.

- Eligible practice hours for CCNS renewal are those completed within the U.S. CNSs practicing outside the U.S. should contact AACN at [APRNCert@aacn.org](mailto:APRNCert@aacn.org) regarding eligible practice hours.

### For Those Renewing by Exam (Options 2 and 3)

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

# CCNS CE Renewal Points Program

## Category I - Acute/Critical Care Education Programs

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

### A. Formally Approved Programs

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

Acceptable programs must possess one of the following characteristics:

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

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

- Pharmacology CE must be at the advanced practice level and related to the APRN's licensed advanced role and population focus.
- If audited, submit CE certificate that lists the number of approved Pharmacology CE/hours.

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

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

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

Eligible courses include, but are not limited to:

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

### B. Continuing Education Programs Not Formally Approved

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

## Category II - Optional Activities

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

### A. Professional Publications

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

*continued*

## CCNS CE Renewal Points Program (continued)

### Number of CE Points Awarded

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

### B. Professional Presentations

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

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

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

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

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

### C. Preceptorship or Volunteer Activities

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

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

**10 points per activity, per year**

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

**30 points per committee, per year**

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

**30 points per committee, per year**

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

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

**10 points per year**

# CCNS CE Renewal Points Log

*Please do NOT submit unless being audited.*

**Name:** \_\_\_\_\_ **AACN Customer Number:** \_\_\_\_\_  
Last First MI

**Renewal Period:** \_\_\_\_\_ — \_\_\_\_\_  
From To

## CCNS CE Renewal Points Program

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

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

### Category I – Acute/Critical Care Education Programs:

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

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

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

# CCNS Renewal Points Log (continued)

## Category II – Optional Activities:

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

### Professional Publications

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

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

| Title         | Date(s) | Type of Publication | No. of Authors | CEs Awarded | Office Use |
|---------------|---------|---------------------|----------------|-------------|------------|
| 1.            |         |                     |                |             |            |
| 2.            |         |                     |                |             |            |
| 3.            |         |                     |                |             |            |
| <b>Totals</b> |         |                     |                |             |            |

### Professional Presentations

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

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

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

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

### Preceptorship or Volunteer Activities

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

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

(Attach additional sheet if necessary)

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

**Signature** \_\_\_\_\_ **Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

# CCNS Renewal Test Plan

## Acute/Critical Care Clinical Nurse Specialist

### Overview

The CCNS certification program is based on competencies from nationally recognized organizations such as the National Association of Clinical Nurse Specialists and the American Association of Colleges of Nursing, as well as a study of practice, also known as a job analysis, that is conducted at least every five years. This study of practice validates the knowledge, skills and experience required for safe and effective advanced practice as a CNS. The test plan is constructed using entry-level competencies. All competencies are listed on [pages 23-26](#).

The renewal test plan, which provides an outline of exam content, is developed by an expert CNS panel based on the results of the study of practice. The organizing framework for all AACN Certification Corporation exams is the AACN Synergy Model for Patient Care™. Please refer to [pages 31 and 32](#) for more about the Synergy Model.

Following are the major content dimensions of the CCNS renewal exam, which are part of the test plan:

- ▶ **Patient Care Problems** validated by the study of practice as those regularly encountered by the entry-level CNS. Refer to the following pages for the list of patient care problems:
  - Adult — [pages 10-12](#)
  - Pediatric — [pages 15-17](#)
  - Neonatal — [pages 20-21](#)
  
- ▶ **Skills and Procedures** validated by the study of practice as those pertinent to the entry-level CNS. In addition to classifying exam items according to the specified patient care problems and related validated competencies, items may require an understanding of skills and procedures pertinent to CNS practice. Refer to the following pages for the list of skills and procedures.
  - Adult — [pages 13-14](#)
  - Pediatric — [pages 18-19](#)
  - Neonatal — [page 22](#)
  
- ▶ **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 23-26](#) for a complete listing of the CCNS Validated Competencies.

### Integrated Concepts

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

- National CNS Competency Task Force. *Clinical Nurse Specialist Core Competencies*. 2010.
- Advanced Practice Work Group. Bell L, ed. *Scope and Standards for Acute and Critical Care Clinical Nurse Specialist Practice*. Aliso Viejo, CA: American Association of Critical-Care Nurses; 2014.
- American Association of Colleges of Nursing. *Adult-Gerontology Clinical Nurse Specialist Population Focused Competencies*. Washington, DC: AACN Colleges; 2010.
- American Nursing Association. *Scope and Standards for Pediatric Nursing Practice*. Silver Springs, MD: American Nurses Association; 2015. (Includes only the additional measurement criteria for the advanced practice pediatric nurse.)
- American Nursing Association. *Neonatal Nursing: Scope and Standards of Practice*. Silver Springs, MD: American Nurses Association; 2013.

# CCNS (Adult) Renewal Test Plan

## Acute/Critical Care Clinical Nurse Specialist

Applies to exams taken on and after January 15, 2018.

### I. CLINICAL JUDGMENT (65%)

Validated Competencies are detailed on [pages 23-26](#).

#### A. Cardiovascular (12%)

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

#### B. Pulmonary (11%)

1. Acute pulmonary embolus
2. Acute respiratory distress syndrome (ARDS)
3. Acute respiratory failure
4. Air-leak syndromes (e.g., pneumothorax, pulmonary interstitial emphysema, pneumopericardium, pneumomediastinum)

5. Airway obstruction (e.g., angioedema, mucus plug, air space occupying lesions)
6. Aspiration
7. Asthma/reactive airway disease
8. Chronic lung disease (e.g., COPD, exacerbation, interstitial pulmonary fibrosis, cystic fibrosis)
9. Chronic respiratory failure (e.g., ventilator dependency)
10. Obstructive sleep apnea
11. Pulmonary arterial hypertension
12. Pulmonary infections (e.g., pneumonia, tuberculosis)
13. Thoracic surgery (e.g., lung reduction, pneumonectomy, lobectomy, tracheal, lung transplant)
14. Thoracic and pulmonary trauma and injuries (e.g., lung contusions, fractured ribs, hemothorax)
15. Restrictive lung disease (e.g., obesity hypoventilation, tumor metastasis, pulmonary fibrosis)
16. Pleural effusion

#### C. Endocrine (4%)

1. Diabetes mellitus
2. Diabetic ketoacidosis (DKA) and hyperglycemic hyperosmolar state (HHS)
3. Hyperglycemia
4. Hypoglycemia

#### D. Hematology/Immunology/Oncology (3%)

1. Anemias (e.g., microcytic, macrocytic)
2. Coagulopathies (e.g., VTE, DIC, hypercoagulable states)
3. Myelosuppression (e.g., neutropenia, anemia, thrombocytopenia)pain

*continued*



## CCNS (Adult) Renewal Test Plan (continued)

### Acute/Critical Care Clinical Nurse Specialist

#### E. Gastrointestinal (5%)

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

#### F. Renal/Genitourinary (4%)

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

#### G. Integumentary (1%)

1. Pressure ulcers (pressure injuries)
2. Wounds (surgical and non-surgical)

#### H. Musculoskeletal (3%)

1. Mobility disorders (e.g., immobility, debility secondary to acute, chronic or critical illness)
2. Infections (e.g., necrotizing fasciitis, osteomyelitis)
3. Neuromuscular dysfunction related to illness
4. Traumatic fractures

#### I. Neurology (5%)

1. Brain death
2. Encephalopathy
3. Head and brain trauma/injury

4. Intracranial hypertension
5. Intracerebral hemorrhage
6. Seizure disorders
7. Spinal cord injury
8. Stroke
9. Vascular malformation

#### J. Psychosocial/Behavioral/Cognitive Health (4%)

1. Aggression
2. Agitation
3. Anxiety disorders (e.g., PTSD, OCD, fears, phobias)
4. Capacity for decision making
5. Delirium
6. Dementia
7. Medical nonadherence
8. Mood disorders (e.g., depression)
9. Post-ICU syndrome
10. Risk-taking behaviors (e.g., tobacco)
11. Substance abuse
12. Suicidal behavior

#### K. Factors Influencing Health Status (4%) (risk assessment, prevention and wellness)

1. Advance care planning
2. Cancer prevention (e.g., tobacco cessation, sunscreen)
3. Caregiver burden
4. Health literacy
5. Immunizations
6. Mental health screenings (e.g., depression, suicidal ideation, eating disorders)
7. Nutrition and weight management
8. Pain prevention and management
9. Prudent heart living
10. Risk-taking behaviors (e.g., substance use)
11. Secondary prevention (e.g., cardiac rehab, pulmonary rehab)

*continued*



## CCNS (Adult) Renewal Test Plan (continued)

### Acute/Critical Care Clinical Nurse Specialist

#### L. Multisystem (9%)

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

#### II. PROFESSIONAL CARING AND ETHICAL PRACTICE (35%)

Validated Competencies are detailed on [pages 23-26](#).

##### 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.*

Refer to the **Skills and Procedures** on [pages 13 and 14](#) and **Validated Competencies** on [pages 23-26](#).

# CCNS (Adult) Renewal Test Plan

## Acute/Critical Care Clinical Nurse Specialist

### Skills and Procedures

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

#### Cardiovascular

- Adjust implantable cardioverter defibrillators (ICD)
- Determine lead selection for patient care monitoring (e.g., ST segment monitoring)
- Direct cardiopulmonary resuscitation
- Interpret 12-lead ECGs
- Interpret hemodynamic values
- Interpret noninvasive hemodynamic values
- Manage patient with arterial sheath removal
- Manage patient with dysrhythmias
- Manage patient with hemodynamics with pharmacologic intervention
- Manage patient with life vest
- Manage patient with temporary transvenous pacemakers
- Manage patient with transcutaneous (external) pacemakers
- Manage patient with venous sheath removal
- Perform synchronized cardioversion
- Use data from echocardiograms

#### Pulmonary

- Initiate mechanical ventilation
- Manage patient with artificial airways
- Manage patient with chest tubes
- Manage patient with mechanical ventilation
- Manage patient with multi-modal oxygen therapy
- Manage patient with noninvasive ventilation/CPAP
- Perform end-tidal CO<sub>2</sub> monitoring
- Perform extubation
- Perform terminal ventilator withdrawal
- Remove chest tube

#### Endocrine

- Manage patient with corticosteroid tapering
- Manage patient with fluid and electrolyte levels of endocrine disorders
- Manage patient with glycemic abnormalities
- Manage patient with insulin infusions
- Manage patient with insulin pumps

#### Hematology/Immunology/Oncology

- Manage patient with blood and blood products
- Manage patient with cancer treatment symptoms
- Manage patient with immunosuppression therapy

#### Gastrointestinal

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

#### Integumentary

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

*continued*

# CCNS (Adult) Renewal Test Plan

## Acute/Critical Care Clinical Nurse Specialist

### Skills and Procedures (continued)

#### Neurology

- Initiate organ procurement after brain death
- Manage patient with epidural catheters
- Manage patient receiving neuromuscular blockade
- Manage patient undergoing targeted temperature management

#### Behavioral

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

#### Multisystem

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

# CCNS (Pediatric) Renewal Test Plan

## Acute/Critical Care Clinical Nurse Specialist

Applies to exams taken on and after January 15, 2018.

### I. CLINICAL JUDGMENT (65%)

Validated Competencies are detailed on [pages 23-26](#).

#### 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 (4%)

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 (4%)

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

*continued*

## CCNS (Pediatric) Renewal Test Plan (continued)

### Acute/Critical Care Clinical Nurse Specialist

#### 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 (4%)

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 (6%)

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 (5%)

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)
13. Personality disorders (e.g., anti-social behaviors, schizophrenia)

*continued*

# CCNS (Pediatric) Renewal Test Plan (continued)

## Acute/Critical Care Clinical Nurse Specialist

### Psychosocial/Behavioral/Cognitive Health (cont.)

14. Post-ICU syndrome
15. Self-harm
16. Sleep disorders
17. Substance abuse
18. Suicidal behavior

### K. Factors Influencing Health Status (6%) (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. 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 23-26](#).

- 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.*

Refer to the **Skills and Procedures** on [pages 18 and 19](#) and **Validated Competencies** on [pages 23-26](#).

# CCNS (Pediatric) Renewal Test Plan

## Acute/Critical Care Clinical Nurse Specialist

### Skills and Procedures

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

#### Pulmonary

- Assist with bronchoscopy
- Assist with intubation
- Assist with thoracentesis
- Initiate mechanical ventilation
- Manage patient with chest tubes
- Manage patient with mechanical ventilation
- Manage patient with nasal/facial CPAP/BEPAP/high-flow nasal cannula

#### Endocrine

- Manage patient with insulin pumps

#### 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

*continued*

# CCNS (Pediatric) Renewal Test Plan

## Acute/Critical Care Clinical Nurse Specialist

### Skills and Procedures (continued)

#### 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



# CCNS (Neonatal) Renewal Test Plan

## Acute/Critical Care Clinical Nurse Specialist

*Applies to exams taken on and after January 15, 2018.*

### I. CLINICAL JUDGMENT (65%)

*Validated Competencies are detailed on [pages 23-26](#).*

#### 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

*continued*

# CCNS (Neonatal) Renewal Test Plan (continued)

## Acute/Critical Care Clinical Nurse Specialist

### 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%) (risk assessment, prevention and wellness)

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

### 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 23-26](#).

- 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.*

Refer to the **Skills and Procedures** on [page 22](#) and **Validated Competencies** on [pages 23-26](#).

# CCNS (Neonatal) Renewal Test Plan

## Acute/Critical Care Clinical Nurse Specialist

### Skills and Procedures

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

#### Cardiovascular

- Direct cardiopulmonary resuscitation
- 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

# CCNS Renewal Test Plan

## Acute/Critical Care Clinical Care Nurse Specialist

### Validated Competencies

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

#### Clinical Judgment

- 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

#### Advocacy/Moral Agency

- 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 impact
- 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

*continued*

# CCNS Renewal Test Plan

## Acute/Critical Care Clinical Care Nurse Specialist

### Validated Competencies (continued)

- 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

#### Caring Practices

- 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

#### Response to Diversity

- 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
- 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

#### Facilitation of Learning

- 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
- 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

#### Collaboration

- 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

*continued*

# CCNS Renewal Test Plan

## Acute/Critical Care Clinical Care Nurse Specialist

### Validated Competencies (continued)

- 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
- 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

### Systems Thinking

- 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
- Provides leadership in maintaining a supportive and healthy work environment

### Clinical Inquiry

- 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

*continued*

## CCNS Renewal Test Plan

### Acute/Critical Care Clinical Care Nurse Specialist

#### Validated Competencies (continued)

- 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 impact 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



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**More current versions may be available.**

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# AACN Synergy Model for Patient Care

The CCNS certification program is organized using the AACN Synergy Model for Patient Care™ as a framework. All competencies are from nationally recognized organizations such as the National Association of Clinical Nurse Specialists and the American Association of Colleges of Nursing.

The basic tenet of the Synergy Model is that optimal patient outcomes can be produced through the synergistic interaction between the needs of the patient and the competencies of the nurse. AACN Certification Corporation is committed to ensuring that certified nursing practice is based on the needs of patients. Integration of the AACN Synergy Model for Patient Care into AACN Certification Corporation's certification programs puts emphasis on the patient and says to the world that patients come first.

The Synergy Model creates a comprehensive look at the patient. It puts the patient in the center of nursing practice. The model identifies nursing's unique contributions to patient care and uses language to describe the professional nurse's role. It provides nursing with a venue that clearly states what we do for patients and allows us to start linking ourselves to, and defining ourselves within, the context of the patient and patient outcomes.

## Patient Characteristics

The Synergy Model encourages nurses to view patients in a holistic manner rather than the “body systems” medical model. Each patient and family is unique, with a varying capacity for health and vulnerability to illness. Each patient, regardless of the clinical setting, brings a set of unique characteristics to the care situation. Depending on where they are on the healthcare continuum, patients may display varying levels of the following characteristics:

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

### FOR EXAMPLE:

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

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

*continued*

## AACN Synergy Model for Patient Care (continued)

### Nurse Characteristics

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

|                                   |  |
|-----------------------------------|--|
| <b>Clinical Judgment</b>          | 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.  |
| <b>Advocacy/<br/>Moral Agency</b> | 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.   |
| <b>Caring Practices</b>           | 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 |
| <b>Collaboration</b>              | 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   |
| <b>Systems Thinking</b>           | 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.   |
| <b>Response to Diversity</b>      | 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.   |
| <b>Facilitation of Learning</b>   | 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.   |
| <b>Clinical Inquiry</b>           | The ongoing process of questioning and evaluating practice and providing informed practice. Creating changes through evidence-based practice, research utilization and experiential knowledge.   |

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

#### FOR EXAMPLE:

If the patient was stable but unpredictable, minimally resilient and vulnerable, primary competencies of the nurse would be centered on clinical judgment and caring practices (which includes vigilance). If the patient was vulnerable, unable to participate in decision-making and care, and had inadequate resource availability, the primary competencies of the nurse would focus on advocacy and moral agency, collaboration and systems thinking.

Although all eight competencies are essential for contemporary nursing practice, each assumes more or less importance depending on a patient's characteristics. **Synergy results when a patient's needs and characteristics are matched with the nurse's competencies.**

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

Based on the most recent AACN Certification Corporation study of nursing practice, the test plans for our certification exams reflect the Synergy Model as well as current acute/critical care nursing practice.

For more information about the AACN Synergy Model for Patient Care visit [www.aacn.org](http://www.aacn.org).

## CCNS Renewal Audit

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

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

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

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

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

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

## Revocation of Certification

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

- Falsification of a certification exam application or renewal application
  - Falsification of any information provided to AACN Certification Corporation
  - Failure to meet/maintain eligibility requirements
  - Failure to pay fees
  - Failure to meet deadlines
  - Failure to respond to or pass an audit
  - Misrepresentation of certification status or misuse of certification
  - Conviction of a felony
  - Cheating (or reasonable evidence of intent to cheat) on the exam
  - Sharing exam content
  - Provisions or conditions placed on RN or APRN licensure during the certification renewal period
- Certificants must notify AACN Certification Corporation **within 30 days** of any provisions or conditions placed against their RN or APRN license(s).

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

Fees paid for certification renewal are not refunded.

## Review and Appeal of Certification Eligibility

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

### Internal Review Panel (IRP)

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

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

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

Please email your request for review to:

[certification@aacn.org](mailto:certification@aacn.org)

Or mail to:

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

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

### Appeal of Eligibility, Exam and Renewal Determination

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

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

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

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

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

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



**OPTION 1**

**STAPLE CHECK HERE**

**Application – CCNS Renewal  
by Practice Hours and CE Points**

Please print clearly.

Check One:  Adult  Pediatric  Neonatal

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

**LEGAL NAME:** \_\_\_\_\_  
Last First MI Maiden

**HOME ADDRESS:** \_\_\_\_\_  
City State Zip

**EMAIL:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**EMPLOYER NAME:** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_

**EMPLOYER ADDRESS:** \_\_\_\_\_  
City State Zip

**RENEWAL FEES**

| Check <i>one</i> box only                    | AACN Member                    | Nonmember                      | Renewal + 1 Year AACN Membership | Renewal + 2 Year AACN Membership | Renewal + 3 Year AACN Membership |
|--|--------------------------------|--------------------------------|----------------------------------|----------------------------------|----------------------------------|
| CCNS Renewal by Practice Hours and CE Points | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$340 | <input type="checkbox"/> \$328   | <input type="checkbox"/> \$398   | <input type="checkbox"/> \$450   |

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

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

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

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

Bill my credit card:  Visa  MasterCard  American Express  Discover Card

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

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

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

**DEMOGRAPHIC INFORMATION**

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

- |   |  |  |   |   |
|---|--|--|---|---|
| <p><b>Primary Area Employed</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Acute Hemodialysis Unit (21)</li> <li><input type="checkbox"/> Burn Unit (13)</li> <li><input type="checkbox"/> Cardiac Rehabilitation (26)</li> <li><input type="checkbox"/> Cardiac Surgery/OR (36)</li> <li><input type="checkbox"/> Cardiovascular/Surg. ICU (09)</li> <li><input type="checkbox"/> Catheterization Lab (22)</li> <li><input type="checkbox"/> Combined Adult/Ped. ICU (23)</li> <li><input type="checkbox"/> Combined ICU/CCU (01)</li> <li><input type="checkbox"/> Coronary Care Unit (03)</li> <li><input type="checkbox"/> Corporate Industry (24)</li> <li><input type="checkbox"/> Critical Care Transport/Flight (17)</li> <li><input type="checkbox"/> Direct Observation Unit (39)</li> <li><input type="checkbox"/> Emergency Dept. (12)</li> <li><input type="checkbox"/> General Med./Surg. Floor (18)</li> <li><input type="checkbox"/> Home Care (25)</li> <li><input type="checkbox"/> Intensive Care Unit (02)</li> <li><input type="checkbox"/> Interventional Cardiology (31)</li> <li><input type="checkbox"/> Long-Term Acute Care (27)</li> <li><input type="checkbox"/> Medical Cardiology (34)</li> <li><input type="checkbox"/> Medical ICU (04)</li> <li><input type="checkbox"/> Medical Surgical ICU (35)</li> <li><input type="checkbox"/> Neonatal ICU (06)</li> <li><input type="checkbox"/> Neuro./Neurosurgical ICU (10)</li> <li><input type="checkbox"/> Oncology Unit (19)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Operating Room (15)</li> <li><input type="checkbox"/> Outpatient Clinic (29)</li> <li><input type="checkbox"/> Pediatric ICU (05)</li> <li><input type="checkbox"/> Private Practice (32)</li> <li><input type="checkbox"/> Progressive Care Unit (16)</li> <li><input type="checkbox"/> Recovery Room/PACU (14)</li> <li><input type="checkbox"/> Respiratory ICU (08)</li> <li><input type="checkbox"/> Stepdown Unit (30)</li> <li><input type="checkbox"/> Subacute Care (28)</li> <li><input type="checkbox"/> Surgical ICU (07)</li> <li><input type="checkbox"/> TeleICU (37)</li> <li><input type="checkbox"/> Telemetry (20)</li> <li><input type="checkbox"/> Trauma Unit (11)</li> <li><input type="checkbox"/> Other - specify below _____ (99)</li> </ul> <p><b>Primary Position Held</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Academic Faculty (07)</li> <li><input type="checkbox"/> Acute Care Nurse Practitioner (09)</li> <li><input type="checkbox"/> Bedside/Staff Nurse (01)</li> <li><input type="checkbox"/> Case Manager (39)</li> <li><input type="checkbox"/> Charge Nurse (45)</li> <li><input type="checkbox"/> Clinic Nurse (40)</li> <li><input type="checkbox"/> Clinical Coordinator (44)</li> <li><input type="checkbox"/> Clinical Director (04)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Clinical Nurse Specialist (08)</li> <li><input type="checkbox"/> Corporate/Industry (11)</li> <li><input type="checkbox"/> Hospital Administrator (38)</li> <li><input type="checkbox"/> Internist (37)</li> <li><input type="checkbox"/> Legal Nurse Consultant (47)</li> <li><input type="checkbox"/> Manager (03)</li> <li><input type="checkbox"/> Nurse Anesthetist (02)</li> <li><input type="checkbox"/> Nurse Educator (46)</li> <li><input type="checkbox"/> Nurse Midwife (13)</li> <li><input type="checkbox"/> Nurse Practitioner (05)</li> <li><input type="checkbox"/> Outcomes Manager (42)</li> <li><input type="checkbox"/> Physician (16)</li> <li><input type="checkbox"/> Physician Assistant (17)</li> <li><input type="checkbox"/> Researcher (18)</li> <li><input type="checkbox"/> Respiratory Therapist (19)</li> <li><input type="checkbox"/> Technician (21)</li> <li><input type="checkbox"/> Unit Coordinator (22)</li> <li><input type="checkbox"/> Other - specify below _____ (99)</li> </ul> <p><b>Highest Nursing Degree</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Associate's Degree</li> <li><input type="checkbox"/> Bachelor's Degree</li> <li><input type="checkbox"/> Diploma</li> <li><input type="checkbox"/> Doctorate</li> <li><input type="checkbox"/> Master's Degree</li> </ul> | <p><b>Ethnicity</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> African American (02)</li> <li><input type="checkbox"/> Asian (05)</li> <li><input type="checkbox"/> Hispanic (03)</li> <li><input type="checkbox"/> Native American (04)</li> <li><input type="checkbox"/> Pacific Islander (06)</li> <li><input type="checkbox"/> White/Non-Hispanic (01)</li> <li><input type="checkbox"/> Other - specify below _____ (99)</li> </ul> <p><b>Primary Type of Facility in Which Employed</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> College/University (08)</li> <li><input type="checkbox"/> Community Hospital (Nonprofit) (01)</li> <li><input type="checkbox"/> Community Hosp. (Profit) (02)</li> <li><input type="checkbox"/> Corporate/Industry (11)</li> <li><input type="checkbox"/> County Hospital (07)</li> <li><input type="checkbox"/> Federal Hospital (05)</li> <li><input type="checkbox"/> HMO/Managed Care (12)</li> <li><input type="checkbox"/> Home Health (13)</li> <li><input type="checkbox"/> Long-Term Acute Care Hospital (16)</li> <li><input type="checkbox"/> Military/Gov't Hospital (04)</li> <li><input type="checkbox"/> Non-Academic Teaching Hospital (14)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Registry (10)</li> <li><input type="checkbox"/> Self-Employed (09)</li> <li><input type="checkbox"/> State Hospital (06)</li> <li><input type="checkbox"/> Travel Nurse (15)</li> <li><input type="checkbox"/> University Med. Ctr. (03)</li> <li><input type="checkbox"/> Other - specify below _____ (99)</li> </ul> <p><b>Number of Beds in Institution:</b> _____</p> <p><b>Years of Experience in Nursing:</b> _____</p> <p><b>Years of Experience in Acute/Critical Care Nursing:</b> _____</p> <p><b>Date of Birth: (mm/dd/yy)</b> _____</p> <p><b>Gender:</b><br/><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary</p> |
|---|--|--|---|---|

Please complete second page of application.



## OPTION 1

**Honor Statement — CCNS Renewal  
by Practice Hours and CE Points**

Please print clearly.

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

Last

First

MI

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

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

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

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

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

**Verifier's Name:****Facility Name:**

Last

First

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

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

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

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

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

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

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

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

**SUBMIT APPLICATION AND FEE:** Mail application with payment to:

AACN Certification Corporation, 27071 Aliso Creek Road, Aliso Viejo, CA 92656-3399. Or fax to: 949-362-2020.

**DO NOT** fax **AND** mail your application. Please use only ONE method to submit your application.

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

Questions? Please visit [www.aacn.org/certification](http://www.aacn.org/certification), email [APRNCert@aacn.org](mailto:APRNCert@aacn.org) or call us at 800-899-2226.



## OPTION 2

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

Please print clearly.

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

Last

First

MI

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

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

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

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

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

**Verifier's Name:****Facility Name:**

Last

First

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

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

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

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

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

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

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

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

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

**SUBMIT APPLICATION AND FEE:** Mail application with payment to:

AACN Certification Corporation, 27071 Aliso Creek Road, Aliso Viejo, CA 92656-3399. Or fax to: 949-362-2020.

**DO NOT** fax **AND** mail your application. Please use only ONE method to submit your application.

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

Questions? Please visit [www.aacn.org/certification](http://www.aacn.org/certification), email [APRNcert@aacn.org](mailto:APRNcert@aacn.org) or call us at 800-899-2226.

OPTION 3

STAPLE CHECK HERE

Application – CCNS Renewal  
by CE Points and Exam

Please print clearly.

Check One:  Adult  Pediatric  Neonatal

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

LEGAL NAME: Last First MI Maiden

HOME ADDRESS: City State Zip

EMAIL: HOME PHONE:

EMPLOYER NAME: BUSINESS PHONE:

EMPLOYER ADDRESS: City State Zip

RENEWAL FEES

Table with 6 columns: Check one box only, AACN Member, Nonmember, Renewal + 1 Year AACN Membership, Renewal + 2 Year AACN Membership, Renewal + 3 Year AACN Membership. Row 1: CCNS Renewal by CE Points and Exam, \$210, \$315, \$288, \$358, \$410.

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

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

PAYMENT INFORMATION - application must be accompanied by payment

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

Bill my credit card: Visa MasterCard American Express Discover Card

Credit Card # Exp. Date (mm/yy)

Name on Card Signature

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

DEMOGRAPHIC INFORMATION

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

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

Please complete second page of application.

### OPTION 3

## Honor Statement — CCNS Renewal by CE Points and Exam

Please print clearly.

**NAME:**

**AACN CUSTOMER #:**

Last

First

MI

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

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

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

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

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

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

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

**Applicant's Signature:**

**Date:**

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

**SUBMIT APPLICATION AND FEE:** Mail application with payment to:

AACN Certification Corporation, 27071 Aliso Creek Road, Aliso Viejo, CA 92656-3399. Or fax to: 949-362-2020.

**DO NOT** fax **AND** mail your application. Please use only ONE method to submit your application.

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

Questions? Please visit [www.aacn.org/certification](http://www.aacn.org/certification), email [APRNCert@aacn.org](mailto:APRNCert@aacn.org) or call us at 800-899-2226.



CCNS