



Certified Ambulatory Surgery Nurse

Certification & Recertification Candidate Handbook

Presented by:





Candidate Handbook

All information is subject to change without notice, including test content, exam fees and policies. Last updated: 1-24-2020. Version 2020-1.



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Purpose of the Candidate Handbook

How Do I Use This Handbook?

The CNAMB Candidate Handbook provides essential information on policies and procedures pertaining to certification and recertification of the CNAMB credential. It is your responsibility to familiarize yourself with the contents of this handbook.

If you have questions about this handbook, please feel free to contact CCI at info@cc-institute.org, 303-369-9566, or 888-257-2667 between 8 AM and 4 PM Mountain Time.

Introduction to Certification

What Is Certification?

Certification, as defined by the American Board of Specialty Nursing Certification (ABSNC), is the formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes.

What Are the Purposes of Certification?

- Demonstrates commitment to accountability to the general public for safe nursing practice.
- Enhances quality patient care.
- Identifies registered nurses who have demonstrated professional achievement in providing perioperative nursing care.
- Provides employing agencies a means of identifying professional achievement of an individual practitioner.
- Provides personal satisfaction for practitioners.

What Are the Objectives of Certification?

The objectives of certification are to:

- Recognize the individual registered nurse who is proficient in practice.
- Strengthen use of evidence-based theory in assessing, planning, implementing and evaluating nursing care.
- Enhance professional growth through continued learning that results in broader knowledge and expanded skills and practice.

What Is the Rationale?

CNAMB certification documents the validation that individuals who display the certification mark have met CCI's established eligibility criteria with respect to experience and educational requirements and have demonstrated standards of competence in the field of perioperative ambulatory nursing with respect to passage of examinations as established and administered by CCI.

About the Exam

The CNAMB certification exam requires:

- Having a thorough and sound foundation of the knowledge and skills required for competent clinical practice (see CNAMB Exam Subject Areas below). Knowledge can be obtained through work experiences and independent learning, as well as through formal educational programs. The CNAMB exam is based on what a registered nurse (RN) with 2 years and 2,400 hours of practice, of which there is a minimum of 500 intraoperative hours, in an eligible role in the ambulatory setting is expected to know. The exam assesses

a combination of experiential and cognitive knowledge, combined to form the foundation of competent clinical practice.

- Understanding of the test-taking process. The exam is composed of 200 multiple-choice questions. Becoming familiar with the format of multiple-choice questions is important. Ultimately, your competency is demonstrated by successfully having the knowledge and applying that knowledge in the perioperative environment.

How Is the Exam Developed?

CCI conducted a Job Analysis study to capture the current knowledge and skill set required of perioperative nurses with 2 years and 2,400 hours of experience in the ambulatory setting. This was done in collaboration with subject matter experts and our testing partner, Prometric. Task and knowledge statements are developed using results of the job analysis and constitute the blueprint for the CNAMB exam (see Appendix A for a complete list of CNAMB task and knowledge statements). It is recognized that the task and knowledge statements may not reflect all specific tasks performed by an individual functioning in this role, especially in highly specialized environments.

Certification: Earning Your Credential

To earn the CNAMB credential, candidates must meet eligibility requirements at the time of application and pass the certification exam.

Who Is Eligible to Apply for the Exam?

Eligibility requirements for sitting for the CNAMB exam include the following and are presented in the table below:

- RN License: current, unrestricted RN license in state or country of practice
- Academic Degree: pre-licensure degree (diploma in nursing, associate degree in nursing [ADN], or the global equivalent) or higher
- Experience: Current full- or part-time employment in an ambulatory surgery setting and a 2 years and 2,400 hours experience in an eligible role with a minimum of 500 hours in the intraoperative setting
 - Employment setting may be hospital based, free standing, or physician owned.
 - Role may be clinical, administrative, educational, or research.
 - Experience in a non-paid, volunteer capacity is acceptable.
 - Experience required depends on certification (e.g., CNOR certified) and education status (see chart below):
 - If CNOR certified (active status), experience requirements are met; current employment in an ambulatory surgery setting still required.
- Continued Professional Development (CPD): learning activities in one or more of the CNAMB exam subject areas totaling 50 points.
 - Points may be attained through the following:
 - 25 accredited CEs and/or category 1 CMEs (1 CE or 1 CME = 2 points)
 - Academic coursework of 2 semester courses worth 3 credits each (1 semester hour/credit = 15 points, 1 quarter hour/credit = 10 points)
 - Points activities must be in one or more of the CNAMB exam subject areas.
 - Points activities should be completed in the 2 years prior to application.
 - CPD required depends on certification (e.g., CNOR certified) and education status (see table below):
 - While not required, a BSN, BN, or advanced nursing degree will fulfill CPD requirements.
 - If CNOR certified (active status), CPD requirements are met.
 - If certified with a different accredited perioperative-related credential (active status; see Appendix E for a CCI-curated list of accepted credentials), CPD requirements are met.
 - Please note: Accredited credentials (active status) not on CCI's curated list may be accepted on a case-by-case basis at the discretion of CCI's credentialing team.

The certifying organization does not discriminate among candidates as to age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, and gender identity.

CNAMB Eligibility Requirements: At a Glance		
Experience/CPD Requirements	<i>Diploma, ADN, or global equivalent</i>	<i>BSN, BN, or higher</i>
No CNOR	<ul style="list-style-type: none"> • 2 years and 2,400 hours* • 50 CPD points • Current employment in an ambulatory surgery setting required 	<ul style="list-style-type: none"> • 2 years and 2,400 hours* • CPD requirements met** • Current employment in an ambulatory surgery setting required
CNOR Certified	<ul style="list-style-type: none"> • Work experience requirements met • CPD requirements met • Current employment in an ambulatory surgery setting required 	<ul style="list-style-type: none"> • Work experience requirements met • CPD requirements met • Current employment in an ambulatory surgery setting required

* A minimum of 500 hours must be in the intraoperative setting.

** An accredited perioperative-related credential is also acceptable (see Appendix E for a curated list). CNOR certificants and those who hold an accepted perioperative-related credential must be in active status.

What Are the Subject Areas on the Exam?

The CNAMB exam is comprised of the following subject areas. For a complete list of task and knowledge statements for the CNAMB exam, see Appendix A.

CNAMB Exam Subject Area	Percent of Exam	Number of Test Questions
1. Preoperative Patient Assessment and Diagnosis	14%	26
2. Preoperative Plan of Care	12%	22
3. Intraoperative Care	20%	37
4. Communication	12%	22
5. Postoperative/Transfer of Care	10%	19
6. Instrument Processing and Supply Management	8%	15
7. Emergency Situations	5%	9
8. Management of Personnel, Services, and Materials	9%	17
9. Professional Accountability	10%	18
Total	100%	185

Applying for the Exam

How Do I Apply for the Exam?

Applicants may apply for the CNAMB exam by [creating an account](#) or [logging into their existing account](#). To complete the online application, the following information is required and will take approximately 15 minutes.

- Personal contact information: address, e-mail (please make sure you are using an e-mail that will allow you to receive communications from CCI), home and work phone numbers. Your e-mail will also be your login ID.
 - Please use your legal name as it appears on your original, valid (unexpired), government-issued photo ID bearing a signature.
 - RN license information: RN license expiration date and number, state(s) licensed to practice
- Experience and employment: past 2 years, date began working, current position, and current practice area
- Employer contact information: facility name, address, and phone number
- Supervisor contact information: name, address, e-mail, phone number
- Payment information

How Much Does the Exam Cost?

Following is a listing of current exam fees. Applications cannot be processed without payment. All fees and/or outstanding debts to CCI must be paid in full.

CNAMB Certification Fee - April 2020	Price
CNAMB Exam Application Fee	\$145*

*This is a promotional fee for the April 2020 testing period.
Please note: The first 100 approved applicants test for free.

When Is the Exam Offered?

Candidates may take the exam Monday through Saturday, excluding holidays. Once your application is approved, you must schedule a date to take your exam in the promotional **April 1 – 30, 2020**, testing period. Applicants may test only **once** during the testing period.

Does CCI Verify My Application Information?

Information on applications may be verified. If there is any reason to believe that any applicant might not have met eligibility requirements, or if an outside party informs CCI that an individual has not met certain requirements, the application may be flagged for audit. In addition, a percentage of certification applications are randomly selected for audit. The Credentialing Department will begin the audit by contacting the individual in writing to obtain documentation to substantiate the information in question. Information may be verified by telephone, e-mail message and/or letter by the Credentialing Department. All information gained through verification procedures will be confidential, except in instances where the law demands disclosure of facts. Under no circumstances will the reporting party be disclosed. Verification may include but is not limited to the following information:

- An employee verification form that must be completed by a current manager, supervisor, or HR.
- Verification of applicant's RN license through NURSYS.
- Verification of professional nursing history through contact with past employers if needed.

It is the responsibility of the applicant to furnish any information missing from the application. Should any information on the application be found false, the applicant will be notified and declared ineligible to continue in the certification process. An e-mail will be sent to the applicant detailing the results of the audit after the documents have been reviewed.

Preparing for the Exam

As a certification organization, CCI's role is in developing and administering certification examinations to determine the qualifications of candidates for certification. CCI does not require or endorse any specific study guides, review products, and/or training courses. Candidates may prepare for certification examinations with any educational materials they choose. Purchase of CCI review materials is not a requirement for testing, nor does use of any review materials (CCI or otherwise) imply successful performance on the certification examinations. CCI offers various study resources for the certification examinations such as a study guide and sample questions. No study resources are prerequisites for the certification examinations.

Reference Materials

Three primary references are recommended in preparing for the CNAMB exam:

- *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; current edition.
- Phillips N. *Berry and Kohn's Operating Room Technique*. 13th ed. St. Louis, MO: Elsevier; 2017.
- Rothrock JC, ed. *Alexander's Care of the Patient in Surgery*. 16th ed. St. Louis, MO: Elsevier; 2019.

The CNAMB certification exam is republished annually to reflect updated content in the primary references listed above.

How Should I Study for the Exam?

Reviewing the task and knowledge statements for each subject will aid in identifying areas of strengths and possible weaknesses. Align these identified areas for additional study or experience with the [CNAMB Study Plan](#). Keep in mind how many questions or what percentage of the exam is contained within each of the subject areas being studied. Be realistic about the time commitment. Use experiences at work to gain additional knowledge and skills in unfamiliar areas. Using a variety of preparation aids, studying in 20- to 45-minute segments, and frequent review, have been found to increase comprehension and retention of information.

Taking the Exam

How Many Questions Are on the Exam?

The CNAMB exam consists of 200 multiple-choice questions.

How Much Time Do I Have to Complete the Exam?

The CNAMB exam is a timed test and must be completed in 3 hours and 45 minutes. The computer hosting the exam will keep the official time.

How Much Computer Experience Do I Need to Take the Test?

The computerized format of the exam requires no previous computer experience. An optional pre-exam tutorial will provide instructions on how to take the exam on the computer. It will also provide examples on how to select answers, and how to mark any questions you may want to return to and review before finishing the exam. The time allotted for completing the tutorial is separate from the actual exam time.

How Do I Schedule My Exam Appointment?

Once you submit your application and make payment, you will receive an e-mail notification within 24 hours with your eligibility ID number and detailed instructions on how to schedule your test. This e-mail is your authorization to test (ATT). These instructions will include contact information for Prometric, the testing agency CCI partners with to administer the CNAMB exam. Testing centers are located throughout the U.S. and internationally. You will contact [Prometric directly](#) to schedule the testing date, time, and location most convenient for you. Your eligibility ID is required to schedule your exam.

Are There Testing Center Guidelines I Should Know?

There are extensive security measures at the testing site. You must have an original, valid (unexpired), government-issued photo ID bearing a signature, and your name **must match** your ATT confirmation. If your name does not match, **Prometric has the right to refuse your admittance to the testing center.** This will result in forfeiture of your exam fees. Take the time to review the material on the [Prometric website](#) to understand all the day-of-testing requirements.

Monitoring

Several security measures will be enforced during the exam administration. Be aware that you will be observed at all times while taking the exam. This observation may include direct observation by test center staff, as well as video recording of your testing session.

Exams cannot be viewed, copied, or studied by any individual. Copying or retaining test questions or transmitting the test questions in any form to other individuals, organizations, or study groups will result in forfeiting your right to have your exam scored and may result in civil prosecution and disciplinary action by CCI.

Personal Belongings

Personal belongings are not permitted in the testing room, except for the pencils and scratch paper provided by the test center administrator. A small, secure locker located outside the testing room will be provided for personal items. You may request ear plugs from the test center administrator; personal ear plugs are not permitted. You may not eat, drink, or use tobacco in the testing room. Please visit [Prometric](#) for additional test center regulations.

Dismissal from a Test Session

The test center administrator is authorized to dismiss a candidate from a test session, including but not limited to the following reasons:

- Failure to follow the test center administrator's directions.
- Creating a disturbance of any kind.
- Giving or receiving assistance of any kind.
- Using prohibited aids, such as reference materials, mechanical listening devices, notes, and recording or photographic devices.
- Removing or attempting to remove test questions and/or responses (in any format) from the testing room.
- Removing or attempting to remove scratch paper from the test center.
- Attempting to take the test for someone else.
- Attempting to tamper with the operation of the computer.
- Leaving the testing room without permission.
- Leaving the test center/building at any time.
- Using electronic communications or recording equipment such as cellular phones and like devices.
- Bringing any materials to the test center that may compromise the administration of the exam.
- Sharing information about the test and test questions with any unauthorized person(s).

If a proctor witnesses what he or she believes to be a security breach, the exam is stopped immediately; all related materials are retained, and an incident report is generated and routed to Prometric. The Prometric Security Office makes a copy of the video and reviews it for quality and to determine if there was any inappropriate action requiring follow-up with the test center personnel. The copy of the video and any related materials are forwarded to Prometric, which would then be delivered to CCI.

If it is believed that an applicant or certificant violates the test center Misconduct Policy, breaches security, or fails to follow test center directions, CCI may render sanctions against the individual which may include but not be limited to the following:

- Suspension from the exam for an indefinite or specified period of time.
- At the discretion of the CCI Certification Council and as allowable by law, CCI may notify the State Board of Nursing, candidate's employer, insurance company, or other public health agency.

What Happens If I Don't Schedule My Exam?

If you fail to schedule an exam appointment in the **April 2020** testing period, your entire testing fee is forfeited. Please note: Candidates will have until April 12, 2020, to schedule their exam during the April testing window. Reapplication following the April 2020 testing period begins August 3, 2020. To reapply, current eligibility criteria must be met and the fee applicable at that time must be paid.

What If I Am Late or Miss My Exam Appointment?

If you are late for your test appointment by more than 30 minutes, or miss your scheduled appointment time, you will be considered a no-show applicant. Your entire exam fee is forfeited.

When Do I Receive My Exam Results?

Candidate scores for the April 2020 promotional exam period will be emailed to candidates by Prometric, CCI's test vendor, within 90 days of the close of the exam period. The testing window closes April 30, 2020, and candidates are expected to receive their scores no later than August 3, 2020.

How Do I Receive My CCI Certificate?

For passing candidates, your CCI certificate will be mailed to you within 6 weeks of notification of your exam results. You may also print, download, or save your certificate from your CCI account.

What Is the Passing Score?

For the CNAMB certification exam, there will be one reported pass/fail decision score. Scores will be determined by converting the number of questions answered correctly to a scaled score. You will need a total scaled score at or above the passing threshold to pass this examination. Candidates should answer all questions on the exam, as any question not answered may count against the final score.

Please note: A scaled score is neither the number of questions you answered correctly nor the percentage of questions you answered correctly. A scaled score is transformed from the raw test score (the number of test questions answered correctly). A scaled score allows for consistent scoring across multiple forms of the exam.

Because the testing center verifies CCI test results for accuracy, hand-scoring of the CNAMB test is only available by request and for a fee. Please contact CCI for additional information.

How Soon Can I Schedule to Take an Exam for the Second Time?

Subsequent exam applications cannot be submitted in the same exam window as an unsuccessful exam attempt. The full exam price must be paid for each testing attempt. Following the April 2020 testing period, candidates may reapply for the CNAMB exam beginning August 3, 2020.

If I Retake the Exam, Will I Take the Same Test?

No. Because of CCI's commitment to quality and test security, there are multiple versions of the CNAMB exam.

Rescheduling Your Exam

For the April 2020 promotional exam period, exam transfers and withdrawals are not offered. You may reschedule your exam date or time but only within the April 2020 testing window and in accordance with CCI rescheduling policy. Please note: If a candidate fails to schedule an exam appointment within the April 2020 testing window, the entire exam fee will be forfeited. Reapplication following the April 2020 testing period begins August 3, 2020. To reapply, current eligibility criteria must be met and the fee applicable at that time must be paid.

TIME FRAME	6 or more days prior to end of testing window or scheduled test date	5 or fewer days prior to end of testing window or scheduled test date
RESCHEDULE AN EXAM DATE WITHIN THE APRIL 2020 TEST WINDOW	<ul style="list-style-type: none">You are unable to withdraw, transfer, or cancel the date for your exam appointment, but you may reschedule. Contact Prometric to reschedule your original exam date to a new exam date <u>within</u> the 30-day test window. <p>Note: A \$50 fee will be charged by Prometric every time you reschedule your test date.</p>	<ul style="list-style-type: none">You are unable to change, cancel, or reschedule the date for your exam appointment. You must sit for the exam or all fees will be forfeited.

Using the Credential

The CNAMB credential is not an acronym. CNAMB, as administered by CCI, is intended to validate that a certificant displaying the certification mark has met established eligibility criteria and standards of competence in the field of perioperative nursing in the ambulatory surgery setting.

Who Can Use the Credential?

The CNAMB mark is pending complete registration with the U.S. Patent and Trademark Office but may only be used in accordance with CCI policy by those who have achieved and actively maintain the credential.

How Long Is the Credential Active?

Certification is conferred for a period of 3 years, with recertification available after that 3-year earning period. When the credential lapses, the nurse may no longer use the CNAMB designation in his/her credentials.

When Can I Begin Using My Credential?

The CNAMB credential may be used upon verification of your credential on the [CCI website](#). Certificants will also be able to print a certificate from their [CCI account](#) profile.

How Do I Display My Name and Credential?

In writing, proper usage is as follows: Jane A. Doe, BSN, RN, CNAMB.

General Certificant Data Information

Is My Information Confidential?

The CEO, in consultation with the Manager of Test Development and Certification, Credentialing Department, and Governance and Accreditation Manager will approve all requests for data and access to certificants.

As an accredited program, CCI is required to make public certain data about its certificants (e.g., demographic breakdown of certificants, number of certificants, number of test-takers, and pass rates for certification exams). All data are de-identified and shared in aggregate only, in accordance with Federal privacy law.

Is My Information Public or Shared with Third Parties?

CCI may process certificant data based on the following grounds, as appropriate: you have provided your consent which can be withdrawn at any time; the processing is necessary for the performance of a contract to which you are a party, including processing of exams, certification or recertification applications; the processing is necessary to meeting legal obligations or to defend or maintain any claims involving us or our applicants and certificants; the processing is required to protect your vital and legal interests or those of another person; or the processing is necessary for the purposes of CCI's operations and mission.

Is Credential Status Verified?

Verification of your credential can be accessed through the [CCI website](#).

ADA Accommodations at Testing Centers

Does CCI Provide ADA Accommodations at Its Testing Centers?

Under the Americans with Disabilities Act ("ADA"), persons with disabilities may be entitled to accommodations if (i) they have a physical or mental impairment (ii) that substantially limits a major life activity (e.g., hearing, seeing, learning, reading, or concentrating), or a major bodily function (e.g., neurological, endocrine, or digestive system). However, CCI is not obligated to provide accommodations that would fundamentally alter the measurement of the skills or knowledge the exam is intended to test, or that would impose an undue burden on CCI.

How Do I Request an Accommodation?

CCI is committed to providing reasonable accommodations in its exam processes to otherwise qualified individuals with physical or mental disabilities in accordance with the ADA. CCI will make every reasonable attempt to comply with Federal regulations concerning the test administration for qualified persons who are temporarily or permanently disabled, or who request accommodations for religious reasons at the time of the scheduled exam, in accordance with the following policies:

- A disability requires written documentation and validation. The documentation provided should include correspondence from a healthcare provider who has firsthand knowledge of the disability, that describes the nature of the disability, and specific recommendations regarding the type of accommodation required to address the disability. The letter should be on that professional's letterhead stationery and include his or her title, address, phone number, and original signature.
- The candidate must notify CCI headquarters of their temporary or permanent disability at least 90 days prior to the date scheduled for testing and provide supporting documentation.
- The candidate must notify CCI of a request for accommodations for religious reasons at the time of registration.
- The content and validity of the exam shall not be compromised by these accommodations.
- All determinations for accommodations will be made by CCI at its sole discretion. All reasonable attempts will be made to accommodate the needs of the disabled person. If no feasible solution can be reached, the applicant will be notified in writing and a refund (less applicable administrative fees) will be issued.

Examples of requests for special testing accommodations that may be granted include, but are not limited to:

- modification of seating or other physical arrangements in the exam facility,
- providing for the exam to be taken in an accessible location, or
- providing for a reasonable extension of testing time.

Examples of requests for special testing accommodations that may be denied include:

- modification of the content of an objective multiple-choice exam,
- providing for unlimited testing time, or
- permitting a reader to paraphrase test material or translate the material into another language.

Exam Irregularities at Testing Centers

What Is a Group Testing Irregularity?

Unlike cases of individual candidate misconduct, occasionally testing irregularities occur that affect a group of test takers. Such problems include, without limitation, administrative errors, defective equipment or materials, improper access to test content and/or the unauthorized general availability of test content, as well as other disruptions of test administrations (e.g., natural disasters and other emergencies).

When group testing irregularities occur, Prometric will conduct an investigation to provide information to CCI. Based on this information, CCI may direct Prometric either not to score the exam or to cancel the exam score. When it is appropriate to do so, the Board will arrange with Prometric to give affected test takers the opportunity to take the test again as soon as possible, without charge. Affected exam takers will be notified of the reasons for the cancellation and their options for retaking the test. The appeal process does not apply to group testing irregularities.

Misuse or Misrepresentation of Certification

What Happens If I Misuse or Misrepresent the Credential?

Any misuse or misrepresentation of the CNAMB credential by those not currently holding the credential shall be subject to legal action by CCI. This includes use of the CNAMB credential once the credential has lapsed.

Revocation of Credential

Can My Credential Be Revoked?

CCI may deny, suspend, or revoke certification for cause, including but not limited to the following:

- failing to complete or provide evidence of completion of the requirements for initial certification and certification renewal*;
- failure to maintain the required professional licensure
- determination that initial certification or certification renewal was improperly granted
- falsification or misstatement of information on any certification-related document;
- providing false or misleading information;
- misrepresentation regarding credentialing status;
- cheating or assisting others to cheat;
- causing, creating or participating in an examination irregularity;
- assisting others to wrongfully obtain initial certification or certification renewal;
- failure to comply with the scope and standards of practice in an area in which the certification is held;
- misuse of or misrepresentation with respect to the CCI credential;
- commission of a crime or gross negligence in the practice of nursing;

- violation of CCI policy or procedure;
- failure of audit processes;
- failure to comply with the American Nurses Association’s Code of Ethics for Nurses with Interpretive Statements;
- conduct unbecoming of the nursing profession; and
- has not paid all outstanding debts to CCI.

*Certified nurses will be informed by letter of CCI’s decision to revoke the CNAMB status. There will be no refund if the CNAMB status is revoked for any reason.

CCI Complaint, Disciplinary, and Appeals Processes

Does CCI Have an Appeals or Complaint Process?

Yes. Please see Appendix G for more information.

Recertification: Maintaining Your Credential

What Is Recertification?

The continued documented validation of professional achievement of identified standards of practice by an individual registered nurse providing perioperative nursing care.

When Do I Recertify?

CNAMB certification is conferred for a period of 3 years, at which time a certificant may seek recertification. The recertification process requires a CNAMB to choose a method of recertification, complete recertification activities during the 3-year accrual period, meet recertification eligibility requirements, and apply during the recertification year.

What Is an Accrual Period?

The accrual period is the time period in which the certificant must complete continuing education or professional development activities.

When Are the Accrual Deadlines?

Year Certified	Recertification Year	Recertification Earning Period	Recertification Applications Accepted	Recertification Application Deadline
2020	2023	2020-2022	Jan 1-Dec 31, 2023	December 31, 2023
2021	2024	2021-2023	Jan 1-Dec 31, 2024	December 31, 2024
2022	2025	2022-2024	Jan 1-Dec 31, 2025	December 31, 2025

What Must I Do to Recertify?

To recertify your CNAMB credential, you must do the following:

- Complete recertification activities during your accrual period.
- Meet the recertification eligibility requirements at the time of application.
- Complete CCI’s application during your recertification year.
- Pay the application fee.

What Are the Eligibility Requirements to Recertify?

Recertification candidates must meet the following eligibility requirements at the time of application:

- Hold an active CNAMB credential.
- Hold a current, unrestricted RN license.
- Be currently working full- or part-time in the ambulatory setting in an acceptable role:
 - Employment setting may be hospital based, free standing, or physician owned.
 - Eligible roles may be clinical, administrative, educational, or research based. Experience in a non-paid, volunteer capacity is acceptable.
- Have earned a minimum of 150 points through completion of CPD activities , subject to the following:
 - Points activities must be in one or more of the CNAMB exam subject areas and should be completed in the 2 years prior to application.
 - CPD points must include an exercise in self-reflection or self-assessment.
 - No more than 50 points, or one third of the total CPD points, may be earned through CE.
 - Please note: The methodology used to calculate points, point allocations for activities, and category maximums are aligned across CCI credentials (e.g., CNAMB, CNOR, CSSM).
- There is no provision to recertify the credential by exam, except for individuals granted the credential for participation in test development activities to develop the certification, who may only recertify by exam.
- Individuals who do not meet the CPD requirements to recertify may apply for an extension year or elect to retire the credential by applying for emeritus status.

The certifying organization does not discriminate among candidates as to age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, and gender identity.

Appendix A: CNAMB Task and Knowledge Statements

Subject Area 1: Preoperative Patient Assessment and Diagnosis

Knowledge Statements

1. anatomy and physiology
2. pathophysiology
3. pharmacology
4. diagnostic procedures and results
5. health assessment techniques (e.g., vital signs, pain assessment, allergies, lab values, chart review, NPO status)
6. approved nursing diagnoses (e.g., North American Nursing Diagnosis Administration, Perioperative Nursing Data Set)
7. universal protocol
8. informed consent(s) or waivers (e.g., surgical, anesthesia, blood, photographs, visitors)
9. advanced directives and DNR
10. nursing process
11. selection criteria (e.g., BMI, ASA, sleep apnea, infectious disease, age)
12. discharge needs (e.g., home care, durable medical equipment, transportation, care giver, medications, rehab)
13. presurgery risk assessment (e.g., medications, previous surgeries, special needs, comorbidities, preop instructions)
14. antibiotic stewardship
15. pain management (e.g., ERAS; multi-modal, regional blocks)

Tasks

1. Confirm patient identity using two patient identifiers
2. Verify procedure, surgical consent, operative site, anesthesia plan, and side/site marking
3. Assess Health Status of the Patient:
 - a. Collect, analyze and prioritize patient data (e.g., vital signs, pain assessment, allergies, lab values, other medical conditions; medical conditions for which they would need clearance, previous relevant surgical history, chart review, NPO status; family history of anesthesia problems)
 - b. Use age and sociocultural appropriate health assessment techniques to evaluate patient status (e.g., interview, observation; communication barriers) Use age and culturally appropriate health assessment techniques to evaluate patient status (e.g., interview, observation)
 - c. Conduct medication reconciliation (e.g., preoperative medications, home medications, alternative and herbal supplements, medical marijuana, alcohol use, recreational drug use)
 - d. Conduct a physical assessment (e.g., skin integrity, mobility, body piercings, implants/foreign objects)
4. Assess patient appropriateness for ambulatory setting (e.g., facility guidelines and protocols)
5. Formulate nursing diagnoses
6. Document preoperative assessment

Subject Area 2: Preoperative Plan of Care

Knowledge Statements

1. physiological responses (e.g., risk of infection, altered tissue perfusion, thermal regulation)
2. disease processes
3. behavioral responses
4. age specific needs
5. transcultural nursing theory (e.g., cultural and ethnic influences, family patterns, spirituality and related practices)
6. perioperative safety
7. patient rights and responsibilities
8. resources for patient/family education
9. legal responsibilities and implications for patient care
10. community networking and institutional resources (e.g., supplies, equipment, patient transfer agreements, courier service; emergency services)
11. patient outcomes
12. Universal protocol and transmission-based Precautions preoperative patient preparation interventions (e.g., IV, removal of jewelry, hair removal)

Tasks

1. Develop plan of care:
 - a. Anticipate physiological responses
 - b. Implement CMS quality measures (e.g., patient falls, patient burns)
 - c. Anticipate perioperative safety needs (e.g., chemical, radiation, fire, laser, positioning)
 - d. Identify behavioral responses of patient and family (e.g., comfort, anxiety, medication, pain management, sociocultural)
 - e. Evaluate age-specific needs (e.g., temperature of room, size of instruments)
 - f. Evaluate sociocultural diversity needs and requirements (e.g., communication barriers, attire)
 - g. Adhere to legal and ethical guidelines
 - h. Collaborate and coordinate with the interdisciplinary healthcare team (e.g., radiology, pathology; neuromonitoring)
 - i. Use a patient-centered model (e.g., patient, family, and care giver involvement)
2. Identify and plan for expected patient outcomes/postoperative needs (e.g., responsible supervision; transportation; obstructive sleep apnea)
3. Adhere to Universal Protocol
4. Conduct site preparation (e.g., hair removal; skin antisepsis)
5. Confirm availability of implant(s), supplies, and equipment

Subject Area 3: Intraoperative Care

Knowledge Statements

1. surgical procedure
2. perioperative documentation (e.g., indications)
3. infection prevention and control
4. aseptic technique and surgical conscience
5. skin prep antisepsis
6. patient/personnel safety
7. ergonomics and body mechanics
8. potential complications
9. positioning
10. wound healing
11. wound classification
12. anesthesia management and anesthetic agents (e.g., airway maintenance; reversal agents and antagonists)
13. moderate and local sedation/analgesia with appropriate monitoring
14. pain management
15. medication management (e.g., timing, labeling, redosing)
16. instruments, supplies, and equipment
17. implants, preparation, explants
18. surgical counts
19. specimen management
20. hazardous materials
21. smoke plumes
22. environmental factors (e.g., temperature, humidity, air exchange, noise, traffic patterns)
23. hemodynamic needs
24. equipment use per manufacturer's instructions for use (IFU)

Subject Area 3: Intraoperative Care

Tasks

1. Optimize physiological responses of the patient (e.g., normothermia, infection control, perfusion)
2. Monitor and maintain patient and personnel safety (e.g., chemical, fire, radiation, energy generating devices, positioning)
3. Optimize patient care based on behavioral responses (e.g., comfort, anxiety, pain management; sociocultural, and/or ethical issues)
4. Prepare the surgical site
5. Select procedure-specific protective materials and equipment (e.g., lead aprons, laser goggles, smoke evacuators; extinguishers)
6. Monitor and evaluate the effects of pharmacological and anesthetic agents
7. Assist with anesthesia management (e.g., induction, airway protection, extubation; cricoid pressure)
8. Identify and control environmental factors (e.g., humidity, noise, temperature, traffic)
9. Maintain a sterile field utilizing aseptic technique
10. Ensure the sterility of surgical products and instrumentation (e.g., expiration date, package integrity)
11. Test and use equipment according to manufacturer's recommendations
12. Maintain the dignity, modesty, and privacy of the patient
13. Verify and document specimens with surgical team (e.g., name, type, suture tags)
14. Prepare, label, and transport specimens
15. Confirm, present, and prepare implants
16. Prepare explants for final disposition
17. Prepare and label solutions, medications, and medication containers
18. Perform counts
19. Adhere to universal protocol (e.g., time out, WHO Checklist, National Patient Safety Goals)
20. Maintain accurate patient records/documentation (e.g., relevant facts and data elements, positioning, solutions and medications, counts; wound classification)
21. Manage patient hemodynamic needs (e.g., fluid replacement)
22. Utilize ergonomics and proper body mechanics in performing patient care
23. Prepare, label, and administer moderate and local sedation/analgesia with appropriate monitoring (e.g., capnography; pulse oximeter)

Subject Area 4: Communication

Knowledge Statements

1. communication techniques (e.g., patient, family, team, chain of command)
2. interviewing techniques
3. methods and requirements for reporting to interdisciplinary healthcare providers (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, read back verbal orders)
4. hand-offs
5. barriers to communication (e.g., patient, family, team, chain of command)
6. perioperative patient education techniques
7. information technology (e.g., software applications, security rules, HIPAA)

Tasks

1. Communicate patient status and changes to the interdisciplinary healthcare providers
2. Utilize effective communication for continuity of patient care (e.g., hand-off, debrief)
3. Provide information to the patient/family according to HIPAA guidelines (e.g., status, updates)
4. Identify barriers to sociocultural communication and participate in implementing effective solutions
5. Provide and document perioperative education
6. Promote culture of safety through workplace civility and team communication

Subject Area 5: Postoperative/Transfer of Care

Knowledge Statements

1. interdisciplinary services for care coordination (e.g., nutrition, wound care, social work, referrals, transportation, convalescent center, physical therapy)
2. community based resources (e.g., visiting nurse; physical therapy)
3. transfer of care (e.g., home, hospital, rehab)
4. discharge criteria (e.g., Aldrete; medication reconciliation)
5. regulatory guidelines concerning postoperative follow up (e.g., phone calls, appointments)
6. airway management
7. hemodynamic monitoring
8. pain management (e.g., ERAS; multi-modal, regional blocks)

Tasks

1. Collaborate with interdisciplinary services
2. Evaluate patient status to facilitate transfer to the next level of care (e.g., PACU, home, rehab facility, hospital; 23-hour-observation)
3. Document patient care
4. Provide and document post discharge follow up communication according to regulatory guidelines
5. Assist with management of airway, pain, and hemodynamic monitoring
6. Maintain intake and output as expected for discharge criteria

Subject Area 6: Instrument Processing and Supply Management

Knowledge Statements

1. cleaning products and techniques (e.g., manual washing, ultrasonic)
2. disinfecting techniques (e.g., high-level)
3. packaging techniques (e.g., crates, peel packs, wraps)
4. sterilization techniques (e.g., immediate use (IUSS), load parameters, steam sterilization, low-temperature sterilization)
5. transportation of equipment, instruments, and supplies
6. storage of equipment, instruments, and supplies
7. hazardous materials exposure
8. biohazardous materials (e.g., blood)
9. documentation requirements for instrument sterilization including biological and chemical monitoring
10. regulatory requirements for tracking of equipment, instruments, and supplies provided by external sources
11. quality assurance testing (e.g., washer disinfectant, sterilizer)

Tasks

1. Select appropriate methods and products for processing (e.g., cleaning, disinfecting, packaging, sterilizing, transportation, storage)
2. Perform and document disinfection procedures (e.g., high level disinfection and decontamination)
3. Handle and dispose of hazardous materials (e.g., chemo drugs, radioactive materials)
4. Handle and dispose of biohazard materials (e.g., blood, tissue)
5. Perform and document sterilization procedures including biological and chemical monitoring (e.g., load parameters, steam sterilization, low-temperature sterilization)
6. Monitor environmental conditions of sterilization and storage areas
7. Coordinate materials and instruments provided by external sources (e.g., loaner instruments)
8. Perform and document immediate use steam sterilization (IUSS)

Subject Area 7: Emergency Situations

Knowledge Statements

1. preparations for and management of medical emergencies (e.g., Malignant Hyperthermia (MH), anaphylaxis, cardiac arrest, hemorrhage)
2. preparations for and management of environmental hazards and natural disasters (e.g., fire, toxic fumes, natural disasters, terrorism, power outage, active shooter)
3. roles of the interdisciplinary healthcare team members during internal/external emergency situations (e.g., triage, FEMA, EMS, community resources)

Tasks

1. Perform nursing interventions based on age-specific needs
2. Coordinate members of the interdisciplinary healthcare team during internal/external emergency situations
3. Protect patient and resources from environmental hazards and during disasters

Subject Area 8: Management of Personnel, Services, and Materials

Knowledge Statements

1. scope of practice for the interdisciplinary team per regulatory agencies (e.g., Nurse Practice Act)
2. product evaluation processes (e.g., cost benefit analysis)
3. waste management (e.g., reprocessing to include single-use devices, supply standardization)
4. perioperative resource management (e.g., equipment, supplies, staffing)
5. role of non-perioperative personnel (e.g., vendor, students, visitors, family; medical records, admissions)
6. environmental management (e.g., spills, room turnover, terminal cleaning, physical plant)
7. implant management (e.g., regulatory and manufacturer's instructions for use)
8. personal protective equipment (PPE)
9. radiation safety (e.g., dosimetry badges, time, distance, shielding, lead protection)
10. adjunct roles, assigned staff, and responsibilities (e.g., medication safety, laser safety, employee health, Privacy officer, Facility officer; Risk Manager; infection prevention)

Tasks

1. Acquire equipment, supplies, and personnel
2. Monitor and assist with implementation of cost-containment measures
3. Participate in product evaluation, selection, and recall
4. Supervise, educate, and mentor healthcare team members
5. Delegate perioperative tasks to appropriate personnel within their scope of practice
6. Supervise non-OR personnel (e.g., vendors, students, visitors, family)
7. Implement environmental sustainability practices (e.g., reprocessing, recycling)
8. Ensure use of Personal Protective Equipment (PPE)
9. Oversee environmental cleaning (e.g., spills, room turnover, terminal cleaning)
10. Coordinate and document preventive maintenance of equipment
11. Track biological implants (e.g., order, reconstitute, storage, use/waste)
12. Monitor availability and sterility of supplies
13. Monitor radiation safety

Subject Area 9: Professional Accountability

Knowledge Statements

1. accreditation standards and organization guidelines (e.g., AORN Guidelines for Perioperative Nursing, Perioperative Explications for the ANA Code of Ethics for Nurses, ASPAN, APIC, AAMI)
2. local, state, and federal regulatory requirements (FDA, CDC, CMS, OSHA, DEA)
3. professional development resources
4. quality improvement processes (e.g., research, data collection, evidence based practice, performance improvement; CMS quality measures; reimbursements)
5. responsibilities regarding behaviors that undermine a culture of safety
6. Patient's rights and advocacy
7. principles of delegation
8. risk management (e.g., event reporting, good catch, disclosure of unanticipated events, recalls, Safe Medical Device Act)
9. maintaining required competencies

Tasks

1. Protect patient confidentiality
2. Advocate for and protect patients' rights
3. Perform functions within scope of practice
4. Demonstrate competency in perioperative nursing practice
5. Acknowledge personal bias and limitations and seek assistance as needed
6. Identify and take appropriate action regarding behaviors that undermine a culture of safety (e.g., disruptive behavior)
7. Participate in professional development activities (e.g. shared governance activities, staff education, committees, certification, advanced degrees, professional organizations)
8. Participate in quality improvement activities
9. Utilize standards and recommended practices (e.g., AORN, APIC, AAMI, IAHCSMM, ASPAN)
10. Report unanticipated events and good catches
11. Comply with regulatory and accreditation guidelines (e.g., life safety)
12. Demonstrate evidence based practice (e.g., hand hygiene; safe injection practices; surgical attire)

Appendix B: Sample Exam Questions

The following sample questions are representative of CNAMB test content and question format. Only one answer is correct for each question. An answer key is provided on the next page.

Sample Exam Questions

1. When all aspects of sterile processing are contained in one room, the distance between the instrument washing sink and the instrument packaging area should be separated by what distance?
 - a. 3 feet
 - b. 4 feet
 - c. 5 feet
 - d. Cleaning, decontamination, and sterilization cannot occur in the same room.
2. During an abdominoplasty being performed in an ambulatory surgery center, a lap is discovered missing during the final count. From a patient safety perspective, which of the following is the best method for handling this discrepancy?
 - a. Transfer the patient to a facility that offers radiologic imaging.
 - b. Use fluoroscopy and have the plastic surgeon, who does not have radiologic privileges, interpret the results.
 - c. Use fluoroscopy and have the orthopedic surgeon, who does have radiologic privileges, interpret the results.
 - d. Transfer the patient to PACU for radiologic imaging.
3. The practice of bypassing Phase I recovery and being transferred directly from the procedural room to the Phase II level is known as
 - a. Enhanced Recovery after Surgery (ERAS).
 - b. progressive care.
 - c. fast tracking.
 - d. handing off.
4. The person ultimately responsible for the discharge of a patient is the
 - a. physician.
 - b. PACU nurse.
 - c. anesthesia care provider.
 - d. family.
5. A patient suffers a heart attack during cataract surgery at a freestanding ambulatory surgery center (ASC). Plans should be made to transfer the patient to
 - a. the closest medical facility where the surgeon has admitting privileges.
 - b. the closest medical facility.
 - c. the closest Medicare-participating hospital.
 - d. the closest hospital with cardiac-catheterization capability.

Answer Key

1. Answer B is correct. Rationale: When cleaning, decontamination, and sterilization must all occur in the same room, a distance of 4 feet (or a partial wall 4 feet tall and the width of the counter) must be maintained between the instrument washing sink and the area where instruments are prepared for sterilization. Reference: Guideline for design and maintenance. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2019:92, VIII.d.
2. Answer C is correct. Rationale: The discrepancy should be addressed as quickly as possible. Fluoroscopy may be used, and a reading obtained by a surgeon with privileges to interpret radiographic results. Reference: Guideline for retained surgical items. In: *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; 2019:815, VI.c.2.
3. Answer C is correct. Rationale: Fast tracking is the process of admitting patients who are stable and have met criteria for Phase II admission to bypass Phase I. Reference: Burden N. Care of the ambulatory surgery patient. In: J Odom-Forren, ed. *Drain's Anesthesia Nursing: A Critical Care Approach*. St Louis MO: Elsevier; 2018:672.
4. Answer A is correct. Rationale: Although the nurse follows discharge criteria when preparing the patient to return home, it is the physician who assumes responsibility for the decision to discharge the patient. Reference: Burden N. Care of the ambulatory surgery patient. In: J Odom-Forren, ed. *Drain's Anesthesia Nursing: A Critical Care Approach*. St Louis MO: Elsevier; 2018:674.
5. Answer D is correct. Rationale: Patient-specific circumstances play a role in determining the appropriate local hospital chosen at the time of an emergency. It is expected that the ASC will transfer the patient to a facility with the resources to care for the patient. In some cases, this hospital may be at a greater distance than a local hospital. Reference: Transfer agreement or hospital privileges. In: Appendix L-Guidance for surveyors: Ambulatory Surgical Centers State Operations Manual. Centers for Medicare and Medicaid Services; 2015. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_l_ambulatory.pdf.

Appendix C: Contact Hours for Certification and Recertification

Requirements

The candidate must maintain a copy of the certificate of attendance for each approved program attended and submit such records if audited. If the applicant has an official log from the provider with the same information as that on a certificate, as well as the information on the acceptable accredited provider, it may be used in lieu of certificates. The certificant is responsible for providing the certificates of attendance. Each certificate of attendance must have an accreditation statement and/or provider number.

Accredited, Approved Providers

Contact hours approved by any of the following groups are acceptable:

- American Nurses Credentialing Center (ANCC)
- An agency, organization, or educational institution accredited by ANCC
- Any State Board of Nursing
- Any state nurses' association
- Association of periOperative Registered Nurses (AORN)
- American Association of Critical-Care Nurses (AACN)
- American Association of Neuroscience Nurses (AANN)
- American Association of Nurse Anesthetists (AANA)
- Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN, formerly NAACOG)
- American Academy of Family Practitioners (AAFP)
- American Academy of Nurse Practitioners (AANP)
- American Academy of Physicians Assistants (AAPA)
- American College of Nurse Midwives (ACNM)
- National Association of Nurse Practitioners in Women's Health (NPWH)
- National Association of Pediatric Nurse Associates and Practitioners (NAPNAP)

Certificates from other groups deemed equivalent to those listed above may be accepted. This decision will be approved by the CEO in consultation with the Credentialing Manager.

Approved Topics

The following is not an all-inclusive list, it provides a broad range of perioperative-related subjects for contact hours.

- Anatomy and Physiology
- Critical thinking skills
- Communication
- Disease management (HIV, hepatitis, diabetes, etc.)
- Discharge planning
- Ethics
- Infection control
- Leadership/supervisory skills
- Legal issues
- Nursing process
- Pain management
- Perioperative scope of practice
- Pharmacology
- Pre-, intra-, and postoperative patient care (patient assessment)
- Precepting
- Professional development
- Professional guidelines
- Research posters
- Surgical procedures

- Technology
- Research
- Evidence-Based Practice
- Quality Improvement/Quality Assurance

The candidate must maintain a copy of the certificate of attendance for each approved program attended and submit, if audited. Again, every certificate of attendance must have an accreditation statement and/or provider number.

The certificant is responsible for providing the certificates of attendance.

The following DO NOT meet the criteria for recertification and , therefore, are not acceptable:

- Handwritten accreditation statements or provider numbers.
- Certificates of attendance without an appropriate accreditation statement and/or acceptable provider number.
- Contact hours earned prior to January 1 of the year certified.
- Provider numbers that do not state Board of Registered Nursing.

CME Credits

A **Category 1 CME** (continuing medical education) credits may be used for contact hour requirements. Category 2 CME may not be used toward certification or recertification. Each CME is worth 1 contact hour. You are responsible for converting CME credits into contact hours using the ANCC conversion of:

1 CME credit = 1 contact hour

Appendix D: Points for Certification and Recertification

The following is a list of eligible activities which may be used to meet Continuing Professional Development requirements to apply for CNAMB certification and recertification. You do not have to choose every activity. Please see Appendix E for a list of documents that must be supplied if the certificant is audited.

- Continuing Education
- Academic Study
- Teaching in Academic Setting
- Publishing
- Presentations
- Service on a Board or Committee
- Precepting/Mentoring
- CCI Volunteer Committee
- Earning another accredited perioperative certification
- Clinical Inquiry (Research, Evidence-based practice, Quality Assurance/Quality Improvement)
- Professional perioperative-related volunteer service
- Professional Organization Activities
- Training Certificate
- Reflection
- Games
- Case Study
- Additional Points Activities

There is a maximum number of points allowed for each activity except for academic study, in which you may earn unlimited points. You must earn a total of 150 points to recertify your CNAMB credential.

Continuing Education

A maximum of 50 points (25 contact hours) may be earned from Continuing Education activities through an approved provider (see Appendix C):

1 contact hour = 2 points
1 CME Category 1 credit = 1 contact hour = 2 points
A maximum of 25 CMEs (50 points) may be submitted.

Academic Study

Unlimited points may be earned in the Academic Study category. The course must be part of a degree completion program, such as a healthcare degree (BSN, MSN, DNP, etc.), or a degree where the knowledge attained is used to advance your perioperative nursing career (including MBA).

1 semester hour/credit = 15 points
1 quarter hour = 10 points

Teaching a Perioperative-Related Course for College Credit

A maximum of 150 points is allowed in the Teaching category. Each perioperative class taught = 30 points

Publishing

A maximum of 150 points may be earned in the Publishing category.

Material	Point Value
Doctoral Dissertation	100 points
DNP Capstone Project	75 points
Primary Author, Book Chapter	50 points
Guest Editor, Peer-Reviewed Journal Issue	50 points
Primary Author, Peer-Reviewed Journal Article	50 points
Secondary Author, Book Chapter	30 points
Editorial, Peer-Reviewed Journal	30 points
Secondary Author, Peer-Reviewed Journal Article	30 points
Subject Matter Expert (SME) or Reviewer for Journal Article or Book Chapter	20 points
Author, Book Review	20 points
Developer/Author of a Patient Education or Healthcare Professional Resource	20 points
Poster Presentation at a Professional Meeting	20 points

Professional Presentations

A maximum of 150 points can be earned. A presentation may be repeated if presented to another audience. The presentation must be on a healthcare-related topic.

- Podium presentation (must be minimum 30 minutes in length) = 30 points
- In-service (must be minimum of 30 minutes in length) = 30 points
- Poster presentation = 20 points
- Presentations for non-CE credit (60 minutes in length) = 10 points

Service as a Board or Committee Member

A maximum of 150 points may be earned in the Service as a Board or Committee Member category.

- International, National or State Board Member = 30 points per year
- Local or facility level = 15 points per year
- CCI Board of Directors = 50 points per year
- CCI Certification Council = 50 points per year

Precepting/Mentoring

A maximum of 100 points may be earned in the Precepting/Mentoring Category. Examples include mentoring and/or orienting a new employee. A maximum of four (4) different employees is allowed. Each precepted employee = 25 points

CCI Volunteer Committee

Volunteer, CCI Test Development Committee

A maximum of 100 points may be earned for serving as a volunteer for a CCI test development committee. A CNOR who serves as a subject matter expert for CCI exam test development committees may earn points for recertification.

Committee	Point Value
Job Analysis	100 points
Task Force (in-person)	25 points
Survey Completion (remote)	5 points
Survey Review Call	10 points
Pilot Survey Review Call	10 points
Subgroup Analysis Call	15 points
Test Specs (in-person)	25 points
Crosswalk Call	10 points
Item Writer (in-person)	30 points
Item Writer (remote)	0.5 points/item
Cut Score/Standard Setting	30 points/appointment
Item Review (in person)	25 points
Item Review (remote)	15 points
Form Review (in-person)	25 points
Problem Identification Notification (PIN)	10 points
Alternate	5 points
Other: Ad Hoc Committee (specify)	15 points

Recertification Committee

A maximum of 100 points may be earned as a volunteer on the recertification committee per accrual period.

Role	Point Value
Chairperson or Team Leader	3.3/month or 40/year
Committee Member	2.5/month or 30/year

Educational Product Volunteer

A maximum of 80 points may be earned as a volunteer on the educational product Ad-Hoc committee. A volunteer writing and submitting 20 questions per assignment will earn 20 points.

Attain/Maintain Perioperative-Related Certification

A maximum of 100 points may be earned for earning an accredited perioperative-related certification or completing the recertification process for an accredited perioperative-related certification. Examples of accredited perioperative-related certifications include CPA, CPAN, CRCST, or ABCGN. Accreditation by ANSI, ABSNC, or NCCA will meet these criteria. The list is not intended to be all-inclusive. Other accredited certification deemed equivalent by the CEO of CCI in consultation with the Credentialing Specialist may be accepted. Other CCI credentials (CNOR, CSSM, CNS-CP) do not qualify for additional points in this category.

Attain/Maintain an Accredited Perioperative Certification	
Initial Certification	30 points
Renewal of Certification	20 points

Clinical Inquiry

A maximum of 100 points may be earned in the Clinical Inquiry category. Quality Improvement (QI), Quality Assurance (QA), Evidence-Based Practice (EBP) and Research projects are accepted under this heading. To receive points under this heading you must have primary responsibility for developing, implementing, and/or evaluating projects in these categories. The activity must show evidence of the participation in or application of clinical inquiry that improves current practice and/or patient outcomes.

Role	Point Value
Primary Investigator or Primary Project Leader	50 points/project
Co-Investigator or Project Lead	30 points/project

Professional Perioperative-Related Volunteer Service

A maximum of 100 points may be earned for medically-related volunteer service activities. Examples include surgical mission trips and service at medically underserved clinics.

Role	Point Value
Professional Perioperative-Related Volunteer Service	20 points/year of service or project

Professional Organization Activities

A maximum of 100 points may be earned for activities related to course work from our collaborative partners.

- 10-question activity = 10 points
- 20-question activity = 20 points

Training Certificates

A maximum of 30 points may be earned for certificates of training by an approved provider (e.g., American Heart Association, American Red Cross, or Military Training Network) including initial and renewal certificates within the accrual period.

- BLS = 5 points
- ACLS = 10 points
- PALS = 10 points
- NRP = 10 points

Reflection

A maximum of 50 points may be earned for reflective activities. Each reflective activity is worth 25 points.

Games

A maximum of 30 points may be earned for games activities. Each activity is worth 2 points.

Case Studies

A maximum of 100 points may be earned for completing a case study activity. Each case study activity is worth 50 points.

Additional Points Activities

A maximum of 50 points may be earned for additional points activities as determined by the Recertification Committee. Each activity is worth 10-20 points.

Appendix E: List of Acceptable Accredited Perioperative-Related Credentials

Following is a list of accredited perioperative-related credential that are acceptable for meeting eligibility requirements for sitting for the CNAMB exam. CNOR certificants and those who hold an accepted perioperative-related credential must be in active status.

- CAPA (American Board of Perianesthesia Nursing Certification)
- CCCN (Wound, Ostomy, and Continence Nursing Certification Board)
- CCCTM (Medical-Surgical Nursing Certification Board)
- CGRN (American Board of Certification for Gastroenterology Nurses)
- CIC (Certification Board of Infection Control and Epidemiology)
- CMSRN (Medical-Surgical Nursing Certification Board)
- CNOR (Competency & Credentialing Institute)
- CNS-CP (Competency & Credentialing Institute)
- COCN (Wound, Ostomy, and Continence Nursing Certification Board)
- CPAN (American Board of Perianesthesia Nursing Certification)
- CRNFA (National Assistant at Surgery Certification)
- CSSM (Competency & Credentialing Institute)
- CWCN (Wound, Ostomy, and Continence Nursing Certification Board)
- CWOCN (Wound, Ostomy, and Continence Nursing Certification Board)
- CWON (Wound, Ostomy, and Continence Nursing Certification Board)
- LNCC (American Legal Nurse Consultant Certification Board)
- NEA-BC (American Nurses Credentialing Center)
- NE-BC (American Nurses Credentialing Center)
- ONC (Orthopaedic Nursing Certification Board)

Please note: Candidates who hold an RN-BC credential from ANCC should contact CCI to consult with a credentialing specialist.

Appendix F: Certification Audit Documentation

A percentage of certification applications will be randomly selected for audit. If you are selected, you will be notified after you have submitted your certification application. Applicants chosen for audit will be required to submit copies of specific documentation, as outlined below.

1. CONTINUING EDUCATION
 - a. Copies of certificate(s) of attendance from an accepted provider. The certificant is responsible for providing the certificates of attendance. Transcript may be accepted in lieu of certificates but must include accredited provider name and number. Transcripts that do not include accrediting provider information will not be accepted.
2. ACADEMIC STUDY TOWARD HEALTHCARE-RELATED DEGREE COMPLETION
 - a. Copy of official or unofficial transcript.
3. PUBLISHING
 - a. Copy of the title page, table of contents, or abstract indicating you are the author, co-author or contributor.
4. SERVICE AS A BOARD OR COMMITTEE MEMBER
 - a. Board summary, minutes, or committee report (minimum of four meetings per year required).
5. PRESENTATIONS
 - a. Program brochure, activity documentation form (ADF), or completed course evaluation. Each document must include title, presentation, date, and objectives of presentation.
6. TEACHING A PERIOPERATIVE-RELATED COURSE IN ACADEMIC SETTING
 - a. Syllabus, course description, or other documentation that verifies name and role as instructor.
7. PRECEPTING / MENTORING IN THE PERIOPERATIVE NURSE ROLE
 - a. Letter from applicant's supervisor confirming precepting/mentoring experience.
8. CCI VOLUNTEER COMMITTEE TEST DEVELOPMENT COMMITTEE
 - a. Certificate of completion from each committee assignment
 - b. Letter of participation
9. EDUCATIONAL PRODUCTS RECERTIFICATION COMMITTEE
 - a. Certificate of completion
 - b. Letter of participation
10. CCI VOLUNTEER EDUCATION DEVELOPMENT PRODUCT COMMITTEE
 - a. Copy of points certificate
11. ATTAIN/MAINTAIN PERIOPERATIVE-RELATED CERTIFICATION
 - a. Copy of certificate or wallet card.
12. CLINICAL INQUIRY
 - a. A final report which summarizes evidence of participation in a QA, QI, EBP, or research project, including its impact on current practice and/or patient outcomes.
13. UNPAID PARTICIPATION, SERVICE ACTIVITIES
 - a. Letter from supervisor or mission director on organization letterhead attesting to dates and contributions of volunteer.
14. PROFESSIONAL ORGANIZATION ACTIVITIES
 - a. Copy of points certificate.
15. TRAINING CERTIFICATES
 - a. Copy of training certificate by an approved provider (BLS, ACLS, PALS, etc.)
16. REFLECTION
 - a. Copy of points certificate.
17. GAMES
 - a. Copy of points certificate.
18. CASE Studies
 - a. Copy of points certificate
19. ADDITIONAL POINTS ACTIVITIES
 - a. Copy of points certificate.

Appendix G: Complaint, Disciplinary, and Appeals Processes

Appeals Regarding Non-Disciplinary Matters

Candidates who are deemed ineligible to take the exam or submit a portfolio may appeal that decision as a non-disciplinary matter not subject to the disciplinary appeals process. Eligibility is determined by the Credentialing Coordinator.

All appeals regarding eligibility decisions shall be referred to the Manager of Test Development and Certification for further review. The candidate may be asked for additional information to substantiate his or her claim of eligibility. The Manager of Test Development and Certification may uphold or overturn the previous decision. If upheld, the candidate may request a final determination from CCI.

Candidates who experience alleged disruptive and/or inappropriate exam administration conditions may petition to reschedule and re-take the exam without waiting the required 30 days and/or without additional charge. Any such petition may be granted by CCI at its sole discretion.

There can be no appeal for failure to achieve a passing score on the examination, non-approval of a portfolio submission for initial certification, lack of current RN license, or failure to register for the exam by the deadline.

Appeals Regarding Disciplinary Matters

There shall be a Board of Appeals, consisting of individuals not involved in the original disciplinary action, and appointed by the CCI Certification Council, as needed, for any certificant seeking appeal of a decision made by the CCI Disciplinary Committee, as under the Disciplinary Procedures set forth in CCI policy Section 9.10 et seq (found below under the title “Disciplinary Procedures/Sanctions”). Such Board of Appeals will be composed of a subset of the Certification Council not involved in the initial review and determination. The Chair of the Certification Council shall serve as Chair of the Appeals Committee. The committee will review and decide the appeal. Appointment of alternates will be made by the Chair in the event of a conflict of interest or unavailability of any members.

The Appeals Committee will review and determine any appeals solely on the basis of material errors of fact by the Disciplinary Committee in review and determination of any disciplinary action, or if CCI failed to follow published criteria, policies, or procedures during such process. Only facts and conditions up to and including the time of the CCI Disciplinary Committee’s decision under CCI policy Section 9.10 et seq (found below under the title “Disciplinary Procedures/Sanctions”) will be considered during appeal.

A written request for appeal, including supporting documentation, must be submitted by the certificant to the Appeals Committee Chair and CCI CEO, at 2170 S. Parker Road, Suite 120, Denver, CO 80231, within 30 days following the certificant’s receipt of the Disciplinary Committee’s decision and include reasons why the appeal should be granted. If a request for appeal is not received within that 30-day period, the matter will be considered closed. Acknowledgement of receipt of the request for appeal shall be sent by the Chair of the Appeals Committee to the certificant within 30 days of receipt by the Chair, along with a scheduled date for consideration of the appeal.

The Appeals Committee may affirm, reject, or modify the decision of the CCI Disciplinary Committee. At its sole discretion, the Appeals Committee may consider the appeal at a meeting in person or by conference call. The Appeals Committee shall limit its activities to review of the written record; it will not conduct a hearing and the rules of evidence, discovery, etc., will not apply. The written request for appeal, supporting documentation, and information related to the Disciplinary Committee’s decision will be considered by the Appeals Committee according to the criteria and policies in effect at the time the determination was made.

The Appeals Committee will notify the certificant and Certification Council in writing within 30 days following its decision. The decision of the Appeals Committee, including a statement of the reasons for this decision, shall also be reported by the Certification Council to the individual who filed the complaint, if appropriate, and to relevant licensing boards. The Certification Council may decide also to make this information available to the certificant’s employer, or other persons or organizations with a material interest in the matter.

The decision of the Appeals Committee shall be final and binding. There will be no refund of any fees if disciplinary action is imposed.

Disciplinary Procedures/Sanctions

Certificants are required to continue to meet all applicable legal, ethical, and policy requirements of CCI during the time that they hold any CCI credential. Disciplinary action, including sanctions of public or private reprimand, censure, or suspensions or revocation of certification, may be taken by CCI for failing to meet or otherwise violating these requirements. Candidates and certificants shall be made aware of the basis for which certification can be revoked, or other disciplinary action taken. Certification can be denied, suspended or revoked for cause, including but not limited to the following:

- failure to complete or provide evidence of completion of the requirements for initial certification or certification renewal;
- failure to maintain the required professional licensure;
- determination that initial certification or certification renewal was improperly granted;
- falsification or mis-statement of information on any certification-related document;
- providing false or misleading information;
- misrepresentation regarding credentialing status;
- cheating or assisting others to cheat;
- causing, creating, or participating in an examination irregularity;
- assisting others to wrongfully obtain initial certification or to renew certification;
- failure to comply with the scope and standards of practice in an area in which the certification is held;
- misuse of or misrepresentation with respect to the CCI credential;
- commission of a crime or gross negligence in the practice of nursing;
- violation of CCI policy or procedure;
- failure of audit processes;
- failure to comply with the American Nurses Association's Code of Ethics for Nurses with Interpretive Statements;
- conduct unbecoming of the nursing profession; and
- has not paid all outstanding debts to CCI.

Any individual may submit information to CCI alleging violation of one of the standards listed above. In certain cases, CCI may refer complaints to the applicable state licensing board or other legal enforcement authority. The following procedures describe the process CCI uses to consider all complaints and take appropriate disciplinary action. CCI takes all reasonable measures to ensure that any materials regarding a complaint or disciplinary action process are kept confidential and discloses only that information which is required to resolve the complaint. This information is disclosed only to designated staff, legal counsel, and/or other such authorities (e.g., state licensing boards, human resources personnel, etc.) whose role is deemed to be material to resolution. The information and materials related to the complaint may also be provided to the candidate or certificant who is the subject of the complaint if necessary, to meet due process requirements.

Complaints or other information regarding certificants must be submitted in writing to the attention of the Manager of Test Development and Certification at the following address: Competency and Credentialing Institute, 2170 South Parker Road, Suite 120, Denver, Colorado 80231. Only written complaints will be considered. At its discretion, CCI may itself initiate complaints and investigate actions based on information obtained by or known to CCI (e.g., a certificant has falsified application information or CCI learns of information from newspaper, internet, state nursing boards or other sources).

All formal complaints must include the following:

- the name and contact information of the person initiating the complaint,
- a statement of the certificant's alleged misconduct,
- reasons why that misconduct warrants disciplinary action, and
- supporting documentation if available.

If the CCI Credentialing Coordinator, Manager of Test Development and Certification, and Certification Council Chair determine that a complaint does not have merit, the complaint will be dismissed and the complainant so notified. A complaint will be dismissed if it is determined by the CCI Credentialing Coordinator, Manager of Test Development and Certification, and Certification Council Chair to be frivolous, inconsequential, unreliable, or does not constitute a matter for which disciplinary action may be taken. At the discretion of CCI, the complaint may also be referred to the CEO and/or legal counsel for review and input prior to the initial determination.

If the CCI Credentialing Coordinator and Manager of Test Development and Certification determine that the complaint has merit, the certificant accused of misconduct will be notified in writing that a complaint has been filed against them. The notice will include the facts of the complaint, identify the alleged violation, provide a copy of the procedures, identify the potential disciplinary action, and request any specific information that should be provided. In addition, the notice will state:

- that the certificant may submit a written response and supporting documentation within 30 days of receiving the notice from CCI;
- that the certificant may request the opportunity to appear by teleconference before the CCI Disciplinary Committee. The Disciplinary Committee is appointed by the CCI Certification Council, and is comprised of the Certification Council Vice Chair, and two other members of the Certification Council. Appearance may be granted at the sole discretion of the CCI Disciplinary Committee; and
- the date of the next Disciplinary Committee meeting or conference call at which the matter will be considered.

The CCI Disciplinary Committee, CCI staff, and legal counsel, as appropriate, will investigate the complaint and seek additional information. If the response to the notification is considered by the CCI Disciplinary Committee to be satisfactory and to adequately resolve the complaint, the matter will be considered closed and the certificant and complainant will be so notified. If the response is not considered satisfactory, the CCI Disciplinary Committee may request additional information and proceed as outlined below.

The CCI Disciplinary Committee will consider the matter at a regularly scheduled or special meeting. Review of the matter will not be a trial-type proceeding, and rules of evidence, discovery, etc., will not apply; instead, the CCI Disciplinary Committee will review the written record, may investigate the matter at its discretion, and may provide the certificant an opportunity to appear by teleconference to make a presentation and allow the CCI Disciplinary Committee to ask questions. It is not expected that the certificant be represented by counsel at their appearance, although the CCI Disciplinary Committee may consult counsel at any time. The CCI Disciplinary Committee will deliberate and issue a determination and course of disciplinary action, if any. Such action must be approved by the Certification Council at the next regularly scheduled or special meeting.

Written notification stating the CCI Disciplinary Committee's decision, including the reasons for its decision, and if the matter involves disciplinary action, will be sent to the certificant within 30 days following the meeting at which the matter was heard. The certificant will have the opportunity to appeal the decision in accordance with the CCI Appeals procedures under CCI policy Section 9.30 et seq (found below under the title "Appeals Regarding Disciplinary Matters" above).

If the decision is not appealed, and if appropriate, notice will also be sent to the individual who initiated the complaint to notify them the Council has issued a determination for this matter. To comply with privacy laws, details about the issued sanction will not be shared with the individual who filed the complaint. The CCI Disciplinary Committee and/or Certification Council may provide notice of the decision to relevant licensing boards. In accordance with Federal, State, and Local privacy laws, the CCI Disciplinary Committee and/or Certification Council may decide also, to make the information about the decision available, in accordance or as required by applicable law, and to permissible third parties or organizations with a material interest in the matter (e.g., employers and relevant state licensing boards). To comply with Federal privacy laws, the individual must be notified of any such action.