



Certified Perioperative CNS

# **Certification & Recertification Candidate Handbook**

***Effective through December 31, 2018***

Presented by:



## **Candidate Handbook**

### **Purpose of the Candidate Handbook**

The CNS-CP Candidate Handbook provides essential information on policies and procedures pertaining to certification and recertification of the CNS-CP credential. It is your responsibility to familiarize yourself with the contents of this handbook. If you have questions, please feel free to contact CCI at [info@cc-institute.org](mailto:info@cc-institute.org) or 888-257-2667 8-4 MT.

All information is subject to change without notice, including test content, exam fees and policies.



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# 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” ([ABNS About us](#)).

## **What are the Purposes of Certification?**

- Demonstrates commitment to accountability to the general public for safe nursing practice
- Enhances quality patient care
- Identifies the Clinical Nurse Specialist (CNS) who has 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 the CNS-CP Certification Program?**

- Recognizes the individual professional advanced practice nurse who is proficient in practice
- Strengthens conscious use of theory in assessing, planning, implementing and evaluating patient care
- Enhances professional growth through continued learning that results in greater depth of knowledge and expanded skills

## **What is the Rationale for Certification?**

CNS-CP certification validates the professional achievement of specific standards of practice by a Clinical Nurse Specialist serving as an advanced practice nurse in the perioperative setting. This voluntary recognition program acknowledges the professional achievement demonstrated by an individual CNS’s performance which exceeds that required for competent practice in the perioperative setting.

# About the CNS-CP Exam

Being successful at passing the CNS-CP certification exam requires:

1. Having a thorough and sound foundation of the knowledge and skills required for competent clinical practice (see CNS-CP Exam Content Outline below). Knowledge can be obtained through work experiences and independent learning, as well as through formal educational programs. The experiential knowledge component of the exam requires that a CNS has a minimum of 2 years of experience in perioperative nursing. Additional experience at the advanced practice level is required for those CNSs graduating from a master’s program not consistent with Consensus Model standards. Thus, the CNS-CP exam is based on what a CNS with 2 years of practice in the perioperative setting is expected to know. The exam assesses a combination of experiential and cognitive knowledge, as together these form the foundation of competent clinical practice.
2. Understanding of the test-taking process. There is a definite skill in answering multiple-choice questions. Becoming familiar with techniques for responding to multiple-choice questions will improve your chances of successful performance on the CNS-CP exam.

## **How is the Exam Developed?**

A *Job Analysis*, including *Test Specifications*, was developed by CCI and a collection of subject matter experts working under the expert guidance of our testing partner Prometric. The Job Analysis describes the overall functions and responsibilities, as well as the underlying knowledge and skills that are essential to ensure proficiency as a CNS-CP. Test specifications were developed on the basis of external ratings and constitute a plan upon which the job-related certification exam was constructed for CNSs functioning in this role. CCI intends this document to act as a guideline for development of the certification exam. It is recognized that the *Job Analysis* may not reflect all of the specific tasks performed by an individual functioning in this role. For more information on CNS-CP test development committees, see Appendix A.

## **CNS-CP Certification – Earning Your Credential**

To earn the CNS-CP credential, candidates must meet eligibility requirements and pass the national CNS-CP certification exam.

### **Who is Eligible to Apply for the Exam?**

Candidates must meet requirements for each of three categories: licensure, education, and experience.

#### ***Licensure***

Candidate must meet *one* of two requirements:

1. Current full, unrestricted license (RN and/or APRN) in the United States.
- OR**
2. Current full, unrestricted RN license with recognition as a CNS by state board of nursing.

#### ***Education***

Candidate must meet *one* of two requirements:

1. Graduated from an accredited (CCNE, NLNAC, ACEN) graduate, post-master's certificate, or postgraduate program in nursing (Master's or higher) which has prepared the applicant for the CNS role. The program must contain both didactic (advanced pharmacology, pathophysiology, and physical assessment) and clinical components
- OR**
2. Master's in nursing along with documentation of serving in an advanced practice role may be accepted in lieu of advanced core courses (pharmacology, pathophysiology, and physical assessment) and 500 hours of supervised clinical hours.

#### ***Experience***

Candidate must be currently employed either full- or part-time, in perioperative nursing. Candidate must have completed a minimum of two years and 2,400 hours of work experience in perioperative nursing, with a minimum of 50% (1,200 hours) in the intraoperative setting.

In addition, the candidate must meet *one* of two requirements:

1. If enrolled in a CNS program complying with current accreditation standards (advanced pharmacology, physical assessment, and pathophysiology and 500 clinical hours), candidate may sit for the CNS perioperative specialty certification exam upon graduation



OR

2. If graduated from a CNS program prior to implementation of these standards, applicant must validate 2,400 hours and 2 years as a practicing CNS in the perioperative setting.

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.

### **What are the Subject Areas of the Exam?**

The CNS-CP exam is comprised of the following subjects. For a complete list of task and knowledge statements for the CNS-CP exam, see Appendix B.

<b>Subject Area</b>	<b>Percent of Exam</b>	<b>Number of Test Questions</b>
<b>1. Clinical expert in the delivery of advanced practice perioperative care</b>	30%	30
<b>2. Consultant (Intra- and multidisciplinary)</b>	15%	15
<b>3. Education (nurse, other healthcare providers, family, and community)</b>	15%	15
<b>4. Clinical inquiry (evidence-based practice projects and/or research)</b>	15%	15
<b>5. Organizational and systems thinking</b>	17%	17
<b>6. Professional accountability</b>	8%	8
<b>Total</b>	<b>100%</b>	<b>100</b>

## **Applying for the CNS-CP Exam**

### **How Do I Apply for the Exam?**

Applicants may apply for the CNS-CP exam at [CNS-CP application](#). To complete the application, you will need the following information.

<ul style="list-style-type: none"><li>• Personal contact information: address, email, home and work phone numbers</li></ul>	<ul style="list-style-type: none"><li>• Perioperative work history</li></ul>
<ul style="list-style-type: none"><li>• Last four digits of your Social Security number</li></ul>	<ul style="list-style-type: none"><li>• Supervisor contact information: name, address, email, phone number</li></ul>
<ul style="list-style-type: none"><li>• Birth year</li></ul>	<ul style="list-style-type: none"><li>• Date began working as a perioperative CNS</li></ul>
<ul style="list-style-type: none"><li>• Highest degree earned</li></ul>	<ul style="list-style-type: none"><li>• Year accredited CNS program completed</li></ul>
<ul style="list-style-type: none"><li>• Employer contact information: facility name, address, and phone number</li></ul>	<ul style="list-style-type: none"><li>• Advanced practice population focus</li></ul>
<ul style="list-style-type: none"><li>• RN/APRN license information: expiration date, state(s) licensed to practice</li></ul>	<ul style="list-style-type: none"><li>• Payment</li></ul>

## **Application Requirements**

The following documents must be submitted and approved before applicant may sit for the CNS-CP exam:

- A legible original transcript showing degree conferred and all graduate level coursework.
- Current resume/CV.
- Photocopies of current RN and/or APRN licenses, or a photocopy of the on-line verification of current licensure from the state board of nursing.
- Verification of CNS certification, if held. A physical or e-copy is acceptable; CCI reserves the right to request an official letter of verification from the certifying body.  
The applicant is responsible for any charges related to procuring the letter.

Every requirement must be met at the time of application. Incomplete or ineligible application packets will be returned to the sender.

## **How Much Does the Exam Cost?**

For a current list of exam fees, please visit [CNS-CP exam fees](#).

## **When is the Exam Offered?**

Candidates may take the exam Monday through Saturday, excluding holidays, year-round. Once your application has been approved, you have a three-month window in which you can schedule your test. A candidate's three-month testing window opens the month immediately following approval of the application, as illustrated below. **NOTE: Applicants may test only once during any testing window.**

<b>Application Approved</b>	<b>Testing Months</b>	<b>Application Approved</b>	<b>Testing Months</b>
<b>January</b>	February, March, April	<b>July</b>	August, September, October
<b>February</b>	March, April, May	<b>August</b>	September, October, November
<b>March</b>	April, May, June	<b>September</b>	October, November, December
<b>April</b>	May, June, July	<b>October</b>	November, December, January
<b>May</b>	June, July, August	<b>November</b>	December
<b>June</b>	July, August, September		

## **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 will be flagged for audit. In addition a percentage of certification applications are randomly selected for audit. The Credentialing Manager 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. 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.

Should any information on the application be found false, the applicant will be notified and declared ineligible to continue in the certification process. Verification may include, but is not limited to the following information.

- Verification of current employment through contact with employer/employing institution.
- Verification of applicant's RN/APRN license through NURSYS.
- Verification of professional nursing history through contact with past employers.
- Verification of graduation from an accredited CNS program.

*\*It is the responsibility of the applicant to furnish any information missing from the application. 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

### **Reference Materials**

CCI provides a detailed bibliography of recommended resources to complement the task and knowledge statements and subject areas found in Appendix B.

Additional references include:

- The current AORN *Guidelines for Perioperative Practice*.
- Phillips, N. (2017). *Berry and Kohn's Operating Room Technique* (13<sup>th</sup> ed.). St. Louis, MO: Elsevier.
- Rothrock, J.C. (2017). *Alexander's Care of the Patient in Surgery* (16<sup>th</sup> ed.). St. Louis, MO: Elsevier.

*\*The CNS-CP certification exam is updated as needed to reflect any changes to the AORN Guidelines, as well as new versions of primary references.*

### **Complimentary CCI Exam Preparation Resources**

A pre-recorded webinar on CNS-CP certification is available at [CNS-CP Certification](#). Advanced practice resources are found at [APRNsights](#).

### **How Long Should I Study for the Exam?**

The recommended study period to successfully pass the CNS-CP certification exam is three months. Reviewing the task and knowledge statements for each subject will aid in identifying areas of strengths and possible weaknesses. Align these identified areas with your 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 20-45-minute segments, and frequent review have been found to increase comprehension and retention of information.

## Taking the CNS-CP Exam

### **How Many Questions Are on the Exam?**

The CNS-CP exam consists of 100 multiple-choice questions. Sample questions can be found in Appendix C.

### **How Much Time Do I Have to Complete the Exam?**

The CNS-CP exam is a timed test and must be completed in 2 hours and 20 minutes. The computer used to take 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 CCI has reviewed and approved your application, you will receive an email notification of approval and instructions on how to schedule your test. These instructions will include contact information for Prometric, the testing agency CCI has contracted with to administer the CNS-CP 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.

## **Are There Testing Center Guidelines I Should Know?**

There are extensive security measures at the testing site. Take the time to watch the video “What to Expect on Test Day” and review [prepare for test day](#) 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 individuals. 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 [regulations](#) 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:

- 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, and recording or photographic devices.
- Removing or attempting to remove test questions and/or responses (in any format) from the testing room.
- 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.

- Removing or attempting to remove scratch paper from the test center.
- Attempting to take the test for someone else.
- 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 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 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:

- Suspension from the exam for an indefinite or specified period of time.
- At the discretion of the CCI Board of Directors, notify the State Board of Nursing, employer, insurance company, or other public health agency.

### **What Happens If I Don't Schedule My Exam?**

If you fail to schedule a testing appointment, your entire testing fee is forfeited. To re-apply, 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 15 minutes, or miss your scheduled appointment time, you will be considered a no-show applicant. Your entire testing fee is forfeited.

### **When Do I Receive My Exam Results?**

Applicants will receive notification of their exam results prior to leaving the testing center. Applicants will receive a link from Prometric to access the score report. Scores will not be reported if the confidentiality of the exam is broken or misconduct at the testing center is reported.

### **What is the Passing Score?**

Your score on the exam is the total number of questions you answer correctly. Candidates should answer all questions on the exam as any question not answered may count against the final score.

For the CNS-CP certification exam, there is one reported pass/fail decision score. You need a total test scale score of at least 620 to pass. Scores are determined by converting the number of questions answered correctly to a scale score that ranges from 200 to 800.

A scale score is transformed from the raw test score (the number of test questions answered correctly). The process is something like transforming height (your test performance) from centimeters (your raw score) into inches (your scale score). To interpret any test score, a uniform frame of reference is required. Scale scores provide that frame of reference based on the standard adopted by CCI of the amount of knowledge necessary to pass without regard to the specific test form or version taken.

*\*Please note that a scale score is neither the number of questions you answered correctly nor the percentage of questions you answered correctly.*

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

Subsequent exam applications cannot be submitted in the same testing window as an unsuccessful exam attempt. The full exam price must be paid for each testing attempt. Although transcripts will be retained at CCI, updated documents (e.g., CV/resume, nursing license) must be included with the new application.

### **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 CNS-CP exam.

## **Rescheduling the Exam**

You may withdraw/cancel your application to test, reschedule your exam date or time within your original three-month testing window, or transfer your exam to another three-month testing window. Please see the table below for additional information.

### **Definitions of Terms**

#### ***Withdraw/cancel:***

If you decide not to sit for the CNS-CP exam, you may withdraw and cancel your application to test.

#### ***Changing the date for a previously scheduled exam:***

You have applied for and set a day/time for your exam and now want to move the testing date to another day within the same testing window.

#### ***Transferring a previously scheduled exam to another testing window:***

You have applied for and set a day/time for your exam and now want to move the testing date to another day in the next testing window. NOTE: You may only transfer twice within an application.

<b>TIME FRAME</b>	<b>30 DAYS PRIOR TO END OF TESTING WINDOW OR SCHEDULED TEST DATE</b>	<b>BETWEEN 29 AND 6 DAYS PRIOR TO END OF TESTING WINDOW OR SCHEDULED TEST DATE</b>	<b>5 OR FEWER DAYS PRIOR TO END OF TESTING WINDOW OR SCHEDULED TEST DATE</b>
<b>WITHDRAW/CANCEL AN EXAM APPOINTMENT</b>	<ol style="list-style-type: none"> <li>1. Contact Prometric and cancel your appointment.</li> <li>2. Contact CCI at 303-369-9566 to complete the withdrawal request. \$75 of application fee is non-refundable.</li> </ol>	<ol style="list-style-type: none"> <li>1. Contact Prometric and cancel your appointment. A \$50 fee will be charged.</li> <li>2. Contact CCI at 303-369-9566 to complete the withdrawal request. \$75 of application fee is non-refundable.</li> </ol>	<p>You are unable to withdraw/cancel your exam appointment. You must sit for the exam or all fees will be forfeited.</p>
<b>TO RESCHEDULE AN EXAM DATE WITHIN THE SAME TEST WINDOW</b>	<ol style="list-style-type: none"> <li>1. Contact Prometric to cancel your original exam date and reschedule the exam date within the 90-day test window for no fee.</li> </ol>	<ol style="list-style-type: none"> <li>1. Contact Prometric to cancel your original exam date and to reschedule the new exam date within the 90-day test window. A \$50 fee will be charged every time you reschedule your test date.</li> </ol>	<p>You are unable to change or cancel the date for your exam appointment. You must sit for the exam or all fees will be forfeited.</p>
<b>TO TRANSFER AN EXAM DATE OUTSIDE ORIGINAL TEST WINDOW</b>	<ol style="list-style-type: none"> <li>1. Contact Prometric and cancel your original appointment.</li> <li>2. Contact CCI at 303-369-9566 to complete the transfer request. A \$75 fee will be charged. NOTE: You can only transfer twice within a single application.</li> </ol>	<ol style="list-style-type: none"> <li>1. Contact Prometric to cancel your original exam date and to reschedule the exam date within the 90-day test window. A \$50 fee will be charged every time you reschedule your test date.</li> <li>2. Contact CCI at 303-369-9566 to complete the transfer request. A \$75 fee will be charged.</li> </ol>	<p>You are unable to transfer to a new testing window for your exam. You must sit for the exam or all fees will be forfeited.</p>

## Using the CNS-CP Credential

CNS-CP is the designation recognizing the Clinical Nurse Specialist who has been certified in perioperative nursing. CNS-CP certification is defined as: “the documented validation of the professional achievement of identified standards of practice by an individual Clinical Nurse Specialist providing advanced practice care for the patient before, during, and after surgery.” CNS-CP means that you have demonstrated the advanced practice knowledge and skills needed to practice in the specialized field of perioperative nursing.

### **Who Can Use the Credential?**

The CNS-CP mark is federally registered with the U.S. Patent and Trademark Office and may only be used in accordance with CCI policy by those who have achieved and actively maintain the credential.

### **How Long is My Credential Active?**

Certification status is granted for a period of 5 years. Your certification will expire on December 31<sup>st</sup> of the fifth year of the recertification cycle unless you complete one of the recertification methods in effect at that time. When a credential lapses the nurse may no longer use the CNS-CP designation in his/her credentials.

### **When Can I Begin Using My Credential?**

Certificants will receive a paper certificate in the mail within three weeks of passing the exam. The CNS-CP credential may be used as soon as it can be confirmed at [verification of credential](#).

### **How Do I Display My Name and Credential?**

In writing, proper usage is as follows: Jane A. Doe, MSN, RN, ACNS-BC, CNS-CP, CNOR

## General Information

### **How Is My Confidentiality Maintained?**

A system of safeguarding confidential information provided by certification applicants will be maintained. No outside agency or persons shall have access to individual certification records unless the records are required to be provided under applicable law, or in conjunction with regulatory investigations.

### **Publicity**

CCI reserves the right to designate and approve national publicity concerning the certification program.

- National publicity may be authorized by CCI for purposes of marketing the program.
- AORN Headquarters, AORN chapters, and the *AORN Journal* may appropriately recognize AORN members who become certified.

## Certification Policies

CCI reserves the right to establish, review, and revise policies and procedures for certification/recertification as deemed appropriate.



## **Does CCI Provide ADA Accommodations at its Testing Centers?**

### **ADA Requirements**

The Competency & Credentialing Institute (CCI) is committed to providing reasonable accommodations in its exam processes to otherwise qualified individuals with physical or mental disabilities in accordance with the Americans with Disabilities Act (ADA).

Under the 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 (such as hearing, seeing, learning, reading, or concentrating), or a major bodily function (such as the 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 to Apply for Accommodations**

Candidates with disabilities who believe they need accommodations must notify CCI in writing of the type of accommodation requested, in addition to providing current and appropriate documentation of the disability. Because the provision of accommodations is based upon an assessment of the current impact of the individual's disabilities, the candidate must provide documentation based on an evaluation within the past five years.

The documentation provided should include correspondence from a healthcare provider who has first-hand 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. 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.

Requests and supporting documentation must be received at least 90 days prior to the date scheduled for testing. All accommodation determinations will be made by CCI in its sole discretion.

### **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 test or to cancel the test 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 test 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.

### **What Happens If I Misuse or Misrepresent the Credential?**

Any misuse or misrepresentation of the CNS-CP credential by those not currently holding the credential shall be subject to legal action by CCI. This includes use of the CNS-CP credential once the credential has lapsed. CCI may render sanctions against the individual, which may include, but not be limited to:

- Suspension from the exam for an indefinite or specified period of time
- At the discretion of the CCI Board of Directors, notify the respective state board of nursing, employer, insurance company, or other public health agency

### **Can My Credential Be Revoked?**

CCI may deny, suspend or revoke certification. Certification can be denied, suspended or revoked for cause, including but not limited to the following:

- Failing to complete or provide evidence of completion of the requirements for initial certification, certification renewal or reactivation of certification;
- Failure to maintain the required professional licensure;
- Determination that initial certification or certification renewal was improperly granted or that certification was improperly reactivated;
- 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 to renew or reactivate 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.

*\*Certified nurses will be informed by letter of CCI's decision to revoke the CNS-CP status. There will be no refund if, for any reason, CNS-CP status is revoked.*

### **Does CCI Have an Appeals Process?**

There shall be an external board of appeals available to a CNS-CP candidate seeking appeal of decisions made by CCI. Such board of appeals will be appointed as needed and will be composed of six past board members of CCI (three members and three alternates). A written request for review by the board of appeals and supporting documentation must be submitted by the candidate, within 30 days after receipt by the candidate, of CCI's initial decision. Decisions of the external board of appeals shall be final and binding. All requests for amendment or appeal will be heard in accordance with the CCI policies in effect at the time.

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

The appeals process does not apply to group testing irregularity issues at the testing center.

# Introduction to Recertification

## **What is Recertification?**

The continued documented validation of the professional achievement of identified standards of practice by an individual Clinical Nurse Specialist providing advanced practice perioperative nursing care.

## **What are the Purposes of Recertification?**

Recertification:

- Recognizes the individual Clinical Nurse Specialist who is proficient in practice
- Supports the development of theoretical constructs which strengthen advanced perioperative nursing practice
- Enhances professional development through continued learning that results in acquisition of current knowledge to expand advanced practice skill sets

## **Why Should I Recertify?**

The rapid pace of change and the prevalence of technology in the modern perioperative setting require a conscious effort to maintain competency. Certification is recognized for a period of 5 years, with recertification required at the conclusion of that 5-year period. The required CNS-CP recertification activities flow from and are consistent with the knowledge statements of the Job Analysis, which is performed on a 5-year cycle. The recertification requirements guide professional development activities in providing parameters for acceptable activity, and in maintaining a link to the most current body of knowledge. Linking the certification period to the Job Analysis cycle ensures that certificants are engaged in activities pertinent to their professional development.

Competency is the actual performance in a situation, and consists of three components: knowledge, skills and attitude. Each of these components is a necessary element. The CNS-CP recertification process acknowledges the need for active work in the maintenance of continuing competency by directly addressing 2 of the 3 components. The practice requirement facilitates the maintenance of current skills, and also promotes the acquisition of new skills, through exposure to the practice setting. Other professional development activities e.g., continuing education, facilitate the acquisition of knowledge, which is the second essential component of competency. It is assumed that ongoing professional development and engagement guided by the recertification process will also indirectly influence the certificant and thus effect positive change in attitude, the third component of competency.

## **CNS-CP Recertification – Maintaining Your Credential**

### **When Do I Recertify?**

The certified status of a Clinical Nurse Specialist is conferred by CCI for a period of 5 years, at which time a CNS-CP may seek recertification. The recertification process requires a CNS-CP to choose a method of recertification, complete recertification activities during the accrual period, and meet recertification eligibility requirements.

### **What Must I Do to Recertify?**

To recertify your credential, you must:

1. Meet the recertification eligibility requirements (these differ from requirements for first-time certification)

2. Choose a recertification method and complete recertification activities during your accrual period.
3. Complete CCI's application during your recertification year
4. Pay the application fee

### **What Are the Eligibility Requirements to Recertify?**

Recognizing that certificants transition into a variety of roles, and all patients benefit from the care provided by a certified nurse, CNS-CP recertification candidates must meet the following eligibility requirements at the time of application:

1. Hold an active CNS-CP credential.
2. Hold a current, unrestricted RN and/or APRN license.
3. Be currently employed as a CNS in the perioperative setting in one or more of the following areas:
  - a. Clinical expert in delivery of advanced perioperative care
  - b. Consultant (intra- and multidisciplinary)
  - c. Educator of nurses, other healthcare providers, patient, family, and/or community
  - d. Researcher

For those nurses holding both CNS-CP and CNOR and/or CRNFA credentials, recertification eligibility requirements must be met for each credential.

*\*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.*

### **What Are the Fees for Recertification?**

For a current list of exam fees and available discounts, please visit [our website](#).

**Please note:** Applications cannot be processed without payment. All fees and/or outstanding debts to CCI must be paid by December 31 of your recertification year.

## **Recertification Accrual Period & Deadlines**

### **What is An Accrual Period?**

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

<b>Year Certified</b>	<b>Recertification Year</b>	<b>Recertification Earning Period</b>	<b>Recertification Applications Accepted</b>	<b>Recertification Application Deadline</b>
2014	2019	2014-2018	Jan 1 – Dec 31, 2019	December 31, 2019
2015	2020	2015-2019	Jan 1 – Dec 31, 2020	December 31, 2020
2016	2021	2016-2020	Jan 1 – Dec 31, 2021	December 31, 2021
2017	2022	2017-2021	Jan 1 – Dec 31, 2022	December 31, 2022
2018	2023	2018-2022	Jan 1 – Dec 31, 2023	December 31, 2023
2019	2024	2019-2023	Jan 1 – Dec 31, 2024	December 31, 2024

## CNS-CP Recertification Methods

To recertify the credential, certificants choose a recertification method, which includes a prescribed plan for continued professional development. Certificants have up to 5 years to complete their recertification activities and apply for recertification the following year. Refer to accrual table (above) for earning windows for contact hours and professional activities.

### **What are the Recertification Methods?**

The CNS-CP Recertification program is made up of two components:

1. *Addressing knowledge deficits* through ongoing continuing education. The number of contact hours required for recertification is based on the exam subject areas which scored below the competent level. In addition to any contact hours required for individual subject areas, applicants must complete 10 contact hours related to pharmacology. Appendix D outlines the specific requirements of recertification by contact hours.
2. *Demonstration of skills* through a variety of self-selected activities meant to showcase the unique skills set of the Clinical Nurse Specialist in the perioperative setting. The 125 activity points required for CNS-CP recertification may be acquired through any of the 9 eligible activities listed below. Candidates are not required to submit points in every category. All points must be earned through activities that provide content specific to or with direct application to perioperative nursing. Appendix E outlines the specific requirements of recertification by professional activity points.

*NOTE: For those CNS-CPs who were granted the credential by sitting on CCI CNS-CP test development committees, the only method for recertifying the credential is by taking the exam. Please see "Preparing for the Exam" in the certification section of this handbook for more details.*

Certificants must successfully pass the CNS-CP exam by December 31st of their recertification year to keep their credential. The testing window for recertification by exam differs from that for initial certification. Please review the table below for testing windows. Note that applying for an exam in October or November results in a shortened testing window.

Application Approved	Testing Months	Application Approved	Testing Months
January	February, March, April	July	August, September, October
February	March, April, May	August	September, October, November
March	April, May, June	September	October, November, December
April	May, June, July	October	November, December
May	June, July, August	November	December

### **Recertification Option A**

#### Continuing education and Professional Activities

- Complete 125 Professional Activity points and the contact hours requirement
- Complete 1000 hours as a CNS in the perioperative setting in the 5-year recertification cycle. If the number of practice hours does not meet the minimum requirement, Option B must be chosen.
  - Practice hours may be accrued in any of the following areas:
    - clinical expert in delivery of advanced perioperative care
    - consultant (intra-and multidisciplinary)
    - education of nurses, other healthcare providers, patient, family, and/or community
    - clinical inquiry (evidence-based practice projects and/or research)

### **Recertification Option B**

#### Professional Activities and Testing (if practice hour requirement is not met)

- Complete 125 Professional Activity points
- Pass the certification exam. To prevent the credential from expiring, the last day to register for the examination is September 30 of the year certification is due to lapse. Certificants must take and pass the exam by December 31st of the year certification is due to lapse or their CNS-CP credential will expire.

The same rescheduling, transferring examination windows, cancelling test appointment dates and late/no show policies for CNS-CP certification by examination apply to CNS-CP recertification by exam. Please see "Preparing for the Exam" in the certification section of this handbook for more details.

### **How Do I Submit My Recertification Application?**

A complete application includes:

- Application, including personal and work information
- Required supporting documents
- Application fee
- Signed Statement of Understanding
- Mail the completed CNS-CP Recertification application to: Competency and Credentialing Institute, 2170 South Parker Road Suite 120, Denver, Colorado 80231.

### **What Happens If I Am Audited?**

A percentage of recertification applications are randomly selected by CCI for audit. Additionally, if there is reason to believe there has been a breach in the integrity of the process by an individual seeking recertification, CCI may also select those individuals for audit.

Applicants selected for audit will be required to submit additional documentation (see Appendix F). Contact CCI for more information if verification of employment is required. An e-mail will be sent to the applicant detailing the results of the audit after the documents have been reviewed.

## Alternatives to Recertification

If your CNS-CP credential expires, contact hours and professional activities will not be accepted to regain certified status.

### **My Credential Has Expired. How Do I Regain It?**

If your CNS-CP credential expires, Options A or B will not be accepted to regain certified status. A lapsed credential may be regained by meeting all eligibility requirements in place at the time of application and passing the certification exam.

## Appendix A – Test Development Committees

### **Test Development Committees**

A certification examination is the product of a scientifically rigorous process based on industry standards. This process is subject to accreditation oversight and approval. The Competency and Credentialing Institute works with our testing partner Prometric to develop certification examinations. The testing agency is responsible for accomplishing the following functions: assist in developing the final form of the exam; assist in developing measurement tools; administer and score exams; report results in such exams; and maintain an item bank. Prometric is the agency currently under contract for these services.

In addition to the contributions of our testing partner the participation of those nurses providing clinical care is essential to maintain a certification examination. Nurses holding a certification may apply to serve on these test development committees. A short description of the test development committees follows below.

### **Job Analysis**

A job analysis is designed to obtain descriptive information about the tasks performed in a job and the knowledge/skills needed to support the performance. The purpose of the job analysis is to review and revise the list of the tasks and knowledge related to work performed by perioperative Clinical Nurse Specialists and to develop test specifications for the certification examination. The Job Analysis defines the major content areas along with the major tasks performed and the knowledge needed for competent performance.

### **Item Writers**

Item writers are responsible for constructing questions specific to each section of the test specifications. The testing agency furnishes each writer with instructions on how to write multiple choice questions along with a list of appropriate reference materials.

### **Item/Form Review Committee**

The Item/Form Review Committee reviews all questions selected for the exam. Such matters as correctness of answers, prevention of geographic or gender bias, clarity of language, and appropriateness of items are considered during the item review process. The edited copy of the final form of each exam is reviewed and approved by the Item/Form Review Committee. The committee review constitutes a final check and balance system on the reliability of the exam.

### **PIN (Problem Identification Notification) Committee**

The PIN Committee reviews pretest (non-scored) items for possible inclusion in future certification examinations. The performance of the item with test takers, the psychometric qualities of the items and the correctness of answers are all examined. If needed, this group will revise questions for further pre-test use as non-scored items.



# Appendix B – Task & Knowledge Statements with Bibliography

## **Subject Area 1: Clinical Expert in Delivery of Advanced Perioperative Care** (30% of exam/30 questions)

### ***Knowledge Statements***

1. Behavioral responses to physiological and psychological stressors
2. Communication
3. Community dynamics
4. Conflict resolution
5. Differential diagnosis
6. Diversity (cultural and/or generational)
7. Metabolic needs
8. National accepted clinical guidelines and recommended practices
9. Pain management
10. Pathophysiology/surgical pathology
11. Patient/family dynamics
12. Pharmacology
13. Physical assessment
14. Risk mitigation
15. Scope of Advanced Nursing Practice
16. Scope of Nursing Practice
17. Surgical/procedural anatomy
18. Treatment plans

### ***Tasks***

1. Conduct comprehensive, holistic wellness and illness assessments using evidence-based techniques, tools, and methods.
2. Assess, monitor, and recognize complex physiologic responses of patients (i.e. continuous surveillance).
3. Collaborate with patients and families regarding discharge planning.
4. Demonstrate complex clinical judgment and reasoning in perioperative nursing care.
5. Appraise patients' knowledge regarding wound care and the phases of wound healing
6. Determine the presence and adequacy of a patient's support system and prescribes necessary modalities.
7. Develop or implement systems to ensure safe practices.
8. Diagnose, interpret findings, and manage the patient for signs and symptoms of alterations in health status.
9. Evaluate nutritional status and prescribe appropriate treatment modalities.
10. Evaluate patients' pain control needs and formulate an individualized pain management plan.
11. Evaluate protective measures to prevent alterations in health status of individuals and groups at risk.
12. Incorporate the patient's psychological, philosophical, cultural, and spiritual beliefs, values, and wishes concerning care when formulating the treatment plan.
13. Formulate differential diagnosis.
14. Formulate individualized treatment plans.

15. Evaluate the feasibility of the patients' expectations for the next level of care.
16. Identify patients who are at risk for the presence of physical barriers or potential hazards in the home.
17. Identify psychosocial issues specific to medication management.
18. Implement measures of psychological support to patients and family.
19. Independently integrate and apply in-depth principles of traditional, complementary, and alternative medicine to ensure optimal patient outcomes.
20. Order and perform procedures to compare and contrast clinical findings to ensure optimal patient outcomes.
21. Order, prescribe, initiate, and interpret diagnostic, therapeutic, and/or pharmacologic interventions.
22. Perform comprehensive and individualized patient assessments.
23. Perform history and physical examinations.
24. Provide an in-depth interpretation of patient conditions and gives rationales for procedures.
25. Provide anticipatory guidance for expected and potential situational changes.
26. Synthesize knowledge of therapeutic regimens and patient response for evaluation of care.

### **Recommended References**

- AORN. (current edition). *Guidelines for perioperative practice*. Denver: AORN Inc.
- AORN. (2010). *Perioperative Nursing Data Set (PNDS)* (3<sup>rd</sup> ed.). Denver: AORN Inc.
- Arcangelo, V.P., & Peterson, A.M. (2016). *Pharmacotherapeutics for advanced practice* (4th ed.). Ambler, PA: Lippincott Williams & Wilkins.
- Bickley, L. (2016). *Bates' nursing guide to physical examination and history taking*. Philadelphia: Wolters Kluwer Health/ Lippincott Williams & Wilkins.
- Doherty, G. (2015). *Current diagnosis and treatment: Surgery* (14<sup>th</sup> ed.). United States: McGraw-Hill Medical.
- Goolsby, M.J., & Grubbs, L. (2014). *Advanced assessment: Interpreting findings and formulating differential diagnoses* (2<sup>nd</sup> ed.). Philadelphia: F.A. Davis.
- McCance, K.L., & Huether, S.E. (2014). *Pathophysiology: The biologic basis for disease in adults and children*. St. Louis, MO: Mosby Elsevier.
- Mulholland, M.W., & Doherty, G.M. (2011). *Complications in surgery* (2<sup>nd</sup> ed.). Ambler, PA: Lippincott Williams & Wilkins.
- Pagana, K.D., & Pagana, T.J. (2014). *Mosby's diagnostic and laboratory test reference* (12<sup>th</sup> ed.). St. Louis, MO: Elsevier Mosby.
- Phillips, N. (2017). *Berry and Kohn's Operating room technique* (13<sup>th</sup> ed.). Philadelphia: Elsevier.
- Rothrock, J.C. (Ed.). (2015). *Alexander's care of the patient in surgery* (15th ed.). St. Louis, MO: Mosby Elsevier.
- Venes, D. (Ed.). (2017). *Taber's cyclopedic medical dictionary* (23rd ed.). Philadelphia: F.A. Davis.

## **Subject Area 2: Consultant (intradisciplinary and multidisciplinary)**

**(15%/15 questions)**

### **Knowledge Statements**

1. Change theory
2. Communication
3. Conflict resolution
4. Leadership development for multidisciplinary collaboration
5. Negotiation
6. Patient/family dynamics
7. Risk mitigation

## 8. Strategic planning

### **Tasks**

1. Collaborate with other disciplines and coordinates multidisciplinary activities (e.g., education, consultation, patient management, research opportunities) to enhance patient care.
2. Consult with the appropriate health care providers to initiate new treatments or change existing treatments.
3. Provide consultation services to the organization to achieve quality, cost-effective outcomes for perioperative patients.
4. Serve as an expert resource on perioperative issues.

### **Recommended references**

Jaffer, A.K., & Grant, P. (Eds.). (2012). *Perioperative medicine: Medical consultation and co-management*. Hoboken, NJ: Wiley Blackwell.

## **Subject Area 3: Education (nurse, other healthcare providers, patient, family, and community)** (15%/15 questions)

### **Knowledge Statements**

1. Communication
2. Community dynamics
3. Conflict resolution
4. Learning theory across the lifespan
5. Patient/family dynamics
6. Risk mitigation
7. Theories of teaching mentoring and coaching

### **Tasks**

1. Develop perioperative educational programs for:
  - i. healthcare professionals
  - ii. individual patients, groups of patients, and their designated support persons based on identified needs the community
2. Coordinate perioperative educational programs for:
  - i. healthcare professionals
  - ii. individual patients, groups of patients, and their designated support persons based on identified needs
  - iii. the community
3. Implement perioperative educational programs for:
  - i. healthcare professionals
  - ii. individual patients, groups of patients, and their designated support persons based on identified needs
  - iii. the community
4. Evaluate perioperative educational programs for:
  - i. healthcare professionals
  - ii. individual patients, groups of patients, and their designated support persons based on identified needs
  - iii. the community
5. Link teaching to evidence-based practice and its effects on clinical and fiscal outcomes

### ***Recommended references***

Zuzelo, P. R. (2010). *The Clinical Nurse Specialist handbook* (2<sup>nd</sup> ed.). Philadelphia: Jones and Bartlett Publishers.

## **Subject Area 4: Clinical Inquiry**

**(15%/15 questions)**

### ***Knowledge Statements***

1. Clinical inquiry/critical thinking
2. Evidence-based practice
3. Outcome evaluation methods
4. Research principles
5. Research utilization
6. Risk mitigation
7. Statistics

### ***Tasks***

1. Evaluate health outcomes to assist in shaping health care and nursing practice.
2. Evaluate the outcomes of patient safety initiatives.
3. Interpret research findings and use scientific inquiry to validate and/or change clinical practice.
4. Participate in the generation, application, and /or dissemination of research and Evidence-Based Practice.
5. Promote the use of nationally accepted clinical practice guidelines and standards.
6. Provide leadership when applying research to practice innovations which enhance patient care.
7. Submit findings of clinical research, Evidence-Based Practice and process improvement projects to scholarly journals and/or for poster or educational sessions at conferences.
8. Synthesize research findings.

### ***Recommended references***

Dearholt, S.L., & Dang, D. (Eds.). (2012). *Johns Hopkins Evidence-based practice: Model and guidelines* (2<sup>nd</sup> ed.). Indianapolis: Sigma Theta Tau.

Polit, D., & Beck, C.T. (2016). *Nursing research: Generating and assessing evidence for nursing practice* (10<sup>th</sup> ed.). Ambler, PA: Wolters Kluwer Health/ Lippincott Williams & Wilkins.

## **Subject Area 5: Organizational and Systems Thinking**

**(16%/16 questions)**

### ***Knowledge Statements***

1. Community dynamics
2. Dissemination of perioperative scholarly work
3. Healthcare economics
4. Healthcare informatics
5. Perioperative facility design
6. Project Planning
7. Risk mitigation
8. Statistics
9. Strategic planning

## 10. Systems thinking

### **Tasks**

1. Actively participate in the organization's method of financing delivery of care.
2. Analyze human factors that influence adherence to policies, procedures, standards of care, and documentation.
3. Analyze legislative review and policy making that influences health services.
4. Cultivate system awareness of advancements in health care through membership in professional organizations.
5. Evaluate the organization for limitations and recommend improvements that influence patient health outcomes.
6. Facilitate multidisciplinary groups in designing and/or implementing innovative practices and alternative solutions to patient care issues.
7. Identify risk management strategies and develop performance improvement programs to establish and maintain a safe therapeutic environment.
8. Integrate a culture of safety within the organization.
9. Interpret or facilitate staff member access to and compliance with current state, local and federal safety regulations and accreditation standards (e.g., The Joint Commission, OSHA).
10. Lead in new technology and product review committees.
  11. Promote nursing practice that is visionary and inventive to improve delivery of care.
11. Promote system participation in efforts to diminish cost and unnecessary duplication of testing and diagnostic activities and facilitates timely treatment of patients.
12. Validate the effects of risk analysis and reduction initiatives.

### **Recommended references**

Kleinpell, R.M. (2017). *Outcome assessment in advanced practice nursing* (4th ed.). NY: Springer Publishing Co.

## **Subject Area 6: Professional Accountability**

**(8%/8 questions)**

### **Knowledge Statements**

1. Dissemination of perioperative scholarly work
2. Ethics
3. Health policy regulation and legislation
4. National accepted clinical guidelines and recommended practices
5. Nursing and other applicable theories
6. Risk mitigation
7. Scope of Advanced Nursing Practice
8. Scope of Nursing Practice

### **Tasks**

1. Coach professionals to provide care that leads to the highest standards of practice.
2. Contribute to the development of services that are consistent, comparable in all settings, and performed within the legal and ethical scope of practice.
3. Educate patients of the risks, benefits, and expected outcomes of planned procedures and provide informed consent.

4. Evaluate care according to professional standards and state Advanced Practice nursing regulations.
5. Evaluate the ethical implications of scientific advances, their cost and clinical effectiveness, and patients' and designated support persons' acceptance and satisfaction with these advances.
6. Demonstrate professional accountability.
7. Promote the dimensions of perioperative APRN practice to the public, legislators, policy makers, the nursing profession and other health care professionals.
8. Serve as a role model to encourage other professionals to remain current within their profession by attending workshops or association meetings, reading journals, and participating on committees.
9. Utilize an ethical framework to evaluate individual or system issues regarding care.

### **Recommended references**

- American Nurses Association. (2010). *Nursing professional development: Scope and standards of practice* (2<sup>nd</sup> ed.). Silver Spring, MD: Author.
- Duffy, M., Dresser, S., & Fulton, J. (Eds). (2016). *Clinical Nurse Specialist toolkit: A guide for the new Clinical Nurse Specialist*. NY: Springer Publishing Co.
- Fulton, J.S., Lyon, B.L., & Goudreau, K. (2014). *Foundations of Clinical Nurse Specialist practice*. NY: Springer Publishing Co.
- NACNS. (2010). *CNS core competencies*. Retrieved from <http://www.nacns.org/wp-content/uploads/2017/01/CNSCoreCompetenciesBroch.pdf>

**\*References are current as of Nov.6, 2017. More current versions of these references may be available**

### **PUBLISHER CONTACTS**

AORN Customer Service (303) 755-6300 ext. 682  
Elsevier (includes Mosby) (800) 545-2522  
F.A. Davis (800) 323-3555  
Lippincott Williams and Wilkins (800) 638-3030  
McGraw-Hill (800) 262-4729

## Appendix C – Sample Exam Questions

The following sample questions are representative of actual test content and question format. An answer key is provided below.

1. A 9-month old girl has presented to the Eye/Ear/Nose/Throat (EENT) clinic with recurrent severe right ear pain and fever. On examination the right tympanic membrane is inflamed and bulging. The CNS diagnoses acute otitis media and places the child on Amoxicillin until surgery can be scheduled. The child weighs 18 pounds. Standard dosing for otitis media is 80mg/kg/day divided into two doses. Using a BID schedule and dosage of 400 mg/5mL, what is the individual dose in mL?
  - a. 0.4 mL
  - b. 0.8 mL
  - c. 4.10 mL
  - d. 8.1 mL
2. A 36-year-old female patient scheduled for a subtotal thyroidectomy presents with a TSH of 1.6 mU/L (SI units) and a total T4 of 20 mcg/dL. The differential diagnosis includes which of the following conditions?
  - a. Medullary thyroid cancer
  - b. Grave's disease
  - c. Subacute thyroiditis
  - d. Hashimoto's disease
3. The CNS has been asked to chair a multidisciplinary team to standardize surgical skin antisepsis protocols for a three-hospital healthcare organization. For the proposed changes to be successfully implemented, which of the following persons must be on the committee?
  - a. Perioperative staff nurse
  - b. Surgeon
  - c. Hospital Administrator
  - d. Director of Surgical Services
4. The CNS has been asked to assist in developing an orientation tool for perioperative staff based on Patricia Benner's "Novice to Expert" model. The CNS recognizes that the novice nurse will benefit most from:
  - a. exposure to multiple unfamiliar situations
  - b. applying context-free principles and theories to direct patient care
  - c. caring for complex patients requiring a high level of technical expertise
  - d. being asked to anticipate patient care needs and respond appropriately
5. A significant increase in surgical site infections has been noted in total knee arthroplasties. The organism cultured from wound drainage has been identified as *Clostridium difficile* (*C. difficile*). The CNS knows that the most effective way to prevent this type of infection is through:
  - a. increasing the number of alcohol-based hand washing stations in the department
  - b. ensuring that prophylactic antibiotics are administered within 60 minutes of surgical intervention
  - c. implementing airborne precautions for all patients admitted from long-term care facilities
  - d. appropriate hand washing using antimicrobial soap and water

Answer Key:

1. Correct answer is C. 4.1 mL. Rationale: 18 pounds = 8.18kg.  $80\text{mg} \times 8.18 = 655 \text{ mg/day}$ .  $400 \text{ mg}/5\text{mL} = 655 \text{ mg}/8.2\text{mL}/\text{day}$ . BID dose=4.10mL. Note: values have been rounded up.
2. Reference: *Amoxicillin: Pediatric dosing, otitis media, acute*. Retrieved from epocrates.com
3. Correct answer is B. Grave's disease. Rationale: The decreased TSH and elevated T4 values are indicative of Graves, a hyperthyroid condition. The other options are hypothyroid conditions. References: McCance, K.L., & Huether, S.E. (2014). Alterations in endocrine function. In *Pathophysiology: The biologic basis for disease in adults and children* (pp. 726-728). St. Louis, MO: Elsevier; Pagana, K.D., & Pagana, T.J. *Mosby's diagnostic and laboratory test reference* (pp. 903-904; 911-913). St. Louis, MO: Elsevier.
4. Correct answer is A. Perioperative staff nurse. Rationale: The perioperative RN should have an integral role in the evaluation and selection of surgical products. Reference: AORN. (2018). Production selection. In *Guidelines for perioperative practice* (p. 184). Denver, CO: Author.
5. Correct answer is B. applying context-free principles and theories to direct patient care. Rationale: A novice nurse is a beginner with no experience. Rules are independent of specific tasks and applied universally. Reference: Benner, P. (2011). *From novice to expert*. Retrieved from [http://currentnursing.com/nursing\\_theory/patricia\\_benner\\_from\\_novice\\_to\\_expert.html](http://currentnursing.com/nursing_theory/patricia_benner_from_novice_to_expert.html)
6. Correct answer is D. appropriate hand washing using antimicrobial soap and water. Rationale: Perioperative personnel should use soap and water when caring for patients with spore-forming organisms such as *C-difficile*. Soap and water are more effective in removing spores than alcohol-based hand scrubs. Reference: AORN. (2018). Hand hygiene. In *Guidelines for perioperative practice* (p. 38). Denver, CO: Author.



## Appendix D – Contact Hours

Continuing education requirements direct professional development by enhancing the knowledge level of the certificant. For the first recertification cycle, the contact hour requirement for recertification will be based on the results of the CNS-CP examination. Contact hour requirements are generated from those subject areas scoring less than the standard. See the table below to determine the contact hour requirements for each subject area.

Subject Area	Required number of contact hours if scored below the standard on the exam
Clinical expert in the delivery of advanced practice perioperative care	30 contact hours
Consultant (Intra-and multidisciplinary)	15 contact hours
Education (nurse, other healthcare providers, patient, family, and community)	15 contact hours
Clinical Inquiry (evidence-based practice projects and/or research)	15 contact hours
Organizational and systems thinking	17 contact hours
Professional accountability	8 contact hours

**Requirements for using contact hours as part of recertification requirements**

Only continuing education which reflects the clinical focus of the subject area may be used. In addition to any subject-based continuing education, 10 contact hours associated with advanced practice pharmacology must be earned. Contact hours must be earned during the current 5-year recertification cycle. The certificant is responsible for maintaining a record of contact hours.

**The use of academic credits to fulfill continuing education requirement**

CNS-CPs may use academic credits to fulfill the continuing education requirement for recertification of the CNS-CP. All academic credits must meet the following criteria for them to be acceptable for use toward CNS-CP recertification.

Courses must be at the graduate or postgraduate level. Although courses must be taken for credit at an accredited academic institution, CSN-CPs do not need to be enrolled in a formal degree program at the time the course is taken. To be acceptable, a grade of B or better must be achieved for each course. Any course required for a degree program is acceptable if subject matter is consistent with the subject area of the exam.

Academic credits will be converted to contact hours using the following calculation:

<b>1 semester hour/credit</b>	<b>15 contact hours</b>
<b>1 quarter hour</b>	<b>10 contact hours</b>

**The Use of CME credits**

CNS-CPs may submit unlimited Category 1 Continuing Medical Education (CME) units to fulfill contact hour requirements. You are responsible for converting CME credits into contact hours using the ANCC conversion of:

**1 CME credit = 1 contact hour**

### **Accredited, Approved Providers**

Contact hours approved by one of the following groups are acceptable.

- A. American Nurses Credentialing Center (ANCC)
- B. An agency, organization, or educational institution accredited by ANCC
- C. Any State Board of Nursing
- D. Any state nurses' association
- E. American Association of Critical-Care Nurses (AACN)
- F. American Association of Neuroscience Nurses (AANN)
- G. American Association of Nurse Anesthetists (AANA)
- H. Association of periOperative Registered Nurses (AORN)
- I. Association on Women's Health, Obstetric, and Neonatal Nurses (AWHONN, formerly NAACOG)
- J. American Academy of Family Practitioners (AAFP)
- K. American Academy of Nurse Practitioners (AANP)
- L. American College of Nurse Midwives (ACNM)
- M. American Academy of Physicians Assistants (AAPA)
- N. National Association of Clinical Nurse Specialists (NACNS)
- O. National Association of Nurse Practitioners in Women's Health (NPWH)
- P. National Association of Pediatric Nurse Associates and Practitioners (NAPNAP)
- Q. Physician PRA Category 1 CME

*\*Certificants 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**

To ensure the validity of this credential and its consistency with industry standards, CCI requires contact hours earned for CNS-CP recertification to be related to the specialty of perioperative nursing at the advanced practice level. Although the following is not an all-inclusive list, it provides a broad range of APRN perioperative-related topics.

- A. Advanced pathophysiology
- B. Advanced physical assessment, including differential diagnosis
- C. Advanced pharmacology
- D. Legal issues related to advanced practice
- E. Monitoring and treating physiologic responses to surgical stressors
- F. Pain management, including pharmacologic and non-pharmacologic interventions
- G. Change theory
- H. Conflict resolution
- I. Interprofessional collaboration
- J. Strategic planning
- K. Risk analysis/risk mitigation
- L. Teaching/learning theories
- M. Educational programs that incorporate the three spheres of influence
- N. Clinical inquiry (evidence-based practice projects and/or research)
- O. Healthcare economics
- P. Health policy regulation/legislation

*\*The candidate must maintain a copy of the certificate of attendance for each approved program and submit such records if audited. Every certificate of attendance must have an accreditation statement and provider number.*

If a candidate attended a program and did not receive, or lost, the certificate of attendance, the applicant is responsible for contacting the program sponsor for a replacement certificate.

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

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

## Appendix E – Professional Activities

Points for CNS-CP recertification may be acquired through any of the following categories. Points do not have to be accrued in every category. Please see Appendix F for a list of documents which must be supplied if certificant is audited.

1. Academic Study- Graduate or Post-Graduate Level
2. Service on a Board or Committee
3. Clinical Inquiry (Evidence-Based Practice (EBP) Projects, Quality Assurance/Quality Improvement, or Research)
4. Teaching in an Academic Setting
5. Precepting
6. Presentations
7. Publishing
8. Volunteer on CCI Test Development Committee
9. CNS Certification Maintenance and/or Achievement
10. Earning another Accredited Perioperative Certification
11. Professional Perioperative-Related Volunteer Service

*\*There is a maximum number of points allowed for each activity. The candidate must earn a total of 125 points to recertify the CNS-CP credential.*

### **Academic Study - Graduate or Post-Graduate Level**

A maximum of 100 points may be earned in the Academic Study category. Enrollment in a degree program is not required; however, the course must be taken for credit at an accredited academic institution. A grade of “B” or higher is required. The same course cannot be used for both Continuing Education and Professional Activities.

Conversion rate for academic credit:

<b>1 semester hour/credit</b>	<b>15 points</b>
<b>1 quarter hour</b>	<b>10 points</b>

### **Service on a Board or Committee**

A maximum of 60 points may be earned in the Service on a Board or Committee category. Participation must be in national/regional/state/and local professional nursing organizations related to advanced practice which provides a mechanism for contributing to the growth of the specialty. Participation in other nursing specialty organizations whose mission is directly related to the care and support of perioperative patients is also acceptable for point accrual. Points are awarded for each year of office served.

COMMITTEE POSITION HELD	POINTS AWARDED
<b>International, national or state board member</b>	30 points/year
<b>Local or facility level</b>	15 points/year

**Clinical Inquiry (Evidence-Based Practice [EBP] Projects, Quality Assurance/Quality Improvement, and/or Research)**

A maximum of 60 points may be earned in the Clinical Inquiry category. The CNS-CP credential carries with it an expectation that the CNS in perioperative practice can interpret research findings and incorporate scientific results to validate and/or change clinical practice. Research, QA/QI, and EBP projects may be performed due to employer directives or independent of employment status. To receive points in this category, you must have had the primary responsibility for developing, implementing, and evaluating the project. The activity must show evidence of the participation in or application of research that improves current practice and/or patient outcomes.

<b>Primary investigator</b>	<b>50 points</b>
<b>Co-investigator or Project Lead</b>	<b>30 points</b>

**Teaching in Academic Setting**

A maximum of 90 points may be earned in the Teaching in an Academic Setting category. CNSs in perioperative practice who teach in academic programs may claim the same amount of credit as that awarded to the students enrolled in the course. Courses must be a graduate or post-graduate level course in an accredited school and have a perioperative component. Students may include residents, interns, physicians, Physician Assistants, graduate/doctoral nursing students, and/or APRNs (Nurse Practitioners [NPs]/Clinical Nurse Specialists [CNSs]/Certified Nurse Midwives [CNMs], and Certified Registered Nurse Anesthetists [CRNAs]).

Conversion rate for academic credit:

<b>1 semester hour/credit</b>	<b>15 points</b>
<b>1 quarter hour</b>	<b>10 points</b>

**Precepting**

A maximum of 60 points may be earned in the Precepting category. CNSs who precept APRN (NP, CNS, CNM, or CRNA) students may claim the same amount of credit as that awarded to the student enrolled in the course. Nursing students must be enrolled in an accredited graduate nursing education program. Students must be present for at least one academic quarter, semester, or the entire clinical rotation. The preceptorship should be in a one-on-one relationship focusing on exposure to the role of the CNS in the perioperative setting. Preceptorships involving partial clinical experiences or undergraduate students will not be accepted. This option does not apply to orienting new staff to workplace.

Conversion rate for precepting:

<b>1 semester hour/credit</b>	<b>15 points</b>
<b>1 quarter hour</b>	<b>10 points</b>

**Presentations**

A maximum of 50 points may be earned in the Presentation category. The presentation must be related to advanced practice perioperative nursing in one or more of the following:

- direct patient care
- consulting
- education (patient, family, nurse, health care provider, and community)
- clinical inquiry (evidence-based practice projects and/or research)
- organizational/systems thinking
- professional accountability

<b>TYPE OF PRESENTATION</b>	<b>POINTS AWARDED</b>
<b>Podium presentation (must be minimum 30 minutes in length)</b>	30 points
<b>In-service (must be minimum of 30 minutes in length)</b>	25 points
<b>Remote presentation (i.e. webinar, teleconference, etc.) (must be minimum 30 minutes in length)</b>	20 points
<b>Poster presentation</b>	20 points

### **Publishing**

A maximum of 75 points may be earned in the Publishing category. Acceptable documents include:

- Original work for books, peer-reviewed journals, professional newsletters, patient/family educational material or electronic media that requires review and synthesis of current literature.
  - Article/book must be related to advanced practice perioperative nursing in one or more of the following areas:
    - direct patient care
    - consulting
    - education (patient, family, nurse, health care provider and community)
    - clinical inquiry (evidence-based practice projects and/or research)
    - organizational/systems thinking
    - professional accountability
- Except for publications with a patient/family education focus, publication must be directed at a professional audience
- The material must have been accepted for publication during the 5-year recertification cycle

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

**Volunteer, CCI Test Development Committees**

A maximum of 50 points may be earned for serving as a volunteer for a CCI test development committee category. A CNS-CP who serves as subject matter expert for CCI test development committees may earn points towards recertification.

<b>Committee</b>	<b>Point Value</b>
<b>Job Analysis</b>	40 points/appointment
<b>Item Writer</b>	30 points/appointment
<b>Cut Score/Standard Setting</b>	30 points/appointment
<b>Item Review</b>	20 points/appointment
<b>Form Review</b>	15 points/appointment
<b>Problem Identification Notification (PIN)</b>	15 points/appointment
<b>Other: Ad Hoc Committee (specify)</b>	15 points/appointment

**CNS Certification Maintenance and/or achievement of advanced practice certification in a population focus**

A maximum of 45 points may be earned in the CNS Certification/Maintenance category.

<b>PRIMARY APRN CERTIFICATION</b>	<b>POINTS AWARDED</b>
<b>Initial APRN primary (population) certification</b>	30 points
<b>Maintaining APRN primary (population) certification</b>	20 points/renewal period
<b>Attaining/maintaining prescriptive authority</b>	15 points/renewal period

**Earning another Accredited Perioperative 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 CAPA, CPAN, CRCST, or ABCGN. Accreditation by ANSI, ABSNC, or NCCA will meet these criteria.

This list is not intended to be all-inclusive. Other accredited certification deemed equivalent by the CEO of CCI in consultation with the Credentialing Manager may be accepted.

<b>Attain/Maintain an Accredited Perioperative Certification</b>	
<b>Initial Certification</b>	30 points
<b>Completion of Certification</b>	20 points

**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.

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

## Appendix F – Audit Documentation

A percentage of recertification applications will be randomly selected for audit. However, if there is reason to believe there has been a breach in the integrity of the process by an individual seeking recertification through the continuing education or points method, staff will also select those individuals for audit.

If you are selected for audit, you will be notified after you have submitted your recertification application. Those selected for audit will need to send proof of their practice hours in accordance with the policy in effect at the time of recertification. Specific documents based on the recertification method chosen are outlined below.

1. CONTINUING EDUCATION
  - a. Copies of certificate(s) of attendance from an accepted provider.
2. ACADEMIC STUDY
  - a. original school transcript
  - b. course description(s).
3. SERVICE ON A BOARD OR COMMITTEE
  - a. Board report, minutes, committee report, or other documentation validating participation at a minimum of 4 contacts/year
4. CLINICAL INQUIRY (EVIDENCE-BASED PRACTICE (EBP) PROJECTS, QUALITY IMPROVEMENT/QUALITY ASSURANCE, OR RESEARCH)
  - 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.
5. TEACHING IN ACADEMIC SETTING
  - a. Syllabus with course description, course objectives, number of credits, and methods of evaluation. If your name does not appear as the instructor in the syllabus, a signed letter from the department chair on school letterhead attesting to serving as instructor will be accepted.
6. PRECEPTING
  - a. Letter from sponsoring institution (on official letterhead and signed by faculty or department chair) indicating your responsibilities as preceptor and dates/hours of preceptorship.
7. PRESENTATIONS
  - a. Program brochure, activity documentation form (ADF), or completed course evaluation. Each document must include title, presentation, date, and objectives of presentation. If poster is submitted, please provide a photo of completed work with proof of acceptance at conference.
8. AUTHOR
  - a. Copy of title page, table of contents, or abstract indicating you are the author, co-author, or contributor, and the publication date.



- b. A copy of the publisher notification of acceptance is required if the publication date occurs after the recertification cycle.
- 9. VOLUNTEER-CCI TEST DEVELOPMENT COMMITTEE
  - a. Acceptance letter from CCI for each committee assignment.
- 10. APRN CERTIFICATION MAINTENANCE AND/OR ACHIEVEMENT
  - a. Copy of certificate or wallet card.
- 11. ATTAIN/MAINTAIN ANOTHER ACCREDITED PERIOPERATIVE CERTIFICATION
  - a. Copy of certificate or wallet card
- 12. PROFESSIONAL PERIOPERATIVE-RELATED VOLUNTEER SERVICE
  - a. Letter from supervisor or mission director on organization letterhead attesting to dates and contributions of volunteer