

Exam

PCCN Exam Handbook (Adult)

PCCN

Progressive Care
Nursing Certification

AACN

CERTIFICATION
CORPORATION

Certification Organization for the American Association of Critical-Care Nurses



MISSION

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

VISION

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

VALUES

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

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

ETHICS

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

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



CCRN[®] (Adult)
CCRN[®] (Pediatric)
CCRN[®] (Neonatal)
CCRN-E[™] (Adult)

PCCN[®]
CMC[®]
CSC[®]

ACCNS-AG[®]
ACCNS-P[®]
ACCNS-N[®]
ACNPC-AG[®]

Our advanced practice certification programs, ACCNS-AG, ACCNS-P, ACCNS-N and ACNPC-AG, meet the National Council of State Boards of Nursing (NCSBN) criteria for APRN certification programs.

PCCN EXAM HANDBOOK

Progressive Care Nursing Certification - Adult

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

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

Today, more than 115,000 practicing nurses hold one or more of these certifications from AACN Certification Corporation:

Specialty Certifications

CCRN® is for nurses providing direct care to acutely/critically ill adult, pediatric or neonatal patients.

CCRN-K™ is for nurses who influence the care delivered to acutely/critically ill adult, pediatric or neonatal patients, but do not primarily or exclusively provide direct care.

CCRN-E™ is for nurses working in a tele-ICU monitoring/caring for acutely/critically ill adult patients from a remote location.

PCCN® is for progressive care nurses providing direct care to acutely ill adult patients.

PCCN-K™ is for nurses who influence the care delivered to acutely ill adult patients, but do not primarily or exclusively provide direct care.

Subspecialty Certifications

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

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

Advanced Practice Consensus Model-Based Certifications

ACNPC-AG® is for the adult-gerontology acute care nurse practitioner educated at the graduate level.

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

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

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

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

Advanced Practice Certifications

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

ACNPC® is for acute care nurse practitioners educated to provide care to adult patients.

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

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

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



CONTENTS

Certification Program	3
Exam Eligibility	4
Application Fees	5
Application Process	6
Certification Renewal	7-8
AACN Synergy Model for Patient Care	9-10
Test Plan	11-14
Sample Questions	15
Exam Bibliography	17-18
AACN Products for PCCN Exam Preparation	19

Forms

PCCN Exam Application (1st and 2nd pages of 3-page application)	21-22
PCCN Exam Honor Statement (3rd page of 3-page application)	23

The following information can be found in the *Certification Exam Policy Handbook* online at www.aacn.org/certhandbooks:

- | | |
|--|--|
| • AACN Certification Programs | • Duplicate Score Reports |
| • Name and Address Changes | • Recognition of Certification |
| • Confidentiality of Exam Application Status | • Use of Credentials |
| • Testing Site Information | • Denial of Certification |
| • Exam Scheduling and Cancellation | • Revocation of Certification |
| • On the Day of Your Exam | • Review and Appeal of Certification Eligibility |

Please direct inquiries to:

AACN Certification Corporation, 101 Columbia, Aliso Viejo, CA 92656-4109
800-899-2226 • Fax: 949-362-2020 • certification@aacn.org

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

PCCN CERTIFICATION PROGRAM

PCCN® Registered Service Mark

PCCN is a registered service mark and denotes certification in progressive care nursing as granted by AACN Certification Corporation. Registered nurses who have not achieved PCCN certification status, whose PCCN status has lapsed, or who have chosen Inactive status are not authorized to use the PCCN credential.

Purpose and Rationale

Progressive Care Certified Nurse (PCCN) certification is a specialty certification for nurses who provide direct care to acutely ill adult patients who are moderately stable with an elevated risk of instability. These patients require a high intensity of care and vigilance, and are commonly found in progressive care units, which can be very specialized with care focused on a specific system such as cardiac, or more generalized, as in the care of patients with multisystem problems. Specialty nurses interested in this certification may work in areas such as intermediate care, direct observation, step-down, telemetry and transitional care units.

The PCCN exam is based on a study of practice, also known as a job analysis. The job analysis, conducted at least every five years, validates the knowledge, skills and abilities required for safe and effective practice as an RN or APRN who provides direct care to acutely ill adult patients.

The test plan, which provides an outline of exam content, is developed by an expert PCCN panel based on the results of the study of practice. The organizing framework for all AACN Certification Corporation exams is the AACN Synergy Model for Patient Care™.

Clinical practice requirements have been validated by subject matter experts. The required hours of clinical practice correspond to the third stage of competence in Benner's Stages of Clinical Competence. PCCN certification denotes to the public those practitioners who possess a distinct and clearly defined body of knowledge in progressive care nursing.

PCCN Exam Contents

The PCCN exam is a 2½-hour test consisting of 125 multiple-choice items. Of the 125 items, 100 are scored and 25 are used to gather statistical data on item performance for future exams. Please refer to the PCCN Test Plan for detailed content information. The PCCN exam focuses on adult patient populations only.

PCCN Test Plan

The content of the PCCN exam is described in the test plan included in this handbook. Candidates are tested on a variety of patient care problems that are organized under major categories. Please note the percentage of the PCCN exam devoted to each category.

Passing Point/Cut Score

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

The passing point/cut score for the exam is established using a panel of subject matter experts, an exam development committee (EDC), who carefully reviews each exam question to determine the basic level of knowledge or skill that is expected. The passing point/cut score is based on the panel's established difficulty ratings for each exam question.

Under the guidance of a psychometrician, the panel develops and recommends the passing point/cut score, which is reviewed and approved by AACN Certification Corporation. The passing point/cut score for the exam is established to identify individuals with an acceptable level of knowledge and skill. All individuals who pass the exam, regardless of their score, have demonstrated an acceptable level of knowledge.

PCCN EXAM ELIGIBILITY

Licensure

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

- An unencumbered license is not currently being subjected to formal discipline by any state board of nursing and has no provisions or conditions that limit the nurse's practice in any way. This applies to *all* RN or APRN licenses you currently hold.
- If selected for audit, you will be asked to provide a copy of your RN or APRN license.
- Candidates and PCCN-certified nurses must notify AACN Certification Corporation **within 30 days** if any restriction is placed on their RN or APRN license(s).

Practice

Candidates must meet *one* of the following clinical practice requirement options:

- Practice as an RN or APRN for 1,750 hours in direct care of acutely ill adult patients during the previous 2 years, with 875 of those hours accrued in the most recent year preceding application.

OR

- Practice as an RN or APRN for at least 5 years with a minimum of 2,000 hours in direct care of acutely ill adult patients, with 144 of those hours accrued in the most recent year preceding application.

Orientation hours spent shadowing/working with another nurse who is the one with the patient assignment *cannot* be counted toward clinical hours for PCCN eligibility; however, orientation hours during which you are the assigned nurse providing direct care to acutely ill adult patients may be counted.

Clinical practice hours for the PCCN exam and renewal eligibility must be completed in a U.S.-based* or Canada-based facility or in a facility determined to be comparable to the U.S. standard of progressive care nursing practice as evidenced by Magnet® designation or Joint Commission International accreditation.

Nurses serving as manager, educator (in-service or academic), APRN or preceptor may apply hours spent supervising nursing students or nurses at the bedside.

- Nurses in these roles must be actively involved in direct patient care; for example, performing a procedure or supervising a new employee or student nurse performing a procedure.

Practice Verification

The name and contact information of a professional associate must be given for verification of eligibility related to clinical practice hours. If you are selected for audit, this associate will need to verify in writing that you have met the clinical hour requirements.

- A professional associate is defined as your clinical supervisor or a colleague (RN or physician) with whom you work.

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

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

APPLICATION FEES

PCCN Computer-Based Exam

AACN Members	\$185
Nonmembers	\$285

PCCN Retest

AACN Members	\$135
Nonmembers	\$215

PCCN Renewal by Exam

AACN Members	\$135
Nonmembers	\$215

Payable in U.S. funds. Fees are subject to change without notice. A \$15 fee will be charged for a returned check.

Computer-based testing discounts are available for groups of **10 or more** candidates submitting their AACN certification exam applications in the same envelope. Employers may pre-purchase exam vouchers at a further discounted rate.

For details about Group and Value Program Discounts, visit www.aacn.org/certification > Explore Certification Volume Discounts, email certification@aacn.org or call 800-899-2226.

ONLINE APPLICATION PROCESS

- ▶ **Register online** for computer-based testing at www.aacn.org/certification > Get Certified
- ▶ **Before you get started**, have available the following:
 - RN or APRN license number and expiration date
 - Name, address, phone and email address of your clinical supervisor or a professional colleague (RN or physician) who can verify your practice eligibility
 - Credit card (Visa, MasterCard, Discover or American Express)
- ▶ **Same day processing**

PAPER APPLICATION PROCESS

- ▶ **Paper applications are required** for those applying with a group, for paper and pencil exams and for testing outside the U.S.
- ▶ **Complete the application** on pages 21-22 **and honor statement** on page 23
 - Fill in all requested information, including that for your RN or APRN license
- ▶ **Include application fee**
 - Credit card, check or money order
- ▶ **Allow 2-3 weeks for processing**

Use your legal name on the application.

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

1. Receive notice of processed application

- AACN will send you an email confirming that you have successfully applied to take the PCCN exam.

2. Receive approval-to-test email

- AACN's testing service (PSI/AMP) will send an email and mail a postcard to eligible candidates within **5 to 10 days** after confirmation email that will include:
 - A toll-free number and online instructions to schedule your testing appointment
 - The **90-day** period during which you must schedule and take the exam
 - Your **exam identification number**, which is your unique AACN customer number preceded by the letter "C" (e.g., C00123456).
- If you do not receive an email or postcard from PSI/AMP **within 2 weeks of receiving confirmation email**, please contact AACN Customer Care at 800-899-2226.

3. Schedule the exam

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

4. Sit for the exam

- Upon completion of computer-based exams, results with a score breakdown will be presented on-site.
- Results of paper and pencil exams will be mailed to candidates 3 to 4 weeks following paper testing.
- Successful candidates will receive their wall certificate within 3 to 4 weeks of passing the exam.

Please ensure that AACN has your current contact information.

Updates may be made online at **www.aacn.org/myaccount** or emailed to **info@aacn.org**.
For name changes, please call AACN Customer Care at **800-899-2226**.

PCCN CERTIFICATION RENEWAL

Purpose and Limitations of Renewal Options

The purpose of certification renewal is to promote continued competence. The renewal process helps to maintain an up-to-date knowledge base through continuing education and practice hours, or practice hours and passing the certification exam.

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

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

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

Renewal Period

PCCN certification is granted for a period of 3 years. Your certification period begins the first day of the month in which the PCCN certification exam is passed and ends 3 years later; for example, February 1, 2019 through January 31, 2022.

Renewal notifications will be mailed and emailed to you starting 4 months before your scheduled PCCN renewal date. **You are responsible for renewing your certification even if you do not receive renewal notification.**

Refer to www.aacn.org/certification > Renew Certification for current information.

Eligibility

Candidates for PCCN renewal must meet the following requirements:

- Current, unencumbered U.S.* RN or APRN license that was not subjected to formal discipline by any state board of nursing during the 3-year certification renewal period
- Completion of 432 hours of direct care of acutely ill adult patients as an RN or APRN within the 3-year certification period, with 144 of those hours in the 12-month period preceding the scheduled renewal date
- Completion of the required CERPs or take/pass the PCCN exam

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

continued

PCCN CERTIFICATION RENEWAL (CONTINUED)

Renewal Options

You may seek certification renewal via Renewal by Synergy CERPs or Renewal by Exam, or you may choose Inactive, Retired or Alumnus status. Do not apply for more than one option. Online Renewal is available to all active certificants as early as 4 months prior to their scheduled renewal date. Visit www.aacn.org/certification > Renew Certification.

Option 1 - Renewal by Synergy CERPs

- Meet eligibility requirements for PCCN renewal and complete the Continuing Education Recognition Point (CERP) Program, which requires 100 CERPs in various categories (A, B & C).
- Those moving to PCCN from PCCN-K may complete the CERP requirements for PCCN or PCCN-K. For details, refer to the applicable renewal handbook.

Option 2 - Renewal by Exam

- Meet the eligibility requirements for PCCN renewal and successfully apply for and schedule your exam.
- The PCCN exam must be completed **before** your scheduled renewal date. You may not take the exam early, then attempt to renew by CERPs if you do not pass.

Option 3 - Inactive Status

- Inactive status is available to PCCN-certified nurses who do not meet the renewal eligibility requirements but do not wish to lose their PCCN certification status. Inactive status provides additional time, **up to 3 years** from the scheduled renewal date, to meet the renewal eligibility requirements.
- **During the time of Inactive status, the PCCN credential may not be used.**
- Inactive status may be held more than once, but not for two consecutive renewal periods.

For more details, refer to the **PCCN Renewal Handbook** at www.aacn.org/certhandbooks.

PCCN-K Certification

PCCN-K validates the clinical specialty knowledge of progressive care nurses who do not exclusively or primarily provide direct care. Eligible practice hours include those in which the nurse applies knowledge in a way that influences patients, nurses and/or organizations to have a positive impact on the care delivered to acutely ill adult patients.

- Nurses with practice hours in roles such as Clinical or Patient Educator, Academic Faculty, Manager/Supervisor, Clinical Director, Nursing Administrator, Case Manager, Transitional Care Coordinator **may** qualify. This is not an all-inclusive list, nor does it mean all nurses working in these roles are eligible for PCCN-K renewal.

For more details, refer to the **PCCN-K Renewal Handbook** at www.aacn.org/certhandbooks.

AACN SYNERGY MODEL FOR PATIENT CARE

Synergy is an evolving phenomenon that occurs when individuals work together in mutually enhancing ways toward a common goal. AACN Certification Corporation is committed to ensuring that certified nursing practice is based on the needs of patients. Integration of the AACN Synergy Model for Patient Care into AACN Certification Corporation's certification programs puts emphasis on the patient and says to the world that patients come first.

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

Patient Characteristics

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

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

FOR EXAMPLE:

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

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

continued

AACN SYNERGY MODEL FOR PATIENT CARE (CONTINUED)

Nurse Characteristics

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

Clinical Judgment	Clinical reasoning, which includes clinical decision making, critical thinking and a global grasp of the situation, coupled with nursing skills acquired through a process of integrating education, experiential knowledge and evidence-based guidelines.
Advocacy/ Moral Agency	Working on another's behalf and representing the concerns of the patient/family and nursing staff; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within and outside the clinical setting.
Caring Practices	Nursing activities that create a compassionate, supportive and therapeutic environment for patients and staff, with the aim of promoting comfort and healing and preventing unnecessary suffering. These caring behaviors include but are not limited to vigilance, engagement and responsiveness of caregivers. Caregivers include family and healthcare personnel.
Collaboration	Working with others (e.g., patients, families, healthcare providers) in a way that promotes/encourages each person's contributions toward achieving optimal/realistic patient/family goals. Collaboration involves intra- and inter-disciplinary work with colleagues and community.
Systems Thinking	Body of knowledge and tools that allow the nurse to manage whatever environmental and system resources that exist for the patient/family and staff, within or across healthcare systems and non-healthcare systems.
Response to Diversity	The sensitivity to recognize, appreciate and incorporate differences into the provision of care. Differences may include, but are not limited to, individuality, cultural, spiritual, gender, race, ethnicity, lifestyle, socioeconomic, age and values.
Facilitation of Learning	The ability to facilitate learning for patients/families, nursing staff, other members of the healthcare team and community. Includes both formal and informal facilitation of learning.
Clinical Inquiry	The ongoing process of questioning and evaluating practice and providing informed practice. Creating changes through evidence-based practice, research utilization and experiential knowledge.

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

FOR EXAMPLE:

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

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

Based on the most recent AACN Certification Corporation study of nursing practice, the test plans for our certification exams reflect the Synergy Model as well as findings related to nursing care of the adult patient population.

For more information about the AACN Synergy Model for Patient Care visit www.aacn/certification.org.

PCCN TEST PLAN

Applies to exams taken on and after January 31, 2019.

I. CLINICAL JUDGMENT (80%)

A. Cardiovascular (27%)

1. Acute coronary syndromes
 - a. non-ST segment elevation myocardial infarction
 - b. ST segment elevation myocardial infarction
 - c. unstable angina
2. Acute inflammatory disease (e.g., myocarditis, endocarditis, pericarditis)
3. Aneurysm
 - a. dissecting
 - b. repair
4. Cardiac surgery (e.g., post ICU care)
5. Cardiac tamponade
6. Cardiac/vascular catheterization
 - a. diagnostic
 - b. interventional
7. Cardiogenic shock
8. Cardiomyopathies
 - a. dilated (e.g., ischemic/non-ischemic)
 - b. hypertrophic
 - c. restrictive
9. Dysrhythmias
10. Heart failure
 - a. acute exacerbations (e.g., pulmonary edema)
 - b. chronic
11. Hypertension (uncontrolled)
12. Hypertensive crisis
13. Minimally-invasive cardiac surgery (i.e. non-sternal approach)
14. Valvular heart disease
15. Vascular disease

B. Pulmonary (17%)

1. Acute respiratory distress syndrome (ARDS)
2. Asthma (severe)
3. COPD exacerbation
4. Minimally-invasive thoracic surgery (e.g., VATS)
5. Obstructive sleep apnea
6. Pleural space complications (e.g., pneumothorax, hemothorax, pleural effusion, empyema, chylothorax)
7. Pulmonary embolism

8. Pulmonary hypertension
9. Respiratory depression (e.g., medication-induced, decreased-LOC-induced)
10. Respiratory failure
 - a. acute
 - b. chronic
 - c. failure to wean
11. Respiratory infections (e.g., pneumonia)
12. Thoracic surgery (e.g., lobectomy, pneumonectomy)

C. Endocrine/Hematology/Neurology/ Gastrointestinal/Renal (20%)

1. Endocrine
 - a. diabetes mellitus
 - b. diabetic ketoacidosis
 - c. hyperglycemia
 - d. hypoglycemia
2. Hematology/Immunology/Oncology
 - a. anemia
 - b. coagulopathies: medication-induced (e.g., Coumadin, platelet inhibitors, heparin [HIT])
3. Neurology
 - a. encephalopathy (e.g., hypoxic-ischemic, metabolic, infectious, hepatic)
 - b. seizure disorders
 - c. stroke
4. Gastrointestinal
 - a. functional GI disorders (e.g., obstruction, ileus, diabetic gastroparesis, gastro-esophageal reflux, irritable bowel syndrome)
 - b. GI bleed
 - i. lower
 - ii. upper
 - c. GI infections (e.g., *C. difficile*)
 - d. GI surgeries (e.g., resections, esophagogastrectomy, bariatric)
 - e. hepatic disorders (e.g., cirrhosis, hepatitis, portal hypertension)
 - f. ischemic bowel
 - g. malnutrition (e.g., failure to thrive, malabsorption disorders)
 - h. pancreatitis

continued

PCCN TEST PLAN (CONTINUED)

- 5. Renal
 - a. acute kidney injury (AKI)
 - b. chronic kidney disease (CKD)
 - c. electrolyte imbalances
 - d. end-stage renal disease (ESRD)

D. Musculoskeletal/Multisystem/Psychosocial (16%)

- 1. Musculoskeletal
 - a. functional issues (e.g., immobility, falls, gait disorders)
- 2. Multisystem
 - a. end of life
 - b. healthcare-acquired infections
 - i. catheter-associated urinary tract infections (CAUTI)
 - ii. central-line-associated bloodstream infections (CLABSI)
 - iii. surgical site infection (SSI)
 - c. infectious diseases
 - i. influenza
 - ii. multidrug-resistant organisms (e.g., MRSA, VRE, CRE, ESBL)
 - d. pain
 - i. acute
 - ii. chronic
 - e. palliative care
 - f. pressure injuries (ulcers)
 - g. rhabdomyolysis
 - h. sepsis
 - i. shock states
 - i. anaphylactic
 - ii. hypovolemic
 - j. toxic ingestion/inhalation/drug overdose
 - k. wounds (e.g., infectious, surgical, trauma)

- 3. Behavioral/Psychosocial
 - a. altered mental status
 - b. delirium
 - c. dementia
 - d. disruptive behaviors, aggression, violence
 - e. psychological disorders
 - i. anxiety
 - ii. depression
 - f. substance abuse
 - i. alcohol withdrawal
 - ii. chronic alcohol abuse
 - iii. chronic drug abuse
 - iv. drug-seeking behavior
 - v. drug withdrawal

II. PROFESSIONAL CARING AND ETHICAL PRACTICE (20%)

A. Advocacy/Moral Agency

B. Caring Practices

C. Response to Diversity

D. Facilitation of Learning

E. Collaboration

F. Systems Thinking

G. Clinical Inquiry

Order of content does not necessarily reflect importance..

PCCN TEST PLAN

TESTABLE NURSING ACTIONS

CLINICAL JUDGMENT

Cardiovascular

- Identify, interpret and monitor
 - dysrhythmias
 - QTc intervals
 - ST segments
- Manage patients requiring
 - ablation
 - arterial closure devices
 - arterial/venous sheaths
 - cardiac catheterization
 - cardioversion
 - defibrillation
 - pacemakers
 - percutaneous coronary intervention (PCI)
 - transesophageal echocardiogram (TEE)
- Monitor hemodynamic status and recognize signs and symptoms of hemodynamic instability
- Select leads for cardiac monitoring for the indicated disease process
- Titrate vasoactive medications
 - Dobutamine
 - Dopamine
 - Nitroglycerin

Pulmonary

- Interpret ABGs
- Maintain airway
- Monitor patients pre and post
 - bronchoscopy
 - chest tube insertion
 - thoracentesis
- Manage patients requiring mechanical ventilation
- Manage patients requiring non-invasive O₂ or ventilation delivery systems
 - BiPAP
 - CPAP
 - face masks
 - high-flow therapy
 - nasal cannula
 - non-breather mask
 - venti-masks
- Manage patients requiring respiratory monitoring devices:
 - continuous SpO₂
 - end-tidal CO₂ (capnography)

- Manage patients requiring tracheostomy tubes
- Manage patients with chest tubes (including pleural drains)
- Recognize respiratory complications and initiate interventions

Endocrine/Hematology/Neurology/Gastrointestinal/Renal

- Endocrine
 - manage and titrate insulin infusions
- Hematology/Immunology/Oncology
 - administer blood products and monitor patient response
- Neurology
 - perform bedside screening for dysphagia
 - use NIH Stroke Scale (NIHSS)
- Gastrointestinal
 - manage patients pre- and post-procedure (e.g., EGD, colonoscopy)
 - manage patients who have fecal containment devices
 - manage patients who have tubes and drains
 - recognize indications for and complications of enteral and parenteral nutrition
- Renal
 - identify medications that can be removed during dialysis
 - identify medications that may cause nephrotoxicity
 - initiate renal protective measures for nephrotoxic procedures
 - manage patients pre- and post-hemodialysis

Musculoskeletal/Multisystem/Psychosocial

- Musculoskeletal
 - initiate and monitor progressive mobility measures
- Multisystem
 - administer medications for procedural sedation and monitor patient response
 - differentiate types of wounds, pressure injuries
 - manage patients with complex wounds (e.g., fistulas, drains and vacuum-assisted closure devices)
 - manage patients with infections

continued

PCCN TEST PLAN

TESTABLE NURSING ACTIONS (CONTINUED)

- Psychosocial
 - implement suicide prevention measures
 - screen patients using a delirium assessment tool (e.g., CAM)
 - use alcohol withdrawal assessment tools (e.g., CIWA)

General

- Administer medications and monitor patient response
- Anticipate therapeutic regimens
- Monitor diagnostic test results
- Perform an assessment pertinent to the system
- Provide health promotion interventions for patients, populations and diseases
- Provide patient and family education unique to the clinical situation
- Recognize procedural and surgical complications
- Recognize urgent situations and initiate interventions
- Use complementary alternative medicine techniques and non-pharmacologic interventions

SAMPLE PCCN EXAM QUESTIONS

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

1. **Two days post admission for rapid atrial fibrillation, a patient has been weaned from IV diltiazem (Cardizem) to PO administration. The patient develops new onset of hallucinations, agitation and disorientation. The most appropriate *initial* nursing action is to**
 - A. obtain an order for lorazepam (Ativan) every six hours.
 - B. assess the patient's SpO₂ and neurological status.
 - C. obtain an order for haloperidol (Haldol) and monitor QT intervals.
 - D. consult with the pharmacy regarding a possible drug interaction.
2. **A patient with CAD complains of parasthesia to the foot. The nurse notes the right foot is cooler than the other extremity, and pedal pulses are difficult to palpate. Which additional assessment findings in the right leg would lead the nurse to suspect peripheral arterial disease?**
 - A. pallor when elevating the extremity
 - B. redness of the ankle and foot
 - C. dependent edema
 - D. engorged varicose veins
3. **After PCI for a STEMI, the patient complains of shortness of breath. Crackles are auscultated throughout all lung fields. VS: BP 72/50, HR 124, RR 32, SpO₂ 88% on 2L nasal cannula. Which of the following would be the immediate goal for treatment strategies?**
 - A. volume to enhance venous return
 - B. diuresis to reduce myocardial workload
 - C. antiarrhythmics to restore electrical stability
 - D. thrombolytics to eliminate the pulmonary embolus
4. **Which of the following may predispose an individual to ventricular fibrillation?**
 - A. hypernatremia and hypomagnesemia
 - B. hypophosphatemia and hyperchloremia
 - C. hypermagnesemia and hyponatremia
 - D. hyperkalemia and hypocalcemia
5. **Chest auscultation of a patient in status asthmaticus commonly reveals which of the following?**
 - A. expiratory wheezes
 - B. inspiratory crackles
 - C. diminished bilateral breath sounds
 - D. a pleural friction rub
6. **A patient who is 1 week post MI suddenly becomes agitated, restless and diaphoretic. Pulse pressure drops to 20 mm Hg. Assessment also reveals faint radial and apical pulses that weaken significantly on inspiration. This patient is *most likely* experiencing**
 - A. mitral valve rupture.
 - B. pulmonary embolus.
 - C. pulmonary edema.
 - D. cardiac tamponade.
7. **A patient with an extensive history of substance abuse including alcohol, tobacco, methyl amphetamine and IV heroin use is suspected to have valvular endocarditis. He states he doesn't understand how he is now in this situation. Which of the following statements best reflects his diagnosis?**
 - A. ingestion of alcohol causes myocardial depression
 - B. inhalation of stimulants causes instability to the electrical system of the heart
 - C. contaminated needles can introduce bacteria into the bloodstream
 - D. repeated exposure to nicotine is related to stenosis of the leaflets
8. **A patient's family wishes to spend the night, which is contrary to the visiting policy. The nurse's *best* action would be to**
 - A. adhere to the visiting policy.
 - B. allow the family to stay in the room.
 - C. obtain a motel room near the hospital where the family may spend the night.
 - D. allow one or two family members to stay, then evaluate the patient's response.
9. **Members of the nursing staff are developing written patient education materials for a group of patients with diverse reading abilities. It would be *most effective* for the staff to**
 - A. design individual handouts for each patient.
 - B. develop a computer-based education series.
 - C. write the materials at a fourth-grade reading level.
 - D. limit text and provide color pictures.

Answers

- | | | |
|------|------|------|
| 1. B | 4. D | 7. C |
| 2. A | 5. A | 8. D |
| 3. B | 6. D | 9. C |

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Many references are available through AACN; visit www.aacn.org > Store.

More current versions may be available.

PUBLISHER CONTACTS:

American Heart Association – 800-242-8721

Elsevier (including Mosby, W. B. Saunders and Hanley & Belfus) – 800-545-2522

F. A. Davis – 800-323-3555

Jones & Bartlett – 800-832-0034

Lippincott Williams & Wilkins – 800-638-3030

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* <i>Practice PCCN/PCCN-K Exam Questions.</i> 2018. 120 questions with answer rationales.	200405
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PCCN EXAM APPLICATION**1. REGISTRATION INFORMATION** PLEASE PRINT CLEARLY. PROCESSING WILL BE DELAYED IF INCOMPLETE OR NOT LEGIBLE.
LEGAL NAME AS IT APPEARS ON YOUR GOVERNMENT-ISSUED ID CARD IS REQUIRED FOR EXAM.

AACN CUSTOMER:		RN/APRN LICENSE:			
Number		Exp. Date		Number	
				State	
				Exp. Date	
LEGAL NAME:					
Last		First		MI	
				Maiden	
HOME ADDRESS:					
				City	State
					ZIP
EMAIL:			HOME PHONE:		
EMPLOYER NAME:			BUSINESS PHONE:		
EMPLOYER ADDRESS:					
				City	State
					ZIP

2. AACN MEMBERSHIP

I would also like to join/renew/extend my AACN membership at this time and *select member pricing* for my exam fees:
(check **one** box only)

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

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

Member exam fee (\$185) + 1-year Membership (\$78) = Savings of \$22 over Nonmember fee

3. EXAM FEE

PCCN Adult	Initial Exam Fee		Retest Fee	
	AACN Member	Nonmember	AACN Member	Nonmember
Check one box only	\$185	\$285	\$135	\$215

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

4. PAYMENT INFORMATION – application must be accompanied by payment

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

Bill my credit card Visa MasterCard American Express Discover Card

Credit Card # Exp. Date (mm/yy)

Name on Card _____ Signature _____

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

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

Please complete pages 2 & 3 of application.

Membership Fee:
\$ _____
+
Exam Fee:
\$ _____
=
Total Payment:
\$ _____

PCCN EXAM APPLICATION**NAME:****AACN CUSTOMER #:**

Last

First

MI

5. DEMOGRAPHIC INFORMATIONCheck **one** box in each category. Information used for statistical purposes and may be used in eligibility determination.**Primary Area Employed**

Acute Hemodialysis Unit (21)
Burn Unit (13)
Cardiac Rehabilitation (26)
Cardiac Surgery/OR (36)
Cardiovascular/Surgical ICU (09)
Catheterization Lab (22)
Combined Adult/Ped. ICU (23)
Combined ICU/CCU (01)
Coronary Care Unit (03)
Corporate Industry (24)
Crit. Care Transport/Flight (17)
Direct Observation Unit (39)
Emergency Dept. (12)
General Med./Surg. Floor (18)
Home Care (25)
Intensive Care Unit (02)
Interventional Cardiology (31)
Long-Term Acute Care (27)
Medical Cardiology (34)
Medical ICU (04)
Medical Surgical ICU (35)
Neonatal ICU (06)
Neuro./Neurosurgical ICU (10)
Oncology Unit (19)
Operating Room (15)
Outpatient Clinic (29)
Pediatric ICU (05)
Private Practice (32)
Progressive Care Unit (16)
Recovery Room/PACU (14)
Respiratory ICU (08)
Stepdown Unit (30)

Subacute Care (28)

Surgical ICU (07)
Tele-ICU (37)
Telemetry (20)
Trauma Unit (11)
Other - specify below _____ (99)

Technician (21)

Unit Coordinator (22)
Other - specify below _____ (99)

Home Health (13)

Long-Term Acute Care Hosp. (16)
Military/Government Hospital (04)
Non-Academic Teaching Hosp. (14)
Registry (10)
Self-Employed (09)
State Hospital (06)
Travel Nurse (15)
University Med. Ctr. (03)
Other - specify below _____ (99)

Highest Nursing Degree

Associate's Degree
Bachelor's Degree
Diploma
Doctorate
Master's Degree
_____ (99)

Primary Position Held

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

Ethnicity

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

Number of Beds in Institution:**Years of Experience in Nursing:****Years of Experience in Acute/Critical Care Nursing:****Date of Birth: (mm/dd/yy)****Gender:** Female Male**6. HONOR STATEMENT**

Complete the Honor Statement on page 23.

7. SUBMIT APPLICATION

Attach Honor Statement to this application and submit with payment to:

AACN Certification Corporation
101 Columbia
Aliso Viejo, CA 92656-4109

or fax to: 949-362-2020**DO NOT mail AND fax your application - please choose only ONE method.**NOTE: Allow **2 to 3 weeks** from the date received by AACN Certification Corporation for application processing.Questions? Please visit www.aacn.org/certification, email certification@aacn.org or call us at 800-899-2226.

Please complete page 3 of application (honor statement).

PCCN EXAM HONOR STATEMENT

PROCESSING WILL BE DELAYED IF INCOMPLETE OR NOT LEGIBLE.

PLEASE PRINT CLEARLY.

NAME:				AACN CUSTOMER #:
	Last	First	MI	

I hereby apply for the PCCN certification exam. Submission of this application indicates I have read and understand the exam policies and eligibility requirements as documented in the *PCCN Exam Handbook* and the *Certification Exam Policy Handbook*.

LICENSURE: I possess a current, unencumbered U.S. RN or APRN license. My _____ (state) nursing license _____ (number) is due to expire _____ (date). An unencumbered license is not currently being subjected to formal discipline by any state board of nursing and has no provisions or conditions that limit my practice in any way. This applies to all RN or APRN licenses I currently hold. I understand that I must notify AACN Certification Corporation **within 30 days** if any disciplinary action is taken against my RN or APRN license(s) in the future.

PRACTICE: I have fulfilled one of the following clinical practice requirement options:

- Practice as an RN or APRN for 1,750 hours in direct care of acutely ill **adult** patients during the past 2 years, with 875 of those hours accrued in the most recent year preceding application.

OR

- Practice as an RN or APRN for at least 5 years with a minimum of 2,000 hours in direct care of acutely ill **adult** patients, with 144 of those hours accrued in the most recent year preceding application.

Hours were completed in a U.S.-based or Canada-based facility or in a facility determined to be comparable to the U.S. standard of progressive care nursing practice as evidenced by Magnet® designation or Joint Commission International accreditation.

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

VERIFIER'S NAME:	FACILITY NAME:
Last First	

VERIFIER'S PHONE NUMBER:	VERIFIER'S EMAIL ADDRESS:
---------------------------------	----------------------------------

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

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

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

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

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

Applicant's Signature:	Date:
-------------------------------	--------------

