MISSION

AACN Certification Corporation contributes to consumer health and safety through comprehensive credentialing of nurses to ensure their practice is consistent with established standards of excellence in caring for acutely and critically ill patients and their families.

VISION

As the undisputed leader in credentialing nurses, the AACN Certification Corporation has demonstrated that certification contributes to achieving optimal outcomes that are consistent with the goals and values of acutely and critically ill patients and their families.

VALUES

As the Corporation works to advance its mission and vision and fulfill its purpose and inherent obligation to ensure the health and well being 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 in 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 that reach diverse certificants.
- 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 that certified nurses have a responsibility to read, 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):

- Adult CCRN® and CCRN-E™
- Pediatric and Neonatal CCRN®
- Adult, Pediatric and Neonatal CCNS®
- Adult ACNP®
- Adult CMC®
- Adult CSC®

Our advanced practice certification programs, CCNS and ACNPC, have also been recognized by the National Council of State Boards of Nursing (NCSBN).
As healthcare becomes increasingly complex and challenging, certification has emerged as a mark of excellence showing patients, employers and the public that a nurse is qualified and competent and has met the rigorous requirements to achieve specialty or subspecialty certification.

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

Today, more than 72,000 practicing nurses hold one or more of these certifications from AACN Certification Corporation:

- **CCRN®** specialty certification introduced in 1976 for nurses providing care to acutely and/or critically ill adult, pediatric and neonatal patients.
- **CCRN-E™** specialty certification introduced in 2007 as a renewal option and in 2011 as an initial exam option for nurses working in a tele-ICU monitoring acutely and/or critically ill adult patients from a remote location (behind a camera).
- **PCCN®** specialty certification introduced in 2004 for progressive care nurses providing care to acutely ill adult patients.
- **CCNS®** entry-level advanced practice specialty certification launched in 1999 for clinical nurse specialists educated at the graduate level to provide advanced nursing care to acutely or critically ill adult, pediatric and neonatal patients.
- **ACNPC®** entry-level advanced practice specialty certification launched in 2007 for nurses educated at the graduate level to provide advanced nursing care across the continuum of health services to meet the specialized physiologic and psychologic needs of adult patients with complex acute and/or chronic health conditions.
- **CNML** certification for nurse managers launched in 2008 in partnership with the American Organization of Nurse Executives (AONE).
- **CMC®** subspecialty certification launched in 2005 for certified nurses providing care to acutely and/or critically ill adult cardiac patients. For details, refer to the CMC/CSC Exam Handbook.
- **CSC®** subspecialty certification launched in 2005 for certified nurses providing care to acutely and/or critically ill adult patients during the first 48 hours after cardiac surgery.

We continually seek to provide quality certification programs that meet the changing needs of nurses and patients. Please visit www.certcorp.org 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.
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The following information can be found in the Certification Policy Handbook online at www.certcorp.org:

Documents and Handbooks:

- AACN Certification Programs
- Name and Address Changes
- Confidentiality of Exam Application Status
- Testing Site Information
- Exam Scheduling and Cancellation
- On the Day of Your Exam
- Duplicate Score Reports
- Recognition of Certification
- Use of Credentials
- Denial of Certification
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APPLICAtION InstRUCtIOnS

AACN Certification Corporation recommends that you be ready to test before applying for the CCRN or PCCN exam.

Applicants may register online for computer-based testing at www.certcorp.org > Apply Online.

Those taking a paper and pencil exam must complete the application/honor statement included in this handbook. The paper application process is outlined below.

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1. Complete the 2-page exam application at the back of this handbook (pages 59-60).</td>
<td>□ Fill in all requested information; print name and date.</td>
</tr>
<tr>
<td>2. Complete the 1-page honor statement page at end of the individual exam section (page 41 for CCRN or page 57 for PCCN).</td>
<td>□ List RN or APRN license information, sign and date.</td>
</tr>
<tr>
<td>3. Include application fee.</td>
<td>□ Make check payable to AACN Certification Corporation. Make sure that total amount is correct and sign check. Staple check to the upper right front corner of application. When paying by credit card provide all requested information including expiration date.</td>
</tr>
<tr>
<td>4. When joining AACN or renewing membership at the time of applying for the exam, write one check for the total amount made payable to AACN Certification Corporation.</td>
<td>□ AACN offers 2-year and 3-year membership discounts. Please refer to the exam application for pricing.</td>
</tr>
</tbody>
</table>

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

Please direct inquiries to:

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

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

AACN Certification Corporation recommends that you be ready to take the exam before submitting your application.

1. Complete exam application and honor statement and pay exam fee

   Register for your computer-based exam online at www.certcorp.org > Apply Online.
   You may mail a paper* application to:
   AACN Certification Corporation
   101 Columbia, Aliso Viejo, CA 92656
   Or fax to (949) 362-2020 (DO NOT fax and mail; choose 1 method only)
   *Those wishing to test outside the U.S. must submit a paper application.
   If you desire verification of receipt of your application, you may mail your application “return receipt requested” via certified mail or include a self-addressed stamped postcard, which will be mailed to you when your application is received. (Your handbook may include a confirmation postcard on the back cover.)
   Return of the postcard by AACN indicates receipt of your application only, not approval.

2. Waiting period for application processing

   Allow 2 to 3 weeks from date received at AACN for your application to be processed. Once it is processed, AACN will notify the testing service, AMP, of eligible exam candidates. Applying online shortens this process by several weeks.
   AACN will notify you in writing when your application is incomplete or requires clarification, or if you are ineligible for an exam.

   Your eligibility period begins upon successful processing of your application.
   Call the toll-free number on your confirmation postcard or go online promptly to select a preferred testing date.

3. Receive approval-to-test postcard and email.

   If you do not receive an approval-to-test confirmation within 4 weeks of applying for an exam, please contact AACN Customer Care at (800) 899-2226.

   Please ensure that AACN has your current email address on record. Email address updates may be made online at www.aacn.org/myaccount or emailed to info@aacn.org.

   AACN’s testing service (AMP) will mail a postcard and send an email to eligible candidates. The postcard and email include a toll-free number and online instructions to schedule your testing appointment. The postcard and email also include the 90-day period during which you must schedule and take the exam.

   The address label and email will contain the letter “C” plus your unique AACN customer number (e.g., C00123456). Use this number for identification in place of your social security number.

4. Schedule your exam

   Immediately upon receipt of postcard, schedule a date and time of your choice that falls within your 90-day eligibility period. To locate one of more than 175 testing centers within the U.S., visit www.goAMP.com.

   You may be randomly selected for an audit of your exam eligibility, which could occur anytime after application. Those selected will be notified by mail and will have 60 days to respond.

5. Sit for the exam

   Exam results with a score breakdown will be presented on-site upon completion of computer-based exams. Results of paper and pencil exams are mailed to candidates 3 to 4 weeks following paper testing.

6. Receive congratulations packet

   Address changes may be made online at www.aacn.org/myaccount or emailed to info@aacn.org.

   Successful candidates will receive their wall certificate within 3 to 4 weeks of passing the exam.

   Unsuccessful candidates are eligible for a discounted retest fee. Refer to the Certification Exam Policy Handbook available online at www.certcorp.org > Documents and Handbooks.
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 Synergy 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.

AACN certification exams do not test for knowledge of the Synergy Model or its terminology; this is the theoretical model within which the tests have been designed.

**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 | the capacity to return to a restorative level of functioning using compensatory/coping mechanisms; the ability to bounce back quickly after an insult. |
| Complexity | the 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. |
| Stability | the ability to maintain a steady-state equilibrium. |
| Vulnerability | susceptibility to actual or potential stressors that may adversely affect patient outcomes. |

**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 multi-system organ failure can be described as an individual who is (a) unstable (b) highly complex (c) unpredictable (d) highly resilient (e) vulnerable (f) unable to become involved in decision making and care, but (g) has adequate resource availability.

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

<table>
<thead>
<tr>
<th>Nurse Characteristics</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Clinical Judgment</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Advocacy/Moral Agency</strong></td>
<td>Working on another's behalf and representing the concerns of the patient/family and nursing staff; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within and outside the clinical setting.</td>
</tr>
<tr>
<td><strong>Caring Practices</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Collaboration</strong></td>
<td>Working with others (e.g., patients, families, healthcare providers) in a way that promotes/encourages each person's contributions toward achieving optimal/realistic patient/family goals. Collaboration involves intra- and interdisciplinary work with colleagues and community.</td>
</tr>
<tr>
<td><strong>Systems Thinking</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Response to Diversity</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Facilitation of Learning (or Patient/Family Educator)</strong></td>
<td>The ability to facilitate learning for patients/families, nursing staff, other members of the healthcare team and community. Includes both formal and informal facilitation of learning.</td>
</tr>
<tr>
<td><strong>Clinical Inquiry (or Innovator/Evaluator)</strong></td>
<td>The ongoing process of questioning and evaluating practice and providing informed practice. Creating changes through evidence-based practice, research utilization and experiential knowledge.</td>
</tr>
</tbody>
</table>

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

**FOR EXAMPLE:**
If the gestalt of a patient were 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 gestalt of a patient were vulnerable, unable to participate in decision making and care, and 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.**

Results of a 1997 large-scale survey of subacute, acute and critical care nurses across the United States supported the applicability of the Synergy Model to nursing practice (Greenberg, Muenzen & Smith, 1998). A second study, including adult, pediatric and neonatal CCRNs, identified the overall contribution of each of the eight nurse characteristics to optimal patient outcomes.

Based on these studies, as well as the 2008 job analysis completed by AACN Certification Corporation, the Test Plans for AACN certification exams have been created to reflect the Synergy Model, as well as current acute and critical care nursing practice.

For more information about the AACN Synergy Model for Patient Care visit www.certcorp.org.
CCRN® certification is a specialty certification for nurses who provide care for acutely and/or critically ill patients, regardless of the geographic location of their nursing care. Specialty nurses interested in this certification may work in such areas as intensive care units; cardiac care units; combined ICU-CCUs; medical/surgical ICUs; trauma units; or critical care transport/flight.
**CCRN® Registered Service Mark**

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

Although a common misconception, CCRN is not an acronym for “critical care registered nurse.” This would imply that nurses are registered as critical care nurses, which is not accurate.

**Validated Knowledge and Specialized Skills**

Each CCRN certification exam is based on a job analysis. The most recent study, completed in 2008, defines the dimensions of critical care practice, identifying what is required of registered nurses practicing in acute and critical care settings.

In the study, acute and critical care nurses across the United States were surveyed to ascertain the frequency and significance of the various elements of their practice. Through an extensive review and evaluation process, the knowledge, skills and abilities crucial to acute and critical care nursing were defined using the AACN Synergy Model for Patient Care as an organizing framework. The CCRN certification exams are based on these skills and abilities and the knowledge required to perform them.

**CCRN Exam Content**

The CCRN exams are 3-hour tests consisting of 150 multiple-choice items. Of the 150 items, 125 are scored and 25 are used to gather statistical data on item performance for future exams.

The CCRN exams focus on adult, pediatric and neonatal patient populations. Eighty percent (80%) of each exam focuses on clinical judgment and is age specific for the adult, pediatric and neonatal populations. The remaining 20% covers professional caring and ethical practice. Professional caring and ethical practice questions may be asked about any age across the life span while clinical judgment questions are restricted to adult, neonatal or pediatric populations.

**CCRN Test Plans**

The content of the CCRN exams is described in the Test Plans 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 CCRN exam devoted to each category.

**CCRN EXAM ELIGIBILITY**

- Current unencumbered licensure as an RN or APRN in the United States 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.

  Candidates and CCRN-certified nurses must notify AACN Certification Corporation within 30 days if any restriction is placed on their RN or APRN license. If randomly selected for audit, you will be asked to provide a copy of your RN or APRN license copy – please do not submit with your application.

- Practice as an RN or APRN is required for 1,750 hours in direct bedside care of acutely and/or critically ill patients during the previous 2 years, with 875 of those hours accrued in the most recent year preceding application. Eligible hours are those spent caring for the patient population (adult, pediatric or neonatal) of the exam for which you are applying.

  Clinical practice hours for the CCRN exam or renewal eligibility must take place in a U.S.-based or Canada-based facility or in a facility determined to be comparable to the U.S. standard of acute/critical care nursing practice, as evidenced by ANCC Magnet Status or Joint Commission International accreditation.
CCRN certification is conferred for a period of 3 years. Your certification period begins the first day of the month in which the CCRN certification exam is passed and ends 3 years later; for example, October 1, 2012 through September 30, 2015. The purpose of certification renewal is to enhance continued competence.

Renewal notifications will be mailed and/or emailed to you approximately 120 days before your scheduled CCRN renewal date. You are responsible for renewing your certification even if you do not receive renewal notification.

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. Renewal by Exam candidates must successfully apply for and schedule their exam in enough time to complete the CCRN exam before their scheduled renewal date. You may not take the exam early, then attempt to renew by CERPs if you do not pass.

To renew, you must hold a 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. You must also complete 432 hours of direct bedside care of acutely and/or critically ill 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, and complete the required CERPs or complete the CCRN exam. Eligible hours are those spent caring for the patient population (adult, pediatric or neonatal) in which certification is held. For more details, refer to the CCRN/PCCN Renewal Handbook available at www.certcorp.org > Documents and Handbooks.

Option 1 - Renewal by Synergy CERPs
Meet eligibility requirements for CCRN renewal and complete the Continuing Education Recognition Point (CERP) Program, which requires 100 CERPs in various categories (A, B & C). For more details refer to the Renewal by Synergy CERPs brochure and other Synergy CERP resources available online at www.certcorp.org.

Online Renewal by Synergy CERPs is available to all active CCRNs as early as 4 months prior to their scheduled renewal date. For more information visit www.certcorp.org > Renew Your Certification.

Option 2 - Renewal by Exam
Meet the eligibility requirements for CCRN renewal and successfully apply for and schedule your exam in enough time to complete the CCRN exam before your scheduled renewal date.

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

CCRN-E Status
If you work primarily or exclusively in a tele-ICU caring for acutely or critically ill patients from a remote location and do not meet the requirements for regular CCRN renewal, refer to the CCRN-E Renewal Handbook online at www.certcorp.org > Documents and Handbooks.

Alumnus Status
Alumnus status is for nurses who have been CCRN-certified but no longer provide direct bedside care to acutely and/or critically ill patients for enough hours to meet the clinical hour requirement for active CCRN certification, but are still in the nursing profession in some other capacity and wish to remain connected with the credential.

Renewable every 3 years, the “Alumnus CCRN” designation, written out, may be used on your resume or below your name and credentials on a business card, but may not be used with your signature or on a name badge.

To be eligible for Alumnus CCRN status, you must have held CCRN certification and have no plans to renew CCRN certification in the future. There are no CE or CERP requirements to maintain Alumnus CCRN status.

Retired Status
Retired status provides the CCRN-certified nurse or Alumnus CCRN who is retiring from the nursing profession with a continued sense of career identity and professional connectedness. The Retired CCRN designation recognizes CCRN-certified nurses for their years of service in the care of acutely and critically ill patients. It also acknowledges their pride and dedication in maintaining their certification.

To be eligible for Retired CCRN status, you must have been a CCRN without plans of returning to nursing practice or renewing certification. The retired RN must not be working in any type of position that requires the possession of an RN license. You are not eligible if you are changing from bedside practice to another nursing role.

The “Retired CCRN” designation, written out, may be used on your resume or below your name and credentials on a business card, but may not be used with your signature or on a name badge. There are no CE or CERP requirements to maintain Retired CCRN status.

For more details, refer to the Alumnus and Retired applications available online at www.certcorp.org > Documents and Handbooks.
Online registration is available for the CCRN exam. This paperless registration streamlines the exam application process by up to 4 weeks. Once you register online your 90-day window for testing will begin within 1 to 2 weeks.

Candidates should be prepared to sit for the exam before registering online. For more information and to register visit www.certcorp.org.

**CCRN ONLINE REGISTRATION**

**CCRN APPLICATION FEES**

<table>
<thead>
<tr>
<th>CCRN Computer-Based Exam</th>
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<tbody>
<tr>
<td>AACN Members</td>
<td>$225</td>
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<tr>
<td>Nonmembers</td>
<td>$330</td>
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<table>
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<tr>
<th>CCRN Retest</th>
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<tbody>
<tr>
<td>AACN Members</td>
<td>$170</td>
</tr>
<tr>
<td>Nonmembers</td>
<td>$275</td>
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<table>
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<tr>
<th>CCRN Renewal by Exam</th>
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</tr>
</thead>
<tbody>
<tr>
<td>AACN Members</td>
<td>$170</td>
</tr>
<tr>
<td>Nonmembers</td>
<td>$275</td>
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</tbody>
</table>

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 exam candidates who apply together. Employers may pre-purchase exam vouchers at a further discounted rate.

For details about the group and bulk discount programs, visit www.certcorp.org > General Information or call (800) 899-2226.
**Clinical Judgment – Adult CCRN**


**Clinical Judgment – Pediatric CCRN**


Continued


**Clinical Judgment – Neonatal CCRN**


Professional Caring and Ethical Practice


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

More current versions may be available.

PUBLISHER CONTACTS:
AACN – (800) 899-2226
Acorn Publishing – (919) 786-1155
American Heart Association – (800) 242-8721
Blackwell Publishing – (877) 762-2974
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
Neonatal Network – (888) 642-8465
ADULT CCRN TEST PLAN

I.  CLINICAL JUDGMENT (80%)

A. Cardiovascular (20%)
   1. Acute coronary syndromes (including unstable angina)
   2. Acute myocardial infarction/ischemia (including papillary muscle rupture)
   3. Acute peripheral vascular insufficiency (e.g., acute arterial occlusion, carotid artery stenosis, endartarectomy, peripheral stents, Fem-Pop bypass)
   4. Acute pulmonary edema
   5. Cardiac surgery (e.g., valve replacement, CABG)
   6. Cardiac trauma
   7. Cardiogenic shock
   8. Cardiomyopathies (e.g., hypertrophic, dilated, restrictive, idiopathic)
   9. Dysrhythmias
   10. Heart failure
   11. Hypertensive crisis
   12. Hypovolemic shock
   13. Interventional cardiology (e.g., catheterization)
   14. Myocardial conduction system defects
   15. Ruptured or dissecting aneurysm (e.g., thoracic, abdominal, thoraco-abdominal)
   16. Structural heart defects (acquired and congenital, including valvular disease)

B. Pulmonary (18%)
   1. Acute lung injury (e.g., ARDS, RDS)
   2. Acute pulmonary embolus
   3. Acute respiratory failure
   4. Acute respiratory infections (e.g., acute pneumonia, bronchiolitis)
   5. Air leak syndromes (e.g., pneumothorax, pneumopericardium)
   6. Aspirations (e.g., aspiration pneumonia, foreign body)
   7. COPD, asthma, chronic bronchitis, emphysema
   8. Pulmonary hypertension
   9. Status asthmaticus
   10. Thoracic surgery
   11. Thoracic trauma (e.g., fractured ribs, lung contusions, tracheal perforation)

C. Endocrine (5%)
   1. Acute hypoglycemia
   2. Diabetes insipidus
   3. Diabetic ketoacidosis
   4. Hyperglycemic hyperosmolar nonketotic syndrome (HHNK)
   5. Syndrome of inappropriate secretion of antidiuretic hormone (SIADH)

D. Hematology/Immunology (2%)
   1. Coagulopathies (e.g., ITP, DIC, HIT)

E. Neurology (12%)
   1. Aneurysm
   2. Brain death (irreversible cessation of whole brain function)
   3. Congenital neurological abnormalities (e.g., AV malformation)
   4. Encephalopathy (e.g., anoxic, hypoxic-ischemic, metabolic, infectious)
   5. Head trauma (e.g., blunt, penetrating skull fractures)
   6. Hydrocephalus
   7. Intracranial hemorrhage/intraventricular hemorrhage (e.g., subarachnoid, epidural, subdural)
   8. Neurologic infectious disease (e.g., viral, bacterial)
   9. Neuromuscular disorders (e.g., muscular dystrophy, Guillain-Barré, myasthenia gravis)
   10. Neurosurgery
   11. Seizure disorders
   12. Space-occupying lesions (e.g., brain tumors)
   13. Stroke (e.g., ischemic, hemorrhagic)

Continued
F. Gastrointestinal (6%)
1. Acute abdominal trauma
2. Acute GI hemorrhage
3. Bowel infarction/obstruction/perforation (e.g., mesenteric ischemia, adhesions)
4. GI surgeries
5. Hepatic failure/coma (e.g., portal hypertension, cirrhosis, esophageal varices)
6. Malnutrition and malabsorption
7. Pancreatitis

G. Renal (6%)
1. Acute renal failure
2. Chronic renal failure
3. Life-threatening electrolyte imbalances

H. Multisystem (8%)
1. Asphyxia
2. Distributive shock (e.g., anaphylaxis)
3. Multi-organ dysfunction syndrome (MODS)
4. Multisystem trauma
5. Sepsis/septic shock
6. Systemic inflammatory response syndrome (SIRS)
7. Toxic ingestions/inhalations (e.g., drug/alcohol overdose)
8. Toxin/drug exposure

I. Behavioral/Psychosocial (4%)
1. Abuse/neglect
2. Antisocial behaviors, aggression, violence
3. Delirium and dementia
4. Developmental delays
5. Failure to thrive
6. Mood disorders and depression
7. Substance dependence (e.g., withdrawal, drug-seeking behavior, chronic alcohol or drug dependence)
8. Suicidal behavior

II. PROFESSIONAL CARING AND ETHICAL PRACTICE (20%)
A. Advocacy/Moral Agency (3%)
B. Caring Practices (4%)
C. Collaboration (4%)
D. Systems Thinking (2%)
E. Response to Diversity (2%)
F. Clinical Inquiry (2%)
G. Facilitation of Learning (3%)

The sum of these percentages is not 100 due to rounding.

Order of content does not necessarily reflect importance.
ADULT CCRN TESTABLE NURSING ACTIONS

Cardiovascular
• Identify/monitor normal and abnormal physical assessment findings
• Apply leads for cardiac monitoring
• Identify, interpret and monitor cardiac rhythms
• Monitor hemodynamic status and recognize signs and symptoms of hemodynamic instability
• Recognize indications for and manage patients requiring:
  ° 12-lead ECG
  ° arterial line
  ° cardiac catheterization
  ° cardiocentesis
  ° cardioversion
  ° central venous access
  ° central venous pressure monitoring
  ° defibrillation
  ° PA catheter
  ° SvO₂ monitoring
  ° transthoracic pacing
  ° transvenous pacing
• Manage patients receiving cardiovascular medications (e.g., thrombolytics, vasoactive agents, platelet inhibitors, anti-arrhythmic medications)
• Monitor patients and follow protocols for cardiac surgery
• Recognize signs and symptoms of cardiovascular emergencies, initiate interventions and seek assistance as needed
• Recognize indications for and manage patients requiring:
  ° IABP
  ° percutaneous coronary interventions

Pulmonary
• Identify and monitor normal and abnormal physical assessment findings
• Interpret ABGs
• Monitor patient for response to pulmonary medications (e.g., bronchodilators, mucolytics)
• Recognize indications for and manage patients requiring:
  ° artificial airway
  ° bronchoscopy
  ° chest tubes
  ° conventional modes of mechanical ventilation
  ° high-frequency mechanical ventilation
  ° non-invasive positive pressure ventilation (e.g., BIPAP, CPAP, high-flow nasal cannula)
  ° oxygen therapy delivery devices
  ° prevention of complications related to mechanical ventilation (e.g., barotraumas, VAP)
  ° pulmonary therapeutic interventions (e.g., airway clearance, intubation, weaning, extubation)
  ° respiratory monitoring devices (e.g., SPO₂, SvO₂, ETCO₂) and report values
  ° therapeutic gases (e.g., nitric, heliox, CO₂)
  ° thoracentesis
• Recognize signs and symptoms of respiratory emergencies, initiate interventions and seek assistance as needed
• Monitor patient and follow protocols for thoracic and ENT surgery

Continued
ADULT CCRN TESTABLE NURSING ACTIONS (CONTINUED)

Endocrine
- Recognize normal and abnormal physical assessment findings
- Recognize signs and symptoms of endocrine emergencies, initiate interventions and seek assistance as needed
- Identify and monitor normal and abnormal diagnostic test results
- Implement treatment modalities for acute hypo/hyperglycemia (e.g., insulin therapy)
- Monitor patient and follow protocols for surgery related to the endocrine system
- Manage patients receiving medications and monitor response

Hematology/Immunology
- Recognize normal and abnormal physical assessment findings of patients with:
  - hematologic problems
  - immunologic problems
- Identify and monitor normal and abnormal diagnostic test results (e.g., PT/INR, PTT, fibrinogen, CBC)
- Manage patients receiving medications (e.g., IVIg, steroids, chemotherapy) and monitor response
- Recognize and manage complications associated with transfusion of blood products
- Monitor patient and follow protocols pre-, intra- and post-procedure (e.g., plasmapheresis, exchange transfusion, autotransfusion)
- Recognize signs and symptoms of hematologic/immunologic emergencies, initiate interventions and seek assistance as needed

Neurology
- Identify and monitor normal and abnormal physical assessment findings
- Recognize and monitor normal and abnormal neurological diagnostic test results (e.g., ICP, head CT scan, lumbar puncture)
- Recognize indications for and monitor/manage patients requiring neurological monitoring devices and drains
- Manage patients receiving medications (e.g., mannitol, hypertonic saline, sedation, neuromuscular blockade, anticonvulsants) and monitor response
- Recognize signs and symptoms of neurological emergencies (e.g., increased intracranial pressure, herniation, decreased LOC, seizure), initiate interventions and seek appropriate consultation
- Monitor patient and follow protocols pre-, intra- and post-procedure (e.g., ICP insertion, lumbar puncture)
- Monitor patients and follow protocols for neurosurgery

Gastrointestinal
- Identify and monitor normal and abnormal physical assessment findings
- Recognize and monitor normal and abnormal gastrointestinal diagnostic test results
- Recognize indications for and manage patients requiring gastrointestinal:
  - monitoring devices (e.g., intra-abdominal compartment pressure)
  - drains
- Manage patients receiving gastrointestinal medications and monitor response
- Monitor patient and follow protocols, pre-, intra- and post-procedure (e.g., EGD, PEG placement)
- Recognize indications for and complications of enteral and parenteral nutrition
- Monitor patients and follow protocols for gastrointestinal surgery
- Recognize signs and symptoms of emergencies (e.g., GI bleed, ischemic bowel), initiate interventions and seek assistance as needed

Continued
Renal
- Recognize normal and abnormal physical assessment findings
- Identify and monitor normal and abnormal diagnostic test results
- Manage patients receiving renal medications and monitor response
- Recognize indications for and manage patients requiring renal therapeutic intervention (e.g., CRRT, peritoneal dialysis)
- Monitor patients and follow protocols for:
  - renal surgery
  - pre-, intra- and post-procedure (e.g., renal biopsy, ultrasound)
- Recognize signs and symptoms of renal emergencies, initiate interventions and seek assistance as needed

Multisystem
- Recognize and monitor normal and abnormal diagnostic test results (e.g., lab, radiology)
- Recognize indications for and manage patients undergoing:
  - continuous sedation
  - procedural sedation
  - therapeutic hypothermia
- Assess patient’s pain
- Manage patients receiving:
  - medications (e.g., pain medications, reversal agents) and monitor response
  - non-pharmacologic methods for pain relief and monitor response
- Recognize signs and symptoms of multisystem emergencies (e.g., shock states, trauma), initiate interventions and seek assistance as needed

Behavioral/Psychosocial
- Recognize normal and abnormal:
  - physical and psychosocial assessment findings
  - developmental assessment findings and provide developmentally appropriate care
- Recognize the need for and manage patients requiring restraints
- Recognize indications for and manage patients requiring behavioral therapeutic interventions
- Identify and monitor normal and abnormal diagnostic test results
- Manage patients receiving medications (e.g., antipsychotics, antidepressants) and monitor response
- Recognize signs and symptoms of behavioral/psychosocial emergencies, initiate interventions and seek assistance as needed
ADULT CCRN SAMPLE EXAM QUESTIONS

1. A patient with a recent myocardial infarction suddenly develops a loud systolic murmur. The *most likely* cause is which of the following?
   A. pulmonary embolism
   B. congestive heart failure
   C. ruptured papillary muscle
   D. increased systemic vascular resistance

2. A patient with unstable angina has an IABP inserted. Hemodynamics are: HR = 148 (sinus tachycardia); MAP = 40 mm Hg; PAOP = 25 mm Hg; CI = 1.4 L/min/m².
   Which of the following should be included in this patient’s plan of care?
   A. checking timing of the IABP, decreasing balloon to 1:2 frequency
   B. stat echocardiogram, furosemide (Lasix), checking timing of the IABP
   C. dobutamine (Dobutrex), isoproterenol (Isuprel), 12-lead ECG
   D. adenosine, stat Hgb and Hct, dobutamine (Dobutrex)

3. The family of a critically ill patient wishes to spend the night, which is contrary to 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 can spend the night.
   D. allow one or two family members to stay, then evaluate the patient’s response.

4. A patient who is one day post-gastroplasty has a sudden onset of restlessness, dyspnea and chest pain. His heart rate is 122/min, and auscultation of heart sound reveals an increased intensity of a pulmonary S2. The *most likely* cause is
   A. aspiration pneumonia.
   B. a spontaneous pneumothorax.
   C. a pleural effusion.
   D. a pulmonary embolus.

5. The nursing staff is resisting being assigned to a disruptive patient. An appropriate resolution would be to
   A. ask the physician to transfer the patient.
   B. rotate the patient assignment among staff.
   C. confront the family and demand an end to the disruptive behavior.
   D. hold a nursing team conference to discuss possible alternatives.

6. A patient who is 72 hours postoperative repair of a ruptured abdominal aortic aneurysm suddenly becomes dyspneic with an increased respiratory rate from 24 to 40/min. An arterial blood gas sample obtained while the patient is receiving oxygen via a nasal cannula at 6L/min reveals the following results:
   
<table>
<thead>
<tr>
<th>pH</th>
<th>7.50</th>
</tr>
</thead>
<tbody>
<tr>
<td>pCO₂</td>
<td>31</td>
</tr>
<tr>
<td>pO₂</td>
<td>48</td>
</tr>
</tbody>
</table>

   A chest x-ray is obtained and a “ground-glass-like appearance” is reported. Auscultation of the lungs reveals basilar crackles that were not previously present. On the basis of this information, the nurse should suspect that the patient has developed
   A. a pulmonary embolus.
   B. bacterial pneumonia.
   C. chronic obstructive pulmonary disease.
   D. acute respiratory distress syndrome.
7. 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.

8. A postoperative patient has been in the unit for 4 days. He was unusually disengaged the previous day, and today he is agitated, thinks staff is trying to poison him and forgot his wife was at the bedside an hour ago. Other physiological factors are ruled out. Pharmaceutical interventions would include
   A. midazolem (Versed).
   B. haloperidol (Haldol).
   C. propofol (Diprivan).
   D. sertraline (Zoloft).

Answers
1. C
2. A
3. D
4. D
5. D
6. D
7. C
8. B
I. CLINICAL JUDGMENT (80%)

A. Cardiovascular (14%)
   1. Acute pulmonary edema
   2. Cardiac surgery (e.g., Norwood, BT shunt, TOF repair, arterial switch)
   3. Cardiogenic shock
   4. Cardiomyopathies (e.g., hypertrophic, dilated, restrictive, idiopathic)
   5. Dysrhythmias
   6. Heart failure
   7. Hypovolemic shock
   8. Interventional cardiology (e.g., catheterization)
   9. Myocardial conduction system defects
  10. Structural heart defects (acquired and congenital, including valvular disease)

B. Pulmonary (18%)
   1. Acute lung injury (e.g., ARDS, RDS)
   2. Acute pulmonary embolus
   3. Acute respiratory failure
   4. Acute respiratory infections (e.g., acute pneumonia, croup, bronchiolitis)
   5. Air-leak syndromes (e.g., pneumothorax, pneumopericardium)
   6. Aspiration (e.g., aspiration pneumonia, foreign-body, meconium)
   7. Asthma, chronic bronchitis
   8. Bronchopulmonary dysplasia
   9. Congenital anomalies (e.g., diaphragmatic hernia, tracheoesophageal fistula, choanal atresia, pulmonary hypoplasia, tracheal malacia, tracheal stenosis)
  10. Pulmonary hypertension
  11. Status asthmaticus
  12. Thoracic surgery
  13. Thoracic trauma (e.g., fractured ribs, lung contusions, tracheal perforation)

C. Endocrine (5%)
   1. Acute hypoglycemia
   2. Diabetes insipidus
   3. Diabetic ketoacidosis
   4. Inborn errors of metabolism
   5. Syndrome of inappropriate secretion of antidiuretic hormone (SIADH)

D. Hematology/Immunology (3%)
   1. Coagulopathies (e.g., ITP, DIC, HIT)
   2. Oncologic complications

E. Neurology (14%)
   1. Acute spinal cord injury
   2. Brain death (irreversible cessation of whole brain function)
   3. Congenital neurological abnormalities (e.g., myelomeningocele, encephalocele, AV malformation)
   4. Encephalopathy (e.g., anoxic, hypoxic-ischemic, metabolic, infectious)
   5. Head trauma (e.g., blunt, penetrating, skull fractures)
   6. Hydrocephalus
   7. Intracranial hemorrhage/intraventricular hemorrhage (e.g., subarachnoid, epidural, subdural)
   8. Neurologic infectious disease (e.g., congenital, viral, bacterial)
   9. Neuromuscular disorders (e.g., muscular dystrophy, Guillain-Barré, myasthenia gravis)
  10. Neurosurgery
  11. Seizure disorders
  12. Space-occupying lesions (e.g., brain tumors)
  13. Spinal fusion
  14. Stroke (e.g., ischemic, hemorrhagic)

Continued
F. **Gastrointestinal (6%)**
   1. Acute abdominal trauma
   2. Acute GI hemorrhage
   3. Bowel infarction/obstruction/perforation (e.g., necrotizing enterocolitis, mesenteric ischemia, adhesions)
   4. Gastro-esophageal reflux
   5. GI abnormalities (e.g., omphalocele, gastrochisis, volvulus, Hirschsprung’s disease, malrotation, intussusception)
   6. GI surgeries
   7. Hepatic failure/coma (e.g., portal hypertension, cirrhosis, esophageal varices, biliary atresia)
   8. Malnutrition and malabsorption

G. **Renal (6%)**
   1. Acute renal failure
   2. Chronic renal failure
   3. Life-threatening electrolyte imbalances

H. **Multisystem (11%)**
   1. Asphyxia
   2. Distributive shock (e.g., anaphylaxis)
   3. Hemolytic uremic syndrome
   4. Multi-organ dysfunction syndrome (MODS)
   5. Multisystem trauma
   6. Near-drowning
   7. Sepsis/septic shock
   8. Systemic inflammatory response syndrome (SIRS)
   9. Toxic ingestions/inhalations (e.g., drug/alcohol overdose)
   10. Toxin/drug exposure

I. **Behavioral/Psychosocial (3%)**
   1. Abuse/neglect
   2. Developmental delays
   3. Failure to thrive

II. **PROFESSIONAL CARING AND ETHICAL PRACTICE (20%)**

   A. **Advocacy/Moral Agency (2%)**
   B. **Caring Practices (4%)**
   C. **Collaboration (4%)**
   D. **Systems Thinking (2%)**
   E. **Response to Diversity (2%)**
   F. **Clinical Inquiry (2%)**
   G. **Facilitation of Learning (4%)**

*Order of content does not necessarily reflect importance.*
PEDIATRIC CCRN TESTABLE NURSING ACTIONS

Cardiovascular
- Identify/monitor normal and abnormal physical assessment findings
- Apply leads for cardiac monitoring
- Identify, interpret and monitor cardiac rhythms
- Monitor hemodynamic status and recognize signs and symptoms of hemodynamic instability
- Recognize indications for and manage patients requiring:
  - 12-lead ECG
  - arterial line
  - cardiac catheterization
  - cardioversion
  - central venous access
  - central venous pressure monitoring
  - defibrillation
  - PA catheter
  - cardiocentesis
  - SvO₂ monitoring
  - transthoracic pacing
  - transvenous pacing
- Manage and monitor patients receiving cardiovascular medications (e.g., thrombolytics, vasoactive agents, platelet inhibitors, anti-arrhythmic medications) and follow protocols for cardiac surgery
- Recognize signs and symptoms of cardiovascular emergencies, initiate interventions and seek assistance as needed

Pulmonary
- Identify and monitor normal and abnormal physical assessment findings
- Interpret ABGs
- Monitor patient for response to pulmonary medications (e.g., bronchodilators, mucolytics)
- Recognize indications for and manage patients requiring:
  - artificial airway
  - bronchoscopy
  - chest tubes
  - conventional modes of mechanical ventilation
  - high-frequency mechanical ventilation
  - non-invasive positive pressure ventilation (e.g., BIPAP, CPAP, high-flow nasal cannula)
  - oxygen therapy delivery devices
  - prevention of complications related to mechanical ventilation (e.g., barotraumas, VAP)
  - pulmonary therapeutic interventions (e.g., airway clearance, intubation, weaning, extubation)
  - respiratory monitoring devices (e.g., SPO₂, SvO₂, ETCO₂) and report values
  - therapeutic gases (e.g., nitric, heliox, CO₂)
  - thoracentesis
- Recognize signs and symptoms of respiratory emergencies, initiate interventions and seek assistance as needed
- Monitor patient and follow protocols for thoracic and ENT surgery

Continued
Pediatric CCRN Testable Nursing Actions (Continued)

Endocrine
- Recognize normal and abnormal physical assessment findings
- Recognize signs and symptoms of endocrine emergencies, initiate interventions and seek assistance as needed
- Identify and monitor normal and abnormal diagnostic test results
- Implement treatment modalities for acute hypo/hyperglycemia (e.g., insulin therapy)
- Monitor patient and follow protocols for surgery related to the endocrine system
- Manage patients receiving medications and monitor response

Hematology/Immunology
- Recognize normal and abnormal physical assessment findings of patients with:
  ° hematologic problems
  ° immunologic problems
- Identify and monitor normal and abnormal diagnostic test results (e.g., PT/INR, PTT, fibrinogen, CBC)
- Manage patients receiving medications (e.g., IVIg, steroids, chemotherapy) and monitor response
- Recognize and manage complications associated with transfusion of blood products
- Monitor patient and follow protocols pre-, intra- and post-procedure (e.g., plasmapheresis, exchange transfusion, autotransfusion)
- Recognize signs and symptoms of hematologic/immunologic emergencies, initiate interventions and seek assistance as needed

Neurology
- Identify and monitor normal and abnormal physical assessment findings
- Recognize and monitor normal and abnormal neurological diagnostic test results (e.g., ICP, head CT scan, lumbar puncture)
- Recognize indications for and monitor/manage patients requiring neurological monitoring devices and drains
- Manage patients receiving medications (e.g., mannitol, hypertonic saline, sedation, neuromuscular blockade, anticonvulsants) and monitor response
- Recognize signs and symptoms of neurological emergencies (e.g., increased intracranial pressure, herniation, decreased LOC, seizure), initiate interventions and seek appropriate consultation
- Monitor patient and follow protocols pre-, intra- and post-procedure (e.g., ICP insertion, lumbar puncture)
- Monitor patient and follow protocols for neurosurgery

Gastrointestinal
- Identify and monitor normal and abnormal physical assessment findings
- Recognize and monitor normal and abnormal gastrointestinal diagnostic test results
- Recognize indications for and manage patients with gastrointestinal:
  ° monitoring devices (e.g., intra-abdominal compartment pressure)
  ° drains
  ° complications of enteral and parenteral nutrition
- Manage patients receiving gastrointestinal medications and monitor response
- Monitor patient and follow protocols, pre-, intra- and post-procedure (e.g., EGD, PEG placement)
- Monitor patients and follow protocols for gastrointestinal surgery
- Recognize signs and symptoms of emergencies (e.g., GI bleed, ischemic bowel), initiate interventions and seek assistance as needed
Pediatric Testable Nursing Actions (Continued)

Renal
- Recognize normal and abnormal physical assessment findings
- Identify and monitor normal and abnormal diagnostic test results
- Manage patients receiving renal medications and monitor response
- Recognize indications for and manage patients requiring renal therapeutic intervention (e.g., CRRT, peritoneal dialysis)
- Monitor patients and follow protocols for:
  ° renal surgery
  ° pre-, intra- and post-procedure (e.g., renal biopsy, ultrasound)
- Recognize signs and symptoms of renal emergencies, initiate interventions and seek assistance as needed

Multisystem
- Recognize and monitor normal and abnormal diagnostic test results (e.g., lab, radiology)
- Recognize indications for and manage patients undergoing:
  ° continuous sedation
  ° procedural sedation
  ° therapeutic hypothermia
- Assess patient’s pain
- Manage patients receiving:
  ° medications (e.g., pain medications, reversal agents) and monitor response
  ° non-pharmacologic methods for pain relief and monitor response
- Recognize signs and symptoms of multisystem emergencies (e.g., shock states, trauma), initiate interventions and seek assistance as needed

Behavioral/Psychosocial
- Recognize normal and abnormal:
  ° physical and psychosocial assessment findings
  ° developmental assessment findings and provide developmentally appropriate care
- Recognize the need for and manage patients requiring restraints
- Recognize indications for and manage patients requiring behavioral therapeutic interventions
- Identify and monitor normal and abnormal diagnostic test results
- Manage patients receiving medications (e.g., antipsychotics, antidepressants) and monitor response
- Recognize signs and symptoms of behavioral/psychosocial emergencies, initiate interventions and seek assistance as needed
1. In caring for a patient with salicylate intoxication, the critical care nurse would anticipate which of the following as a primary treatment measure?
   A. administration of protamine sulfate
   B. administration of glucose
   C. transfusion of packed RBCs
   D. replacement of fluid and electrolytes

2. An adolescent with the developmental age of a 4-year-old requires placement of a chest tube. The best way to prepare the patient for this procedure is to
   A. use short simple sentences and limit descriptions to concrete explanations.
   B. show the patient a chest tube and explain how it will feel.
   C. explain in detail why a chest tube is needed and how it works.
   D. tell the parents what will be done so they can explain it to their child.

3. A child is admitted with a gunshot wound to the head, accidentally inflicted by an older sibling. The parents are overcome with grief and appear to be ignoring the following statements made by the older sibling: “It was an accident; I didn’t mean to do it; I’m sorry!” Which of the following actions by the nurse would be most appropriate?
   A. Discuss the importance of gun safety with the older sibling while the parents are at the bedside.
   B. Seek additional support for the parents for ways they can assist the older sibling.
   C. Tell the parents that they need to provide support for the older sibling.
   D. Tell the older sibling, “Accidents happen; I know you didn’t mean to do it.”

4. Which of the following laboratory findings is indicative of the syndrome of inappropriate ADH secretion (SIADH)?
   A. serum sodium = 148 mEq/L
   B. decreased serum osmolality
   C. blood urea nitrogen (BUN) = 28 mg/dl
   D. serum potassium = 5.1 mEq/L

5. A 3-year-old is admitted to the ICU with a 10-hour history of an acute-onset asthma attack. Initial assessment reveals the following:
   
<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR</td>
<td>160</td>
</tr>
<tr>
<td>pH</td>
<td>7.25</td>
</tr>
<tr>
<td>RR</td>
<td>48</td>
</tr>
<tr>
<td>pCO₂</td>
<td>35</td>
</tr>
<tr>
<td>BP</td>
<td>112/76</td>
</tr>
<tr>
<td>pO₂</td>
<td>40</td>
</tr>
<tr>
<td>T</td>
<td>32°C (oral)</td>
</tr>
<tr>
<td>HCO₃</td>
<td>22</td>
</tr>
</tbody>
</table>

   In this situation, the nurse would expect initial treatment to include
   A. administration of NaHCO₃
   B. fluid resuscitation.
   C. racemic epinephrine.
   D. intubation.

6. A 2-year-old is experiencing manifestations of digoxin (Lanoxin) toxicity. BP is 94/60, capillary refill time is 2 seconds and the electrocardiogram reveals AV block with a heart rate of 60. The critical care nurse would anticipate which of the following interventions?
   A. performance of cardioversion
   B. administration of Atropine
   C. performance of vasovagal maneuvers
   D. monitoring of HR and rhythm and perfusion status

Continued
7. An adolescent with asthma is readmitted just a week after discharge from the hospital. On questioning, the nurse learns that the patient refuses to use the inhalers at school. The nurse should
A. talk to the teen about long-term consequences of the disease if the treatment plan is not followed.
B. talk to the school nurse to find out why they are not monitoring the medications at school.
C. help the parents set up a disciplinary contract with the teen.
D. arrange for the teen to attend an asthma support group.

8. An unconscious 5-month-old is admitted. The parent reports the baby fell off the table during a diaper change by an older sibling. What findings would indicate further inquiry of the history?
A. a reddened or bruised area on the skull
B. poorly reactive pupils
C. retinal hemorrhage
D. a linear skull fracture

Answers
1. D
2. A
3. B
4. B
5. D
6. D
7. D
8. C
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NEONATAL CCRN TEST PLAN

I. CLINICAL JUDGMENT (80%)

A. Cardiovascular (10%)
   1. Cardiogenic shock
   2. Dysrhythmias
   3. Heart failure
   4. Hypovolemic shock
   5. Structural heart defects (e.g., acquired and congenital, patent ductus arteriosus)

B. Pulmonary (24%)
   1. Acute lung injury (e.g., ARDS, RDS)
   2. Acute respiratory failure
   3. Acute respiratory infections (e.g., acute pneumonia, croup, bronchiolitis)
   4. Air-leak syndromes (e.g., pneumothorax, PIE, pneumopericardium)
   5. Apnea of prematurity
   6. Aspiration (e.g., aspiration pneumonia, foreign-body, meconium)
   7. Bronchopulmonary dysplasia
   8. Congenital anomalies (e.g., diaphragmatic hernia, tracheoesophageal fistula, choanal atresia, pulmonary hypoplasia, tracheal malacia, tracheal stenosis)
   9. Pulmonary hypertension
   10. Thoracic surgery
   11. Transient tachypnea of the newborn

C. Endocrine (3%)
   1. Inborn errors of metabolism
   2. Neonatal hypoglycemia (e.g., IDM, LGA, SGA)

D. Hematology/Immunology (6%)
   1. Anemia of prematurity
   2. Coagulopathies (e.g., ITP, DIC, HIT)
   3. Pathological hyperbilirubinemia
   4. Physiological hyperbilirubinemia
   5. Rh incompatibilities, ABO incompatibilities, hydrops fetalis

E. Neurology (10%)
   1. Birth injuries (e.g., caput succedaneum, Erb’s palsy, shoulder dystocia)
   2. Brain death (irreversible cessation of whole brain function)
   3. Congenital neurological abnormalities (e.g., myelomeningocele, encephalocele, AV malformation)
   4. Encephalopathy (e.g., anoxic, hypoxic-ischemic, metabolic, infectious)
   5. Hydrocephalus
   6. Intracranial hemorrhage/intraventricular hemorrhage (e.g., subarachnoid, epidural, subdural)
   7. Neurologic infectious disease (e.g., congenital, viral, bacterial)
   8. Neuromuscular disorders (e.g., muscular dystrophy, Guillain-Barré)
   9. Neurosurgery
   10. Seizure disorders

F. Gastrointestinal (6%)
   1. Bowel infarction/obstruction/perforation (e.g., necrotizing enterocolitis, mesenteric ischemia, adhesions)
   2. Gastro-esophageal reflux
   3. GI abnormalities (e.g., omphalocele, gastroschisis, volvulus, imperforate anus, Hirschspring’s disease, malrotation, intussusception)
   4. GI surgeries
   5. Hepatic failure/coma (e.g., biliary atresia)
   6. Malnutrition and malabsorption
   Continued
G. Renal (5%)
   1. Acute renal failure
   2. Life-threatening electrolyte imbalances

H. Multisystem (10%)
   1. Asphyxia
   2. Life-threatening maternal-fetal complications (e.g., eclampsia, HELLP syndrome, maternal-fetal transfusion, abruption placenta, placenta previa)
   3. Low birth weight/prematurity
   4. Multi-organ dysfunction syndrome (MODS)
   5. Sepsis/septic shock
   6. Toxin/drug exposure

I. Behavioral/Psychosocial (7%)
   1. Abuse/neglect
   2. Developmental delays
   3. Failure to thrive
   4. Substance dependence (e.g., withdrawal, maternal alcohol or drug dependence)
   5. Stress in extremely low birth-weight infants

II. PROFESSIONAL CARING AND ETHICAL PRACTICE (20%)
   A. Advocacy/Moral Agency (3%)
   B. Caring Practices (4%)
   C. Collaboration (4%)
   D. Systems Thinking (2%)
   E. Response to Diversity (2%)
   F. Clinical Inquiry (2%)
   G. Facilitation of Learning (3%)

   The sum of these percentages is not 100 due to rounding.

   Order of content does not necessarily reflect importance.
NEONATAL CCRN TESTABLE NURSING ACTIONS

Cardiovascular
• Identify/monitor normal and abnormal physical assessment findings
• Apply leads for cardiac monitoring
• Identify, interpret and monitor cardiac rhythms
• Monitor hemodynamic status and recognize signs and symptoms of hemodynamic instability
• Recognize indications for and manage patients requiring:
  ° 12-lead ECG
  ° arterial line
  ° cardiac catheterization
  ° cardiocentesis
  ° cardioversion
  ° central venous access
  ° central venous pressure monitoring
  ° defibrillation
  ° PA catheter
  ° SvO₂ monitoring
  ° transthoracic pacing
  ° transvenous pacing
• Manage patients receiving cardiovascular medications (e.g., thrombolytics, vasoactive agents, platelet inhibitors, anti-arrhythmic medications)
• Monitor patients and follow protocols for cardiac surgery
• Recognize signs and symptoms of cardiovascular emergencies, initiate interventions and seek assistance as needed
• Recognize normal fetal circulation and transition to extra-uterine life
• Recognize indications for and manage patients requiring umbilical line

Pulmonary
• Identify and monitor normal and abnormal physical assessment findings
• Interpret ABGs
• Monitor patient for response to pulmonary medications (e.g., bronchodilators, mucolytics)
• Recognize indications for and manage patients requiring:
  ° artificial airway
  ° bronchoscopy
  ° chest tubes
  ° conventional modes of mechanical ventilation
  ° high-frequency mechanical ventilation
  ° non-invasive positive pressure ventilation (e.g., BIPAP, CPAP, high-flow nasal cannula)
  ° oxygen therapy delivery devices
  ° prevention of complications related to mechanical ventilation (e.g., barotraumas, VAP)
  ° pulmonary therapeutic interventions (e.g., airway clearance, intubation, weaning, extubation)
  ° respiratory monitoring devices (e.g., SPO₂, SvO₂, ETCO₂) and report values
  ° therapeutic gases (e.g., nitric, heliox, CO₂)
  ° thoracentesis
• Recognize signs and symptoms of respiratory emergencies, initiate interventions and seek assistance as needed
• Monitor patient and follow protocols for thoracic and ENT surgery

Continued
Neonatal CCRN Testable Nursing Actions (Continued)

Endocrine
- Recognize normal and abnormal physical assessment findings
- Recognize signs and symptoms of endocrine emergencies, initiate interventions and seek assistance as needed
- Identify and monitor normal and abnormal diagnostic test results
- Implement treatment modalities for acute hypo/hyperglycemia (e.g., insulin therapy)
- Monitor patient and follow protocols for surgery related to the endocrine system
- Manage patients receiving medications and monitor response

Hematology/Immunology
- Recognize normal and abnormal physical assessment findings of patients with hematologic problems
- Recognize normal and abnormal physical assessment findings of patients with immunologic problems
- Identify and monitor normal and abnormal diagnostic test results (e.g., PT/INR, PTT, fibrinogen, CBC)
- Manage patients receiving medications (e.g., IVIg, steroids, chemotherapy) and monitor response
- Recognize and manage complications associated with transfusion of blood products
- Monitor patient and follow protocols pre-, intra- and post-procedure (e.g., plasmapheresis, exchange transfusion, autotransfusion)
- Recognize signs and symptoms of hematologic/immunologic emergencies, initiate interventions, and seek assistance as needed

Neurology
- Identify and monitor normal and abnormal physical assessment findings
- Recognize and monitor normal and abnormal neurological diagnostic test results (e.g., ICP, head CT scan, lumbar puncture)
- Recognize indications for and monitor/manage patients requiring neurological monitoring devices and drains
- Manage patients receiving medications (e.g., mannitol, hypertonic saline, sedation, neuromuscular blockade, anticonvulsants) and monitor response
- Recognize signs and symptoms of neurological emergencies (e.g., increased intracranial pressure, herniation, decreased LOC, seizure), initiate interventions and seek appropriate consultation
- Monitor patient and follow protocols pre-, intra- and post-procedure (e.g., ICP insertion, lumbar puncture)
- Monitor patients and follow protocols for neurosurgery

Gastrointestinal
- Identify and monitor normal and abnormal physical assessment findings
- Recognize and monitor normal and abnormal gastrointestinal diagnostic test results
- Recognize indications for and manage patients requiring gastrointestinal monitoring devices (e.g., intra-abdominal compartment pressure)
- Recognize indications for and manage patients requiring gastrointestinal drains

Continued
NEONATAL CCRN TESTABLE NURSING ACTIONS (CONTINUED)

**Gastrointestinal** (continued)
- Manage patients receiving gastrointestinal medications and monitor response
- Monitor patient and follow protocols for:
  - pre-, intra- and post-procedure (e.g., EGD, PEG placement)
  - gastrointestinal surgery
- Recognize indications for and complications of enteral and parenteral nutrition
- Recognize signs and symptoms of emergencies (e.g., GI bleed, ischemic bowel), initiate interventions and seek assistance as needed

**Renal**
- Recognize normal and abnormal physical assessment findings
- Identify and monitor normal and abnormal diagnostic test results
- Manage patients receiving renal medications and monitor response
- Recognize indications for and manage patients requiring renal therapeutic intervention (e.g., CRRT, peritoneal dialysis)
- Monitor patients and follow protocols for:
  - renal surgery
  - pre-, intra- and post-procedure (e.g., renal biopsy, ultrasound)
- Recognize signs and symptoms of renal emergencies, initiate interventions and seek assistance as needed
- Monitor patient and follow protocols pre-, intra- and post-procedure (e.g., renal biopsy, ultrasound)

**Multisystem**
- Recognize and monitor normal and abnormal diagnostic test results (e.g., lab, radiology)
- Recognize indications for and manage patients undergoing:
  - continuous sedation
  - procedural sedation
  - therapeutic hypothermia
- Assess patient’s pain:
  - Manage patients receiving medications (e.g., pain medications, reversal agents) and monitor response
  - Manage patients receiving non-pharmacologic methods for pain relief and monitor response
- Recognize signs and symptoms of multisystem emergencies (e.g., shock states, trauma), initiate interventions and seek assistance as needed
- Recognize indications for and manage patients undergoing neonatal skin care for low birth weight infants

**Behavioral/Psychosocial**
- Recognize normal and abnormal:
  - physical and psychosocial assessment findings
  - developmental assessment findings and provide developmentally appropriate care
- Recognize the need for and manage patients requiring restraints
- Recognize indications for and manage patients requiring behavioral therapeutic interventions
1. After application of a warm saline-soaked gauze dressing to an infant’s abdominal wall defect, the most effective method for preventing evaporative heat loss is to
   A. place the infant in a warmed isolette.
   B. place the infant under a radiant heat source.
   C. moisten the gauze dressing every 30 minutes.
   D. cover the gauze dressing with plastic.

2. An infant has just been intubated for respiratory failure due to respiratory distress syndrome (RDS). The infant’s breath sounds are heard on the right side but not on the left. Which of the following interventions would be most appropriate?
   A. leave the tube in position and increase bag pressure
   B. advance the tube until breath sounds are heard bilaterally
   C. withdraw the tube until breath sounds are heard bilaterally
   D. remove the tube and re-intubate

3. A preterm infant with necrotizing enterocolitis and resultant bowel perforation has returned from the operating room with an ileostomy. The first step in management of the ostomy should include
   A. contacting the dietician for recommendations regarding easily digested formula.
   B. contacting the enterostomal nurse to provide a pattern for the ostomy appliance.
   C. applying a dry sterile dressing over the ostomy.
   D. cliini-testing stool to determine degree of malabsorption.

4. An infant at 38-weeks-gestation is born via cesarean section. At 4 hours of age, heart rate is 155 and respiratory rate is at 60. Physical assessment reveals grunting, mild retractions and nasal flaring. A chest x-ray reveals perihilar streaking bilaterally. The following arterial blood gas (ABG) results are obtained:
   - pH 7.40
   - pCO₂ 35
   - pO₂ 40
   - HCO₃ 22
   Appropriate management of this patient would consist of
   A. intubation and mechanical ventilation.
   B. surfactant replacement therapy.
   C. chest tube insertion.
   D. oxygen administration via hood.

5. A meeting is planned to discuss the parents’ ethical concerns regarding life support interventions for their neonate with Trisomy 18. The nurse’s role would be to
   A. assist the parents in articulating their questions and concerns.
   B. provide legal information regarding end-of-life decisions.
   C. describe reasons for the infant’s poor prognosis.
   D. inform the parents that the goal of the meeting is to obtain a DNR order.

6. An infant with documented hypoglycemia is being started on a continuous dextrose infusion following a bolus injection of glucose. An appropriate rate of dextrose infusion would be
   A. 1 - 3 mg/kg/min.
   B. 4 - 8 mg/kg/min.
   C. 9 - 12 mg/kg/min.
   D. 13 - 16 mg/kg/min.

Continued
7. An infant with isometric hydrops is delivered at 28-weeks-gestation by cesarean section. Which of the following interventions should be anticipated in the initial management of this infant?

A. administration of sodium polystyrene sulfonate (Kayexalate)
B. placement of an umbilical venous catheter and slow push of O-positive whole blood
C. thoracentesis and/or paracentesis
D. a difficult intubation

8. The following results were obtained from a cerebro spinal fluid (CSF) sample obtained by lumbar puncture:

- 40 WBC/mm³
- 65% polymorphonuclear cells
- Glucose 50 mg/dl
- Protein 165 mg/dl
- Bacteria shown by Gram-staining

On the basis of these results, the most appropriate additional study would include

A. drawing blood for sedimentation rate.
B. obtaining surface cultures.
C. continuing monitoring without intervention.
D. obtaining blood and urine cultures.

9. The mother of an infant with severe PPHN would like to hold her infant. The infant’s oxygen saturation is 88% to 92% at rest, and mean blood pressure is 28. The nurse’s best response would be to

A. explain signs and symptoms that demonstrate instability of the infant.
B. assist the mother in holding the infant skin-to-skin.
C. encourage the mother to talk to the infant.
D. show the mother how to provide gentle infant massage.

10. Lab tests from the mother of a neonate reveal the presence of cocaine. The baby demonstrates irritability, hypertonicity and sleep disturbances. Nursing care for the neonate should include

A. swaddling and periods of undisturbed rest.
B. removal of parental rights and designation of a guardian.
C. encouragement of breast feeding and increased frequency of feedings.
D. mechanical ventilation and sedation.

Answers
1. D
2. C
3. B
4. D
5. A
6. B
7. C
8. D
9. A
10. A
## AACP Products for CCRN Exam Preparation

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<tr>
<td><strong>Online</strong> Adult CCRN Self-Assessment Exam (SAE) – mirrors content of CCRN exam; includes 60 questions with correct answers and rationale; score report upon completion to assess strengths and areas for further study; access for 90 days from purchase date.</td>
<td>Purchase online only at <a href="http://www.certcorp.org">www.certcorp.org</a>.</td>
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<tr>
<td><strong>Online</strong> Live Adult CCRN/CCRN-E Certification Review Webinars. Seven sessions, each 2.5 hrs. Available for individuals or groups.</td>
<td>For information go to <a href="http://www.aacn.org/webinars">www.aacn.org/webinars</a></td>
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<td><strong>Online</strong> Adult CCRN/CCRN-E Certification Review Course: Individual Purchase</td>
<td>For information go to <a href="http://www.aacn.org/ondemand">www.aacn.org/ondemand</a></td>
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<td>** Adult CCRN Certification Review Package on MP3.</td>
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<tr>
<td>** Adult CCRN Review Package on CD-ROM.</td>
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<tr>
<td>ACLS Pocket Reference Cards. (2011). AHA. AACN. Set of 2.</td>
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<td><strong>Online</strong> Pediatric CCRN Certification Review Course: Individual Purchase</td>
<td>For information go to <a href="http://www.aacn.org/ondemand">www.aacn.org/ondemand</a></td>
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<td>* Pediatric Practice CCRN Exam Questions. 6th ed. (2009). 130 questions</td>
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<td>*** Pediatric CCRN Review Package on Audio CD.</td>
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*Denotes products developed by AACN Certification Corporation.

**Adult CCRN Review Packages include Adult CCRN Review Course, Adult Practice CCRN Exam Questions and AACP Core Curriculum for Critical Care Nursing.

***Pediatric CCRN Review Packages include Pediatric/Neonatal CCRN Review Course, Pediatric Practice CCRN Exam Questions and AACP Core Curriculum for Pediatric Critical Care Nursing.

****Neonatal CCRN Review Packages include Pediatric/Neonatal CCRN Review Course, Neonatal Practice CCRN Exam Questions and Certification Core Review for Neonatal Intensive Care Nursing.

For more details and to place an order, visit www.aacn.org/marketplace, or call AACN Customer Care at (800) 899-2226, Monday through Friday between 7:30 a.m. and 4:30 p.m. Pacific Time.
Online exam registration is available at www.certcorp.org > Apply Online.

Complete and submit with 2-page application at back of handbook.

PLEASE PRINT CLEARLY. PROCESSING WILL BE DELAYED IF INCOMPLETE OR NOT LEGIBLE.

NAME:                    AACN CUSTOMER #:  
Last                                            First                                          MI

I hereby apply for CCRN certification offered by AACN Certification Corporation. I have read and understand the exam policies and eligibility requirements as documented in the Certification Exam Policy Handbook and the CCRN/PCCN Certification Exam Handbook. I acknowledge that certification depends upon successful completion of the specified requirements.

LICENSURE: I possess a current unencumbered U.S. RN or APRN license. My ____________________________ (state) RN 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 the nurse’s practice in any way. I understand that I must notify AACN Certification Corporation within 30 days if any disciplinary action is taken against my RN license in the future.

PRACTICE: I have fulfilled the clinical practice hour requirements of 1,750 hours of direct bedside care of acutely and/or critically ill

☐ Adult  ☐ Pediatric  ☐ Neonatal (check one only)
patients as an RN or APRN within the previous 2-year period, with 875 hours accrued in the most recent year preceding this application.

PRACTICE VERIFICATION: Following is the contact information of my clinical supervisor or a professional associate (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.

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

AUDIT: I understand that information supplied is subject to audit and failure to respond to a request for further information may be sufficient cause for AACN Certification Corporation to bar me from the exam, invalidate the results of my exam, withhold certification, revoke certification or take other appropriate action.

NON-DISCLOSURE OF EXAM CONTENT: My signature on this form indicates my agreement to keep the contents of the exam confidential and not disclose or discuss the specific exam content with anyone except AACN Certification Corporation. By complying with and enforcing this obligation, I help maintain the integrity of the AACN Certification Program and the value of its certification credentials.

To the best of my knowledge, the information contained in the application is true, complete, correct and is made in good faith. I am aware that the information acquired in the certification process may be used for statistical purposes and for evaluation of the certification program.

Applicant’s Signature:   Date:  

This form may be photocopied and is also available online at www.certcorp.org.
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PCCN® certification is a specialty certification for nurses who provide care for acutely ill adult patients, regardless of the geographic location of their nursing care. Specialty nurses interested in this certification may work in such areas as intermediate care units; direct observation units; stepdown units; telemetry units; transitional care units; or emergency departments.
Definition
Progressive Care Certified Nurse (PCCN) certification validates your knowledge of nursing of acutely ill adult patients in your specialty area to hospitals, peers, patients and, most importantly, to yourself. PCCN certification promotes continuing excellence in progressive care nursing. Progressive care is the term the American Association of Critical-Care Nurses (AACN) uses to collectively describe areas that are also referred to as intermediate care units, direct observation units, stepdown units, telemetry units, transitional care units or emergency departments, as well as to define a specific level of patient care. AACN recognizes progressive care as part of the continuum of critical care.

PCCN® Registered Service Mark
PCCN is a registered service mark of AACN Certification Corporation 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.

Validated Knowledge and Specialized Skills
Each PCCN certification exam is based on a job analysis. The most recent study, completed in 2008, defines the dimensions of progressive care practice, identifying what is required of registered nurses practicing in acute care settings.

In the study, progressive care nurses across the United States were surveyed to ascertain the frequency and significance of the various elements of their practice. Through an extensive review and evaluation process, the knowledge, skills and abilities crucial to progressive care nursing were defined using the AACN Synergy Model for Patient Care as an organizing framework. The PCCN certification exam is based on these skills and abilities and the knowledge required to perform them.

PCCN certification is achieved by those progressive care nurses who pass the PCCN exam in adult progressive care nursing. PCCN certification denotes to the public those practitioners who possess a distinct and clearly defined body of knowledge called progressive care nursing.

PCCN Exam Contents
The PCCN exam is a 2-and-½-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.

PCCN EXAM ELIGIBILITY

• Current unencumbered licensure as an RN or APRN in the United States 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.

Candidates and PCCN-certified nurses must notify AACN Certification Corporation within 30 days if any restriction is placed on their RN or APRN license. If randomly selected for audit, you will be asked to provide a copy of your RN or APRN license - please do not submit with your application.

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

Clinical practice hours for PCCN exam or renewal eligibility must take place in a U.S.-based or Canada-based facility or in a facility determined to be comparable to the U.S. standard of acute/critical care nursing practice, as evidenced by ANCC Magnet Status or Joint Commission International accreditation.

Continued
PCCN EXAM ELIGIBILITY (CONTINUED)

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

Nurses in these roles must be actively involved in caring for patients at the bedside; for example, performing a procedure or supervising a new employee or student nurse performing a procedure at the bedside.

- The name and address of a professional associate must be given for verification of eligibility related to clinical practice hours. If you are randomly selected for audit, this associate will be asked to verify in writing that you have met the clinical hour requirements. A professional associate is defined as a clinical supervisor (RN or physician) or RN colleague 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 and experience in caring for the acutely ill.

PCCN CERTIFICATION RENEWAL

PCCN certification is conferred 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, October 1, 2012 through September 30, 2015. The purpose of certification renewal is to enhance continued competence.

Renewal notifications will be mailed and/or emailed to you approximately 90 days before your scheduled PCCN renewal date. You are responsible for renewing your certification even if you do not receive renewal notification. Refer to www.certcorp.org for current information.

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. Renewal by Exam candidates must successfully apply for and schedule their exam in enough time to complete the CCRN exam before their scheduled renewal date. You may not take the exam early, then attempt to renew by CERPs if you do not pass.

To renew, you must hold a 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. You must also complete 432 hours of direct bedside 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 prior to the scheduled renewal date, and complete the required CERPs or complete the PCCN exam. For more details, refer to the CCRN/PCCN Renewal Handbook available at www.certcorp.org > Documents and Handbooks.

**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). For more details refer to the Renewal by Synergy CERPs brochure and other Synergy CERP resources available online at www.certcorp.org.

Online Renewal by Synergy CERPs is available to all active PCCNs as early as 4 months prior to their scheduled renewal date. For more information visit www.certcorp.org > Renew Your Certification.

**Option 2 - Renewal by Exam**

Meet the eligibility requirements for PCCN renewal and successfully apply for and schedule your exam in enough time to complete the PCCN exam before your scheduled renewal date.

**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 PCCN-certified nurses additional time, up to 3 years from the scheduled renewal date, to meet the eligibility requirements. During the time of Inactive status candidates may not use the PCCN credential. Inactive status may be held more than once, but not for two consecutive renewal periods.

Continued
**Alternate Designations**

**Alumnus Status**

Alumnus status is for nurses who have been PCCN-certified but no longer provide direct bedside care to acutely ill patients for enough hours to meet the clinical hour requirement for active PCCN certification, but are still in the nursing profession in some other capacity and wish to remain connected with the credential.

Renewable every 3 years, the “Alumnus PCCN” designation, written out, may be used on your resume or below your name and credentials on a business card, but may not be used with your signature or on a name badge. To be eligible for Alumnus PCCN status, you must have held PCCN certification and have no plans to renew PCCN certification in the future. There are no CE or CERP requirements to maintain Alumnus PCCN status.

**Retired Status**

Retired status provides the PCCN-certified nurse or Alumnus PCCN who is retiring from the nursing profession with a continued sense of career identity and professional connectedness. The Retired PCCN designation recognizes PCCN-certified nurses for their years of service at the bedside. It also acknowledges their pride and dedication in maintaining their certification. To be eligible for Retired PCCN status, you must have been a PCCN without plans of returning to nursing practice or renewing certification. The retired RN must not be working in any type of position that requires the possession of an RN license. You are not eligible if you are changing from bedside practice to another nursing role.

The “Retired PCCN” designation, written out, may be used on your resume or below your name and credentials on a business card, but may not be used with your signature or on a name badge. There are no CE or CERP requirements to maintain Retired PCCN status.

For more details, refer to the Alumnus PCCN and Retired PCCN applications available online at www.certcorp.org > Documents and Handbooks.
Online registration is available for the PCCN exam. This paperless registration streamlines the exam application process by up to 4 weeks. Once you register online your 90-day window for testing will begin within 1 to 2 weeks.

Candidates should be prepared to sit for the exam before registering online. For more information and to register visit www.certcorp.org.

**PCCN APPLICATION FEES**

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

Computer-based testing discounts are available for groups of **10 or more** exam candidates who apply together. Employers may pre-purchase exam vouchers at a further discounted rate.

For details about the group and bulk discount programs, visit www.certcorp.org > General Information or call (800) 899-2226.
Clinical Judgment


Professional Caring and Ethical Practice


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

More current versions may be available.

PUBLISHER CONTACTS:

AACN – (800) 899-2226
American Heart Association – (800) 242-8721
Elsevier (including Mosby, W. B. Saunders and Hanley & Belfus) – (800) 545-2522
Jones & Bartlett – (800) 832-0034
Lippincott Williams & Wilkins – (800) 638-3030
PCCN TEST PLAN

I. CLINICAL JUDGMENT (80%)

A. Cardiovascular (36%)
   1. Acute coronary syndromes
   2. Acute inflammatory disease
   3. Cardiac surgery
   4. Cardiac tamponade
   5. Cardiogenic shock
   6. Cardiomyopathies
   7. Conduction defects
   8. Dysrhythmias
   9. Heart failure
   10. Hypertensive crisis
   11. Peripheral vascular disease
   12. Peripheral vascular surgery
   13. Pulmonary edema
   14. Ruptured or dissecting aneurysm
   15. Structural heart defects

B. Pulmonary (14%)
   1. Acute lung injury (ALI)
   2. Aspirations
   3. Chronic ventilatory failure
   4. Exacerbation of COPD
   5. Pneumothorax
   6. Pulmonary embolism
   7. Pulmonary hypertension
   8. Respiratory infections
   9. Severe asthma
   10. Sleep disordered breathing
   11. Thoracic surgery

C. Endocrine (4%)
   1. Diabetic ketoacidosis
   2. Hypoglycemia

D. Hematology/Immunology (2%)
   1. Anemia
   2. Life-threatening coagulopathies

E. Neurology (5%)
   1. Intracranial hemorrhage
   2. Seizure disorders
   3. Stroke

F. Gastrointestinal (5%)
   1. GI hemorrhage
   2. GI infections
   3. GI motility disorders
   4. Hepatic failure
   5. Malnutrition
   6. Pancreatitis

G. Renal (5%)
   1. Acute renal failure
   2. Electrolyte imbalances
   3. End-stage renal disease (ESRD)

H. Multisystem (5%)
   1. Infectious diseases
   2. Shock states

I. Behavioral (4%)
   1. Delirium and dementia
   2. Mood disorders and depression
   3. Substance abuse

II. PROFESSIONAL CARING AND ETHICAL PRACTICE (20%)

A. Advocacy/Moral Agency (3%)
B. Caring Practices (4%)
C. Collaboration (4%)
D. Systems Thinking (2%)
E. Response to Diversity (2%)
F. Clinical Inquiry (2%)
G. Facilitation of Learning (3%)

Order of content does not necessarily reflect importance.
PCCN TESTABLE NURSING ACTIONS

Cardiovascular

1. Perform a comprehensive cardiovascular assessment
2. Identify, interpret and monitor:
   • dysrhythmias
   • ST segments
   • QTc intervals
3. Select leads for cardiac monitoring for the indicated disease process
4. Recognize indications for and manage patients requiring hemodynamic monitoring using non-invasive hemodynamic monitoring
5. Monitor hemodynamic status and recognize signs and symptoms of hemodynamic instability
6. Recognize indications for and monitor/manage patients requiring cardiovascular therapeutic intervention using:
   • cardioversion
   • transcutaneous pacing
   • defibrillation
7. Monitor normal and abnormal diagnostic test results
8. Calculate dosages and administer cardiovascular medications
9. Titrate vasoactive medications
10. Recognize signs and symptoms of cardiovascular emergencies, initiate standardized interventions and seek assistance as needed
11. Monitor patient and follow standardized protocols pre-, intra- and post-procedure
12. Monitor and manage patients following coronary intervention

Pulmonary

1. Perform a comprehensive pulmonary assessment
2. Monitor normal and abnormal diagnostic test results
3. Interpret ABGs and report findings
4. Monitor patients for response to pulmonary medications
5. Manage patients requiring the following non-invasive O₂ or ventilation delivery systems:
   • nasal cannula
   • face masks
   • non-rebreather mask
   • BiPAP
   • CPAP
6. Manage patients requiring mechanical ventilation via tracheostomy tube
7. Manage patients requiring the following respiratory monitoring devices:
   • continuous SPO₂
   • intermittent SPO₂
8. Recognize signs and symptoms of respiratory complications and seek assistance as needed
9. Maintain patient airway
10. Manage patients with chest tubes
11. Assist with the following procedures:
    • thoracentesis
    • chest tube insertion
12. Administer medications for procedural (conscious) sedation and monitor patient’s response
13. Monitor patient and follow standardized protocols pre-, intra- and post-procedure

Continued
**PCCN TESTABLE NURSING ACTIONS (CONTINUED)**

### Endocrine
1. Perform a comprehensive endocrine assessment
2. Monitor normal and abnormal diagnostic test results
3. Administer medications, treatments or interventions and monitor patient response
4. Manage and titrate insulin infusions

### Hematology/Immunology
1. Perform a comprehensive hematology/immunology assessment
2. Monitor normal and abnormal diagnostic test results
3. Administer medications, treatments or interventions and monitor patient response

### Neurology
1. Perform a comprehensive neurological assessment
2. Monitor normal and abnormal neurological diagnostic test results
3. Administer medications, treatments or interventions and monitor patient response

### Gastrointestinal
1. Perform a comprehensive gastrointestinal assessment
2. Monitor normal and abnormal gastrointestinal diagnostic test results
3. Recognize indications for and complications of enteral and parenteral nutrition

### Renal
1. Identify normal and abnormal renal assessment findings
2. Monitor normal and abnormal diagnostic test results

### Multisystem
1. Administer medications, treatments or interventions and monitor patient response
2. Recognize signs and symptoms of emergencies, initiate standardized interventions and seek assistance as needed
3. Manage patients with complex wounds with fistulas, drains and vacuum-assisted closure devices

### Behavioral
1. Perform a psychosocial assessment
2. Administer medications, treatments or interventions and monitor patient response
3. Recognize signs and symptoms of behavioral emergencies and initiate interventions
NURSING ACTIONS EXCLUDED FROM PCCN EXAM

Cardiovascular
1. Recognize indications for and manage patients requiring hemodynamic monitoring using:
   • an arterial line
   • CVP monitoring
2. Recognize indications for and manage patients requiring hemodynamic monitoring using CVP monitoring
3. Recognize indications for and monitor/manage patients requiring cardiovascular therapeutic intervention using:
   • transvenous pacing
   • epicardial pacing
   • arterial sheath removal
   • venous sheath removal
   • ventricular assist devices
4. Manage continuous veno-venous hemofiltration for heart failure

Pulmonary
1. Manage patients requiring mechanical ventilation via endotracheal tube
2. Manage patients requiring an ETCO₂ respiratory monitoring device
3. Removal of:
   • pleural chest tubes
   • mediastinal tubes
4. Manage patients requiring:
   • ventilator weaning
   • extubation or decannulation
5. Assist with the following procedures:
   • bronchoscopy
   • intubation

Endocrine
Manage patients using insulin pumps

Neurology
1. Manage patients requiring:
   • lumbar drains
   • ventriculostomy
   • neurological monitoring devices and drains for intracranial pressure
2. Recognize signs and symptoms of increased intracranial pressure

Gastrointestinal
Perform intra-abdominal hypertension monitoring

Renal
Assist with:
• hemodialysis
• peritoneal dialysis
• continuous renal replacement therapy (CRRT)

Multisystem
Manage patients with intraosseous devices
SAMPLE PCCN EXAM QUESTIONS

1. 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.

2. 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

3. Chest auscultation of a patient in status asthmaticus commonly reveals
   A. expiratory wheezes.
   B. inspiratory crackles.
   C. diminished bilateral breath sounds.
   D. a pleural friction rub.

4. The family of a critically ill patient wishes to spend the night, which is contrary to 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.

5. 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.

6. 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 possible drug interaction.

7. Which of the following electrolyte abnormalities should the nurse anticipate in a patient with chronic alcoholism?
   A. hypomagnesemia
   B. hyperphosphatemia
   C. hyponatremia
   D. hyperkalemia

Answers
1. D
2. D
3. A
4. D
5. C
6. B
7. A
### AACN PRODUCTS FOR PCCN EXAM PREPARATION

<table>
<thead>
<tr>
<th>Description</th>
<th>Item #</th>
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<tr>
<td><strong>Online</strong> PCCN Self-Assessment Exam (SAE) – mirrors content of PCCN exam; includes 50 questions with correct answers and rationale; score report upon completion to assess strengths and areas for further study; access for 90 days from purchase date.</td>
<td>Purchase online only at <a href="http://www.certcorp.org">www.certcorp.org</a>.</td>
</tr>
<tr>
<td>Online PCCN Certification Review Course: Individual Purchase</td>
<td>For information go to <a href="http://www.aacn.org/ondemand">www.aacn.org/ondemand</a></td>
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<td>* Practice PCCN Exam Questions. (2008). 120 questions.</td>
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<td>** PCCN Review Course on MP3. (2011). Includes pdf of study guide and 13.5 hours of CE credit.</td>
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<td>AACN Protocols for Practice: Non-Invasive Monitoring. 2nd ed. (2006). Burns, S. 113 pages.</td>
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<td>ACLS Pocket Reference Cards. (2011). AHA, AACN. Set of 2.</td>
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<td>AACN Core Curriculum for Progressive Care Nursing. (2010). AACN. 605 pages.</td>
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*Denotes product developed by AACN Certification Corporation.

**PCCN Review Course Packages also available; packages include PCCN Review Course, Practice PCCN Exam Questions and AACN Essentials of Progressive Care Nursing. Item numbers are 302015 (DVD), 302016 (CD-ROM) and 302017 (Audio CD).**

For more details and to place an order, visit www.aacn.org/marketplace, or call AACN Customer Care at (800) 899-2226, Monday through Friday between 7:30 a.m. and 4:30 p.m. Pacific Time.
PCCN EXAM APPLICATION HONOR STATEMENT

Online exam registration is available at www.certcorp.org > Apply Online.

Complete and submit with 2-page application at back of handbook.

PLEASE PRINT CLEARLY. PROCESSING WILL BE DELAYED IF INCOMPLETE OR NOT LEGIBLE.

NAME:                    AACN CUSTOMER #: 

Last    First    MI

I hereby apply for PCCN certification offered by AACN Certification Corporation. I have read and understand the exam policies and eligibility requirements as documented in the Certification Exam Policy Handbook and the CCRN/PCCN Certification Exam Handbook. I acknowledge that certification depends upon successful completion of the specified requirements.

LICENSURE: I possess a current unencumbered U.S. RN or APRN license. My _______________________________ (state) RN 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. I understand that I must notify AACN Certification Corporation within 30 days if any disciplinary action is taken against my RN or APRN license in the future.

PRACTICE: I have fulfilled the clinical practice hour requirements of 1,750 hours of direct bedside care of acutely ill adult patients as an RN or APRN within the previous 2-year period, with 875 hours accrued in the most recent year preceding this application.

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

VERIFIER’S NAME: 

Last    First

FACILITY NAME:

VERIFIER’S PHONE NUMBER: VERIFIER’S EMAIL ADDRESS:

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

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

AUDIT: I understand that information supplied is subject to audit and failure to respond to a request for further information may be sufficient cause for AACN Certification Corporation to bar me from the exam, invalidate the results of my exam, withhold certification, revoke certification or take other appropriate action.

NON-DISCLOSURE OF EXAM CONTENT: My signature on this form indicates my agreement to keep the contents of the exam confidential and not disclose or discuss the specific exam content with anyone except AACN Certification Corporation. By complying with and enforcing this obligation, I help maintain the integrity of the AACN Certification Program and the value of its certification credentials.

To the best of my knowledge, the information contained in the application is true, complete, correct and is made in good faith. I am aware that the information acquired in the certification process may be used for statistical purposes and for evaluation of the certification program.

Applicant’s Signature:   Date:

This form may be photocopied and is also available online at www.certcorp.org.
CERTIFICATION EXAM APPLICATION
Online exam registration is available at www.certcorp.org > Apply Online.

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:

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<th>Number</th>
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LEGAL NAME:

Last First MI Maiden

HOME ADDRESS:

City State ZIP

EMPLOYER NAME:               BUSINESS PHONE:

EMPLOYER ADDRESS:

City State ZIP

PREFERRED EMAIL:               HOME PHONE:

2. AACN MEMBERSHIP

I would also like to join/renew my AACN membership at this time and select member pricing for my exam fees:

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

3. EXAM FOR WHICH YOU ARE APPLYING

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<td>☐ $135</td>
<td>☐ $215</td>
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Applications for the NTI and TRENDS paper and pencil exams available at www.certcorp.org.

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

4. PAYMENT INFORMATION

☐ 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.

Membership Fee: $__________ + Exam Fee: $__________ = Total Payment: $__________

Please complete page 2 of application.

APCCHF

This application form may be photocopied and is also available online at www.certcorp.org.
### 5. DEMOGRAPHIC INFORMATION

*Check one box in each category.* Information is used for statistical purposes and may be used in eligibility determination.

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

#### Primary Position Held
- Academic Faculty (07)
- Acute Care Nurse Practitioner (09)
- Administrator/V.P. (43)
- Bedside/Staff Nurse (01)
- Clinical Director (04)
- Clinical Nurse Specialist (08)
- Corporate Executive (11)
- Elected Official (12)
- Inservice/Staff Dev. Instructor (06)
- Legal Nurse Consultant (39)
- Manager (03)
- Nurse Anesthetist (02)
- Nurse Educator (46)
- Nurse Midwife (13)
- Nurse Practitioner (05)
- Pharmacist (14)
- Physician (16)
- Physician Assistant (17)
- Researcher (18)
- Respiratory Therapist (19)
- Social Worker (20)
- Unit Coordinator (22)
- Other - specify below

#### Is English your first language?
- Yes [☐] No [☐]

#### Did you graduate from nursing school in a country other than the U.S.?
- Yes [☐] No [☐]

#### If yes, which country?
______________________________

#### What year did you start practicing nursing in the U.S.?
______________________________

#### Ethnicity
- African-American (02)
- Asian (05)
- Hispanic/Latino (03)
- Native American (04)
- Pacific Islander (06)
- White/Non-Hispanic (01)
- Other – specify below
______________________________

#### Highest Nursing Degree
- Associate’s Degree
- Bachelor’s Degree
- Diploma
- Doctorate
- Master’s Degree

#### Gender
- Female [☐] Male [☐]

#### Have you completed Red Cross Disaster Recovery training?
- Yes (01) [☐] No (02) [☐]

#### Primary Type of Facility in Which Employed
- College/University (08)
- Community Hospital (Nonprofit) (01)
- Community Hospital (Profit) (02)
- County Hospital (07)
- HMO/Managed Care (12)
- Home Health (13)
- Military/Government Hospital (04)
- Private Industry (11)
- Registry (10)
- Self-Employed (09)
- Travel Nurse (15)
- University Med. Center (03)
- Other – specify below
______________________________

#### Number of beds in Institution
______________________________

#### Years experience in Nursing
______________________________

#### Years experience in Acute/Critical Care Nursing
______________________________

#### Date of Birth (Month/Day/Year)
______________________________

6. **HONOR STATEMENT**

- Complete the Honor Statement, found at the end of the exam section, for your selected exam:
  - CCRN - page 41 or PCCN - page 57

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 date received by AACN Certification Corporation for application processing.

**Questions? Please visit www.certcorp.org, email certcorp@aacn.org or call us at (800) 899-2226.**