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INTRODUCTION

This HANDBOOK is written for candidates desiring to take the following national certification examinations:

- Adult-Gerontology Primary Care Nurse Practitioner (A-GNP)
- Family Nurse Practitioner (FNP)

It provides important information such as eligibility requirements, application and testing information, exam blueprints, and AANPCB Policies. It is important that a candidate read and understand the contents of this handbook before applying for the certification exam.

Typical processing time for initial applications is 3-6 weeks depending upon receipt of a complete application, required documents, and applicable fees. AANPCB does not expedite the processing of applications.

Material contained in this handbook supersedes information in previous Candidate Handbooks and is subject to change without notice. Information in the handbooks, and on the certification website, is updated on a regular basis. Every effort is made to present it clearly.

Contact Us

Email is the preferred method for general correspondence. Copies of RN licenses, completed paper applications, and other documents may be emailed, faxed, or mailed.

Email: Certification@aanpcert.org

Email Official Transcripts to: Transcripts@aanpcert.org

Fax: (512) 637-0540 or (512) 637-0334

Certification Administration: (512) 637-0500

Toll-free Number: (855) 822-6727

Mailing Address:
AANPCB
P.O. Box 12926
Austin, TX  78711-2926

Overnight Delivery Address: It is recommended that a guaranteed courier delivery service be used and documents by overnight delivery if an applicant wishes to ensure that materials are received.

AANPCB
2600 Via Fortuna, Suite 240
Austin, TX  78746-7006

AANPCB website: https://www.aanpcert.org
**AANPCB MISSION AND PURPOSE**

**About AANPCB**

The American Academy of Nurse Practitioners Certification Program was established in 1993 for the purpose of providing a valid and reliable program for evaluation of individuals wishing to enter, continue, and/or advance in the nurse practitioner profession through the certification process. Effective January 1st, 2017, the business name was changed to the American Academy of Nurse Practitioners Certification Board (AANPCB). AANPCB is a nonprofit organization incorporated under the name American Academy of Nurse Practitioners National Certification Board, Inc.

**Our Mission:** To provide excellence in professional NP certification.

**Our Vision:** To be the leading organization upholding the highest certification standards for nurse practitioners in promoting high quality healthcare.

**Our Core Values:** Accountability, quality, and transparency.

**Purpose:** To assess the knowledge and practice competencies of nurse practitioners required to provide safe and quality health care. As a national nursing certification board, AANPCB:

- Facilitates the application processes for NP certification.
- Provides a reliable, valid, competency-based examination for NPs to assess knowledge, skills and abilities.
- Provides initial certification of the Adult-Gerontology Primary Care Nurse Practitioner and Family Nurse Practitioner meeting eligibility requirements for certification by exam.
- Provides processes for renewal of certification for the A-GNP, FNP, Adult Nurse Practitioner, Gerontologic Nurse Practitioner, and Emergency Nurse Practitioner meeting current minimum requirements for recertification.

**Non-Discrimination Policy**

The American Academy of Nurse Practitioners Certification Board does not discriminate against candidates and certificants with respect to age, sex, race, color, religion, national origin, ethnicity, disability, marital status, sexual orientation, gender identity, veteran status, or any other characteristic legally protected by law. Reasonable and consistent use of non-discrimination and impartiality policies and procedures will apply to all programs of the AANPCB, to include application processes, testing processes, and business operations.

**Accreditation**

AANPCBs A-GNP and FNP certification programs are accredited by the American Board of Specialty Nursing Certification (ABSNC) and the National Commission for Certifying Agencies (NCCA), the accrediting body of the Institute for Credentialing Excellence (ICE). Changes to the NP certification programs will align with the certification accreditation standards promulgated by ABSNC and NCCA. Accreditation dates and information on ABSNC and NCCA accreditation may be found on the certification website.
ELIGIBILITY REQUIREMENTS

Educational Program Requirements
Candidates sit for the certification examination that aligns with their graduate education, role and population area. This includes successful completion of:

- Nationally recognized competencies of the NP role and Adult-Gerontology Primary Care or Family/Across the Life Span population specialty.
- APRN core (advanced physical assessment, advanced pharmacology, and advanced pathophysiology).
- NP program’s required number of faculty-supervised direct patient care clinical hours.
- An accredited graduate program.

Nurse Licensure
- Current U.S. or Canadian professional nurse licensure.

Academic Transcript
- An official or unofficial transcript showing academic coursework completed to date or final official transcript showing degree awarded and date conferred, is required to begin an application.
- Mailed transcripts must be sent to AANPCB in a sealed envelope directly from the school registrar.
- Secure, electronic academic transcripts may be emailed directly from the school to Transcripts@aanpcert.org.

Certification Fees
Current fees are posted on the AANPCB website and must be paid in U.S. dollars. Fees and refunds are subject to change without notification.

- There is no charge for processing of supporting documents received by AANPCB for the purposes of certification and recertification (e.g., RN/APRN licenses, CEs, unofficial transcripts).
- Applications are processed in a timely manner. AANPCB does not expedite or charge an expediting fee for processing of applications.
- A paper processing fee is charged for paper applications received via mail, email, or fax.
- Refunds are processed according to information available on the AANPCB website home page, FAQs, and Employers/Credentialing Services sections.

Frequently Asked Questions
Access the FAQs on the certification website for useful and important information to help you complete your application process to become certified.
HOW TO APPLY

Online Profile
Visit www.aanpcert.org to create an Online Profile account. Once an account is established:

- Apply for the certification exam.
- Upload a copy of current professional nursing license with expiration date, unofficial transcripts, and CE documents.
- View application status updates.
- Make changes to name, address, or contact information.
- Order verifications to be sent to state boards of nursing and employers.
- Access a printable wallet card when certified.

Application Process
How Early Can I Apply?
- MSN or Post-Graduate Certificate Applicants may begin the application process 6 months prior to completion of their program.
- Doctor of Nursing Practice (DNP) Applicants may begin the application process as early as 1 year prior to completion of their program. A letter from the NP Program Director is required if the candidate is requesting to test prior to the program completion date.
- Candidates may sit for an examination after they have completed all didactic courses and clinical practice hours required for their NP program. Some candidates may complete their NP program several weeks before their scheduled graduation and degree conferral date.
- A Program Completion Date is the date all didactic courses and clinical hours in the NP program are completed. Degree Conferred Date is the date the graduate degree or post-graduate certificate is awarded. Some candidates may complete their NP program several weeks before their scheduled graduation and degree conferral date.

Apply Online: Online applications and electronic submissions are preferred. To avoid automatic loss of information in the certification management system, it is recommended that applications be completed within 30 days of starting it. Documents can be sent via fax, email, or mail after an application has been submitted.

Apply by Paper Application: A fillable PDF paper application is available on the website for download under the tab Forms. Paper application processing will be longer than the online renewal method. A processing fee is assessed for entering paper applications.
Processing Time

Typical processing time for initial applications is 3-6 weeks depending upon receipt of a complete application, required documents, and applicable fees. Applications are processed in a timely manner in the order received, therefore, AANPCB does not expedite processing of applications or charge an expediting fee.

Required Documents, Fees, and Notification of Missing Items

- Current professional nursing license with expiration date, fee payment, and a transcript showing academic “coursework-to-date” completed or a final official transcript is required to initiate processing an application.

- AANPCB will accept an unofficial or official transcript from your university showing courses completed and academic “work-to-date” prior to graduation. Applications can be processed and approved if the coursework on the transcript meets current eligibility requirements. A final official transcript showing degree conferred and date awarded is required for release of a score report.

- Weekly emails are sent if additional information is needed to complete an application.

Professional Review

- Applications are reviewed to determine that current eligibility criteria to take the examination has been met and for completeness before forwarding for professional review by qualified advanced practice nurses.

Signature and Attestation

The applicant’s signature (electronic or written) on the application is required for processing. This signature confirms that the information provided by the candidate applying to take the AANPCB certification examination is accurate and true to the best of their ability. Applicants who choose to apply to take the AANPCB certification examination attest that they:

- Have accessed the Candidate Handbook online at www.aanpcert.org.

- Shall maintain current, active professional nursing licensure.

- Are obligated to notify AANPCB of nursing licensure suspension or revocation by a board of nursing or regulatory body.

- Understand that AANPCB may amend requirements, policies, and procedures from time to time.

Applicants choosing to take the certification examination shall attest that they have read, agree to adhere to, understand AANPCB’s:

- General Principles and Standards of Conduct
- NP Scope and Standards of Practice
- Non-Discrimination Policy
- Confidentiality and Disclosure Policy
- Examination Security Policy
- Disciplinary, Appeals, and Complaints Policy
- Records Retention Policies
**ABOUT YOUR EXAM**

- **New exams**: Are developed annually and released for administration in January. All items are reviewed to ensure consistency with therapeutic clinical guidelines published at the time exams are developed.

- **Specific age parameters**: The Consensus Model for APRN Regulation does not define specific age parameters for any of the population foci, therefore, growth and development are used as the basis of age-related changes for constructing the certification exams and for NP practice. The FNP population is lifespan, and the A-GNP population is young adult (including adolescents) to elderly.

- **There are 150 questions on each exam.** A candidate’s score is based solely on the 135 scored questions. Of the 150 questions, there are 15 pretest questions on the exam that cannot be distinguished from those that are scored. Pretest questions are included to determine how they perform statistically to vet them for use on future exams. A test-taker’s score on pretest questions does not affect a final score.

- **Examinations are computer-based and candidates have 3 hours (180 minutes) to take the exam.** Before the exam starts, a tutorial is shows how to use the computer and keyboard provided. The time spent on the tutorial, up to 15 minutes, does not count as part of the test time. During the examination, minutes remaining will be displayed at the top of the screen.

- **Examination scores**: Will not be released until an official final transcript showing completion date of the program and degree or certificate has been awarded. For post-graduate (post-master’s) certificate students, examination scores will not be released until an official MSN final transcript and transcript with coursework showing completion date of the certificate program has been awarded.

**Examination Security Policy**

Federal copyright law protects AANPCB’s examinations and the items contained therein. The certification examinations and all items on the examinations are the exclusive property of the American Academy of Nurse Practitioners National Certification Board, Inc. Candidates who apply for the certification examination acknowledge that they understand and agree to the following prior to taking the examination:

- Retention, possession, copying, distribution, disclosure, discussion or receipt of any AANPCB certification examination question, in whole or in part, by written, electronic, oral, or other form of communication, including but not limited to emailing, copying or printing of electronic files, and reconstruction through memorization and/or dictation, before, during or after the certification examination is strictly prohibited.

- Disclosure, discussion or receipt of any AANPCB certification examination questions and/or the examination, in whole or in part, on social media networking, in study groups, or by other methods is strictly prohibited.

- Theft or attempted theft of examination content is punishable by law.

- Candidate participation in any irregularity occurring during or after the examination, such as giving or obtaining unauthorized information or aid, as evidenced by observation or subsequent statistical analysis, may be sufficient cause to terminate participation, invalidate results of the examination, or necessitate other appropriate action per AANPCB Disciplinary Policy. Incidents regarding examination administration security will be reported to the AANPCB Board of Commissioners. Grounds for sanction may be warranted.
PREPARING FOR THE EXAM

- **New examinations**: Are developed annually, using current therapeutic guidelines and references, and released every January.

- **Reference Lists**: Are available on the website.

- **Sample Questions**: See pp. 33-35

**Practice Exam**

Practice Examinations provide the candidate with an opportunity to familiarize themselves with the format of test questions on an exam. AANPCB’s Practice Examinations meet the same test specifications (exam blueprint). NP content experts developed the practice exam questions. Performance on a Practice Exam is not a predictor of whether a candidate will pass the competency-based certification examination. Taking the Practice Exam is not required and does not give any advantage over the candidate who chooses not to take them. Practice Exams are an optional assessment tool and not a study guide for the certification exam. Visit the tab **Practice Exams** on the Navigation bar of the AANPCB website for more information.

Candidates should understand the following prior to taking a practice test:

- Taking, completing, and passing the Practice Exam does not in any way guarantee passing of the actual certification examination, nor does it result in certification.

- Each exam has 75 multiple-choice items.

- Test takers have 90 minutes in which to complete the practice test and review their scores.

- The Practice Examination score is reported in percentile (unlike the scaled score reports of the certification examination).

- Practice Examination scores remain confidential and are not accessible or used by AANPCB for certification purposes.

- Continuing education credit is not awarded for completion of the practice exam.

- AANPCB staff do not have access to the practice examination and cannot respond to technical difficulties that may arise during the administration of the exam.

- Register at PSI Exams online at [https://candidate.psiexams.com](https://candidate.psiexams.com) for the Practice Examination.
SCHEDULING AN EXAMINATION

Contact a PSI Customer Service Representative during PSI hours of operation for all questions concerning exam administration and testing site regulations, or to reschedule or cancel a scheduled examination appointment.

PSI dedicated toll-free customer service number for AANPCB candidates: (800) 211-2754.

Eligibility to Test
Candidates are Eligible to Test when:

- The NP program completion date and the graduation date is less than 30 days apart, OR
- All required didactic and clinical coursework of the candidate’s NP portion of their program is complete (in the case of DNP candidates).

Approval to Test
On the Program Completion Date (as verified during the application review process) AANPCB will:

- Export the name of candidate to PSI.
- Send an Approval and Eligibility to Test email to the candidate from certification@aanpcert.org.

Authorization to Test
- Applicants will receive an Authorization to Test email from PSI from no-reply@psionline.com.
- PSI will send an Authorization to Test confirmation email from no-reply@psionline.com within 24-48 hours of PSI receiving the candidate’s name and information from AANPCB. This email provides (1) important instructions for scheduling a testing appointment at PSI Testing Centers, (2) the candidate ID number, and (3) authorizes the 120-day testing window.
- Check all email inboxes including junk/spam folders for the PSI email.
- To schedule an exam, candidates must first create an account at PSI Exams online at www.psiexams.com.

Important Testing Site Information

- Testing Sites: Certification examinations are administered via computer-based testing format at PSI Testing Centers located throughout the United States and Canada.
- Testing Window: The 120-day testing window allows candidates the flexibility of scheduling their test around their personal schedule, employment schedule, religious needs, or any other issues without requiring the need for additional accommodations or forms.
- Identification: Names must match on the AANPCB application, PSI Test Registration, and forms of identification presented at the testing center for an eligible candidate to sit for their scheduled examination.
Late or missed appointment: If you arrive late for your scheduled examination time; do not cancel at least 24 hours before the scheduled examination date; miss your scheduled examination appointment; or arrive without required identification … You will not be able to take the examination as scheduled; be responsible for paying any applicable testing center fees; forfeit your fee and require a new registration number.

Scheduling Procedures and Testing Regulations: Download the AANPCB Candidate Information Bulletin at www.psiexams.com for the following information:

✓ Schedule an Exam
✓ Required Identification for Exam Site
✓ Special Accommodations
✓ Testing Center Regulations
✓ Reschedule an Exam or Canceling a Scheduled Exam
✓ Find Testing Center Sites Near You

Rescheduling or Canceling an Examination Appointment

Candidates must comply with PSI’s procedures for rescheduling or canceling an exam. Candidates who do not cancel appropriately or fail to report for their scheduled examination appointment will not be entitled to a refund and will be responsible for fees charged by the testing center.

In order to cancel and reschedule a test appointment, the request must be made with PSI at least 2 business days before the scheduled test date and within the 120-day window-to-test.

Changes to a scheduled examination appointment may be done either online at www.psiexams.com or by calling a PSI Customer Service Representative.

Extension Requests

Candidates may request an extension if unable to sit for the examination within their 120-day window to test.

Extensions are granted on a case-by-case basis for reasons of hardship and enough justification.

An examination appointment must not be scheduled.

Email extension requests to certification@aanpcert.org.

If the extension is approved, a one-time 60-day window to test is granted. Candidates who do not test during the 60-day extension window forfeit applicable fees, will need to reapply to take the examination, and pay the applicable fees.

Exam Withdrawal

Applicants wishing to withdraw from taking the examination are to email a written request for withdrawal to certification@aanpcert.org.

The registration fee, less a processing fee, will be refunded within 30 days if the request for withdrawal is received before expiration of the 120-day testing window and the candidate has not scheduled a test appointment.
SPECIAL ACCOMMODATION REQUESTS

Candidates receive a 120-day window to test. This window allows applicants the flexibility of scheduling the exam around one’s personal schedule, employment schedule, or religious needs without requiring the need for additional accommodations or forms.

Special Arrangements for Candidates with Disabilities

PSI complies with the Americans with Disabilities Act (ADA, 1990, updated 2010) and provides reasonable and appropriate arrangements for candidates with a disability who submit appropriate documentation. Applicants must follow PSI’s guidelines regarding special arrangements for candidates with disabilities.

Applicants requiring special arrangements must (1) complete the PSI Special Accommodation Request Form and (2) fax the completed form, along with documentation from the medical authority or learning institution that rendered a diagnosis, to PSI at (702) 932-2666.

Documentation must be submitted to PSI (not AANPCB) on letterhead stationery of the medical authority or specialist and include the following:

- Description of the disability and limitations related to testing.
- Recommended accommodation/modification.
- Name, title, and telephone number of the medical authority or specialist.
- Original signature of the medical authority or specialist.

Applicants must allow four business days after faxing the form and supporting documentation to PSI for documentation to be processed and reviewed. After 4 days, call PSI at (800) 367-1565, ext. 6750 and leave a voice message. A PSI Special Accommodations representative will contact the candidate regarding the decision for accommodations.

Information may be found at PSI Exams Online Frequently Asked Questions and in the AANPCB Candidate Information Bulletin.
EXAM SCORES

How are Exams Scored?

- **Criterion-referenced Examination:** The certification examinations are designed to assess knowledge required for competent practice as a nurse practitioner. The passing score represents absolute standards and is determined using psychometrically accepted standard-setting methodology (modified-Angoff). It is a complex scoring system that assesses standards that define what minimally competent candidates would know and answer correctly.

- **Passing Score:** In a criterion-referenced examination, a candidate must obtain a score equal to, or higher than, the passing score to pass the test. The total number of correct responses is called the total raw score which are converted to a **scaled score ranging from 200 to 800 points** using statistical procedures equivalent for all administrations of the exam. AANPCB exam results are reported as a “scaled score”. A minimum passing scaled score of 500 must be obtained to pass the examination. A candidate’s performance on the exam is not compared to the performance of others taking the exam. A scaled score is neither a “number correct” nor a “percent correct” score.

- **Preliminary Pass or Fail status:** Candidates may obtain a preliminary Pass or Fail status at the testing center upon completion of the examination. A preliminary report of Pass from the testing site is not official notification, does not indicate active NP certification status, and may not be used for employment or licensure.

- **Examinations are computer-based and electronically scored.** Errors in scoring are virtually non-existent. Candidates who wish to appeal their exam score will be charged a fee. (See Appeals Policy).

Release of Exam Scores

- **Score Report:** An official letter with the final exam score and relative performance (from strongest to weakest) in the Testing Domains will be mailed to candidates when all requirements for score release have been met.

- **Official Final Transcript Required:** Official final transcript(s) must be received either in the original sealed envelope (never opened) or emailed via secured website from the Registrar's office. Official final transcript(s) must have the university insignia, degree completed, and the date degree awarded/conferred. Transcripts faxed by a candidate and unsealed or tampered transcripts are not official.
  
  o MSN or DNP degree candidates: AANPCB must receive and process an official final transcript showing completion of an FNP or AGNP educational program and MSN or DNP degree awarded before a score report will be released.
  
  o Post-graduate (post-master’s) certificate students, AANPCB must receive and process an official MSN transcript in addition to a transcript with FNP or AGNP educational program coursework for certificate program and transcript or certificate showing post-graduate certificate awarded.

- **Processing Time:** All documents, including transcripts, are processed in the order received by U.S. mail, certified mail, email, or fax. Please allow 10 business days for processing.
Important Information:

- Certification start date is not the date the exam was taken. A certification start date will be the date the score is released by AANPCB and will be viewable on the Online Profile.

- State Board of Nursing Verification and Primary Source Verification requests will be processed and sent one business day following score release (See Verification Requests).

- Examination score results will not be given out by telephone or fax.

- Examination scores do not expire.

- Examination scores are considered confidential information and will not be disclosed to anyone other than the candidate without specific written instructions from the candidate indicating to whom and why the information is to be disclosed.

NP-C® Credential

- AANPCB awards the NP-C credential. As the owner of the “Nurse Practitioner-Certified” certification mark, AANPCB controls its use. For credential information and how to sign your name, see pp. 18-19.

Wall Certificate and Wallet Card

- Candidates who pass the certification examination receive a packet with score letter, certification number, personalized certificate, wallet card, and lapel pin by mail approximately 3 weeks after the score is released.

- The score letter authorizes use of the NP-C credential certification number and will have the certification beginning and expiration date.

- A printable wallet card may be accessed on the individual’s Online Profile under “My Documents”.

- Certification granted is valid for a 5-year period.
**Score report**

- **Official Final Transcript Required:** AANPCB must receive and process an official final transcript showing MSN or DNP degree awarded and date conferred by the educational program before a score report will be released. In the case of a post-graduate certificate program, a certificate may be required in addition to the MSN final graduate transcript.

- **Release of Exam Score Report:** An official letter with the final exam score and relative performance (from strongest to weakest) in the **Testing Domains** will be mailed to candidates when all requirements for score release have been met. A final score report must be released before an individual can apply to retake the examination. A score report may be emailed to candidate if requested in writing.

**Retake Examination Requirements**

- **Testing Domain Performance:** AANPCB will mail candidates who do not pass the certification examination an official Fail Letter with their final exam score and relative performance (from strongest to weakest) in the Testing Domains.

- **Examination Blueprint:** Candidates should review the Practice Analysis Domains and Tasks for the applicable examination blueprint for content that describes each testing domain in detail. Refer to **Exam Development and Test Blueprint** section for content information.

- **Further study requirements:** Candidates are required to complete a minimum of 15 hours of advanced practice nursing continuing education from an accredited CE provider in the areas of weakness as indicated on their score report. A general NP certification examination review course is recommended, but not required. CE must be completed after the examination date which the candidate did not pass.

**Retake Application**

- **Retake Application:** Complete CE and then apply online.

- **Two Opportunities to test per calendar year:** Candidates are not allowed to take the certification examination more than TWICE between January 1st to December 31st to avoid exam item compromise.
VERIFICATION OF CERTIFICATION

Primary Source Verification

Verification is the process whereby confirmation of specific information from the original source is provided to determine the qualifications of an individual. Requests for verification of a certification received from a state board of nursing or third-party vendor will reflect the current status and certification dates in which the certification was valid.

Upon formal written request, AANPCB provides the following:

- Confirmation of active or inactive nurse practitioner certification status to State Boards of Nursing (SBON), employers, third-party vendors, and the public.
- Verification of eligibility-to-test to SBON from the candidate.

State Boards of Nursing (SBON) Notification

State Boards of Nursing and active duty military personnel will not be charged a fee for verification of certification requests. State Boards of Nursing:

- Are not automatically notified of candidate’s authorization to test, an exam taken, status of active certification, or certification expiration. A completed State Board of Nursing Notification Form is required.
- May request notification of certification, failure, or expiration status.
- Requests are usually processed within one business day of receiving a SBON Notification Form. Individual state boards determine preference of verification delivery by email or regular mail.

Third Party Vendors

- Primary Source Verification Order Form: A completed form is required to send employers an official letter of verification of current NP certification status. The Primary Source Verification Order Form is available online.
- Prepaid Verification Vouchers: Employers and related organizations may purchase Vouchers to order primary source verification of individuals holding active AANPCB certification. The voucher process is available online under the tab Verify.
- Signature Release: Verification requests must be accompanied by a current signed release from the NP and dated within 6 months of the request.
- Processing time and Fee: Processing time for a third-party vendor verification request of certification may take up to 10 business days from receipt of request and is subject to a fee as noted on the AANPCB website.
- Verification letters: Will be sent via email. Embossed hard copies are available upon request and will be mailed.
Important Information

- **Primary Source Verification** information, verification request forms, and fees may be found online at [www.aanpcert.org](http://www.aanpcert.org).

- Requests by telephone for verification information will not be accepted.

- To protect the confidentiality, a signed release authorizing disclosure of eligibility to test or NP certification is required from the candidate or certificant before information is released regarding an individual’s scores or status in the certification program. Disclosure will not take place if it violates an applicant, candidate, or certificant right of privacy.

- Information accessed through this process reflects AANPCB records. Requests for verification submitted and processed the same week that a candidate tests may reflect that the individual “is not certified” due to examination score importing times (e.g., A Verification request received is processed and letter emailed at 8 a.m.; scores are imported and released at 2 p.m. same day).

- While every effort is made to ensure that information provided is accurate and reliable, processes for updating and posting data resulting in the delay of correct information or human/mechanical error remain a possibility. AANPCB will not be liable for any damages resulting from use of the information obtained through the verification process.

- **NP certification is time limited and expires at the end of 5 years.** AANPCB-certified nurse practitioners who allow their certification to expire may not use the NP-C credential or present themselves as an AANPCB-certified nurse practitioner. Individuals whose certification has expired risk potential loss of employment, wages, insurance reimbursement, or credentialing privileges. AANPCB is not responsible for financial damages incurred with respect to expiration of a certification.

Name and Address Changes

- **Online Profile:** Applicants and certificants may make changes to their own name and contact information at any time by logging into their Online Profile with their username and password. Failure to keep Online Profile information current or AANPCB informed of current contact information may result in not receiving important information (e.g., application status, program changes, renewal notices, commissioner election information, and practice analysis invitations) from AANPCB.

- **Change of Name, Address, or Certification Status:** Complete and submit the Request for Change of Name, Address, or Certification Status form (found online under the Forms tab) via email, fax, or mail to the AANPCB office. Please allow five business days from time of receipt for processing. In the event of a legal name change, a copy of supporting documentation (e.g., court record, marriage license) providing proof of the name change must accompany the form.

- **Candidates Who Have Been Approved to Test:** To avoid problems with identification documents at the testing center, a name change request should be made after the candidate has sat for their examination and received preliminary notification of test status. For name change questions, contact the Verification Department at 512-637-0500.
NP-C® CREDENTIAL

NP-C stands for “Nurse Practitioner-Certified”

NP-C is the registered mark and credential authorized for use by individuals who have met the standards, qualifications, and testing requirements established by AANPCB to indicate nurse practitioner certification status.

- The certification mark is owned by the American Academy of Nurse Practitioners National Certification Board, Inc. and registered with the United States Patent and Trademark Office. First use of the credential was in 1999.

- A, AG, E, F, or G Population-Foci: The first letter of the Adult, Adult-Gerontology, Emergency, Family, or Gerontologic population specialty precedes the certification number and is printed on both the official embossed certificate and wallet card. Using the initial to indicate population specialty is optional, and if used will precede the credential.

- Dual-Certified NPs: NPs currently dual certified by AANPCB as an ANP and a GNP are eligible to convert the certifications to the Adult-Gerontology Primary Care Nurse Practitioner.

- NP certification: Is a component of meeting entry into advanced practice requirements and does not limit ongoing professional development after one becomes initially certified and licensed nor does it address practice settings. Clinical practice should be based on your educational training in providing safe and appropriate patient care as an NP.

- Scope of Practice: Legal scope of practice is defined by state boards of nursing in their nurse practice acts. See AANP Scope and Standards of Practice for Nurse Practitioners pp. 36-41.

Renew Certification in 5 years

Recertification Requirements: Must be completed within the 5-year period of certification. Individuals certified as a Nurse Practitioner (NP) by AANPCB will continue to be certified and credentialed if minimum requirements for renewal of certification are met within the 5-year period of certification. For information, review the NP Recertification Handbook and FAQs.

Certification Expiration

NP Certification is Time-limited: NP certification expires at the end of the 5-year certification period. The AANPCB Board of Commissioners has determined that a 5-year cycle of certification meets requirements to ensure continued competence based on review of literature and consultation with credentialing experts. This decision is reviewed periodically in conjunction with subsequent practice analyses.

- Reminder Notifications: “Certification Expiring Soon” mail and email reminder notifications are sent to the certificant’s last known addresses on file 12 months, and again 6 months and 1 month prior to the certification expiration date if an application for renewal has not been received. It is the certificant’s professional responsibility to renew their certification before their certification expires.

- Expiration of Certification: Nurse Practitioners certified by AANPCB who allow their certification to expire may not use the NP-C credential or present themselves as an AANPCB-certified nurse practitioner.
Certificants found ineligible to renew their certification through clinical practice and CE will need to meet current eligibility requirements for certification to apply for examination as an Initial Applicant.

- AANPCB will not be held responsible for loss of wages, employment, or certification if a certificant fails to renew in a timely manner prior to expiration of current certification. Individuals whose certification has expired risk potential loss of employment, wages, insurance reimbursement, or credentialing privileges. AANPCB is not responsible for financial damages occurring with respect to expiration of a certification.

- Individuals whose RN license is revoked or who allow their AANPCB certification to expire are not authorized to use the NP-C credential and may not represent themselves as being certified by AANPCB.

**How do I sign my name?**

In general, there is a standard way to for a nurse to list professional post-nominal credentials. This is important because consumers, insurance companies, credentialing and government entities may require or expect it. The highest earned academic degree is usually listed first, followed by nurse licensure or APRN designation, then nursing certifications (which are required or voluntary), and then nursing fellowships. Nurses are legally obligated to comply with the licensing requirements in the state where he or she is practicing and should check with state regulatory agencies regarding legal titling. Example: Jane Doe, MSN, APRN, FNP-C, FAANP.

- Adult Nurse Practitioner NP-C or ANP-C
- Adult-Gerontology Primary Care Nurse Practitioner NP-C or AGNP-C
- Emergency Nurse Practitioner NP-C or ENP-C
- Family Nurse Practitioner NP-C or FNP-C
- Gerontologic Nurse Practitioner NP-C or GNP-C

**Correspondence from AANPCB**

- Reminders are emailed weekly from the database from certification@aanpcert.org if an application is missing information. Once approved to test, candidates whose application is approved prior to degree completion will still receive a weekly reminder until a final official transcript is received.

- Applicants will receive an Approval and Eligibility to Test email from AANPCB from certification@aanpcert.org.

- Applicants will receive an Authorization to Test email from PSI from no-reply@psionline.com.

- Applicants and certificants are notified by email of important information such as commissioner elections, changes to a certification program, and invitations to participate in a Practice Analysis. General announcements are posted on the website.

- As a courtesy, postcard reminders are mailed to the certificant’s last known mailing address on file 12-months and 6-months prior to expiration of the NP certification.

- AANPCB is not responsible for email sent from AANP, AAENP, or any other membership organization.
AANPCB BOARD CERTIFICATION

An individual who becomes board-certified by AANPCB is referred to as a Certificant and has met the following requirements for certification:

- Specific educational requirements that assess national competencies of the APRN core, NP role, and population focus area of practice.
- Successfully passed the national certification examination demonstrating professional knowledge in the NP role and the population focus for entry into practice.

**General Principles and Standards of Conduct**

Applicants, candidates, and certificants shall:

- Be truthful, forthcoming, prompt, and cooperative in their dealings with AANPCB.
- Be in continuous compliance with AANPCB policies.
- Comply with their state board of nursing licensing requirements.
- Respect AANPCB intellectual property rights and abide by AANPCBs Examination Security Policy and Federal copyright law protecting AANPCBs examination item content.
- Abide by AANPCB and the testing vendor test administration rules.
- Abide by laws related to advanced nursing practice and to general public health and safety.
- Conduct their professional work in a competent manner.

**NP Scope and Standards of Practice**

- Certificants must maintain current licensure to practice as a registered nurse.
- Holding the NP-C credential does not confer permission to manage patients beyond the scope of the individual’s professional practice. Boundaries of professional practice are determined by each state or territory. Nurse Practice Acts guide and govern nursing practice. Job functions are determined by the employer, not the credential.
- Individuals who are board-certified by AANPCB shall renew certification via an established certification renewal process, maintain continuing competence in the NP profession by acquiring new knowledge in the professional role on an ongoing basis, and maintain current active RN licensure.
- Certificants shall subscribe to the:
  - Scope of Practice for Nurse Practitioners (American Association of Nurse Practitioners) p. 36-37
  - Standards of Practice for Nurse Practitioners (American Association of Nurse Practitioners) p. 38-41
  - Nursing: Scope and Standards of Practice (American Nurses Association)
AANPCB POLICIES

Confidentiality and Disclosure Policy
Candidate information and scores are considered confidential information. Sensitive and confidential information received by AANPCB is used solely for the purposes of certification and verification and cannot be shared without written permission or as required by law. Disclosure will not take place that violates an applicant, candidate, or a certificant right of privacy. Individual scores are not included in the verification documents sent to Boards of Nursing or other entities unless specifically requested in writing by the certificant or required by law. Individuals who wish to have their individual scores sent to their education program must request that service in writing to AANPCB. The Confidentiality and Disclosure Policy may be viewed online under Certification Board Policies.

Examination Security Policy
Federal copyright law protects AANPCB’s examinations and the items contained therein. The certification examinations and all items on the examinations are the exclusive property of the American Academy of Nurse Practitioners National Certification Board, Inc.
Candidates who apply for the certification examination must acknowledge that they understand and agree to the policy prior to taking the examination. The Exam Security Policy may be viewed in the section About Your Exam on p. 8 and online under Certification Board Policies.

Aggregate Score Report Policy
Data summary reports for each specialization are compiled annually for NP educational programs for the purpose of providing information on program graduates examination performance. To protect candidate confidentiality, score data are provided only when three or more program graduates test for a given specialization during a calendar year. If a candidate wishes to have individual scores sent to their education program, they must request that service in writing to AANPCB. Information regarding the disclosure of examination scores may be viewed online in the Confidentiality and Disclosure Policy under Certification Board Policies.

Non-Discrimination Policy
The American Academy of Nurse Practitioners Certification Board does not discriminate against an individual with respect to age, sex, race, color, religion, national origin, ethnicity, disability, marital status, sexual orientation, gender identity, veteran status, or any other characteristic legally protected by law. Reasonable and consistent use of non-discrimination and impartiality policies and procedures will apply to all programs of the AANPCB, to include application processes, testing processes, and business operations. AANPCB complies with applicable federal, state, and local laws and policies shall be administered in a non-discriminatory way. AANPCB business operations includes but is not limited to the selection of volunteers and vendors, volunteer or staff member conduct, hiring and firing of certification staff, and compliance with the Americans with Disabilities Act (ADA) of 1990, updated 2010. Examinations will be job-related and developed based on the program’s current role delineation studies and close adherence to the program’s test specifications.

All requests for Special Accommodations/Arrangements are processed by our testing vendor, PSI Services LLC. All PSI examination centers are equipped to provide reasonable and appropriate arrangements for applicants with
a disability in accordance with the ADA. Candidates who wish to request special arrangements because of a disability must follow PSI Special Accommodations procedures.

The Non-Discrimination Policy and process for submitting a Special Accommodations Request may be viewed online under Certification Board Policies.

Complaints and Disciplinary Policies

The American Academy of Nurse Practitioners National Certification Board, Inc., a national certifying body, develops and administers nurse practitioner certification programs for individuals wishing to enter, continue and/or advance in the NP profession through established certification processes. To be eligible for certification or recertification, an individual must comply with AANPCB policies and procedures, and standards of conduct as set forth in the Disciplinary Policy. As the owner of the Nurse Practitioner-Certified certification mark, AANPCB controls its use and awards the NP-C credential.

The AANPCB Disciplinary Policy articulates standards of conduct for individuals seeking certification and recertification, for individuals holding certification, and has an established fair process for addressing noncompliance. Individuals who bring forth complaints are not entitled to relief or damages by virtue of this process. Actions taken by AANPCB do not constitute enforcement of the law, although referral to appropriate federal, state or local government agencies, including boards of nursing, law enforcement, public health agencies, or employers may be made about a certificant’s conduct in appropriate situations. The Board of Commissioners may amend the Disciplinary Policy and procedures without prior notice.

Violations and Sanctions

Actions which constitute a violation of AANPCB Policy include, but are not limited to:

- Cheating on an examination.
- Providing false information.
- Misrepresenting certification status.
- Misuse of AANPCB property.
- Being subject to any regulatory, criminal, or civil action related to the practice as a certified NP.

Grounds for sanctions are as follows:

- Conviction of a felony or other crime of moral turpitude under federal or state law in a matter related to the practice of, or qualifications for professional activity.
- Gross negligence or willful misconduct in the performance of professional services or other unethical or unprofessional conduct based on the formal determination of a licensing body.
- Fraud or misrepresentation of the registered NP-C credential.

Complaints can range from procedural frustration to reporting behavior that may require disciplinary action. A complaint must be submitted in writing and sent via email, mail, or fax. The Complaints and Disciplinary Policy and process for submitting a complaint may be viewed online under Certification Board Policies.
Appeals Policy

Applicants Who Do Not Meet Eligibility Criteria

Applicants may appeal a denial in the event an application for certification is denied for eligibility reasons. Appropriate documentation must be submitted along with the required fee before the appeal can be reviewed.

Exam Rescore

Examinations are computer-based and electronically scored. A review process for candidates who do not pass the examination and wish to have their exam results reevaluated is available. Exam rescore is limited to verifying that the responses scored by the examinee were correctly transformed into a scaled score. The rescore service is not a review of the exam content, what the correct answer should be, the acceptability of testing conditions, or a reconsideration of the passing standard. Examinees are discouraged from requesting this service. Extensive and rigorous quality control procedures are employed to ensure the accuracy of results. In all previous score challenges, no record of a score discrepancy has been detected. Candidates will be charged a fee for hand scoring by the testing vendor ($150.00 subject to change).

The Appeals Policy and process for submitting an Appeal may be viewed online under Certification Board Policies.

Records Retention Policy

Certification records are considered confidential information, and includes but is not limited to, nursing licenses, transcripts, continuing education documents, education records as defined by the Family Educational Rights and Privacy Act (FERPA) of 1974, financial data, and individual identifiable information/unique identifiers as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Effective 2010, the repository for all certification and recertification applications, files, and pertinent and associated information is the AANPCB Certification Management System (CMS). Information from paper records received is entered in the CMS and becomes a permanent electronic record. Individuals should retain copies of their records for personal use. AANPCB is under no obligation to return or issue copies of these documents for future use by an applicant, candidate, or certificant.

AANPCB implements a Records Management and Retention Policy and institutes best business practices with regards to retention, security, and disposal of paper and electronic records received from applicants and certificants. These processes are reviewed annually and may be modified at any time for compliance with local, state, and federal laws affecting record retention. All documents submitted for application consideration become the property of AANPCB. At such time that a paper record is no longer required for processing of an application or valued for its information, the paper record is destroyed per policy. In the event of a circumstance involving litigation, disposal of any documents pertaining to the litigation will be suspended.

Abandoned Applications

Incomplete applications will be considered abandoned if a final official transcript showing the degree awarded is not received. The period of abandonment is 1 year after taking the national certification examination for graduates of a master’s or post-graduate certificate program, and 2 years after taking the national certification examination for graduates of a doctoral program. Exception to this, due to extenuating circumstances, must be submitted in writing and is subject to approval.
EXAM DEVELOPMENT AND TEST BLUEPRINT

AANPCB Examination Development

- **Competency-based certification examinations**: Are developed to provide a reliable, valid, competency-based examination for NPs to assess knowledge, skills, and abilities for practice.

- **Process-focused**: Are based on the assessment, diagnosis, planning, and evaluation components of patient care and NP role, specialty population, wellness-illness continuum, and associated problem areas.

- **Industry-accepted, psychometrically sound**: Are developed and maintained in partnership with contracted test development organizations. A program director and psychometric consultants help to ensure generally accepted psychometric principles and best education testing practices are used. Industry-accepted, psychometrically sound performance standards are used to establish the Passing Point for all new exams.

- **NP content experts**: Panels of certified Family and Adult, Adult-Gerontology Primary Care, and Gerontologic NP subject matter experts engaged in clinical practice and academic environments from diverse geographical areas are selected to assist in exam development, and review all items for content relevance, competency level, currency, and importance. SMEs must meet requirements for impartiality related to education and training leading to certification.

- **Item Bank Ownership**: AANPCB maintains ownership of all items that are secured in an Exam Item Bank. Access is restricted to authorized personnel requiring approval of the CEO.

- **Bias and Sensitivity**: Items are screened for bias and sensitivity. Editorial staff review each item for grammar, spelling, and usage. Additional panels of SMEs conduct a final review of each certification examination.

- **Item Development**: Items are directly linked to the Examination Blueprint to guarantee consistent emphasis on content areas from one form of an examination to another.

- **Practice Analysis**: An Examination Blueprint is based on a Practice Analysis (or Role Delineation Study) an objective measure of the knowledge and skills required of competent NPs. It provides the foundation for defining AANPCB Knowledge Areas and Testing Domains. Practice analyses are typically conducted every 3 to 5 years, depending on the rate of change in the profession that the certification program represents. SMEs delineate commonly seen patient conditions and identify procedures performed in clinical practice utilizing nationally established NP core and population specific competencies. This information is validated via survey research by NPs who are engaged in clinical practice, work with different patient populations, and reside in different U.S. geographical areas. AANPCB must conduct practice analyses to maintain recognition and accreditation of our certification programs by the American Board of Specialty Nursing Certification (ABSNC) and the National Commission for Certifying Agencies (NCCA).

Examination Blueprint

- **Knowledge Areas**: Information acquired necessary to perform job tasks. Includes the ability to perform skills/procedures and reflects the characteristics of the individual worker performing the job. Knowledge areas serve as the basis for the test blueprints.
• **Domains**: Major responsibility areas that make up a profession, are mutually exclusive, and encompass all the tasks performed in practice. For NPs, the domains of **Assess, Diagnose, Plan, and Evaluate** contain the knowledge and skills required of NPs to competently perform tasks.

• **Tasks**: Discrete work elements and activities within domains that are distinct, identifiable, and practice related.

• **Procedures**: Learned cognitive and psychomotor actions that must be performed correctly in order to successfully complete one or more job tasks.

**Content**

• **AGNP Population-Focus**: The AGNP exam tests clinical knowledge of the population focus of adult-gerontology: adolescents including emancipated minors, young adults, adults, older adults, and elderly. Age Parameters are not defined for any population.

• **FNP Population-Focus**: The FNP exam tests clinical knowledge of the population focus of family/individual across the life span: prenatal, pediatric, adolescent, adult, elderly, and frail elderly primary care. Age Parameters are not defined for any population.

• **Graduate Core Competencies**: Defined as the integrated knowledge, skills, judgment, and abilities deemed essential and required of an NP to practice safely and ethically in a designated role and setting regardless of specialty. NPs are expected to apply knowledge of the Graduate Core Competencies to the processes of assessment, diagnosis, and management of patients in their care.

• **APRN Core Content**: NPs are expected to apply knowledge of the APRN Core Content (required graduate-level APRN educational curriculum in the areas of advanced pathophysiology, advanced pharmacology, and advanced health assessment) to the processes of assessment, diagnosis, and management of patients in their care.

• **Multiple choice, objective format**: The exams are limited to content that can be tested in an objective format, competency-based focused solely on requirements for safe clinical practice.

**Test Specifications for AANPCB FNP and AGNP Certification Examinations**

• **Test specifications**: Are used to identify the proportion of questions related to each of the domains and tasks that appear on the exams. Exam items are distributed across Domain I and then further divided across Domain II.

• **Domain I Practice**: Assess, Diagnose, Plan, Evaluate

• **Domain II**: Patient Age – Developmental Parameters

• Percentage weights and number of test questions in each domain on the examinations are shown in the Examination Blueprints. See pp. 26–32.

• **Adult-Gerontology 2016 Practice Analysis Test Blueprint**: The next Practice Analysis will be conducted in 2021.

• **Family 2015 Practice Analysis**: A Practice Analysis will be initiated in 2020.
2016 ADULT-GERONTOLOGY NURSE PRACTITIONER PRACTICE ANALYSIS

A-GNP EXAMINATION BLUEPRINT

<table>
<thead>
<tr>
<th>DOMAIN I - Practice</th>
<th># items</th>
<th>% items</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 – Assess</td>
<td>45</td>
<td>33%</td>
</tr>
<tr>
<td>02 – Diagnose</td>
<td>34</td>
<td>25%</td>
</tr>
<tr>
<td>03 – Plan</td>
<td>32</td>
<td>24%</td>
</tr>
<tr>
<td>04 – Evaluate</td>
<td>24</td>
<td>18%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>135</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOMAIN II - Patient Age *</th>
<th># items</th>
<th>% items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent (early/ late)</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Young Adult</td>
<td>18</td>
<td>13%</td>
</tr>
<tr>
<td>Adult</td>
<td>40</td>
<td>30%</td>
</tr>
<tr>
<td>Older Adult</td>
<td>51</td>
<td>38%</td>
</tr>
<tr>
<td>Elderly</td>
<td>23</td>
<td>17%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>135</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Age Parameters are not defined for any population. AANPCB uses growth and development for constructing certification exams.

Domains and Tasks for the Adult-Gerontology NP Examination

Test specifications derived from the AGNP practice analysis serve as the Examination Blueprint. Test specifications are based on two domain parameters:

- **Domain I Practice** – Assess, Diagnose, Plan, Evaluate
- **Domain II Patient Age** – Developmental Parameters

A total of 135 scored items are on each examination. These items are distributed across **Domain I (Practice)** and then further divided across **Domain II (patient age parameters)**. Percentage weights and number of test questions in each domain are shown in the following Examination Blueprint. Age Parameters are not defined for any population as AANPCB uses growth and development for constructing certification exams.

**DOMAIN 01 - ASSESS**

**Task 0101** Obtain subjective information including but not limited to relevant medical history (e.g., biopsychosocial, economic, environmental, family, military, travel, occupational, preventive, functional ability, and medication components, chief complaint, history of present illness, health goals, and review of systems) to determine health needs and problems by:

- interviewing patient/family/appropriate others
- reviewing records
- identifying other healthcare providers caring for the patient
- identifying both patient- and population-specific health and psychosocial risk factors
- evaluating caregiver role and capabilities as appropriate
Task 0102  Obtain objective information based on demographics, health history, and comorbidity/multi-morbidity to further define health needs and problems by:
  - performing physical examinations
  - ordering/performing/supervising diagnostic tests and procedures
  - ordering/performing/supervising screening tests

DOMAIN 02 - DIAGNOSE
Task 0201  Formulate differential diagnoses by:
  - synthesizing and analyzing subjective/objective information
  - differentiating between normal and abnormal changes associated with development and aging
  - prioritizing differential diagnoses, including recognizing urgent and emergent conditions

Task 0202  Establish definitive diagnoses by:
  - obtaining additional subjective information as indicated
  - ordering, performing, and interpreting additional diagnostics
  - performing and interpreting additional examinations e.g., physical, psychosocial, functional, mental status
  - synthesizing and analyzing additional information

DOMAIN 03 - PLAN
Task 0301  Establish a patient-centered plan of care that is safe, timely, individualized, cost-effective, consistent with best evidence, age-appropriate, and culturally sensitive in order to address the diagnoses by:
  - considering comorbidity/multi-morbidity
  - considering health goals
  - including patient/family/appropriate others as active participants
  - ordering, performing, supervising and interpreting further diagnostics
  - prescribing/ordering/administering non-pharmacologic therapies/procedures/equipment
  - prescribing/ordering/administering pharmacologic therapies
  - providing relevant education and/or counseling
  - providing health promotion, injury prevention/risk reduction, and anticipatory guidance
  - providing for appropriate follow-up and continuity of care
  - seeking consultation, referring to and/or coordinating care with other health professionals and community resources
  - managing transitions between health care settings
  - facilitating advance care planning
  - advocating for patients and families
  - responding to urgent and emergent situations

DOMAIN 04 - EVALUATE
Task 0401  Determine the quality and effectiveness of the plan of care based on outcomes by:
  - assessing patient and/or caregiver response to pharmacologic and non-pharmacologic therapies
  - evaluating impact of therapies on health goals
  - collecting additional subjective/objective information as needed
  - evaluating outcomes of services from other healthcare providers
• determining patient’s ability to adhere to plan of care

**Task 0402** Modify the plan of care as appropriate based on outcomes by:

- including patient/family/appropriate others as active participants
- ordering, conducting, supervising and interpreting further diagnostics
- adjusting therapies
- providing additional education and/or counseling
- initiating referrals/consultations
- providing for ongoing follow-up

**A-GNP Knowledge Areas**

- Health promotion, disease prevention, and anticipatory guidance
- Anatomy, physiology, and pathophysiology
- Therapeutic communication
- Health history
- Signs and symptoms
- Physical examination
- Diagnostic and therapeutic tests and/or procedures
- Clinical decision-making
- Differential diagnosis
- Pharmacologic therapies
- Polypharmacy
- Non-pharmacologic/ complementary/ alternative therapies
- Biopsychosocial principles/ theories
- Patient, family, and caregiver education and counseling
- Community resources
- Evidence-informed practice
- Legal and ethical issues
- Ethno-cultural and spiritual competency
- Principles of epidemiology
- Health literacy
- Principles of risk management
- Palliative and end of life care
- Pain management
- Healthcare economics
- Interprofessional practice
- Information management
- Crisis management/ disaster preparedness
- Settings of care
- Comorbidity/multi-morbidity
A-GNP Procedures

- Skin lesion removal
- Skin biopsy
- Joint aspirations and injections
- Therapeutic injections
- Wound management
- Surgical debridement
- Incision and drainage
- Foreign body removal
- Nail removal
- Cerumen removal
- Splinting
- Casting
- Pulmonary function testing and office spirometry
- Pap tests
- In-dwelling contraceptive management
- Long-term hormonal implantation
- Microscopy
- Suturing
- Other
2015 FAMILY NURSE PRACTITIONER PRACTICE ANALYSIS

FNP EXAMINATION BLUEPRINT

<table>
<thead>
<tr>
<th>DOMAIN I - Practice</th>
<th># items</th>
<th>% items</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 – Assess</td>
<td>48</td>
<td>36%</td>
</tr>
<tr>
<td>02 – Diagnose</td>
<td>33</td>
<td>24%</td>
</tr>
<tr>
<td>03 – Plan</td>
<td>31</td>
<td>23%</td>
</tr>
<tr>
<td>04 – Evaluate</td>
<td>23</td>
<td>17%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>135</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOMAIN II - Patient Age *</th>
<th># items</th>
<th>% items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Pediatric (includes Newborn &amp; Infant)</td>
<td>19</td>
<td>14%</td>
</tr>
<tr>
<td>Adolescent (early /late)</td>
<td>24</td>
<td>18%</td>
</tr>
<tr>
<td>Adult</td>
<td>50</td>
<td>37%</td>
</tr>
<tr>
<td>Geriatric</td>
<td>29</td>
<td>21%</td>
</tr>
<tr>
<td>Elderly</td>
<td>9</td>
<td>7%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>135</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Age Parameters are not defined for any population. AANPCB uses growth and development for constructing certification exams.

Domains and Tasks for the Family NP Examination

Test specifications derived from the FNP practice analysis serve as the Examination Blueprint. Test specifications are based on two domain parameters:

- **Domain I Practice** – Assessment, Diagnose, Plan, Evaluate
- **Domain II Patient Age** – Developmental Parameters

A total of 135 scored items are on each examination. These items are distributed across **Domain I (Practice)** and then further divided across **Domain II (patient age parameters)**. Percentage weights and number of test questions in each domain are shown in the following Examination Blueprint.

**DOMAIN 01 - ASSESS**

**Task 0101** Obtain subjective patient information including but not limited to relevant medical history (including biopsychosocial, economic, environmental, family, military, travel, occupational, preventive components), chief complaint, history of present illness, and review of systems to determine health needs and problems by:

- interviewing patient/family/appropriate others
- reviewing records
- obtaining information regarding additional healthcare providers involved in patient care
- identifying both patient- and population-specific health, medical, and psychosocial risk factors

**Task 0102** Obtain objective information based on patient age/developmental level, health history, and comorbidities to further define and evaluate health needs and problems by:

- performing physical examinations
- ordering/performing/supervising diagnostic tests and procedures
• ordering/performing/supervising screening tests

**DOMAIN 02 - DIAGNOSE**

**Task 0201** Formulate differential diagnoses by:
- synthesizing and analyzing subjective/objective information
- prioritizing potential diagnoses, including recognizing urgent and emergent conditions

**Task 0202** Establish definitive diagnoses by:
- ordering, performing, supervising, and interpreting additional diagnostic tests
- performing and interpreting additional physical examinations
- synthesizing and analyzing additional information

**DOMAIN 03 - PLAN**

**Task 0301** Establish a safe plan of patient-centered treatment and care that is individualized, cost effective, consistent with best evidence, age appropriate, and culturally sensitive in order to address the diagnoses by:
- considering co-morbidities
- ordering, performing, supervising, and interpreting results of further tests
- prescribing, ordering, and administering pharmacological therapies
- prescribing, ordering, and administering non-pharmacologic therapies and/or procedures
- providing relevant education and/or counseling
- providing anticipatory guidance, health promotion, and injury prevention
- making referrals to and engaging in consultation with other health professionals and community resources
- including patient/family/appropriate others as active participants
- providing for appropriate follow-up
- responding to patients in urgent and emergent situations

**DOMAIN 04 - EVALUATE**

**Task 0401** Determine the effectiveness of the plan of treatment and care based on outcomes by:
- assessing patient response(s)
- collecting additional subjective and/or objective information as needed

**Task 0402** Modify the plan of treatment and care as appropriate based on outcomes by:
- ordering, conducting, supervising and interpreting further tests
- adjusting therapies
- providing additional education
- initiating referrals and consultations
- coordinating follow-up and monitoring plan of care
- including patient, family, and/or appropriate others as active participants
**FNP Knowledge Areas**

- Health promotion, harm reduction, and disease prevention
- Anatomy, physiology, and pathophysiology
- Therapeutic communication, change management, and crisis management
- Health history
- Sign and symptoms
- Physical examination
- Diagnostic and therapeutic tests and/or procedures
- Clinical decision-making
- Differential diagnosis
- Pharmacological therapies
- Non-pharmacological/ complementary/ alternative therapies
- Biopsychosocial principles/theories
- Patient and family education and counseling
- Community resources
- Healthcare economics
- Evidence-informed practice
- Legal and ethical issues
- Cultural competence
- Principles of epidemiology, population health, and social determinants of health
- Practice management

**FNP Procedures**

- Minor lesion removal
- Microscopy
- Pap tests
- Joint aspirations and injections
- Skin biopsy
- Therapeutic injections
- Wound closure
- Splinting
- Casting
- Wound management
- Incision and drainage
- Diagnostic interpretation of ECG
- Diagnostic interpretation of x-ray
- Cerumen removal
- Pulmonary function testing & office spirometry
- Fluorescein dye
- Long-term contraceptive management
- Long-term hormonal implantation
- Foreign body removal
- Nail removal
SAMPLE QUESTIONS

Listed below are examples of the type of questions that are on the certification examinations. They range from knowledge of pathophysiology, pharmacology, physical assessment, diagnosis, treatment and follow-up to testing for synthesis of information in clinical decision making while carrying out those activities.

The following questions are examples only. These questions are not updated annually like the actual examinations. No correct answer is given since answers may change with evolving evidence.

1. A patient who presents with fever, cervical lymphadenopathy, tonsillar exudate, and fine maculopapular rash most likely has:
   a. streptococcal pharyngitis
   b. secondary syphilis
   c. pharyngeal candidiasis
   d. mononucleosis

2. An adult female presents with complaints of difficulty swallowing, muscle weakness, diarrhea, sweating, jitteriness, and fine hand tremors at rest. Laboratory tests reveal WBCs = 7300 cells/μL [normal = 4000-10,000 cells/μL], sodium = 138 mEq/L [normal = 135-145 mEq/L], potassium = 4.5 mEq/L [normal = 3.5-5 mEq/L], TSH = 0.05 μU/mL [normal = 0.4-5.4 μU/mL], and free thyroxine (FT4) = 2.9 mcg/dL [normal = 4.5-11.5 mcg/dL]. Which of the following would be the nurse practitioner’s next step?
   a. encourage the patient to take over-the-counter kelp.
   b. start methimazole, 10 mg daily.
   c. start levothyroxine, 50 mcg every morning.
   d. order an iodine-123 thyroid uptake scan.

3. In order to determine the presence of postural hypotension, blood pressure should be taken in which of the following positions?
   a. sitting to standing
   b. supine to sitting
   c. supine to standing
   d. standing to supine

4. Conductive hearing loss involves the:
   a. inner ear
   b. middle ear
   c. 5th cranial nerve
   d. 8th cranial nerve

5. A 70-year old female with urinary stress incontinence should be instructed to:
   a. perform abdominal strengthening exercises twice a day
   b. perform pelvic floor muscle (Kegel) exercises 100 times per day
   c. perform pelvic floor (Kegel) exercises 35-40 times per day
   d. void frequently
6. A 37-year-old male diagnosed with hypertension has been treated with a low sodium diet and hydrochlorothiazide (HCTZ) 50 mg qd for the past two months. He denies Family history of cardiovascular disease. At today’s follow-up visit his BP=150/90 and T=100 F. Physical examination reveals no bruits, clear chest, no atrial gallop, edema and tenderness of the left ankle, and an intact neurological system. Which laboratory values will provide the most useful follow-up information?
   a. serum sodium and potassium
   b. total serum cholesterol and serum glucose
   c. serum uric acid and complete blood count
   d. blood urea nitrogen and creatinine

7. A 78-year-old patient presents with complaints of left-sided “rib pain” during the past few days. The patient also complains of headache, a feverish feeling, and general malaise. Physical examination reveals an area of papular eruptions with a few vesicles on the left side of the chest. The most likely cause of the patient’s symptoms is:
   a. herpes zoster
   b. eczema
   c. intertrigo
   d. actinic keratosis

8. A 38-year-old female presents at the clinic with fatigue, dyspnea, palpitations, and decreased exercise tolerance. Laboratory work reveals the following: Hgb = 10.8 (normal value = 12–15.5 g/dL), Hct = 34% (35%–45%), MCV = 78 (80–100 fl), MCHC = 28 (31–36 g/dL). The nurse practitioner would recognize that these values indicate which type of anemia?
   a. normocytic hypochromic
   b. macrocytic hyperchromic
   c. microcytic hypochromic
   d. normocytic normochromic

9. A seven-year old who presents with two lesions on the extremities is diagnosed with impetigo. Which topical treatment is most appropriate?
   a. clotrimazole (Lotrimin) cream
   b. mupirocin (Bactroban) cream or lotion
   c. hexachlorophene emulsion (pHisoHex)
   d. acyclovir (Zovirax) ointment

10. The hormone responsible for producing a positive pregnancy test is:
    a. human chorionic gonadotropin
    b. estradiol
    c. human growth hormone
    d. progesterone

11. A 24-year-old patient complains of intermittent heartburn, which has become worse since he started his new job. The discomfort is worse after eating and at night and is relieved by antacids. Your most likely diagnosis is:
    a. diffuse esophageal spasm
    b. infectious esophagitis
    c. gastroesophageal reflux disease
    d. carcinoma of the esophagus
12. A 65-year old patient presents with a history of recurrent right upper quadrant pain associated with intermittent nausea and vomiting. Laboratory tests reveal isolated elevations of serum alkaline phosphatase and normal amylase levels. Physical examination results are within normal limits. The tentative diagnosis is:
   a. biliary obstruction
   b. peptic ulcer
   c. chronic pancreatitis
   d. hepatic dysfunction

13. A 16-year old female patient presents with an edematous ankle. Your examination reveals a pinpoint wound at the lateral aspect of the ankle and X-rays show a distal fibular fracture. In addition to managing the fracture, which intervention is most appropriate?
   a. administer tetanus prophylaxis and submit wound scraping for culture
   b. irrigate the wound and apply topical antibiotic
   c. administer tetanus prophylaxis and prescribe oral antibiotics
   d. apply topical antibiotic and cover the wound with a sterile dressing

14. An obese, 58-year old male presents with mild fatigue over the past month. The nurse practitioner takes a history, performs a physical examination, and orders fasting laboratory work. Hct = 49%, TSH = 3.2, glucose = 128 mg/dL, and cholesterol = 289 mg/dL. Which of the following is the most likely diagnosis?
   a. hypothyroidism
   b. anemia
   c. depression
   d. type 2 diabetes mellitus
AANP Scope of Practice for Nurse Practitioners

Professional Role
Nurse practitioners (NPs) practice in nearly every health care setting including clinics, hospitals, Veterans Affairs and Indian Health Care facilities, emergency rooms, urgent care sites, private physician or NP practices (both managed and owned by NPs), nursing homes, schools, colleges, retail clinics, public health departments, nurse managed clinics, homeless clinics, and home health. NP practice includes, but is not limited to, assessment; ordering, performing, supervising and interpreting diagnostic and laboratory tests; making diagnoses; initiating and managing treatment including prescribing medication and non-pharmacologic treatments; coordinating care; counseling; and educating patients and their families and communities.

As licensed, independent practitioners, NPs practice autonomously and in coordination with health care professionals and other individuals. NPs provide a wide range of health care services including the diagnosis and management of acute, chronic, and complex health problems, health promotion, disease prevention, health education, and counseling to individuals, families, groups and communities. They may also serve as health care researchers, interdisciplinary consultants, and patient advocates.

The nurse practitioner role is consistent with the APRN consensus model practicing in the population foci of family, pediatrics, women’s health, adult-geriatrics, neonatal, and psychiatric mental health. The scope of practice is not setting specific but rather based on the needs of the patient (APRN Consensus Model, 2008).

Education
NPs are advanced practice registered nurses who obtain graduate education at the masters, post-master’s or doctoral level and obtain national board certification. NP education programs follow established educational standards which ensure the attainment of the APRN core, role core, and population core competencies. Educational preparation provides NPs with specialized knowledge and clinical competency which enable them to practice in various health care settings. National NP education program accreditation requirements and competency-based standards ensure that NPs are equipped to provide safe, high-quality, cost effective patient centered care upon graduation. Clinical practice competency and professional development are hallmarks of NP education.

Accountability
Each NP is accountable to patients, the nursing profession, and the state board of nursing. NPs are expected to practice consistent with an ethical code of conduct, national certification, evidence-based principles, and current practice standards.
Responsibility
The patient-centered nature of the NP role requires a commitment to meet the evolving needs of society and advances in health care science. NPs are responsible to the public and adaptable to the dynamic changes in health care. As leaders in health care, NPs combine the roles of provider, mentor, educator, researcher, advocate, and administrator. NPs take responsibility for continued professional development, involvement in professional organizations, and participation in health policy activities at the local, state, national, and international levels. Five decades of research affirms that NPs provide safe, high-quality, cost effective patient centered care.
AANP Standards of Practice for Nurse Practitioners

Nurse practitioners are licensed, independent practitioners who practice autonomously and in coordination with health care professionals and other individuals. They provide primary and/or specialty nursing and medical care in ambulatory, acute, and long-term care settings. NPs are registered nurses with specialized, advanced education and clinical practice competencies to provide care for diverse populations in a variety of primary care, acute, and long-term care settings. Master’s, post-master’s or doctoral preparation and national board certification is required for entry-level practice (AANP, 2006).

The nurse practitioner role is consistent with the APRN consensus model of patient care in the population focus of family, pediatrics, women’s health, adult-geriatrics, neonatal, and psychiatric mental health. The scope of practice is not setting specific but rather based on the needs of the patient (APRN Consensus Model, 2008). Education, certification, and licensure of an individual must be congruent in terms of role and population focus. APRNs may specialize but they cannot be licensed solely within a specialty area. In addition, specialties can provide depth in one’s practice within the established population focus. Education and assessment strategies for specialties will be developed by the nursing profession, i.e., nursing organizations and special interest groups. Education for a specialty can occur concurrently with APRN education required for licensure or through postgraduate education. Competence at the specialty level will not be assessed or regulated by boards of nursing but rather by the professional organizations (APRN Consensus Model, 2008).

In addition to their clinical role, NPs may serve as health care researchers, interdisciplinary consultants, and patient advocates. NPs provide a wide range of health care services including the diagnosis and management of acute, chronic and complex health problems, health promotion, disease prevention, health education and counseling to individuals, families, groups and communities.

Process of Care
The nurse practitioner blends the scientific process, current evidence and national standards of care with a holistic approach to manage patient care and foster professional practice. This process includes the following components.

A. Assessment of health status
The nurse practitioner assesses health status by:
• Obtaining a comprehensive relevant health, social and medical history
• Performing a thorough physical examination based on age and history
• Performing or ordering preventative and diagnostic procedures based on the patient’s age and history
• Identifying health risk factors
• Evaluating social determinants of health that may influence the patient’s health and wellness.
B. Diagnosis
   The nurse practitioner makes a diagnosis by:
   - Utilizing diagnostic reasoning
   - Synthesizing and analyzing the collected data from health history and any
diagnostic information
   - Formulating a differential diagnosis(es) based on the history, physical
   examination and diagnostic test results/information

C. Development of a comprehensive plan of care
   The nurse practitioner, together with the patient and family, establishes an
evidence-based, mutually acceptable, cost-conscious, effective plan of care that
maximizes health potential or end of life decisions. Formulation of the plan of care
includes:
   - Ordering and interpreting additional necessary diagnostic tests
   - Establishing priorities to meet the health care needs of the individual, family,
and/or community
   - Prescribing or ordering appropriate necessary pharmacologic and non-
pharmacologic interventions
   - Developing a patient education plan considering the patient’s health literacy
competencies/learning needs.
   - Ordering consultations or referrals based on evidence and standards of
professional care and shared decisions with patient/family

D. Implementation of the plan
   - Interventions are based upon established priorities and consistent with the nurse
practitioner’s specialized education and clinical practice. Actions by nurse
practitioners are:
   - Individualized, recognizing the patient’s preferences and abilities
   - Consistent with the appropriate plan for care
   - Based on scientific, evidenced based principles, theoretical knowledge, and
clinical expertise
   - Inclusive of teaching and learning opportunities

E. Follow-up and evaluation of the patient status
   The nurse practitioner maintains a process for systematic follow-up by:
   - Determining the effectiveness of the plan of care with documentation of patient
care outcomes
   - Reassessing and modifying the plan with the patient and family as necessary to
achieve health outcomes and patient goals

Care Priorities
   The nurse practitioner’s practice model emphasizes patient-centered holistic health care:

A. Patient and family education
   The nurse practitioner provides health and wellness education and utilizes
community resource opportunities for the individual and/or family.
B. Facilitation of shared decision making and participation of the patient/family in health care decisions
   The nurse practitioner facilitates patient participation in health care by providing evidenced based, culturally sensitive information needed to make decisions and choices regarding:
   - Promotion, maintenance, and restoration of health
   - Appropriate utilization of health care resources
   - Potential for consultation with other appropriate health care personnel

C. Promotion of optimal health
D. Provision of continually competent care
E. Facilitation of entry into the healthcare system
F. The promotion of a safe environment

Interprofessional and Collaborative Responsibilities
As a licensed, autonomous practitioner, the nurse practitioner contributes to patient care as a team leader and member in the provision of health care, interacting with professional colleagues to provide patient-centered comprehensive quality care.

Accurate Documentation of Patient Status and Care
The nurse practitioner maintains accurate, legible, and confidential records.

Responsibility as Patient Advocate
The nurse practitioner is a responsible advocate for patient welfare and upholds ethical and legal standards. As an advocate, the nurse practitioner influences health policy at the local, state, national, and international levels.

Quality Assurance and Continued Competence
Nurse practitioners recognize the importance of continued education through:

A. Participation in quality assurance review, including the systematic, periodic review of records and plans of care that may result in a quality improvement plan
B. Maintenance of current evidence-based knowledge by completing continuing education activities related to the nurse practitioner's specialty and clinical practice
C. Maintenance of certification and compliance with current state and federal laws
D. Application of current evidence-based practice and utilization of best practice standards

Integral Roles of Nurse Practitioners
Nurse practitioners combine the roles of provider, mentor, preceptor, educator, researcher, advocate, and interdisciplinary consultant. The nurse practitioner interprets and emulates the role of the nurse practitioner to individuals, families, professional colleagues, and legislators.
Research as Basis for Practice
Nurse practitioners support research and dissemination of evidence-based practice by developing clinical research questions, conducting or participating in studies, implementing quality improvement, and incorporating system changes into practice.