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INTRODUCTION

This CANDIDATE HANDBOOK is written for candidates desiring to take the following national certification examinations offered by the American Academy of Nurse Practitioners National Certification Board, Inc.:

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

It provides important information on the eligibility requirements, application process, testing information, and AANPCB policies. Material contained in this handbook supersedes information in previous handbooks and is subject to change without notice. Information in the AANPCB handbooks and on the certification website is updated on a regular basis.

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

Email is the preferred method for general correspondence.

Paper applications and other documents may be emailed, faxed, or mailed. If an applicant wishes to ensure that materials are received by AANPCB, it is recommended that a guaranteed courier service be used, and documents be sent by overnight delivery to the street address.

Contact Us

American Academy of Nurse Practitioners Certification Board (AANPCB)

Website: https://www.aanpcert.org

Email: Certification@aanpcert.org

Email Official Transcripts to: Transcripts@aanpcert.org

Certification Administration: (512) 637-0500

Toll-free Number: (855) 822-6727

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

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

Street Address: 2600 Via Fortuna, Suite 240
Austin, TX  78746-7006
ABOUT AANPCB

Mission and Purpose

The American Academy of Nurse Practitioners Certification Program (AANPCP) 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. The business name was changed to the American Academy of Nurse Practitioners Certification Board (AANPCB) on January 1st, 2017. AANPCB is a nonprofit organization incorporated under the name American Academy of Nurse Practitioners National Certification Board, Inc. Currently, there are more than 150,000 nurse practitioners certified to use AANPCB’s registered NP-C credential.

Our Mission: To provide excellence in professional nurse practitioner 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.

Our 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 entry into practice certification for the Adult-Gerontology Primary Care Nurse Practitioner and Family Nurse Practitioner meeting eligibility requirements for certification by exam and specialty certification for the Emergency Nurse Practitioner.
- Provides the processes for recertification for the Adult, Adult-Gerontology Primary Care, Family, Emergency, and Gerontologic Nurse Practitioner meeting current minimum requirements for renewal.

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

AANPCB certification programs are accredited by the American Board of Specialty Nursing Certification (ABSNC) and the National Commission for Certifying Agencies (NCCA).

- The ABSNC, formerly the American Board of Nursing Specialties (ABNS) Accreditation Council, is the only accrediting body specifically for nursing certification. ABSNC accreditation is a peer-review mechanism that allows nursing certification organizations to obtain accreditation by demonstrating compliance with the highest quality standards available in the industry.
The NCCA is the private not-for-profit accrediting branch of the Institute for Credentialing Excellence (ICE), which is the national standard-setting organization for credentialing groups including certification boards, licensing boards, and associations. The NCCA uses a peer review process to establish accreditation standards, evaluate compliance with the standards, recognize programs that demonstrate compliance, monitor, and enforce continued compliance, and serve as a resource on quality certification.

Changes to AANPCBs certification programs will align with the certification accreditation standards promulgated by ABSNC and NCCA. Program accreditation dates may be found on the certification website.

**Membership Affiliation**

AANPCB is a national nursing certification board affiliated with two membership organizations.

- **American Association of Nurse Practitioners (AANP)** - As a membership organization, AANP provides valuable member benefits for NP students and NPs of all specialties. Benefits includes NP advocacy, access to free CE activities, and reduced conference registration fees for NP students, candidates, and members attending the AANP’s National, Health Policy, and Fall Conferences.

- **American Academy of Emergency Nurse Practitioners (AAENP)** - Is the membership organization responsible for the standards, qualifications, knowledge, and practice of emergency nurse practitioners. AAENP collaborates with AANPCB to develop exam content for the Emergency Nurse Practitioner certification examination.

Members of the AANP and AAENP qualify for a $75 USD discount on all certification applications. Include member number when completing the application to receive the discount.

**Name and Address Change**

Applicants and certificants are responsible for keeping their AANPCB account and Online Profile information current or notifying AANPCB by email of changes to contact information to receive important information from AANPCB such as application status inquiries, certification program changes, renewal notices, Board of Commissioner election information, and practice analysis invitations.

Changes to name and contact information may be made at any time by logging into the Online Profile with username and password.

In the event of a legal name change, complete the Name Change Form and submit it, with a copy of supporting documentation (e.g., court record, marriage license) providing proof of the name change, via email, fax, or mail to the AANPCB office. Please allow five business days from time of receipt for processing.

The Name, Address, or Certification Status Change Form is available under the Forms tab on the navigation bar of the AANPCB website.

For candidates who has been approved to test, it is recommended that a name change be made after the examination is taken and preliminary examination score notification has been received to avoid problems with identification documents at the testing center.

For name change questions, contact the Verification Department at 512-637-0500.
FNP AND AGNP ELIGIBILITY REQUIREMENTS

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

- The nationally recognized competencies of the nurse practitioner role and the population specialties of Adult-Gerontology Primary Care or Family/Across the Life Span.
- The APRN core (advanced physical assessment, advanced pharmacology, and advanced pathophysiology).
- The NP educational program’s required number of faculty-supervised direct patient care clinical hours.
- Completion of an accredited graduate, postgraduate, or doctoral Family or Adult-Gerontology Primary Care Nurse Practitioner educational program from a U.S. school or Canadian province NP educational programs approved by the Canadian Council of Registered Nurse Regulators (CCRNR).

Nurse Licensure
- Current, active, professional nurse licensure in the United States, U.S. territory, or Canadian province or territory.

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. Mail official transcripts in a sealed envelope directly from the school registrar to AANPCB or email secure, electronic academic transcripts directly from the school to transcripts@aanpcert.org
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.
- 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.
- Apply for recertification.

How To Videos
- View the How-to Apply Video available on the AANPCB website for information on how to complete the application process.

Application Process

Apply Online
- Online applications and electronic submissions are preferred. Online applications must be completed within 30 days to avoid loss of information.

Apply by Paper Application
- A fillable PDF paper application is available on the website for download under Forms on the navigation bar.
- Paper application processing is longer than the online method. A paper processing fee is assessed.

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.

- Program Completion Date is the date all didactic courses and clinical hours 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.
Required Documents

- Current professional nursing license with expiration date and fee payment is required to initiate processing of an application. A copy may be obtained from the state board of nursing.

- For graduate or post-graduate academic nurse practitioner program applicants, 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. A final official transcript showing program completion is required for release of a score report.

- Documents can be uploaded to the online application, or sent via fax, email, or mail after the application has been submitted.

- Documents sent to AANPCB become the property of AANPCB. Individuals should retain copies of their records for personal use and for their professional portfolio. AANPCB is under no obligation to return documents or issue copies of these documents for future use by a certificant.

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 on their application is accurate and true to the best of their ability. Applicants who 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.

This signature also confirms that the applicant has read, agrees to adhere to, and understands the following AANPCB Policies:

- 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 Policy

Processing Time

- Typical processing time for 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. AANPCB does not expedite processing of applications or charge an expediting fee.

- Applications are screened using eligibility criteria before forwarding to qualified advanced practice nurses for professional review.
Notification of Missing Items

- Monitor your Online Profile for application status updates and notification of missing items. Weekly emails are sent if information is needed to complete an application. (See Correspondence from AANPCB.)

Certification Fees

- Fee payment is required to initiate processing of an application.
- Members of the AANP and AAENP qualify for a $75 USD discount on all certification applications. Include member number when completing the application to receive the discount.
- 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 supporting documents received by AANPCB for the purposes of certification and recertification (e.g., RN/APRN licenses, CEs, unofficial transcripts).
- 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.

Correspondence from AANPCB

- Notification of missing documentation is emailed weekly from certification@aanpcert.org and is viewable on the applicant’s Online Profile. A reminder is emailed weekly to candidates who have been approved to test prior to degree completion until a final official transcript is received.
- AANPCB emails the Eligibility to Test and Schedule Exam Notification to the candidate from certification@aanpcert.org.
- 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.
- Courtesy reminder postcards and emails are sent to the NP’s last known contact addresses one year prior to certification expiration, and again at 6 months prior to expiration if a renewal application has not yet been received. A letter and email are sent ~6 weeks prior to certification expiration if a renewal application has not been received.
- AANPCB is not responsible for email sent from AANP, AAENP, or any other organization.
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: (833) 892-5438

Additional information may be found in the Candidate Testing Information Bulletin under the Resources tab on the certification website.

**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 and Authorization to Test**

- When a candidate becomes eligible to test (as verified during the application review process), AANPCB will export the name of candidate to PSI and send an Eligibility to Test and Schedule Exam Notification email to the candidate from certification@aanpcert.org. This email provides important instructions for scheduling a testing appointment at PSI Testing Centers and authorizes the 120-day testing window. Check all email inboxes including junk/spam folders for Approval and Eligibility to Test email.

**Schedule, Reschedule, or Cancel an Exam**

- Log in to your AANPCB account at www.aanpcert.org/signin and select Schedule Exam found under My AANPCB. You must use your AANPCB login information to schedule your testing appointment.

- Changes to a scheduled examination appointment may be done online by logging in to your AANPCB account.

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

- 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.
Extension Requests

- Extensions are granted on a case-by-case basis for reasons of hardship if a candidate is unable to sit for the examination within their 120-day window to test. Email the request to certification@aanpcert.org

- Any scheduled examination appointment must be cancelled prior to granting an extension.

- 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 and will need to reapply to take the exam and pay the applicable fee.

Exam Withdrawal

- Applicants wishing to withdraw from taking the examination must 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 Accommodations Request

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

- All test centers are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990, and every reasonable accommodation will be made in meeting a candidate’s needs.

- Applicants with disabilities or those who would otherwise have difficulty taking the test will need to complete the Special Accommodation Request online using this link. The request will be reviewed, and the candidate will be contacted by a PSI Special Accommodations Team Member within 48 to 72 hours to arrange necessary accommodations.
PREPARING FOR THE EXAM

Exam Information

- **Examinations are computer-based**: Candidates have 3 hours to take the exam.
- **There are 150 questions on each exam**: Of the 150 questions, 15 are pretest questions 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 candidate's score is based solely on 135 scored questions.
- **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.
- **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.
- **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.
- **New Examinations**: Are developed annually and released every January. All items are reviewed to ensure consistency with therapeutic clinical guidelines and references published at the time exams are developed.

Practice Exam

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

FNP and AGNP Reference List

- A current reference list is available under the Reference Lists tab on the navigation bar of the website.

Sample Questions

- Examination questions 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. Refer to the Sample Questions p. 32 for examples of the type of question format on the certification exams. These questions are not updated, and no correct answers are provided.
Important Testing Site Information

- **Scheduling Procedures and Testing Regulations:** Download the **Candidate Testing Information Bulletin**. It may be found under the **Resources** tab on the certification website 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

- **Testing Sites:** Certification examinations are administered via computer-based testing format at PSI Testing Centers located throughout the United States and Canada.

- **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 48 hours before the scheduled exam date, miss your scheduled exam 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, require a new registration number, and forfeit your fee.**

**AANPCB 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.

**Test-Taking Tips**

- A resource document containing **Test-Taking Tips** is available under the **Reference Lists** tab.
Overview of 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 qualified certified nurse practitioner content subject matter experts engaged in clinical practice in a variety of healthcare settings and diverse geographical areas 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 exam.

- **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

- The Examination Blueprints are based on a Practice Analysis: an objective measure of the knowledge and skills required of competent NPs. Practice Analyses provide the foundation for defining AANPCB Knowledge Areas and Testing Domains and must be conducted 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).

- Practice analyses are typically conducted every 3 to 5 years, depending on the rate of change in the profession that the certification program represents. The Family Examination Practice Analysis was conducted in 2015. A 2020 Practice Analysis is being conducted. The Adult-Gerontology Primary Care Examination Practice Analysis was conducted in 2016. The next Practice Analysis will be conducted in 2021.

- 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.
**Test Content**

- **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.

- **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.

**Test Specifications**

- **Domains:** Are the areas of major responsibility that make up a profession, are mutually exclusive, and encompass all the tasks performed in practice. Domains contain the knowledge and skills required of a Family Nurse Practitioner or an Adult-Gerontology Primary Care Nurse Practitioner to competently perform tasks.

- **Test specifications:** Are used to identify the proportion of questions related to each of the domains and tasks that appear on certification exams. Test specifications derived from the Practice Analysis serve as the Examination Blueprint and are based on Domain parameters.

  - Domain I: Assess, Diagnose, Plan, Evaluate
  - Domain II: Developmental Parameters

- **Content Outlines:** Identify the proportion of questions from each domain that appear on the specialty certification exam. Percentages are used to determine the number of test questions related to each domain and task that appear on the multiple-choice examinations. Percentage weights and the number of test questions in each domain on the examinations are shown in the Examination Blueprints.

- **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. Knowledge Areas are listed in the Examination Blueprints.

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

- **Procedures:** Learned cognitive and psychomotor actions that must be performed correctly to successfully complete one or more job tasks.
FNP Examination Blueprint

Test specifications derived from the FNP 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 exam items are distributed across Domain I and then further divided across Domain II. Percentage weights and number of test questions in each domain are shown in the Examination Blueprint. *Age Parameters are not defined for any population. AANPCB uses growth and development for constructing certification exams.

<table>
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<tr>
<th>DOMAIN I - Practice</th>
<th># of scored items</th>
<th>% items</th>
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<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>
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<tr>
<td>TOTAL</td>
<td>135</td>
<td>100.0%</td>
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<table>
<thead>
<tr>
<th>DOMAIN II - Patient Age *</th>
<th># of scored items</th>
<th>% items</th>
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<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>

**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 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
A-GNP Examination Blueprint

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 exam items are distributed across Domain I and then further divided across Domain II. 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. AANPCB uses growth and development for constructing certification exams.

<table>
<thead>
<tr>
<th>DOMAIN I - Practice</th>
<th># of scored 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><strong>TOTAL</strong></td>
<td><strong>135</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOMAIN II - Patient Age *</th>
<th># of scored 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><strong>TOTAL</strong></td>
<td><strong>135</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

**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 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
- Splinting
EXAM SCORES

How are Exams Scored?

The certification examinations are Criterion-referenced Examinations 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. A minimum passing scaled score of 500 must be obtained to pass the exam. The total number of correct responses is called the total raw score which is converted to a scaled score ranging from 200 to 800 points using statistical procedures equivalent for all administrations of the exam. Exam results are reported as a “scaled score” which is neither a “number correct” nor a “percent correct” score. Performance on the exam is not compared to the performance of others taking the exam.

- **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).

Exam Score Release

- **Score Report:** An official letter with the 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. Exam score results will not be given out by telephone or fax. Exam 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. The score letter authorizes use of the NP-C credential for a 5-year period only.

- **Graduate academic program:** AANPCB must receive an Official final transcript via (1) mail or delivery in the original sealed envelope or (2) email via secured website from the Registrar’s office. AN Official final transcript 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.

- **Post-graduate (post-master’s) certificate program:** AANPCB must receive and process an official MSN transcript in addition to a transcript with educational program coursework for the FNP or AGNP certificate program and a transcript or certificate showing the post-graduate certificate awarded.

- The 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).
RETAKE EXAM

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. A score report may be emailed to candidate if requested in writing.

- **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 in this Handbook 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

- A final score report must be released before an individual can complete an application online to retake the examination.

- Complete CE and then apply online. A paper application is available.

- **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

Primary Source Verification is the process whereby confirmation of specific information from the original source is provided to determine the qualifications of an individual. Requests received from a state board of nursing or third-party vendor for verification of a certification reflect the status of "certified" or "not certified".

AANPCB provides the following upon written request:

- Confirmation of nurse practitioner certification status (certified/not certified) to State Boards of Nursing, employers, third-party vendors, and the public.
- Verification of candidate eligibility-to-test to State Boards of Nursing.

Information on Primary Source Verification, verification request forms, and fees is available under the Verify tab on the navigation bar of the AANPCB website.

State Boards of Nursing Notification

- AANPCB does not automatically notify a SBON of a candidate’s authorization to test, an exam taken, or certification status change (active or expired).
- Completion of a State Board of Nursing Notification Form with fee payment is required.
- A SBON may request candidate exam pass or failure status or NP certification status (active or expired).
- State Boards of Nursing (SBON) and active duty military personnel will not be charged a fee for processing a verification of certification.
- Requests are usually processed within one business day of receiving a SBON Notification Form. Individual state boards of nursing determine their preference by email or regular mail of a verification.

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.
- 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 for a fee as noted on the AANPCB website.
- Verification letters: Will be sent via email. Mailed embossed hard copies are available upon request.
Important Information

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

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

- 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 is received, processed, and letter emailed at 8 a.m.; scores are imported and certification complete is 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 information obtained through the verification process.
AANPCB BOARD CERTIFICATION

Individuals board-certified by AANPCB have completed specific educational requirements that assess national competencies of the APRN core, nurse practitioner role, and population focus area of practice and successfully passed the national certification examination demonstrating professional knowledge in the NP role and the population focus for entry into practice.

Certification is time-limited

- Certification is time-limited and granted for 5-year periods only. NP certification expires at the end of the 5-year certification period. Individuals 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.

- 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.

- Nurse Practitioners certified by AANPCB must meet minimum current requirements for renewal within the 5-year period of certification granted to continue to (1) be certified, (2) maintain the same certification number, and (3) use the NP-C credential.

Maintenance of Certification

- It is the NPs professional responsibility to renew their certification before their certification expires.

- Knowledge and skills required for professional and competent NP practice evolve over time. NPs must maintain professional competency based on current information and knowledge affecting clinical practice. Maintaining clinical practice and participating in advanced practice nurse practitioner-related continuing education activities on an ongoing basis or passing the certification examination allows certificants to demonstrate maintenance of knowledge and skills in their specialty area of certification as a certified NP.

- Recertification requirements serve to measure and reassure the public of NP continued professional competence. Recertification provides a mechanism to assure the public that nurse practitioners have undergone periodic evaluation and met current professional standards of qualifications and knowledge for practice required to maintain and validate certification. Individuals who are board-certified by AANPCB shall renew certification via an established certification renewal process.

- Current, active, professional nurse licensure in the United States, U.S. territory, or Canadian province or territory, another component of continuing competence, is required for certification. An individual whose nursing license expires or is revoked is not authorized to use the NP-C credential and may not represent themselves as being certified by AANPCB.

- For information on the renewal process, see the Recertification Handbook.

Expired Certification

- An individual certified by AANPCB as a nurse practitioner who allows their NP certification to expire may not use the NP-C credential or present themselves as an AANPCB-certified nurse practitioner.

- A certificant who is unable to renew their certification through clinical practice and CE will need to meet current certification eligibility requirements and apply for the examination as an Initial Applicant.
• State Boards of Nursing regulate APRNs’ ability to practice, therefore, an individual whose NP certification has expired is responsible for contacting their SBON regarding their ability to work with expired certification.

• Individuals whose certification expires risk potential loss of employment, wages, insurance reimbursement, or credentialing privileges depending upon the state in which they are licensed as an APRN, the employer, and the provider credentialing organization. AANPCB will not be held responsible for financial damages occurring with respect to expiration of certification or loss of employment if a certificant fails to renew prior to expiration of current certification.

• Requests received from a state board of nursing or third-party vendor for verification of a certification reflect the status of “certified” or “not certified”.

**NP-C® Credential**

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.

• First use of the NP-C credential was in 1999. NP-C stands for “Nurse Practitioner-Certified”.

• 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.

• AANPCB awards the NP-C credential. As the owner of the “Nurse Practitioner-Certified” certification mark, AANPCB controls its use.

• 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.

**How do I sign my name?**

• The first letter of the patient population-foci (A, AG, E, F, G) precedes the certification number and is printed on both the official embossed certificate and wallet card. Use of the initial to indicate population specialty is optional for AANPCB-certified NPs.

• 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
NP Scope and Standards of Practice

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 educational training in providing safe and appropriate patient care as an NP.

- NPs shall maintain continuing competence in the NP profession by acquiring new knowledge in the professional role on an ongoing basis.

- Holding the NP-C credential does not confer permission to manage patients beyond the scope of the individual's professional practice. Boundaries of legal professional scope of 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.

- NP Certificants shall reference and subscribe to the:
  - Scope of Practice for Nurse Practitioners (American Association of Nurse Practitioners) pp. 35-36.
  - Nursing: Scope and Standards of Practice (American Nurses Association)

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 Rules and Regulations.
- Respect AANPCB intellectual property rights and will 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 public health and safety.
- Conduct professional work as an NP in a competent manner.

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 for a 5-year period only.

- The certificate and wallet card will have the certification beginning and expiration date.

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

- For information on ordering a duplicate wall certificate, see FAQs – Duplicate Wall Certificate Requests.
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 on p. 13 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 administrated 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.
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.
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.
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. 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 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
6. 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

7. 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

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. 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

11. 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

12. The hormone responsible for producing a positive pregnancy test is:
   a. human chorionic gonadotropin
   b. estradiol
   c. human growth hormone
13. 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

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 consenus 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

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 competency to provide health 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 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, certification, and licensure of an individual must be congruent in terms of role and population foci. 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 foci. Education and assessment strategies for specialty areas 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 post-graduate 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 and 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.