MISSION

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

VISION

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

VALUES

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

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

ETHICS

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

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

<table>
<thead>
<tr>
<th>Program</th>
<th>Certification</th>
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<tbody>
<tr>
<td>CCRN® (Adult)</td>
<td>PCCN®</td>
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<tr>
<td>CCRN® (Pediatric)</td>
<td>CMC®</td>
</tr>
<tr>
<td>CCRN® (Neonatal)</td>
<td>CSC®</td>
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<tr>
<td>CCRN-E™ (Adult)</td>
<td>ACCNS-AG®</td>
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<tr>
<td>CCRN® (Pediatric)</td>
<td>ACCNS-P®</td>
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<tr>
<td>CCRN® (Neonatal)</td>
<td>ACCNS-N®</td>
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<tr>
<td>CCRN-E™ (Adult)</td>
<td>ACNPC-AG®</td>
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Our advanced practice certification programs, ACCNS-AG, ACCNS-P, ACCNS-N and ACNPC-AG, meet the National Council of State Boards of Nursing (NCSBN) criteria for APRN certification programs.
As healthcare becomes increasingly complex and challenging, certification has emerged as a mark of excellence showing patients, employers and the public that a nurse is qualified and competent, and has met the rigorous requirements to achieve specialty and/or subspecialty certification.

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

Today, more than 97,000 practicing nurses hold one or more of these certifications from AACN Certification Corporation:

**Specialty Certifications**

- **CCRN®** is for nurses providing direct care to acutely/critically ill adult, pediatric or neonatal patients.
- **CCRN-K™** is for nurses whose non-direct care practice influences patients, nurses and/or organizations to have a positive impact on the care delivered to acutely/critically ill adult, pediatric or neonatal patients.
- **CCRN-E™** is for nurses working in a tele-ICU monitoring acutely/critically ill adult patients from a remote location.
- **PCCN®** is for progressive care nurses providing direct care to acutely ill adult patients.
- **PCCN-K™** is for nurses whose non-direct care practice influences patients, nurses and/or organizations to have a positive impact on the care delivered to acutely ill adult patients.

**Subspecialty Certifications**

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

**Advanced Practice Consensus Model-Based Certifications**

- **ACNPC-AG®** is for the adult-gerontology acute care nurse practitioner educated at the graduate level.
- **ACCCNS credentials** are for clinical nurse specialists educated at the graduate level to provide care across the continuum from wellness through acute care:
  - **ACCNS-AG®** is for the adult-gerontology clinical nurse specialist.
  - **ACCNS-P®** is for the pediatric clinical nurse specialist.
  - **ACCNS-N®** is for the neonatal clinical nurse specialist.

**Advanced Practice Certifications**

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

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

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

Thank you for your commitment to patients and their families and to becoming certified.
Please direct inquiries to:
AACN Certification Corporation, 101 Columbia, Aliso Viejo, CA 92656-4109
(800) 899-2226  •  Fax: (949) 362-2020  •  APRNcert@aacn.org

Please include your AACN customer number with all correspondence to AACN Certification Corporation.
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The following information can be found in the Certification Exam Policy Handbook online at www.certcorp.org >
Documents and Handbooks:
  • AACN Certification Programs
  • Name and Address Changes
  • Confidentiality of Exam Application Status
  • Testing Site Information
  • Exam Scheduling and Cancellation
  • On the Day of Your Exam
  • Duplicate Score Reports
  • Recognition of Certification
  • Use of Credentials
  • Denial of Certification
  • Revocation of Certification
  • Review and Appeal of Certification Eligibility
ACCNS-AG® is an entry-level advanced practice certification for clinical nurse specialists (CNSs) educated at the graduate level to provide advanced nursing care across the continuum of healthcare services - wellness through acute care - to meet the specialized needs of the adult-gerontology patient population (young adults, older adults and frail elderly).

**ACCNS-AG® Registered Service Mark**

ACCNS-AG is a registered service mark and denotes certification as an adult-gerontology clinical nurse specialist as granted by AACN Certification Corporation. Clinical nurse specialists who have not achieved ACCNS-AG certification or whose ACCNS-AG certification has lapsed are not authorized to use the ACCNS-AG credential.

**Purpose Statement**

To ensure public protection, new graduate clinical nurse specialists are required to pass a psychometrically sound exam that measures the advanced practice competencies needed to perform safely and effectively as a newly licensed, entry-level clinical nurse specialist.

State boards of nursing may use the results of AACN Certification Corporation APRN exams as a factor in making APRN licensure determinations.

**Exam Structure and Content**

The ACCNS-AG exam is three-and-a-half (3 ½) hours and consists of 175 multiple-choice items. Of the 175 items, 150 are scored. The remaining 25 items are used to gather statistical data on item performance for future exams.

- Sixty-one percent (61%) of the items test clinical judgment related to nursing care of the adult-gerontology patient population (wellness through acute care).
- The remaining items (39%) test non-clinical judgment knowledge required for adult-gerontology CNS practice and may refer to adult, pediatric or neonatal patient situations.

The ACCNS-AG exam is based on a study of practice, also known as a job analysis, that is conducted at least every five years, which validates the knowledge, skills and abilities required for safe and effective advanced practice as an entry-level adult-gerontology CNS.

The test plan, which provides an outline of exam content, is developed by an expert CNS panel based on the results of the study of practice. The organizing framework for all AACN Certification Corporation exams is the AACN Synergy Model for Patient Care. Please refer to pages 9 and 10 for more about the Synergy Model.

Following are the major content dimensions of the adult-gerontology CNS wellness through acute care (ACCNS-AG) exam, which are part of the test plan:

- **Patient Care Problems** validated by the job analysis as those regularly encountered by the entry-level CNS. Refer to pages 11 and 12 for the list of patient care problems.

- **Skills and Procedures** validated by the job analysis as those pertinent to the entry-level CNS. In addition to classifying exam items according to the specified patient care problems and related validated competencies, items may require an understanding of skills and procedures pertinent to adult-gerontology CNS practice. Refer to page 13 for the list of skills and procedures.


*continued*
Integrated Concepts
To meet criteria for regulatory sufficiency, APRN certification exams must test national practice standards and core competencies for the role and patient population(s) being certified. The ACCNS-AG exam incorporates the following standards and competencies:

- AACN Synergy Model for Patient Care. American Association of Critical-Care Nurses.

Score Reporting
For purposes of evaluating educational programs, exam pass/fail status and a breakdown of exam scores by content area will be reported to the candidate’s program director.

The board of nursing in the state(s) in which you have applied for or intend to apply for licensure will also be notified of your pass/fail status.
**Licensure**

Current, unencumbered RN or APRN licensure in the United States is required.

- An unencumbered license is not currently being subjected to formal discipline by any state board of nursing and has no provisions or conditions that limit the nurse’s practice in any way. This applies to all RN or APRN licenses you currently hold.

Certificants must notify AACN Certification Corporation within 30 days if any restriction is placed on their RN or APRN license(s).

**Education**

Completion of a graduate-level advanced practice education program that meets the following requirements:

1. The program is through a college or university that offers a CCNE or ACEN accredited master’s or higher degree in nursing with a concentration as an adult-gerontology clinical nurse specialist (CNS) covering the spectrum of wellness through acute care.

2. Both direct and indirect clinical supervision must be congruent with current AACN and nursing accreditation guidelines.

3. The curriculum includes but is not limited to:
   - Biological, behavioral, medical and nursing sciences relevant to practice as an adult-gerontology CNS, including advanced pathophysiology, pharmacology and physical assessment
   - Legal, ethical and professional responsibilities of the CNS
   - Supervised clinical practice relevant to the specialty

4. The curriculum meets the following criteria:
   - The curriculum is consistent with the competencies of adult-gerontology CNS practice.
   - The instructional track/major has a minimum of 500 supervised clinical practice hours overall.
   - All clinical hours are focused on the direct care of adult-gerontology patients and completed within the U.S.
   - The supervised clinical experience is directly related to the knowledge and all role components of the adult-gerontology CNS.

Completion of 500 supervised clinical practice hours in all roles of the adult-gerontology CNS within the graduate-level educational program is required. A portion of the total clinical hours must be focused on wellness and a portion on acute care, in the adult-gerontology patient population (includes young adults, older adults and frail elderly).

Didactic coursework with content related to the care of adult-gerontology patients, covering wellness through acute care, is required. Content must be in alignment with the ACCNS-AG Test Plan.

- **The program director of your educational program must complete an Educational Eligibility Form** (see page 23).
- **You must submit originals of all graduate-level educational transcripts showing degree(s) conferred.** A secure, electronic transcript may be provided by your school directly to APRNcert@aacn.org.
- If you are making up clinical or didactic coursework to meet ACCNS-AG exam eligibility, courses must be completed in a post-graduate certificate or DNP program.

**Questions regarding eligibility should be emailed to APRNcert@aacn.org.** Applicants determined to be ineligible for the ACCNS-AG exam will have their application fee refunded.

AACN Certification Corporation may adopt additional eligibility requirements at its sole discretion. Any such requirements will be designed to establish, for the purposes of ACCNS-AG certification, the adequacy of a candidate’s knowledge in care of the acutely and/or critically ill.

The ACCNS-AG exam is in alignment with requirements of the APRN Consensus Model and meets the NCSBN Criteria for APRN Certification Programs. The ACCNS-AG certification is accepted in all states that recognize the CNS as an APRN role.
Please ensure that AACN has your current contact information on record. Updates may be made online at www.aacn.org/myaccount or emailed to info@aacn.org. For name changes, please call AACN Customer Care at (800) 899-2226.

ONLINE APPLICATION PROCESS

- **Register online** for computer-based testing at www.certcorp.org > Apply Online
- **Before you get started**, have available the following:
  - RN or APRN license number and expiration date
  - Credit card (Visa, MasterCard, Discover or American Express)
- **Original final graduate-level transcript(s)**
  - Must show degree conferred
  - Need not be sealed but must be original, not fax or photocopy. Mail to:
    - AACN Certification Corporation
    - 101 Columbia, Aliso Viejo, CA 92656
    - A secure, electronic transcript may be provided by your school directly to APRNcert@aacn.org
- **Educational Eligibility Form** completed by program director
  - Paper form or online via Program Director Portal

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

1. **Receive email notification of receipt of application**
   - AACN will send you an email confirming that your application has been received and forwarded to a Certification Specialist for evaluation.
     - Evaluation can take 1 to 4 weeks - depending on whether we need to contact your school to request additional information to determine your eligibility.

2. **Receive application approval email**
   - AACN will send an email notification of your approval to test.

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

4. **Schedule the exam**
   - Upon receipt of AMP’s email or postcard:
     - Confirm that you are scheduled for the correct certification exam
     - Promptly schedule your exam appointment for a date and time that falls within your **90-day** testing window
   - Testing is offered twice daily, Monday through Friday, at **9 a.m. and 1:30 p.m.** Saturday appointments are available at some testing centers.
   - To locate one of the more than 175 AMP testing centers within the U.S., visit www.goAMP.com.

5. **Sit for the exam**
   - Upon completion of computer-based exams, results with a score breakdown will be presented on-site.
   - Results of paper and pencil exams will be mailed to candidates 2 to 4 weeks following paper testing.
   - Successful candidates will receive their wall certificate within 2 to 4 weeks of passing the exam.

PAPER APPLICATION PROCESS

- Complete and submit the following **in one envelope**:
  - **Original final graduate-level transcript(s)**
    - Must show degree conferred
    - Need not be sealed but must be original, not fax or photocopy
    - A secure, electronic transcript may be provided by your school directly to APRNcert@aacn.org
  - **Educational Eligibility Form** on page 23
    - To be completed/signed by director of CNS program; originals only or emailed direct from school
  - **Application/Honor Statement** on pages 25-27
    - Fill in all requested information, sign and date
  - **Application fee**
    - Credit card, check or money order
ACCNS-AG certification is granted for a period of 5 years. Your certification period begins the first day of the month in which the ACCNS-AG exam is passed and ends 5 years later, e.g., July 1, 2016 through June 30, 2021.

The purpose of certification renewal is to support continued competence. Renewal notifications will be mailed and emailed to you starting 4 months prior to your scheduled ACCNS-AG renewal date. You are responsible for renewing your certification even if you do not receive a renewal notification.

To maintain a current ACCNS-AG certification, renewal must be completed prior to your certification expiration date. To reobtain certification you would then need to meet the current ACCNS-AG initial exam eligibility requirements (based on educational preparation) and pass the ACCNS-AG exam.

Eligible candidates for ACCNS-AG renewal must hold a current, unencumbered U.S. RN or APRN license.

An unencumbered license has not been subjected to formal discipline by any state board of nursing during the 5-year certification period and has no provisions or conditions that limit the nurse’s practice in any way. This applies to all RN or APRN licenses you currently hold.

ACCNS-AG-certified nurses must notify AACN Certification Corporation within 30 days if any restriction is placed on their RN or APRN license(s).

At renewal time you may seek certification renewal by one of 3 options:

**Option 1** - 1,000 Practice Hours and 150 CE Points

**Option 2** - 1,000 Practice Hours, 25 Pharmacology CE and Exam

**Option 3** - 150 CE Points and Exam

For complete information refer to the ACCNS-AG Renewal Handbook online at www.certcorp.org > Documents and Handbooks.

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**COMPUTER-BASED TESTING (CBT) FEES**

<table>
<thead>
<tr>
<th>ACCNS-AG Computer-Based Exam</th>
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<tbody>
<tr>
<td>AACN Members</td>
<td>$250</td>
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<tr>
<td>Nonmembers</td>
<td>$355</td>
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<th>ACCNS-AG Retest</th>
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<tr>
<td>AACN Members</td>
<td>$200</td>
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<tr>
<td>Nonmembers</td>
<td>$305</td>
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<table>
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<tr>
<th>ACCNS-AG Renewal by Exam</th>
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<tbody>
<tr>
<td>AACN Members</td>
<td>$200</td>
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<tr>
<td>Nonmembers</td>
<td>$305</td>
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Payable in U.S. funds. A $15 fee will be charged for a returned check.

If it is determined that you are ineligible for ACCNS-AG certification, your application fee will be refunded.

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AACN SYNERGY MODEL FOR PATIENT CARE™

The ACCNS-AG certification program is based on the AACN Synergy Model for Patient Care. The basic tenet of the Synergy Model is that optimal patient outcomes can be produced through the synergistic interaction between the needs of the patient and the competencies of the nurse. AACN Certification Corporation is committed to ensuring that certified nursing practice is based on the needs of patients. Integration of the AACN Synergy Model for Patient Care into AACN Certification Corporation’s certification programs puts emphasis on the patient and says to the world that patients come first.

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

**Patient Characteristics**

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

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

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

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

*continued*
Nurse Characteristics

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

- **Clinical Judgment**: Clinical reasoning, which includes clinical decision making, critical thinking and a global grasp of the situation, coupled with APRN skills acquired through a process of integrating formal and informal experiential knowledge and evidence-based guidelines. Includes differential diagnosis.

- **Advocacy/Moral Agency**: Working on another's behalf and representing the concerns of the patient/family and nursing staff; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within and outside the clinical setting.

- **Caring Practices**: APRN activities that create a compassionate, supportive and therapeutic environment for patients and staff, with the aim of promoting comfort and healing and preventing unnecessary suffering. Includes but is not limited to vigilance, engagement and responsiveness of caregivers, including family and healthcare personnel. Content in this category includes pain management, infection control, risk assessment and the nurse practitioner/patient relationship.

- **Collaboration**: Working with others (e.g., patients, families, healthcare providers) in a way that promotes/encourages each person's contributions toward achieving optimal/realistic patient/family goals. Includes initiating referrals, providing consultation and the coordination of inter- and intradisciplinary teams to develop or revise plans of care focused on patient and/or family concerns.

- **Systems Thinking**: Body of knowledge and tools that allow the APRN to manage whatever environmental and system resources exist for the patient/family and staff, within or across healthcare and non-healthcare systems. Includes analysis and promotion of cost-effective resource utilization that results in optimal patient outcomes.

- **Response to Diversity**: The sensitivity to recognize, appreciate and incorporate differences into the provision of care. Differences may include, but are not limited to, cultural differences, spiritual beliefs, gender, race, ethnicity, lifestyle, socioeconomic status, age and values.

- **Facilitation of Learning**: The ability to facilitate learning for patients/families, nursing staff, other members of the healthcare team and community. Includes both formal and informal facilitation of learning.

- **Clinical Inquiry**: The ongoing process of questioning and evaluating practice and providing informed practice. Creating practice changes through research utilization and experiential learning.

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

**FOR EXAMPLE:**

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

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

The certification program is also based on the three spheres of influence in which CNSs operate: Patient, Nurses/Nursing Practice and Organizations/Systems. A sphere of influence identifies the focus of practice activities and target outcomes associated with the area. The certification exam is based on the activities performed by CNSs in connection with the eight nurse characteristics in the context of the three spheres of influence.

Based on the most recent AACN Certification Corporation job analysis completed in 2011, the test plans for AACN certification exams reflect the Synergy Model as well as findings related to nursing care of the patient population studied, e.g., CNS practice in the care of adult-gerontology patients, covering the spectrum of wellness through acute care.

For more information about the AACN Synergy Model for Patient Care, visit www.certcorp.org.
ACCNS-AG TEST PLAN
ADULT-GERONTOLOGY CNS (WELLNESS THROUGH ACUTE CARE)

I. CLINICAL JUDGMENT (61%)

A. Cardiovascular (13%)
   1. Acute coronary syndromes
   2. Acute inflammatory disease (e.g., myocarditis, endocarditis, pericarditis)
   3. Cardiac trauma (blunt and penetrating)
   4. Cardiac surgery
   5. Cardiac tamponade
   6. Cardiogenic shock
   7. Cardiomyopathies (e.g., hypertrophic, dilated, restrictive, idiopathic)
   8. Decompensated heart failure
   9. Dyslipidemia
   10. Dysrhythmias
   11. Heart failure
   12. Hypertension
   13. Hypertensive crisis
   14. Peripheral vascular insufficiency (e.g., acute, arterial occlusion, carotid artery stenosis)
   15. Pulmonary edema
   16. Ruptured and dissecting aneurysm
   17. Structural heart defects and diseases (acquired and congenital)

B. Pulmonary (11%)
   1. Acute pulmonary embolus
   2. Acute respiratory failure
   3. Air-leak syndromes (e.g., pneumothorax, pulmonary interstitial emphysema [PIE], pneumopericardium)
   4. Acute respiratory distress syndrome (ARDS, to include acute lung injury or ALI)
   5. Aspirations
   6. Asthma and reactive airway disease
   7. Chronic lung disease
   8. Exacerbation of chronic lung disease
   9. Obstructive sleep apnea
   10. Pulmonary hypertension
   11. Pulmonary infections
   12. Thoracic surgery (e.g., lung contusions, fractured ribs, hemothorax, lung reduction surgery, pneumonectomy, lobectomy, tracheal surgery)
   13. Thoracic and pulmonary trauma
   14. Upper airway obstruction

C. Endocrine (3%)
   1. Diabetes insipidus
   2. Diabetic ketoacidosis/hyperglycemic hyperosmolar nonketotic coma (HHNK)
   3. Diabetes mellitus
   4. Hyperglycemia
   5. Hypoglycemia
   6. Syndrome of inappropriate secretion of antidiuretic hormone (SIADH)
   7. Thyroid disorders

D. Musculoskeletal (2%)
   1. Functional issues (e.g., immobility, debility, falls, gait disorders)
   2. Infections
   3. Traumatic fractures

E. Hematology/Immunology/Oncology (3%)
   1. Anemia
   2. Autoimmune diseases
   3. Coagulopathies (e.g., thrombocytopenia)

F. Neurology (7%)
   1. Encephalopathy
   2. Head and brain trauma
   3. Increased intracranial pressure
   4. Intracranial and intraventricular hemorrhage
   5. Neurologic infectious diseases
   6. Neuromuscular disorders
   7. Seizure disorders
   8. Space-occupying lesions
   9. Spinal cord injury
   10. Stroke
   11. Vascular malformation

continued
G. Gastrointestinal (5%)
1. Abdominal trauma
2. Acute GI hemorrhage
3. Bowel infarction, obstruction, perforation
4. Gallbladder disease
5. Gastroesophageal reflux
6. Gastrointestinal infectious diseases
7. GI motility disorders
8. GI surgeries
9. Hepatic failure and coma
10. Hepatitis
11. Malnutrition
12. Nausea and vomiting
13. Pancreatitis

H. Renal/Genitourinary (5%)
1. Acute renal failure
2. Chronic renal failure
3. Electrolyte imbalances
4. Fluid volume imbalances
5. Incontinence
6. Infections (e.g., UTI, PID, STDs)

I. Integumentary (2%)
1. Pressure ulcers
2. Wounds (surgical and nonsurgical)

J. Multisystem (7%)
1. Compartment syndrome
2. Distributive shock (e.g., anaphylaxis, neurogenic)
3. End-of-life issues
4. Hypovolemic shock
5. Hypoxic ischemic encephalopathy
6. Infectious diseases (e.g., congenital, viral, bacterial, hospital-acquired)
7. Multisystem trauma
8. Pain (e.g., pharmacologic/therapeutic interventions)
9. Palliative care issues (e.g., symptom management)
10. Patient safety issues (physiologic)
11. Sensory impairment (e.g., hearing loss)
12. Systemic inflammatory response syndrome (SIRS)/sepsis/septic shock/multiple organ dysfunction syndrome (MODS)
13. Toxic ingestions and inhalations

K. Psychosocial/Behavioral/Cognitive Health (3%)
1. Age-related developmental issues
2. Aggression
3. Anxiety disorders (e.g., PTSD, OCD, fears, phobias)
4. Delirium
5. Dementia
6. Failure to thrive
7. Maltreatment (abuse/neglect)
8. Medical nonadherence
9. Mood disorders (e.g., depression)
10. Risk-taking behaviors (e.g., tobacco, unprotected sex)
11. Substance abuse
12. Suicidal behavior

II. PROFESSIONAL CARING AND ETHICAL PRACTICE
A. Advocacy/Moral Agency (5%)
B. Caring Practices (7%)
C. Collaboration (5%)
D. Systems Thinking (7%)
E. Response to Diversity (3%)
F. Clinical Inquiry (7%)
G. Facilitation of Learning (6%)

The sum of these percentages is not 100 due to rounding.
Order of content does not necessarily reflect importance.
In addition to classifying exam items according to the specified patient care problems and identifying related underlying competencies on the following pages, items may require an understanding of skills and procedures pertinent to the adult-gerontology CNS. If applicable to assessment of knowledge of the patient care problem, the following skills and procedures may be incorporated within items.

**Cardiovascular**
- Interpret ECG rhythms
- Interpret 12-lead ECGs
- Determine lead selection for ECGs
- Interpret hemodynamic values
- Interpret noninvasive hemodynamic values
- Manage transcutaneous (external) pacemakers
- Manage temporary transvenous pacemakers
- Manage permanent transvenous pacemakers
- Manage epicardial pacemakers
- Manage implantable cardioverter defibrillators (ICDs)
- Manage cardiac assist devices (e.g., RVAD, BVAD, LVAD, ECMO)
- Direct cardiopulmonary resuscitation
- Insert pulmonary artery pressure catheters
- Adjust pulmonary artery pressure catheters
- Perform elective cardioversion
- Disconnect pacer wire

**Pulmonary**
- Order nasal/facial CPAP/BiPAP
- Initiate mechanical ventilation
- Manage mechanical ventilation
- Wean mechanical ventilation
- Interpret pulmonary function tests
- Disconnect chest tube

**Gastrointestinal**
- Order nasal/facial CPAP/BiPAP
- Initiate mechanical ventilation
- Manage mechanical ventilation
- Wean mechanical ventilation
- Interpret pulmonary function tests
- Disconnect chest tube

**Renal/Genitourinary**
- Initiate renal replacement therapies*

**Integumentary**
- Provide wound care

**Multisystem**
- Interpret diagnostic imaging
- Provide nonpharmacologic interventions for pain
- Manage (i.e., recommend/prescribe) pharmaceutical interventions
- Prescribe durable medical equipment

Skills and procedures noted with an asterisk (*) may not be widely performed but are a significant part of practice for those who perform them. As such, if these skills or procedures are incorporated in an item, knowledge about the skill or procedure would be limited to its purpose and would not require in-depth knowledge of the performance of the skill or procedure.
Clinical Judgment

- Conduct comprehensive, holistic wellness/illness assessments
- Obtain data necessary to formulate differential diagnoses/plans of care and evaluate outcomes
- Use evidence base to guide clinical practice
- Synthesize data/advanced knowledge/experience using critical thinking to formulate differential diagnoses
- Determine diagnoses considering:
  - physiologic/pathophysiologic changes
  - morbidities/comorbidities
  - events across the life span
  - patient’s pharmacologic history with particular attention to issues of polypharmacy
- Use reliable and valid age-appropriate assessment instruments to assess acute and chronic health concerns, including but not limited to mental status, delirium, dementia and pain
- Assess for manifestation of health disorders/disruptions, such as infection, adverse drug effect, dehydration, ischemia and geriatric syndromes
- Evaluate for mental health disorders, such as depression, dementia, anxiety or substance-related disorders
- Conduct pharmacologic assessment, including polypharmacy, drug interactions, over-the-counter and herbal product use, and the ability to safely and correctly store and self-administer medications
- Interpret values/results of lab/diagnostic tests with consideration of age, ethnicity and health status
- Assess patient/caregiver/family ability to implement complex plans of care
- Assess patient/caregiver/family preferences in relation to cultural/spiritual/quality of life/lifestyle choices
- Prioritize differential diagnoses
- Design strategies to meet multifaceted needs of complex patients/groups of patients
- According to legal restrictions in the state, recommend/prescribe:
  - pharmacologic interventions
  - non-pharmacologic interventions
  - diagnostic measures
  - equipment
  - procedures
  - treatments
- Provide direct care to selected patients based on needs of patient and CNS’s specialty knowledge and skills
- Evaluate nursing practice that considers safety, timeliness, effectiveness, efficiency, efficacy and patient/family centered care
- Determine when evidence-based guidelines/policies/procedures/plans of care need to be tailored to the individual
- Manage or refer patient with signs/symptoms of physical/mental health disorders across the adult life span, including geriatric syndromes
- Intervene to prevent/minimize iatrogenesis
- Differentiate between outcomes that require care process modification at the patient vs. system level
- Lead development of evidence-based plans for meeting individual, family, community and population needs
- Provide leadership for collaborative, evidence-based plans for meeting individual, family, community and population needs

continued
ACCNS-AG TEST PLAN
ADULT-GERONTOLOGY CNS (WELLNESS THROUGH ACUTE CARE) 
VALIDATED COMPETENCIES

Clinical Judgment (cont’d)

- Provide consultation to interdisciplinary colleagues
- Provide consultation to the interdisciplinary team regarding the patient’s mental status, home environment, mobility, functional status, self-care and caregiver’s abilities
- Coordinate care with other healthcare providers and community resources, with special attention to the needs of the non-verbal, developmentally and cognitively impaired patient and frail older adult
- Initiate consultation to obtain resources to facilitate progress toward achieving identified outcomes
- Design a comprehensive, individualized, age- and disease-appropriate plan for health promotion
- Develop age-specific, individualized treatment plans and interventions with consideration of cognitive status, sensory function, perception and the environment

Advocacy/Moral Agency

- Coach patients and families to help them navigate the healthcare system
- Use coaching and advanced communication skills to facilitate the development of effective clinical teams
- Foster professional accountability in self and others
- Promote a practice climate conducive to providing ethical care
- Facilitate interdisciplinary teams to address ethical concerns, risks or considerations, benefits and outcomes of patient care
- Promote the role and scope of practice of the CNS to legislators, regulators, other healthcare providers and the public
- Communicate information that promotes nursing, the role of the CNS and outcomes of nursing and CNS practice through the use of the media, advanced technologies and community networks
- Facilitate patient/family understanding of risks/benefits/outcomes of proposed healthcare regimens to promote informed decision making
- Facilitate decision making regarding treatment options with the patient/family/caregivers/healthcare proxy
- Advocate for equitable patient care by:
  - participating in organizational, local, state, national or international level of policy-making activities for issues related to CNS’s expertise
  - evaluating the impact of legislative and regulatory policies as they apply to nursing practice and patient or population outcomes
- Facilitate resolution of ethical conflicts by:
  - identifying ethical implications of complex care situations
  - considering the impact of scientific advances/cost/clinical effectiveness/patient and family values and preferences/other external influences
  - applying ethical principles to resolve concerns
- Advocate for access to hospice and palliative care services for patients across the adult age spectrum

Caring Practices

- Use advanced communication skills to improve patient outcomes
- Assess the effects of interactions among individual/family/community/social systems
- Identify potential risks to patient safety/autonomy and quality of care based on assessments across all spheres of influence
- Determine nursing practice and system interventions that promote patient/family/community safety

continued
Caring Practices (cont’d)

- Select interventions that may include but are not limited to:
  - application of advanced nursing therapies
  - initiation of interdisciplinary team meetings/consults/other communications to benefit patient care
  - management of pain medications/clinical procedures/other interventions
  - psychosocial support, including patient counseling and spiritual interventions

- Create therapeutic health-promoting, aging-friendly environments

- Provide leadership to address threats to healthcare safety/quality in the adult/older adult population

- Use behavioral, communication and environmental-modification strategies with individuals who have cognitive/psychiatric impairments

Collaboration

- Communicate consultation findings as appropriate

- Facilitate the provision of clinically competent care through education, role modeling, team building and quality monitoring

- Provide leadership in promoting interdisciplinary collaboration to implement outcome-focused patient care programs

- Use leadership, team building, negotiation and conflict resolution skills to build partnerships within and across systems, including communities

- Establish collaborative relationships within and across departments that promote patient safety, culturally competent care and clinical excellence

- Provide leadership for establishing, improving and sustaining collaborative relationships

- Practice collegially with members of the healthcare team

- Facilitate intra-agency and interagency communication

- Foster an interdisciplinary approach to quality improvement, evidence-based practice, research and translation of research into practice

Systems Thinking

- Perform system-level assessments to identify variables that influence nursing practice and outcomes, including but not limited to:
  - population variables (age distribution, health status, income distribution, culture)
  - environment (schools, community support services, housing availability, employment opportunities)
  - system of healthcare delivery
  - regulatory requirements
  - internal and external political influences/stability
  - healthcare financing
  - recurring practices that enhance or compromise patient or system outcomes

- Use effective strategies for changing clinician and team behavior to encourage adoption of evidence-based practices and innovations in care delivery

- Provide leadership in maintaining a supportive and healthy work environment

- Evaluate use of products and services for appropriateness and cost/benefit in meeting care needs

- Conduct cost/benefit analysis of new clinical technologies

- Evaluate impact of introduction or withdrawal of products, services and technologies

- Assess the impact of environmental/system factors on care

- Coordinate the care of patients with use of system and community resources to ensure successful health/illness/wellness transition, enhance delivery of care and achieve optimal patient outcomes

continued
Systems Thinking (cont’d)

- Manage patient’s transition of care in collaboration with individual/family/caregivers/interdisciplinary team members, including:
  - analyzing the readiness of the patient and family to transition
  - determining the appropriate level and/or setting of care
  - coordinating implementation of transition
- Provide leadership in conflict management/negotiation to address problems in the healthcare system
- Lead system change to improve health outcomes through evidence-based practice by:
  - specifying expected clinical and system-level outcomes
  - designing programs to improve clinical and system-level processes and outcomes
  - facilitating the adoption of practice change
- Evaluate impact of CNS and other nursing practice on systems of care using nurse-sensitive outcomes
- Assess system barriers and facilitators to adoption of evidence-based practices
- Promote healthcare policy and system changes that facilitate access to care and address biases (e.g., socioeconomic, ethnic, ageism, sexism, cultural, mental health stigma)
- Disseminate outcomes of system-level change, internally and externally
- Integrate information technology into systems of care to enhance safety and monitor health outcomes

Clinical Inquiry

- Design educational programs that enhance the knowledge of older adults, families and caregivers regarding normal changes of aging, myths and stereotypes of aging, and health promotion and prevention activities for older adults
- Assess the quality and effectiveness of interdisciplinary, intra-agency and interagency communication and collaboration
- Contribute to the advancement of the profession by disseminating outcomes of CNS practice
- Analyze research findings and other evidence for potential application to clinical practice
- Integrate evidence into the health, illness and wellness management of patients, families, communities and groups
- Apply principles of evidence-based practice and quality improvement to all patient care
- Design programs for effective implementation of research findings and other evidence in clinical practice
- Develop evidence-based clinical interventions to achieve defined patient and system outcomes
- Assist staff in the development of innovative, cost-effective programs or protocols of care
- Cultivate a climate of clinical inquiry across spheres of influence by:
  - evaluating the need for improvement or redesign of care delivery processes to improve safety, efficiency, reliability and quality
  - disseminating expert knowledge
- Participate in establishing quality improvement agenda for unit, department, program, system or population
- Provide leadership in planning data collection and quality monitoring

Response to Diversity

- Develop age-specific clinical standards, policies and procedures
- Promote systemwide policies and protocols that address cultural, ethnic, spiritual and intergenerational/age differences among patients, healthcare providers and caregivers

continued
Clinical Inquiry (cont’d)

- Use data to assess the quality and effectiveness of clinical programs in meeting outcomes
- Develop quality improvement initiatives based on assessments
- Provide leadership in the design, integration and evaluation of process improvement initiatives
- Provide leadership in the systemwide integration of quality improvement and innovation
- Engage in a formal self-evaluation process, seeking feedback regarding own practice from patients, peers, professional colleagues and others
- Analyze data from consultations to implement practice improvements
- Participate in conduct/implementation of research by:
  - identifying questions for clinical inquiry
  - critiquing literature during literature reviews
  - synthesizing literature during literature reviews
  - designing and implementing studies
  - collecting data
  - analyzing data
  - disseminating findings
- Apply ethical principles in safeguarding the confidentiality, dignity and safety of all adult/older adult research participants, including the vulnerable and those with impaired decision-making capacity

Facilitation of Learning

- Design health information and patient education appropriate to the patient’s developmental level, health literacy level, learning needs, readiness to learn and cultural values and beliefs
- Provide education to individuals, families, groups and communities to promote knowledge, understanding and optimal functioning across the wellness-illness continuum
- Mentor staff nurses, graduate students and others to acquire new knowledge and skills, and develop their careers
- Mentor health professionals in applying the principles of evidence-based care
- Coordinate formal and informal education for healthcare providers to improve adult/older adult healthcare outcomes
- Advise patients/families/caregivers on how to address sensitive issues, such as STDs, suicide prevention, substance use, driving, independent living, potential for abuse, end-of-life concerns, advance care planning and finances
- Participate in pre-professional, graduate and continuing education of nurses and other healthcare providers by:
  - completing a needs assessment, as appropriate, to guide interventions with staff
  - promoting professional development of staff nurses and continuing education activities
  - implementing staff development and continuing education activities
  - mentoring others to use research findings in practice
- Modify health information, patient education programs and interventions for patients with sensory, perceptual, cognitive, and physical and mental illness limitations
ACCNS-AG SAMPLE QUESTIONS

1. A patient with alcoholism is admitted for the third time with a diagnosis of bleeding esophageal varices. The CNS overhears a nurse on the unit state, “I don’t know why we have to continue to care for someone who won’t make any attempt to help himself. He knew that drinking would cause him to rebleed.” The CNS’s most appropriate response is to
   A. support the nurse’s response and attempt to change the patient assignment.
   B. discuss with the nurse how to resolve conflict between personal and professional values.
   C. report the incident to the nurse manager and suggest the nurse be counseled.
   D. ignore the comment but develop an in-service on addiction issues.

2. The CNS has observed both nurses and respiratory therapists instilling saline down ET tubes prior to suctioning. The CNS can encourage research-based practice by initially assisting the staff to
   A. evaluate their current practice based on the research findings.
   B. design a unit evaluation to substantiate research results in the literature.
   C. incorporate research results into the unit’s policy and procedure manual.
   D. disseminate research findings during the next staff meeting.

3. A patient underwent an emergent percutaneous transluminal coronary angioplasty (PTCA) 3 days ago. During interdisciplinary rounds, it is reported that the patient is walking only within the room and declining to participate in progressive activity. Upon assessment, the only significant finding is a persistent bilateral dull ache over the scapulae unrelieved by oral narcotic analgesics. A priority intervention should include
   A. the addition of an NSAID.
   B. a modified exercise program.
   C. a serial 12-lead ECG.
   D. pain service referral.

4. A patient with pneumonia is being weaned after receiving mechanical ventilation for 5 days. Current ventilator settings: assist control, FIO₂ 40%, rate 24, tidal volume 450 and PEEP 5. The mode is changed to CPAP with pressure support of 15. Twenty minutes later the patient is apneic. The CNS should
   A. return to the previous settings but lower the rate to 20.
   B. maintain current settings but increase pressure support to 20.
   C. return to the previous settings but decrease the PEEP to 2.5
   D. maintain current settings but increase the FIO₂ to 60%.

5. The CCNS is employed at a facility considering Magnet designation. Which of the following would be the best way for the CNS to support goal achievement?
   A. become an investigator for a research study evaluating a percutaneous closure device
   B. mentor medical students to demonstrate interdisciplinary, collaborative practice
   C. provide leadership to a facility-wide team tasked with developing a clinical ladder program
   D. establish an inpatient hospice unit to address rising length of stay rates in the ICU

6. The parents of a 17-year-old with stage IV renal cell carcinoma have been notified that further oncological treatment would be futile and the patient requested a do-not-resuscitate (DNR) status. The patient wants to go home, but the parents are anxious about their ability to provide care and are unsure they can handle watching him die at home. The CNS would most appropriately recommend a:
   A. tour of a hospice house facility.
   B. discussion with case management for long-term care placement.
   C. referral to a bereavement support group.
   D. consult with a hospice service equipped to provide care to this population.

continued
7. An elderly patient is admitted from a long-term care facility with altered mental status. Vital signs: BP 88/50, HR 120 – irregular and bounding, RR 28, temperature 101.9°F (38.8°C). The patient responds to deep pain only. The CT is negative. Which of the following tests will provide the best information to make a diagnosis?
   A. 12-lead ECG, CBC and troponin levels
   B. chest x-ray, ABG and Gram stain of sputum
   C. urinalysis with cultures of urine, sputum and blood
   D. echocardiogram, basic metabolic panel and CPK-MB

8. A new CNS graduate is promoted within the unit to a CNS role, which is the first of its kind for the hospital. When developing a strategic plan for the program, the CNS should first
   A. discuss patient satisfaction data with the quality improvement coordinator.
   B. identify key outcome measures with the chief nursing officer.
   C. perform a review of the literature identifying barriers of APRN role integration.
   D. develop a collaborative partnership with the medical director for the unit.

9. The CNS is leading a QI initiative to improve patient outcomes. The team developed a practice revision. Despite successful adoption by the majority of staff and improving metrics, the CNS observes a few team members refusing to comply with the new process. Which of the following is most beneficial for improving patient outcomes?
   A. discuss performance concerns with the unit manager
   B. seek an alternative solution that all staff with agree to follow
   C. ensure the lack of compliance is noted when submitting the QI data
   D. ask the charge nurse to consider the issue when making assignments

10. A young child has been in the unit for 3 weeks after a severe trauma in which the mother was killed and the father sustained minor injuries. The father visits daily, but the staff expresses reluctance to being assigned to the patient because the father is verbally abusive and challenges every care decision made by the team. Which of the following is the best option for the patient and family at this time?
   A. tell the father he may not visit until he agrees to cooperate with team decisions
   B. recognize the father is working through normal stages of grief and give him some latitude during this phase
   C. request a consult by the hospital chaplain to minister to the father
   D. understand the father is suffering from post-traumatic stress disorder and provide counseling

Answers
1. B
2. A
3. C
4. A
5. C
6. D
7. C
8. B
9. A
10. D


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

More current versions may be available.

PUBLISHER CONTACTS:
AACN – (800) 899-2226
American Heart Association – (800) 242-8721
ASHSP, Special Publishing – (301) 657-3000
Elsevier (including Mosby, W. B. Saunders and Hanley & Belfus) – (800) 545-2522
F. A. Davis – (800) 323-3555
Lippincott Williams & Wilkins – (800) 638-3030
McGraw-Hill – (877) 833-5524
Springer Publishing – (877) 687-7476
Wiley-Blackwell Publishing – (800) 216-2522
## AACN PRODUCTS FOR ACCNS-AG EXAM PREPARATION

<table>
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<tr>
<th>Product Title/Description</th>
<th>AACN Product #</th>
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<td>* <strong>Online</strong> Adult-Gerontology CNS Certification Review Course: Individual Purchase. AACN.</td>
<td>ACCNSAGOD</td>
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<tr>
<td>* Practice ACCNS-AG Exam Questions. (2013). AACC Certification Corporation. 60 items with rationales.</td>
<td>200805</td>
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<tr>
<td><strong>AACN Advanced Critical Care Nursing.</strong> (2009). Carlson, K. 1599 pages.</td>
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<tr>
<td>Critical Care Nursing of Older Adults. (2009). Foreman, M., Fulmer, T. &amp; Milisen, K. 448 pages.</td>
<td>304012</td>
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<tr>
<td><strong>Handbook of Neurocritical Care.</strong> 2nd ed. (2011). Bhardwaj, A. &amp; Mirski, M. 554 pages.</td>
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* Included at no charge with purchase of ACCNS-AG exam.

For more details and to place an order, visit [www.aacn.org/marketplace](http://www.aacn.org/marketplace), or call AACN Customer Care at (800) 899-2226, weekdays between 7:30 a.m. and 4:30 p.m. Pacific Time.
EDUCATIONAL ELIGIBILITY FORM
ACCNS-AG Certification for Adult-Gerontology Clinical Nurse Specialists
To be completed by Program Director and returned to ACCNS-AG exam candidate.

CANDIDATE NAME
Last First MI Maiden

CANDIDATE EMAIL ADDRESS

ADULT-GERONTOLOGY CLINICAL NURSE SPECIALIST PROGRAM INFORMATION

SCHOOL NAME

SCHOOL ADDRESS

PROGRAM TYPE
☐ Adult-Gerontology CNS  ☐ Other (specify):

DEGREE AWARDED
☐ Master’s  ☐ DNP  ☐ Post-Graduate Certificate

PROGRAM START DATE ___________________________ GRADUATION DATE ___________________________
(MM/DD/YY) (MM/DD/YY)

PROGRAM DESCRIPTION - for time period applicant was in program

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<tr>
<th>DIDACTIC</th>
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<td>C or D/C</td>
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If adult clinical hours and gerontology clinical hours are completed in separate courses, list “A” (adult) or “G” (gerontology) next to the Course Number.

Total number of supervised clinical clock hours directly related to the knowledge and all roles of the adult-gerontology clinical nurse specialist: ___________

The following statements apply to the advanced practice education program completed by the candidate (check all that apply):

☐ A portion of the total clinical hours within the program focused on wellness in the adult-gerontology patient population.
☐ A portion of the total clinical hours within the program focused on acute care in the adult-gerontology patient population.

My signature on this form attests to the fact that at the time of graduation the above-named applicant met the program requirements noted and checked above. I understand that AACN Certification Corporation may contact me, if needed, for clarification of this candidate’s eligibility.

Program Director Signature Phone Date
Printed Name Email

This completed form with an original signature may be submitted to AACN Certification Corporation via mail to: AACN Certification Corporation, 101 Columbia, Aliso Viejo, CA 92656.
Alternatively, the form may be scanned/ trending directly from the school to APRNcert@aacn.org.
ACCNS-AG EXAM APPLICATION

1. REGISTRATION INFORMATION

PLEASE PRINT CLEARLY. PROCESSING WILL BE DELAYED IF INCOMPLETE OR NOT LEGIBLE.
LEGAL NAME AS IT APPEARS ON YOUR GOVERNMENT-ISSUED ID CARD IS REQUIRED FOR EXAM.

<table>
<thead>
<tr>
<th>AACN CUSTOMER:</th>
<th>RN/APRN LICENSE:</th>
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<tr>
<td>Number</td>
<td>Exp. Date</td>
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</table>

LEGAL NAME:
Last  First  MI  Maiden

HOME ADDRESS:
City  State  ZIP

EMAIL:  HOME PHONE:

EMPLOYER NAME:  BUSINESS PHONE:

EMPLOYER ADDRESS:
City  State  ZIP

2. AACN MEMBERSHIP

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

(check one box only)
- 1-year AACN membership: $78
- 2-year AACN membership: $148
- 3-year AACN membership: $200

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

Member exam fee ($250) + 1-year Membership ($78) = Savings of $27 over Nonmember fee

3. EXAM FEES

<table>
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<th>ACCNS-AG</th>
<th>Initial Exam Fee</th>
<th>Retest Fee</th>
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<td>Nonmember</td>
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<tr>
<td>Check one box only</td>
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☐ Check this box if you’ve attached a request and supporting documentation for special testing accommodations.

4. PAYMENT INFORMATION – application must be accompanied by payment

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

Bill my credit card  ☐ Visa  ☐ MasterCard  ☐ American Express  ☐ Discover Card

Credit Card #   Exp. Date (mm/yy)  

Name on Card   Signature

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

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

Please complete pages 2 & 3 of application.
5. DEMOGRAPHIC INFORMATION

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

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

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

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

Ethnicity
- African American (02)
- Asian (05)
- Hispanic (03)
- Native American (04)
- Pacific Islander (06)
- White/Non-Hispanic (01)

Other – specify below
- Other – specify below

Primary Type of Facility in Which Employed
- College/University (08)
- Community Hospital (Nonprofit) (01)
- Community Hospital (Profit) (02)
- Corporate/Industry (11)
- County Hospital (07)
- Federal Hospital (05)
- HMO/Managed Care (12)
- Home Health (13)
- Long-Term Acute Care Hosp. (16)
- Military/Government Hospital (04)
- Non-Academic Teaching Hosp. (14)
- Registry (10)
- Self-Employed (09)
- State Hospital (06)
- Travel Nurse (15)
- University Med. Ctr. (03)

Number of Beds in Institution:

Years of Experience in Nursing:

Years of Experience in Acute/Critical Care Nursing:

Date of Birth: (mm/dd/yy)

Gender: □ Female □ Male

6. COMPLETE ADDITIONAL FORMS

- Complete the ACCNS-AG Honor Statement (3rd page of application) on page 27.
- Have the Educational Eligibility Form on page 23 completed and signed by the program director of your school. School may email the completed form directly AACN.

7. SUBMIT APPLICATION AND DOCUMENTATION

Attach the following to this application:

- Completed Educational Eligibility Form with original signature of program director
- Original transcript(s) of all graduate-level coursework showing degree(s) conferred. A secure, electronic transcript may be provided by your school directly to APRNcert@aacn.org.

Submit with payment to:

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

Retest applications may be faxed to (949) 362-2020.

NOTE: Allow 1 to 4 weeks* from the date received by AACN Certification Corporation for application processing.

*If school must be contacted to verify eligibility or application is incomplete, processing may be delayed.

Questions? Please visit www.certcorp.org, email APRNcert@aacn.org or call us at (800) 899-2226.
Please allow 1 to 4 weeks from the date received by AACN Certification Corporation for processing of your application.