ACNPC-AG Exam Handbook
(Adult-Gerontology)

ACNPC-AG
Adult-Gerontology
Acute Care Nurse Practitioner Certification

AACN
Certification Corporation
Certification Organization for the American Association of Critical-Care Nurses
MISSION
AACN Certification Corporation drives patient health and safety through comprehensive credentialing of acute and critical care nurses ensuring practice consistent with standards of excellence.

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

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

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

ETHICS
AACN and AACN Certification Corporation consider the American Nurses Association (ANA) Code of Ethics for Nurses foundational for nursing practice, providing a framework for making ethical decisions and fulfilling responsibilities to the public, colleagues and the profession. AACN Certification Corporation’s mission of public protection supports a standard of excellence 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>NCCA Accredited Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCRN® (Adult)</td>
<td>PCCN®</td>
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<tr>
<td>CCRN® (Pediatric)</td>
<td>CMC®</td>
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<tr>
<td>CCRN® (Neonatal)</td>
<td>CSC®</td>
</tr>
<tr>
<td>CCRN-E™ (Adult)</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.
ACNPC-AG EXAM HANDBOOK
Adult-Gerontology Acute Care Nurse Practitioner

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 how to apply for and take the ACNPC-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.

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

- **ACCNS-AG®** is for the adult-gerontology clinical nurse 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.
The adult-gerontology acute care nurse practitioner (ACNP) is a registered nurse educated at the graduate level to provide advanced nursing care across the continuum of healthcare services to meet the specialized needs of adult-gerontology patients (young adults, older adults and frail elderly) with complex acute and/or chronic health conditions. This care is continuous and comprehensive. The population in acute care practice includes acutely ill patients experiencing episodic illness, exacerbation of chronic illness or terminal illness.

The practice of the adult-gerontology ACNP is not defined by setting but rather is determined by the acuity of patient needs. The ACNP practices in any setting in which patient care requirements include complex monitoring and therapies, high-intensity nursing intervention or continuous nursing vigilance within the range of high-acuity care. While ACNPs may traditionally practice in acute care and hospital-based settings, including subacute care, emergency care and intensive care, the continuum of acute care services spans the geographic settings of home, ambulatory care, urgent care and rehabilitative care.

**ACNPC-AG® Registered Service Mark**

ACNPC-AG is a registered service mark and denotes certification as an adult-gerontology acute care nurse practitioner as granted by AACN Certification Corporation. Adult-gerontology ACNPs who have not achieved ACNPC-AG certification or whose ACNPC-AG certification has lapsed are not authorized to use the ACNPC-AG credential.

**Purpose Statement**

To ensure public protection, new graduate acute care nurse practitioners 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 acute care nurse practitioner.

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 ACNPC-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.

- Seventy-three percent (73%) of the items test clinical judgment related to nursing care of the adult-gerontology patient population (young adults, older adults and frail elderly).
- The remaining items test non-clinical judgment knowledge and are focused across the lifespan.

The ACNPC-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 ACNP.

The test plan, which provides an outline of exam content, is developed by an expert ACNP 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 11-12 for more about the Synergy Model.

Following are the major content dimensions of the adult-gerontology ACNP (ACNPC-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 ACNP.

  Refer to pages 13-14 for the list of patient care problems.
Skills and Procedures validated by the job analysis as those pertinent to the entry-level ACNP. 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 ACNP practice.

Refer to page 15 for the list of skills and procedures.


Refer to pages 16-19 for a complete listing of the ACNPC-AG Validated Competencies.

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 ACNPC-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.
ACNPC-AG EXAM ELIGIBILITY

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

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

Candidates and ACNPC-AG-certified nurses 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 ACNP. The program must include in-depth competencies to care for the entire adult population (young adults, older adults and frail elderly).

2. The program has demonstrated compliance with the National Task Force Criteria for Evaluation of Nurse Practitioner Programs (NTFC).

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

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

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

Didactic coursework with content specific to care of acutely ill adult-gerontology patients is required.

- The program director of your education 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 ACNPC-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 ACNPC-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 purposes of ACNPC-AG certification, the adequacy of a candidate’s knowledge in the care of acutely ill adult-gerontology patients.

The ACNPC-AG exam is in alignment with requirements of the APRN Consensus Model and meets the NCSBN Criteria for APRN Certification Programs. The ACNPC-AG certification is accepted in all states.
ACNPC-AG APPLICATION FEES

ACNPC-AG Computer-Based Exam

<table>
<thead>
<tr>
<th>Membership</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>AACN Members</td>
<td>$250</td>
</tr>
<tr>
<td>Nonmembers</td>
<td>$355</td>
</tr>
</tbody>
</table>

ACNPC-AG Retest

<table>
<thead>
<tr>
<th>Membership</th>
<th>Fee</th>
</tr>
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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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ACNPC-AG Renewal by Exam

<table>
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<tr>
<th>Membership</th>
<th>Fee</th>
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<tbody>
<tr>
<td>AACN Members</td>
<td>$200</td>
</tr>
<tr>
<td>Nonmembers</td>
<td>$305</td>
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</table>

Payable in U.S. funds. A $15 fee will be charged for a returned check.

If you are determined to be ineligible for ACNPC-AG certification your application fee will be refunded.
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
  - 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

**PAPER APPLICATION PROCESS**

Complete and submit the following in one envelope:

- Original final graduate-level transcript
  - 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 ACNP 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

**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 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.
ACNPC-AG CERTIFICATION RENEWAL

Renewal Period

ACNPC-AG certification is granted for a period of 5 years.

Your certification period begins the first day of the month in which the ACNPC-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 ACNPC-AG renewal date.

You are responsible for renewing your certification even if you do not receive a renewal notice.

Eligibility

To maintain a current ACNPC-AG certification, renewal must be completed prior to your certification expiration date.

To reobtain certification you would need to meet the current ACNPC-AG initial exam eligibility requirements (based on educational preparation) and pass the ACNPC-AG exam.

Eligible candidates for ACNPC-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.

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

Renewal Options

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 ACNPC-AG Renewal Handbook online at www.certcorp.org > Documents and Handbooks.
The ACNPC-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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</table>

**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:

<table>
<thead>
<tr>
<th>Nurse Characteristics</th>
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<tbody>
<tr>
<td><strong>Clinical Judgment</strong></td>
<td>Clinical reasoning, which includes clinical decision making, critical thinking and a global grasp of the situation, coupled with APRN skills acquired through a process of integrating formal and informal experiential knowledge and evidence-based guidelines. Includes differential diagnosis.</td>
</tr>
<tr>
<td><strong>Advocacy/Moral Agency</strong></td>
<td>Working on another's behalf and representing the concerns of the patient/family and nursing staff; serving as a moral agent in identifying and helping to resolve ethical and clinical concerns within and outside the clinical setting.</td>
</tr>
<tr>
<td><strong>Caring Practices</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Collaboration</strong></td>
<td>Working with others (e.g., patients, families, healthcare providers) in a way that promotes/encourages each person's contributions toward achieving optimal/realistic patient/family goals. 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.</td>
</tr>
<tr>
<td><strong>Systems Thinking</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Response to Diversity</strong></td>
<td>The sensitivity to recognize, appreciate and incorporate differences into the provision of care. Differences may include, but are not limited to, cultural differences, spiritual beliefs, gender, race, ethnicity, lifestyle, socioeconomic status, age and values.</td>
</tr>
<tr>
<td><strong>Facilitation of Learning</strong></td>
<td>The ability to facilitate learning for patients/families, nursing staff, other members of the healthcare team and community. Includes both formal and informal facilitation of learning.</td>
</tr>
<tr>
<td><strong>Clinical Inquiry</strong></td>
<td>The ongoing process of questioning and evaluating practice and providing informed practice. Creating practice changes through research utilization and experiential learning.</td>
</tr>
</tbody>
</table>

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

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

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

The certification program is also based on the three spheres of influence in which NPs 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 NPs 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., ACNP practice in the care of adult-gerontology patients.

For more information about the AACN Synergy Model for Patient Care, visit www.certcorp.org.
I. CLINICAL JUDGMENT (73%)

A. Cardiovascular (21%)
   1. Acute coronary syndromes
   2. Acute inflammatory disease (e.g., myocarditis, endocarditis, pericarditis)
   3. Cardiac surgery
   4. Cardiac tamponade
   5. Cardiac trauma (blunt and penetrating)
   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, endarterectomy, peripheral stents and femoral popliteal bypass)
   15. Pulmonary edema
   16. Ruptured or dissecting aneurysm
   17. Structural heart defects and diseases (e.g., acquired and congenital)

B. Pulmonary (12%)
   1. Acute pulmonary embolus
   2. Acute respiratory distress syndrome (ARDS, to include acute lung injury or ALI)
   3. Acute respiratory failure
   4. Air-leak syndromes (e.g., pneumothorax, pulmonary interstitial emphysema [PIE], pneumopericardium, pneumomediastinum)
   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 contusion, fractured ribs, hemothorax, lung reduction surgery, pneumonectomy, lobectomy, tracheal surgery)
   13. Thoracic and pulmonary trauma and injuries
   14. Upper airway obstruction

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

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

E. Hematology/Immunology/Oncology (4%)
   1. AIDS/HIV
   2. Anemia
   3. Autoimmune diseases
   4. Blood group incompatibilities
   5. Coagulopathies (e.g., thrombocytopenia)
   6. Leukemia and tumors

F. Neurology (7%)
   1. Encephalopathy
   2. Head and brain trauma and injury
   3. Hydrocephalus
   4. Increased intracranial pressure

continued
F. Neurology (cont’d)
   5. Intracranial and intraventricular hemorrhage
   6. Neurologic infectious diseases
   7. Neuromuscular disorders
   8. Seizure disorders
   9. Space-occupying lesions
  10. Spinal cord injury
  11. Stroke
  12. Vascular malformation

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 (4%)
   1. Acute renal failure
   2. Chronic renal failure
   3. Electrolyte imbalances
   4. Fluid volume imbalances
   5. Infections (e.g., UTI, PID, STDs)
   6. Prostate problems

I. Integumentary (2%)
   1. Infectious skin disorders
   2. Pressure ulcers
   3. Wounds (surgical and non-surgical)

J. Multisystem (9%)
   1. Compartment syndrome
   2. Distributive shock (e.g., anaphylaxis, neurogenic)
   3. Hypovolemic shock
   4. Hypoxic ischemic encephalopathy
   5. Infectious diseases (e.g., congenital, viral, bacterial, hospital-acquired)
   6. Multisystem trauma
   7. Pain diagnosis and treatment
   8. Sensory impairment (e.g., hearing loss)
   9. Systemic inflammatory response syndrome (SIRS)/sepsis/septic shock/multiple organ dysfunction syndrome (MODS)
  10. Toxic exposure
  11. Toxic ingestions and inhalations

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

II. PROFESSIONAL CARING AND ETHICAL PRACTICE
   A. Advocacy/Moral Agency (3%)
   B. Caring Practices (6%)
   C. Collaboration (5%)
   D. Systems Thinking (3%)
   E. Response to Diversity (2%)
   F. Clinical Inquiry (4%)
   G. Facilitation of Learning (3%)

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 acute care nurse practitioner. 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
- Insert temporary transvenous pacemakers
- Manage temporary transvenous pacemakers
- Manage permanent transvenous pacemakers
- Manage epicardial pacemakers
- Manage implantable cardioverter defibrillators (ICDs)
- Remove intra-aortic balloon catheter
- Manage cardiac assist devices (e.g., RVAD, BVAD, LVAD, ECMO)
- Direct cardiopulmonary resuscitation
- Insert arterial pressure catheters
- Insert central venous pressure catheters
- Insert pulmonary artery pressure catheters
- Adjust pulmonary artery pressure catheters
- Interpret echocardiograms
- Perform elective cardioversion
- Disconnect pacer wire
- *Interpret stress tests
- *Perform pericardiocentesis

### Pulmonary
- Order nasal/facial CPAP/BiPAP
- Initiate mechanical ventilation
- Manage mechanical ventilation
- Wean mechanical ventilation
- Perform thoracentesis
- Insert chest tube
- Disconnect chest tube
- Interpret pulmonary tube
- Perform intubation

### Endocrine
- Perform rapid ACTH stimulation test

### Neurology
- Perform lumbar puncture
- *Remove epidural ICP monitoring device
- *Remove subdural ICP monitoring device
- *Remove intraventricular ICP monitoring device
- *Remove cerebral oxygenation monitoring device
- *Monitor $\text{SiO}_2$ results

### Gastrointestinal
- *Perform paracentesis

### Renal/Genitourinary
- Initiate renal replacement therapies
- *Perform pelvic exams

### Integumentary
- Suture wounds
- Provide wound care
- Incise and drain abscesses

### Multisystem
- Interpret diagnostic imaging
- Provide nonpharmacologic interventions for pain
- 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

- Provide health promotion services
- Provide disease prevention services
- Provide health protection interventions
- Provide anticipatory guidance
- Provide counseling
- Promote a mutually respectful environment that enables nursing and other healthcare personnel to make optimal individual contributions and systems to function most effectively
- Incorporate community needs, strengths and resources into practice
- Apply principles of epidemiology and demography in clinical practice
- Demonstrate critical thinking and diagnostic reasoning skills in clinical decision making
- Obtain a health history from the patient supplemented by health information from collateral sources, including electronic health records and databases, as needed, e.g., with cognitively impaired, sensory impaired or non-self-disclosing patients, observing ethical and legal standards of care
- Perform and accurately document a pertinent, comprehensive and focused physical examination, demonstrating knowledge about developmental, age-related and gender-specific variations
- Differentiate among normal, variations of normal and abnormal findings, including those associated with development and aging in acute, critical and complex illness
- Employ age-appropriate screening and diagnostic strategies
- Assess the impact of an acute, critical and/or chronic illness or injury and the patient’s health promotion needs, social support, and physical and mental health status
- Assess the impact of an acute, critical and/or chronic illness or injury in relation to activity level, mobility and immobility, cognition, decision making capacity, pain, skin integrity, nutrition, sleep and rest patterns, sexuality, immunization status, neglect/abuse, substance use/abuse, quality of life, family/social/educational relationships, genetic risks, health risk behaviors, safety and advanced care planning preferences
- Conduct a pharmacologic assessment addressing polypharmacy, drug interactions and other adverse events, over-the-counter, complementary alternatives, and the ability to obtain, purchase, self-administer and store medications safely and correctly
- Assess the effect of complex acute, critical and chronic illness, disability and/or injury on the individual’s functional status, independence, physical and mental status, social roles and relationships, sexual function and well-being, and economic or financial status
- Assess the complex acutely, critically and/or chronically ill patient for urgent and emergent conditions, using both physiologically and technologically derived data to evaluate for physiologic instability and potential life-threatening conditions
- Analyze data to determine health status
- Perform invasive diagnostic tests
- Develop differential diagnosis
- Recognize the presence of comorbidities, their impact on presenting health problems, potential for rapid physiologic deterioration or life-threatening instability and the risk for iatrogenesis
- Diagnose complex acute, critical and chronic physical illnesses, including disease exacerbation and/or progression, multisystem health problems, associated complications and iatrogenic conditions
- Recognize common mental health and substance use or addictive disorder/disease, such as anxiety, depression and alcohol and drug use, in the presence of complex acute, critical and chronic illness and make appropriate referrals
- Confirm the clinical diagnosis

continued
TEST PLAN
ADULT-GERONTOLOGY ACUTE CARE NURSE PRACTITIONER
VALIDATED COMPETENCIES

Clinical Judgment (cont’d)

- Prioritize differential diagnoses based on the interpretation of available data and the complexity and severity of the patient’s condition
- Collect data in an ongoing process in recognition of the dynamic nature of acute, critical and complex chronic illness
- Formulate an evidence-based plan of care integrating knowledge of the rapidly changing pathophysiology of acute or critical illness
- Individualize the plan of care to reflect the dynamic nature of the patient’s condition, developmental and life transitions, and patient’s and family’s needs
- Implement interventions to support and stabilize the patient with a rapidly deteriorating physiologic condition, including the application of basic and advanced life support and other invasive interventions or procedures to regain physiologic stability
- Perform therapeutic and diagnostic interventions appropriate to acute and critical health problems, such as suturing, wound debridement, line and tube insertion, and lumbar puncture
- Manage interventions that utilize technological devices to monitor and sustain physiological function through ordering, performing, interpreting or supervising
- Manage diagnostic strategies and therapies to monitor and sustain physiological function and ensure patient safety including, but not limited to, ECG interpretation, radiograph interpretation, respiratory support, hemodynamic monitoring and nutritional support
- Prescribe medications within legal authorization while acknowledging and monitoring for adverse drug outcomes and polypharmacy, especially in high-risk and vulnerable populations such as women of childbearing age, adults with comorbidities and older adults
- Assess interactive and synergistic effects of pharmacologic and nonpharmacologic interventions
- Determine the need for transition to a different level or type of care based on an assessment of an individual’s acuity, stability, resources and need for assistance
- Counsel the patient on the use of complementary/alternative therapies
- Prescribe therapeutic devices
- Evaluate outcomes of care
- Communicate effectively using professional terminology, format and technology
- Provide for continuity of care
- Demonstrate evidence-based approaches to care
- Communicate personal strengths and professional limits
- Coordinate inter- and intra-disciplinary teams to develop or revise plans of care focused on patient and/or family needs and concerns
- Manage the health/illness status over time
- Perform invasive procedures

Advocacy/Moral Agency

- Deliver safe care
- Empower patients and families to act as own advocate across the continuum of healthcare including in complex, acute healthcare environments
- Facilitate patient and family decision making regarding complex acute, critical and chronic illness treatment decisions, end-of-life care, right to refuse treatment, and organ donation in a manner that ensures informed decisions
- Advocate for the individual’s and family’s rights regarding healthcare decision making such as emancipation, guardianship, durable power of attorney, healthcare proxy, advance directives and informed consent, within ethical and legal standards
- Act ethically
- Evaluate implications of health policy
- Participate in policy-making activities
- Demonstrate leadership to achieve optimal care outcomes for the acutely ill adult-gerontology population in practice, policy and other venues
- Maintain confidentiality and privacy
Caring Practices

- Attend to the patient’s responses to changes in health status and care
- Foster a trusting relationship with the individual, family and other caregivers that facilitates discussion of sensitive issues, such as suicide prevention, self-injury, sexually related issues, substance use/abuse, risk-taking behavior, driving safety, independence, finances, violence, abuse and mistreatment, prognosis, care transitions, changes in levels of care and palliation
- Provide comfort and emotional support
- Apply principles for behavioral change
- Preserve the patient’s control over decision making
- Negotiate a mutually acceptable plan of care
- Respect the patient’s inherent worth and dignity
- Use self-reflection to further a therapeutic relationship
- Maintain professional boundaries
- Monitor, treat and implement prevention strategies in geriatric syndromes such as falls, loss of functional abilities, dehydration, delirium, depression, dementia, malnutrition, incontinence and constipation
- Promote safety and risk reduction through the use of interventions such as devices to promote mobility and prevent falls, cognitive and sensory enhancements, reduced urinary catheter use and restraint-free care
- Order and implement palliative and end-of-life care in collaboration with the patient, family and members of the multidisciplinary healthcare team
- Manage pain and sedation for patients with complex chronic, acute and critical illness
  - Monitor and evaluate the patient’s pain and sedation response
  - Change the plan of care according to patient reaction and treatment goals
  - Prescribe nonpharmacologic interventions*

*Pharmacologic interventions fall under Clinical Judgment

- Provide culturally appropriate and effective communication that supports therapeutic relationships with individuals, families and caregivers facing acute onset or exacerbations of complex chronic physical and/or psychosocial conditions
- Design and implement interventions to prevent or reduce risk factors that contribute to
  - decline in physical or mental function
  - impaired quality of life
  - social isolation
  - excess disability

Collaboration

- Participate as a member of healthcare teams
- Collaborate with other healthcare providers
- Consult with and make appropriate referrals to other healthcare providers
- Function in a variety of roles
- Advocate for the advanced practice role of the nurse
- Promote the adult-gerontology acute care nurse practitioner and other advanced practice nursing roles
- Work collaboratively with a variety of health professionals to promote stabilization and restoration of health in complex acute, critical and chronic illness
- Recognize the limits of one’s education, clinical expertise and scope of practice, collaborate with colleagues and recognize when to refer patients appropriately

Systems Thinking

- Incorporate access, cost, efficacy and quality when making care decisions
- Demonstrate current knowledge of healthcare system financing as it affects delivery of care
- Analyze organizational structure, functions and resources to affect delivery of care

continued
TEST PLAN
ADULT-GERONTOLOGY ACUTE CARE NURSE PRACTICEER
VALIDATED COMPETENCIES

Systems Thinking (cont’d)

- Prescribe and perform diagnostic, pharmacologic, non-pharmacologic and therapeutic interventions consistent with the adult-gerontology acute care nurse practitioner’s education, practice and state regulatory requirements as authorized within the scope of practice
- Apply business strategies
- Analyze data generated through quality improvement and safety (QSEN) initiatives to identify opportunities to enhance care and the care delivery system
- Participate in all aspects of community health programs
- Advocate for policies that positively affect healthcare
- Negotiate legislative change to influence healthcare delivery systems
- Coordinate comprehensive care in and across care settings for patients who have acute and chronic care needs
- Analyze challenges to optimal care created by the competing priorities of patients, payers, providers and suppliers
- Negotiate system barriers to care and to providing care coordination
- Participate in the design, development and evaluation of current and evolving healthcare services to optimize care and outcomes for the adult-gerontology population

Clinical Inquiry

- Monitor quality of care
- Assume accountability for practice
- Engage in continuous quality improvement and patient safety initiatives
- Accept personal responsibility for professional development
- Incorporate current technology
- Advance the profession through mentoring, writing, publishing and presenting
- Participate in the design, implementation and evaluation of evidence-based, age-appropriate professional standards and guidelines for care
- Contribute to knowledge development for improved care of the adult-gerontology acute care population

Facilitation of Learning

- Assess the patient’s educational needs
- Create an effective learning environment
- Design a personalized plan for learning
- Provide health education
- Coach the patient for behavioral changes
- Evaluate the outcomes of patient education
- Educate individuals, families, caregivers and groups regarding strategies to manage the interaction among normal development, aging, and mental and physical disorders
- Adapt teaching-learning approaches based on physiological and psychological changes, age, developmental stage, readiness to learn, health literacy, the environment and resources

Response to Diversity

- Prevent personal biases from interfering with the delivery of quality care
- Provide culturally sensitive care
- Assist patients of diverse cultures to access quality care
- Assist patients and families to meet their spiritual needs
- Address cultural, spiritual and ethnic influences that potentially create conflict among individuals, families, staff and caregivers
1. Following cardiac surgery, a patient in sinus rhythm suddenly converts to the following rhythm. The patient is asymptomatic. Treatment should include:
   A. diltiazem (Cardizem) infusion.
   B. emergency defibrillation.
   C. digoxin (Lanoxin).
   D. (Clinical Judgment – Cardiovascular)

2. Following a 10-foot fall, a young adult presents on a backboard with a c-collar on. The patient had an initial loss of consciousness at the scene and was lucid on arrival, but LOC is rapidly deteriorating. The right pupil is round and reactive, but the left is dilated and unresponsive to light. The ACNP should first suspect:
   A. a basilar skull fracture.
   B. a subdural hematoma.
   C. an epidural hematoma.
   D. a cerebellar herniation. (Clinical Judgment – Neurology)

3. A patient is readmitted due to a suspected pulmonary embolus. Home medications include metformin (Glucophage). Which of the following available diagnostic methods would be indicated?
   A. V/Q scan
   B. spiral CT
   C. pulmonary angiogram
   D. venous doppler study (Clinical Judgment – Pulmonary)

4. The ACNP should recognize that a toxic exposure to:
   A. methanol is best treated with a sodium bicarbonate infusion.
   B. salicylates is best treated with n-acetylcysteine (Mucomyst).
   C. benzodiazepines is best treated with hemodialysis.
   D. carbon monoxide is best treated with hyperbaric oxygen. (Clinical Judgment – Multisystem)

5. When assessing the weaning ability of a 75-year-old COPD patient who is being mechanically ventilated, it is important for the ACNP to consider that elderly patients:
   A. have a greater respiratory reserve than younger patients.
   B. have equivalent PaO₂/FiO₂ ratios compared to younger patients.
   C. tend to breathe faster and shallower than younger patients.
   D. tend to have a lower A-a gradient compared to younger patients. (Clinical Judgment – Pulmonary)

6. While discharging a patient following knee replacement surgery, the patient experiences a new onset episode of chest pain lasting 10 minutes. The cardiac biomarkers and 12-lead ECG are unremarkable. The patient is currently pain free and anxious to go home. The ACNP should:
   A. discharge the patient and have them follow up with their primary care provider.
   B. hold discharge and repeat cardiac biomarkers in 8 hours.
   C. discharge the patient and schedule an appointment for a cardiology follow-up.
   D. hold discharge and schedule an emergent cardiac catheterization. (Clinical Judgment – Cardiovascular)

7. Concerns are raised about a unit’s increasing utilization of blood products. The ACNP is asked to participate on a newly formed inter-professional team. Upon agreeing to participate, the ACNP should first:
   A. verify that the meeting schedule would align with the ACNP’s schedule.
   B. ensure that the ACNP’s suggestions will be adopted.
   C. find out who else will be participating.
   D. identify the goals assigned to the team. (Collaboration)

Answers:
1. B
2. C
3. A
4. D
5. C
6. B
7. 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
Jones & Bartlett – (800) 832-0034
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 ACNPC-AG EXAM PREPARATION

<table>
<thead>
<tr>
<th>Product Title/Description</th>
<th>Item #</th>
</tr>
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<tbody>
<tr>
<td>* <a href="#">Online</a> Adult-Gerontology Acute Care NP Certification Review Course: Individual Purchase. For additional information go to <a href="http://www.aacn.org/ondemand">www.aacn.org/ondemand</a>.</td>
<td>ACNPCOD</td>
</tr>
<tr>
<td>* Practice ACNPC-AG Exam Questions. (2013). AACN Certification Corporation. 50 questions.</td>
<td>200705</td>
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<tr>
<td>Advanced Practice Nursing of Adults in Acute Care. (2012). Whetstone-Foster, J. &amp; Prevost, S. 752 pages.</td>
<td>128100</td>
</tr>
<tr>
<td>Critical Care Nursing of Older Adults. (2009). Foreman, M., Fulmer, T. &amp; Milisen, K. 448 pages.</td>
<td>304012</td>
</tr>
<tr>
<td>Harrison’s Pulmonary and Critical Care Medicine. 2nd ed. (2013). Loscalzo, J. 624 pages.</td>
<td>128909</td>
</tr>
</tbody>
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*Included at no charge with purchase of ACNPC-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
ACNPC-AG Certification for Adult-Gerontology Acute Care Nurse Practitioners
To be completed by Program Director and returned to AACN Certification Corporation.

CANDIDATE NAME

CANDIDATE EMAIL ADDRESS

ADULT-GERONTOLOGY ACUTE CARE NURSE PRACTITIONER PROGRAM INFORMATION

SCHOOL NAME

SCHOOL ADDRESS

PROGRAM TYPE  □ Adult-Gerontology Acute Care NP  □ Other (specify)

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

PROGRAM START DATE ___________________________  GRADUATION DATE ___________________________

(PROGRAM DESCRIPTION - for time period applicant was in program)

<table>
<thead>
<tr>
<th>DIDACTIC</th>
<th>Course Number(s)</th>
<th>☑ If Transfer Credit</th>
<th>Course Type*</th>
<th>Number of Credit Hours</th>
</tr>
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<tbody>
<tr>
<td>Advanced Pathophysiology</td>
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<td></td>
<td>D or D/C</td>
<td></td>
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<tr>
<td>Advanced Pharmacology</td>
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<td>D or D/C</td>
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<tr>
<td>Advanced Physical Assessment</td>
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<td>D or D/C</td>
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<tr>
<td>Health Promotion/Maintenance</td>
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<td>D or D/C</td>
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<tr>
<td>Adult-Gerontology Acute Care</td>
<td></td>
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<td>D or D/C</td>
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</tbody>
</table>

*Course Type:  
D: Didactic  
C: Clinical  
D/C: Didactic/Clinical

Clinical hour total below should **not** include time in simulation or skills labs.

<table>
<thead>
<tr>
<th>CLINICAL</th>
<th>Course Number(s)</th>
<th>☑ If Transfer Credit</th>
<th>Course Type*</th>
<th>Number of Credit Hours</th>
<th>Number of Clinical Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acutely Ill Adult-Gerontology Patient Care</td>
<td></td>
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<td>D or D/C</td>
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<tr>
<td>If adult clinical hours and gerontology clinical hours are completed in separate courses, list “A” (adult) or “G” (gerontology) next to the Course Number.</td>
<td></td>
<td></td>
<td>D or D/C</td>
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Total number of supervised clinical clock hours directly related to the knowledge and all roles of the adult-gerontology acute care nurse practitioner: ____________

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

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/emailed directly from the school to APRNcert@aacn.org.
ACNPC-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.

AACN CUSTOMER: RN/APRN LICENSE:

<table>
<thead>
<tr>
<th>Number</th>
<th>Exp. Date</th>
<th>Number</th>
<th>State</th>
<th>Exp. Date</th>
</tr>
</thead>
</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 also like to join/renew/extend my AACN membership at this time and select member pricing for my exam fees:

(check one box only)

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

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

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

3. EXAM FEES

ACNPC-AG Exam | Initial Exam Fee | Retest Fee
<table>
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<tr>
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<tbody>
<tr>
<td></td>
<td>AACN Member</td>
<td>Nonmember</td>
</tr>
<tr>
<td>Check one box only</td>
<td>☐ $250</td>
<td>☐ $355</td>
</tr>
</tbody>
</table>

☐ 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 and 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)
- Internist (37)
- Legal Nurse Consultant (47)
- Manager (03)
- Nurse Anesthetist (02)
- Nurse Educator (46)
- Nurse Midwife (13)
- Nurse Practitioner (05)
- Outcomes Manager (42)
- Physician (16)
- Physician Assistant (17)
- Researcher (18)
- Respiratory Therapist (19)

**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

**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)

**Education**

6. COMPLETE ADDITIONAL FORMS

- Complete the ACNPC-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.

The school may email the completed form directly to 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.
ACNPC-AG EXAM HONOR STATEMENT

PROCESSING WILL BE DELAYED IF INCOMPLETE OR NOT LEGIBLE.

PLEASE PRINT CLEARLY.

NAME:    

AACN CUSTOMER #:    

Last    First    MI

I hereby apply for the ACNPC-AG certification exam. I have read and understand the exam policies and eligibility requirements as documented in the ACNPC-AG Exam Handbook and the Certification Exam Policy Handbook.

I acknowledge that certification depends upon successful completion of the specified requirements. I authorize AACN Certification Corporation to contact my graduate nursing program to verify my educational eligibility for the ACNPC-AG certification exam.

LICENSURE: I possess a current, unencumbered U.S. RN or APRN license. My ___________________________ (state) nursing license ___________________________ (number) is due to expire ___________________________ (date).

An unencumbered license is not currently being subjected to formal discipline by any state board of nursing and has no provisions or conditions that limit my practice in any way. This applies to all RN or APRN licenses I currently hold. I understand that I must notify AACN Certification Corporation within 30 days if any restriction is placed on my RN or APRN license(s) in the future.

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

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

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

SCORE REPORTING: I authorize AACN Certification Corporation to release my ACNPC-AG exam pass/fail status to the ___________________________ state board(s) of nursing, to which I have applied or intend to apply for advanced practice licensure. I understand that my ACNPC-AG exam pass/fail status and a breakdown of my exam scores by content area will be reported to the program director of my school.

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

Applicant’s Signature:    Date:

Please allow 1 to 4 weeks from the date received by AACN Certification Corporation for processing of your application.