



Certification & Recertification Candidate Handbook

Presented by:





Candidate Handbook

All information is subject to change without notice, including portfolio content, portfolio fees, and policies. Last updated: 12/07/2021.
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Purpose of the Candidate Handbook

How Do I Use This Handbook?

The CNS-CP Candidate Handbook provides essential information on policies and procedures pertaining to certification and recertification of the CNS-CP credential. It is your responsibility to familiarize yourself with the contents of this handbook.

If you have questions about this handbook, please feel free to contact CCI at info@cc-institute.org, 303-369-9566, or 888-257-2667 between 8 AM and 4 PM Mountain Time.

Introduction to Certification

What Is Certification?

Certification, as defined by the American Board of Specialty Nursing Certification (ABSNC), is the formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes.

What Are the Purposes of Certification?

- Demonstrates commitment to accountability to the general public for safe nursing practice.
- Enhances quality patient care.
- Identifies the Clinical Nurse Specialist (CNS) who has demonstrated professional achievement in providing perioperative nursing care.
- Provides employing agencies a means of identifying professional achievement of an individual practitioner.
- Provides personal satisfaction for practitioners.

What Are the Objectives of Certification?

- Recognizes the individual professional advanced practice nurse who is proficient in practice.
- Strengthens conscious use of theory in assessing, planning, implementing, and evaluating patient care.
- Enhances professional growth through continued learning that results in greater depth of knowledge and expanded skills.

What Is the Rationale for Certification?

CNS-CP certification validates the professional achievement of specific standards of practice by a Clinical Nurse Specialist (CNS) serving as an advanced practice nurse in the perioperative setting. This recognition program acknowledges the professional achievement demonstrated by an individual CNS's performance which exceeds that required for competent practice in the perioperative setting.

About the Professional Portfolio

Acceptance of a CNS-CP Professional Portfolio requires:

Having a thorough and sound foundation of the knowledge and skills required for competent clinical practice (see CNS-CP Portfolio Content Outline below). Knowledge can be obtained through work experiences, independent learning, and formal educational programs. The experiential knowledge component of the portfolio requires that a CNS has a minimum of 2 years of experience in perioperative nursing. Additional experience at the advanced practice level is required for those CNSs graduating from a master's program not consistent with Consensus Model standards. Thus, the CNS-CP portfolio is based on what a CNS with 2 years of practice in the perioperative setting is expected to know and do. The portfolio assesses a combination of experiential and cognitive knowledge, as together these form the foundation of competent clinical practice.

1. Understanding of the portfolio design process.

The CNS-CP Professional Portfolio method for certification has been designed to capture the essence of the practicing CNS through its integration of the CCI Job Analysis with core competencies as defined by the National Association of Clinical Nurse Specialists (NACNS). The CNS-CP Professional Portfolio is a peer-reviewed mechanism for demonstrating advanced level knowledge and skills in the design, development, and evaluation of a perioperative patient-focused outcomes improvement project. Activities in the portfolio go beyond routine, entry-level practice, and challenge applicants to contribute to the art and science of perioperative nursing at an advanced level. This certification method provides a unique opportunity for the applicant to reflect on personal interests and contributions to advanced practice as a CNS in the perioperative setting while meeting standards for competent practice.

How Is the Professional Portfolio Developed?

A Job Analysis, including Test Specifications, was developed by CCI and a collection of subject matter experts working under the expert guidance of Prometric. The Job Analysis describes the overall functions and responsibilities, as well as the underlying knowledge and skills, that are essential to ensure proficiency as a CNS-CP. Test specifications were developed based on external ratings and constitute a plan upon which the job-related certification exam was constructed for CNSs functioning in this role. These test specifications were then used by Professional Portfolio committee members to design the individual components of the CNS-CP Professional Portfolio. It is recognized that the Job Analysis may not reflect all the specific tasks performed by an individual functioning in this role.

Certification: Earning Your Credential

To earn the CNS-CP credential, candidates must meet eligibility requirements at the time of application and meet the standards for the successful submission of a professional portfolio.

Who Is Eligible to Apply for the Portfolio Program?

Candidates must meet requirements for each of three categories: licensure, education, and experience.

Licensure

Candidate must meet one of two requirements:

1. Current full, unrestricted license (RN and/or APRN) in the United States.
- OR -
2. Current full, unrestricted RN license with recognition as a CNS by state board of nursing.

Education

Candidate must meet one of two requirements:

1. Graduated from an accredited (CCNE, NLNAC, ACEN) graduate, post-master's certificate, or doctoral program in nursing which has prepared the applicant for the CNS role. The program must contain core courses (advanced pharmacology, pathophysiology, and physical assessment), population-specific classes, and a precepted 500-hour clinical practicum in the CNS role.
- OR -
2. A master's, post-master's certificate, or doctoral degree in nursing from an accredited CNS program, and documentation of serving in an advanced practice role may be accepted in lieu of graduating from a program which did not include core courses and the precepted 500-hour clinical practicum.

The certifying organization does not discriminate among candidates as to age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, and gender identity.

Experience

Candidate must be currently employed either full- or part-time in perioperative nursing. Candidate must have completed a minimum of 2 years and 2,400 hours of work experience in perioperative nursing, with a minimum of 50% (1,200 hours) in the intraoperative setting.

In addition, the candidate must meet one of two requirements:

1. If enrolled in a CNS program complying with current accreditation standards (advanced pharmacology, physical assessment, and pathophysiology, role-specific classes, and 500-hour clinical practicum), the applicant may begin work on the professional portfolio's project prior to graduation. However, the portfolio project must be completed after the applicant has been awarded the CNS degree.

- OR -

2. If graduated from a CNS program prior to implementation of current accreditation standards, applicant must validate 2,400 hours and 2 years as a practicing CNS in the perioperative setting.

What Are the Subject Areas of the Professional Portfolio?

The CNS-CP Professional Portfolio is comprised of the following subjects (see below). For a complete list of task and knowledge statements for the CNS-CP Professional Portfolio, see Appendix A.

Subject Area	Percentage of Time Spent in Role
Clinical Expert in the Delivery of Advanced Practice Perioperative Care	31%
Consultant (intra- and multidisciplinary)	16%
Education (nurse, other healthcare providers, family, and community)	13%
Clinical Inquiry (evidence-based practice projects and/or research)	15%
Organizational and Systems Thinking	16%
Professional Accountability	9%
Total	100%

Applying for the CNS-CP Professional Portfolio

How Do I Apply for the Professional Portfolio?

The following pre-approval documents must be submitted and approved *before* the applicant will be granted access to CNS-CP portfolio materials. Please send your pre-approval documents to CCI, Attn: CNS-CP Professional Portfolio, 400 Inverness Parkway Suite 265, Englewood, CO 80112.

- Photocopies of RN and/or APRN license(s) or a photocopy of the online verification of current licensure from the state board of nursing.
- An original transcript showing degree conferred and all graduate-level coursework. This document must be mailed. No faxed or scanned copies, e-mail attachments, or photocopies will be accepted.
- Verification of primary CNS certification, if held. A physical or e-copy is acceptable. CCI reserves the right to request an official letter of verification from the certifying body. The applicant is responsible for any charges related to procuring the letter.
- Completed [CNS-CP Pre-Approval Form](#).

For your application packet to be reviewed, you will need to create an account through CCI. CNS-CP portfolio applicants may [create an account or log in to their existing account](#) to input their information. If creating a new account, you will need the following information:

- Personal contact information: address, e-mail (please make sure you are using an e-mail that will allow you to receive communications from CCI), home and work phone number
- Highest degree earned
- Year accredited CNS program completed
- Perioperative work history
- Date began working as a perioperative CNS
- Supervisor contact information: name, address, e-mail, phone number
- Employer contact information: facility name, address, and phone number
- Advanced practice population focus
- RN/APRN license information: expiration date, state(s) licensed to practice

Please note: Setting up a CCI account is required before applying for the CNS-CP certification. There is no fee required to set up a CCI account.

CCI will acknowledge authorization of the pre-approval application packet by e-mail. After approval, each applicant will be sent an application form which must be returned with the application fee prior to accessing the portfolio documents.

Portfolio Submission Requirements

Applicants will notify CCI when their portfolios are ready for peer review. All portfolio worksheets and associated documentation must be completed at that time. Incomplete portfolios will be returned to the applicant.

The following documents must be submitted and approved as part of the CNS-CP Professional Portfolio:

- A current resume/CV
- The portfolio project, worksheets, and supporting evidence
- A reflective practice form

The applicant is advised to keep a copy of the application and all materials submitted. CCI is not responsible for lost correspondence.

How Much Does the Professional Portfolio Cost?

The total CNS-CP certification by portfolio fee is \$375. Active CNORs receive a \$40 discount. Applications will be e-mailed to eligible applicants after review of pre-approval materials. Applications cannot be processed without payment. All fees and/or outstanding debts to CCI must be paid in full.

Please contact the CCI Credentialing team at 888-257-2667 or 303-369-9566 or info@cc-institute.org to receive this discount.

How Does CCI Verify My Application Information?

Information on applications may be verified. If there is any reason to believe that any applicant might not have met eligibility requirements, or if an outside party informs CCI that an individual has not met certain requirements, the application may be flagged for audit. In addition, a percentage of certification applications are randomly selected for audit. The Credentialing Department will begin the audit by contacting the individual in writing to obtain documentation to substantiate the information in question. Information may be verified by telephone, e-mail message and/or letter by the Credentialing Department. All information gained through verification procedures will be confidential, except in instances where the law demands disclosure of facts. Under no circumstances will the reporting party be disclosed. Verification may include but is not limited to the following information:

- An employee verification form that must be completed by a current manager, supervisor, or HR.
- Verification of applicant's RN license through NURSYS.
- Verification of professional nursing history through contact with past employers if needed.

It is the responsibility of the applicant to furnish any information missing from the application. Should any information on the application be found false, the applicant will be notified and declared ineligible to continue in the certification process. An e-mail will be sent to the applicant detailing the results of the audit after the documents have been reviewed.

Following each subject area found in Appendix A.

Completing the CNS-CP Professional Portfolio

CCI provides a detailed bibliography of recommended resources following each subject area found in Appendix A.

What Are the Components of the Professional Portfolio?

The following must be submitted as part of the CNS-CP Professional Portfolio. All signatures must be original.

- A current resume/CV
- Worksheets
 - ◆ Welcome/getting started
 - ◆ Needs assessment/gap analysis
 - ◆ Change analysis
 - ◆ Evidence summary tool/table
 - ◆ Stakeholders/committee members
 - ◆ Project plan
 - ◆ Staff/patient education
 - ◆ Reflective practice form
- A signed attestation form that states the portfolio is complete and ready for distribution to peer reviewers.

Instructions, worksheets, checklists, and the scoring rubric are provided in the applicant's electronic storage account.

How Much Time Do I Have to Complete the Professional Portfolio?

The project used for the portfolio must have been completed within 2 years of the application date. Completed portfolios must be submitted within 1 year of receipt of application.

How Much Computer Experience Do I Need to Complete the Professional Portfolio?

Basic computer skills are necessary, including competency in Word document generation, communication via e-mail, accessing and uploading documents into the electronic storage account, and completing fillable PDF forms.

How Do I Gain Access to My Portfolio Tools?

Once CCI has reviewed and approved your pre-approval application packet, you will receive an e-mail notification of approval and instructions on how to access your electronic storage account. The electronic storage account will be shared with CCI staff responsible for managing CNS-CP certification and the three peer reviewers assigned to review and approve the portfolio.

The applicant is advised to keep a copy of the application and all materials submitted. CCI cannot be responsible for lost correspondence.

What Happens If I Withdraw My Portfolio Application?

Once the application has been submitted and approved there is no refund.

When Do I Receive My Portfolio Results?

Peer reviewers will have 30 days to review the portfolio submission. Applicants will receive notification of the results of the review of their portfolios after CCI has received the peer reviewer comments. Peer reviewer comments and the scoring rubric will be shared with the applicant with a detailed explanation of requests for any additional information required. If additional materials are required, the applicant will have 30 days to submit that information to CCI.

What Happens to My Documents?

Documents will remain in the electronic storage account after review and final approval. Certificants will have access to the documents in the electronic storage unless the candidate deletes them and or requests them to be deleted.

What if My Final Submission is Not Successful?

An applicant whose final portfolio has been reviewed and found to not meet the standards for acceptance will be advised of the decision not to grant CNS-CP certification, and there is no appeal from the determination by the reviewers. The application fee is non-refundable.

If My Final Portfolio is Not Successful, Can I Submit Another Portfolio?

Yes, you may submit a new portfolio based on a new project. No portion of the previous portfolio attempt may be used for subsequent submissions. You must meet all eligibility requirements and pay fees in effect at the time of application.

Using the CNS-CP Credential

CNS-CP is the designation recognizing the CNS who has been certified in perioperative nursing. CNS-CP certification is defined as “the documented validation of the professional achievement of identified standards of practice by an individual Clinical Nurse Specialist providing advanced practice care for the patient before, during, and after surgery.” CNS-CP means that you have demonstrated the advanced practice knowledge and skills necessary to practice in the specialized field of perioperative nursing.

Who Can Use the Credential?

The CNS-CP mark is federally registered with the U.S. Patent and Trademark Office and may only be used in accordance with CCI policy by those who have achieved and actively maintain the credential.

How Long Is the Credential Active?

Certification is conferred for a period of 5 years, with recertification available after that 5-year earning period. When a credential lapses, the nurse may no longer use the CNS-CP designation in his/her credentials.

When Can I Begin Using My Credential?

The CNS-CP credential may be used upon verification of your credential on the [CCI website](#). Certificants will be able to print a certificate from their CCI [account](#) profile.

How Do I Display My Name and Credential?

In writing, proper usage is as follows: Jane A. Doe, MSN, RN, ACNS-BC, CNS-CP®, CNOR

General Certificant Data Information

Is My Information Confidential?

The CEO, in consultation with the Sr Manager of Test Development and Certification, Credentialing Department, and Sr Manager of Governance and Accreditation will approve all requests for data and access to certificants.

As an accredited program, CCI is required to make public certain data about its certificants (e.g., demographic breakdown of certificants, number of certificants, number of test-takers, and pass rates for certification portfolio). All data are de-identified and shared in aggregate only, in accordance with Federal privacy law.

During the professional portfolio review process, your documents will be reviewed by three peers holding the CNS-CP credential. Your documents during this process are confidential. Peer reviewers have view-only access to the account.

Is My Information Public or Shared with Third Parties?

CCI may process certificant data based on the following grounds, as appropriate: you have provided your consent, which can be withdrawn at any time; the processing is necessary for the performance of a contract to which you are a party, including processing of portfolio, certification or recertification applications; the processing is necessary to meeting legal obligations or to defend or maintain any claims involving us or our applicants and certificants; the processing is required to protect your vital and legal interests or those of another person; or the processing is necessary for the purposes of CCI's operations and mission.

Is Credential Status Verified?

Primary Source Verification of your credential can be accessed through the [CCI website](#).

Misuse or Misrepresentation of Certification

What Happens If I Misuse or Misrepresent the Credential?

Any misuse or misrepresentation of the CNS-CP credential by those not currently holding the credential shall be subject to legal action by CCI. This includes use of the CNS-CP credential once the credential has lapsed. CCI may render sanctions against the individual, which may include, but not be limited to the following:

- Suspension from re-submitting a portfolio for an indefinite or specified period of time.
- At the discretion of the CCI Certification Council and as allowable by law, CCI may notify the State Board of Nursing, candidate's employer, insurance company, or other public health agency.

Revocation of Credential

Can My Credential Be Revoked?

CCI may deny, suspend, or revoke certification for cause, including but not limited to the following:

- failing to complete or provide evidence of completion of the requirements for initial certification and certification renewal*;
- failure to maintain the required professional licensure
- determination that initial certification or certification renewal was improperly granted
- falsification or misstatement of information on any certification-related document;
- providing false or misleading information;
- misrepresentation regarding credentialing status;
- cheating or assisting others to cheat;
- assisting others to wrongfully obtain initial certification or certification renewal;
- failure to comply with the scope and standards of practice in an area in which the certification is held;
- misuse of or misrepresentation with respect to the CCI credential;
- commission of a crime or gross negligence in the practice of nursing;
- violation of CCI policy or procedure;
- failure of audit processes;
- failure to comply with the American Nurses Association's Code of Ethics for Nurses with Interpretive

Statements;

- conduct unbecoming of the nursing profession; and
- has not paid all outstanding debts to CCI.

*Certified nurses will be informed by letter of CCI's decision to revoke the CNS-CP status. There will be no refund if, for any reason, CNS-CP status is revoked.

CCI Complaint, Disciplinary, and Appeals Processes

Does CCI Have an Appeals or Complaint Process?

Yes. Please see Appendix E for more information.

Introduction to Recertification

What Is Recertification?

The continued documented validation of the professional achievement of identified standards of practice by an individual CNS-CP providing advanced practice perioperative nursing care.

What Are the Purposes of Recertification?

Recertification:

- Recognizes the individual CNS who is proficient in practice.
- Supports the development of theoretical constructs which strengthen advanced perioperative nursing practice.
- Enhances professional development through continued learning that results in acquisition of current knowledge to expand advanced practice skill sets.

Why Should I Recertify?

The rapid pace of change and the prevalence of technology in the modern perioperative setting require a conscious effort to maintain competency. The CNS-CP certification is conferred by CCI for a period of 5 years, at which time a CNS-CP may seek recertification. The required CNS-CP recertification activities flow from and are consistent with the knowledge and task statements of the Job Analysis, performed on a 5-year cycle. The recertification requirements guide professional development activities in providing parameters for acceptable practice, and in maintaining a link to the most current body of knowledge. Linking the certification period to the Job Analysis cycle ensures that certificants are engaged in activities pertinent to their professional development.

Competency is the actual performance in a situation, and consists of three components: knowledge, skills, and attitude. Each of these components is a necessary element. The CNS-CP recertification process acknowledges the need for active work in the maintenance of continuing competency by directly addressing all three components. The practice requirement facilitates the maintenance of current skills and promotes the acquisition of new skills through exposure to the practice setting. Other professional development activities e.g., continuing education, facilitate the acquisition of knowledge, which is the second essential component of competency. The self-awareness component of CNS-CP recertification provides an opportunity to thoughtfully reflect on the need for the acquisition of additional skills and knowledge which is then linked to the next recertification plan and thus promotes a positive change in attitude, the third component of competency.

Recertification: Maintaining Your Credential

When Do I Recertify?

The certified status of a Clinical Nurse Specialist is conferred by CCI for a period of 5 years, at which time a CNS-CP may seek recertification. The recertification process requires a CNS-CP to choose a method of recertification, complete recertification activities during the accrual period, and meet recertification eligibility requirements.

What Is An Accrual Period?

The accrual period is the time period in which the certificant must complete continuing education or professional development activities.

When Are the Accrual Deadlines?

Year Certified	Recertification Year	Recertification Earning Period	Recertification Applications Accepted	Recertification Application Deadline
2016	2021	2016-2020	Jan 1 – Dec 31, 2021	December 31, 2021
2017	2022	2017-2021	Jan 1-Dec 31, 2022	December 31, 2022
2018	2023	2018-2022	Jan 1-Dec 31, 2023	December 31, 2023
2019	2024	2019-2023	Jan 1-Dec 31, 2024	December 31, 2024
2020	2025	2020-2024	Jan 1-Dec 31, 2025	December 31, 2025

What Must I Do to Recertify?

To recertify your credential, you must:

- Meet the recertification eligibility requirements (these differ from requirements for first-time certification).
- Choose a recertification method and complete recertification activities during your accrual period.
- Complete CCI's application during your recertification year.
- Pay the application fee.

What Are the Eligibility Requirements to Recertify?

Recognizing that certificants transition into a variety of roles, and all patients benefit from the care provided by a certified nurse, CNS-CP recertification candidates must meet the following eligibility requirements at the time of application:

- Hold an active CNS-CP credential.
- Hold a current, unrestricted RN and/or APRN license.
- Complete 1,000 hours as a CNS in the perioperative setting in the 5-year recertification cycle.
- Be currently employed as a CNS in the perioperative setting in one or more of the following areas:
 - ◆ Clinical expert in the delivery of advanced perioperative care
 - ◆ Consultant (intra- and multidisciplinary)
 - ◆ Educator of nurses, other healthcare providers, patient, family, and/or community
 - ◆ Researcher
 - ◆ Organizational/systems change agent

For those nurses holding both CNS-CP and CNOR and/or CSSM credentials, recertification eligibility requirements must be met for each credential.

What Are the Fees for Recertification?

Please see below for current list of recertification fees, options, and available discounts. Applications cannot be processed without payment. All fees and/or outstanding debts to CCI must be paid by December 31 of your recertification year.

CNS-CP Recertification Method	Standard Fee
Recertification by Continuing Education Contact Hours, Professional Activity Points	\$350*
CNS-CP Emeritus Status	\$175

*CNOR Discount: CNS-CP certificants who also hold the CNOR credential receive a \$50 discount off the standard recertification fee.

Recertification Method

The only method to recertify the credential is for certificants to complete the recertification application which includes a prescribed plan for continued professional development. Certificants have up to 5 years to complete their recertification activities and apply for recertification the following year. Refer to accrual table (above) for earning windows for contact hours and professional activities.

What Are the Recertification Methods?

The CNS-CP Recertification program is made up of five components (all documents must be returned with your recertification application):

1. Complete a self-assessment (appendix ?) addressing current competency level in the six subject areas. (Select two subject areas to be the focus of your learning plan)
2. Develop a learning plan (appendix ?) based on your self-assessment. Your learning plan is used to determine the topics for earning your professional recertification points activities.
3. Successful completion of professional recertification points activities (a minimum of 300 point) and continuing education units (CEU).
 - ◆ A maximum of 50 CEU (100 points) are allowed toward recertification. (1 CEU=2points)
 - ◆ There must be a *minimum 10 CEU in pharmacology*. (20 points)
 - ◆ Professional recertification points activities must be earned through a variety of self-selected activities meant to showcase the unique skill set of the Clinical Nurse Specialist in the perioperative setting.
 - ◆ Candidates are not required to submit points in every category. All points must be earned through activities that provide content specific to or with direct application to perioperative nursing and include topics related to the learning plan.
 - ◆ A minimum of 300 professional activity points required for CNS-CP recertification may be acquired through any of the eligible activities listed in appendix C.
4. A reflection (appendix ?) that synthesizes one experience during the recertification period that the CNS-CP found to be most relevant to continued competency and lifelong learning.
5. Complete CNS-CP recertification log (appendix ?).

How Do I Submit My Recertification Application?

A complete application includes:

- Application, including personal and work information
- Required supporting documents
- Application fee
- Signed Statement of Understanding
- Mail the completed CNS-CP Recertification application to: CCI, 400 Inverness Pkway Suite 265, Englewood, CO 80112

What Happens If I Am Audited?

A percentage of recertification applications are randomly selected by CCI for audit. Additionally, if there is reason to believe there has been a breach in the integrity of the process by an individual seeking recertification, CCI may also select those individuals for audit.

Applicants selected for audit will be required to submit additional documentation (see Appendix D). Contact CCI for more information if verification of employment is required. An e-mail will be sent to the applicant detailing the results of the audit after the documents have been reviewed.

Emeritus and Lapsed Status Credential Status

How Do I Obtain Emeritus Status of the Credential?

CCI offers CNS-CPs who are retiring from professional advanced practice perioperative nursing, changing professional direction, etc., the option to maintain their credential in an Emeritus capacity with the CNS-CP Emeritus status or CNS-CP (E). Those holding the CNS-CP(E) designation are eligible to sit on CNS-CP portfolio committees and serve as portfolio peer reviewers.

The certificant must currently hold the CNS-CP credential in good standing to apply for CNS-CP Emeritus status. The CNS-CP Emeritus credential is not available if the CNS-CP credential has lapsed.

What Happens If My Credential Lapses?

If your CNS-CP credential lapses or expires, a Professional Portfolio must be submitted and approved. All eligibility requirements must be met at the time of application. You are not eligible to use the CNS-CP credential after it has lapsed.

If your CNS-CP credential expires, contact hours and professional activities will not be accepted to regain certified status.

Appendix A: Task and Knowledge Statements

Subject Area 1: _____

Clinical Expert in the Delivery of Advanced Practice Perioperative Care

(31% of role)

Knowledge Statements

1. Behavioral responses to physiological and psychological stressors
2. Communication
3. Community dynamics
4. Conflict resolution
5. Differential diagnosis
6. Diversity (cultural and/or generational)
7. Metabolic needs
8. National accepted clinical guidelines and recommended practices
9. Pain management
10. Pathophysiology/surgical pathology
11. Patient/family dynamics
12. Pharmacology
13. Physical assessment
14. Risk mitigation
15. Scope of Advanced Nursing Practice
16. Scope of Nursing Practice

17. Surgical/procedural anatomy

18. Treatment plans

Tasks

1. Conduct comprehensive, holistic wellness and illness assessments using evidence-based techniques, tools, and methods.
2. Assess, monitor, and recognize complex physiologic responses of patients (i.e. continuous surveillance).
3. Collaborate with patients and families regarding discharge planning.
4. Demonstrate complex clinical judgment and reasoning in perioperative nursing care.
5. Appraise patients' knowledge regarding wound care and the phases of wound healing
6. Determine the presence and adequacy of a patient's support system and prescribes necessary modalities.
7. Develop or implement systems to ensure safe practices.
8. Diagnose, interpret findings, and manage the patient for signs and symptoms of alterations in health status.
9. Evaluate nutritional status and prescribe appropriate treatment modalities.
10. Evaluate patients' pain control needs and formulate an individualized pain management plan.
11. Evaluate protective measures to prevent alterations in health status of individuals and groups at risk.
12. Incorporate the patient's psychological, philosophical, cultural, and spiritual beliefs, values, and wishes concerning care when formulating the treatment plan.
13. Formulate differential diagnosis.
14. Formulate individualized treatment plans.
15. Evaluate the feasibility of the patients' expectations for the next level of care.
16. Identify patients who are at risk for the presence of physical barriers or potential hazards in the home.
17. Identify psychosocial issues specific to medication management.
18. Implement measures of psychological support to patients and family.
19. Independently integrate and apply in-depth principles of traditional, complementary, and alternative medicine to ensure optimal patient outcomes.
20. Order and perform procedures to compare clinical findings to ensure optimal patient outcomes.

21. Order, prescribe, initiate, and interpret diagnostic, therapeutic, and/or pharmacologic interventions.
22. Perform comprehensive and individualized patient assessments.
23. Perform history and physical examinations.
24. Provide an in-depth interpretation of patient conditions and gives rationales for procedures.
25. Provide anticipatory guidance for expected and potential situational changes.
26. Synthesize knowledge of therapeutic regimens and patient response for evaluation of care.

Recommended References

AORN. (current edition). *Guidelines for perioperative practice*. Denver: AORN Inc. AORN. (2010). *Perioperative Nursing Data Set (PNDS)* (3rd ed.). Denver: AORN Inc.

Arcangelo, V.P., & Peterson, A.M. (2016). *Pharmacotherapeutics for advanced practice* (4th ed.). Ambler, PA: Lippincott Williams & Wilkins.

Bickley, L. (2016). *Bates' nursing guide to physical examination and history taking*. Philadelphia: Wolters Kluwer Health/ Lippincott Williams & Wilkins.

Doherty, G. (2020). *Current diagnosis and treatment: Surgery* (15th ed.). United States: McGraw-Hill Medical.

Goolsby, M.J., & Grubbs, L. (2018). *Advanced assessment: Interpreting findings and formulating differential diagnoses* (4th ed.). Philadelphia: F.A. Davis.

McCance, K.L., & Huether, S.E. (2018). *Pathophysiology: The biologic basis for disease in adults and children* (8th ed.). St. Louis, MO: Mosby Elsevier.

Mulholland, M.W., & Doherty, G.M. (2012). *Complications in surgery* (2nd ed.). Ambler, PA: Lippincott Williams & Wilkins.

Odom-Forren, J. (2018). *Drain's perianesthesia nursing: A critical care approach* (7th ed.). St. Louis, MO: Elsevier.

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2020). *Mosby's diagnostic and laboratory test reference* (14th ed.). St. Louis, MO: Elsevier.

Phillips, N. (2021). *Berry and Kohn's Operating room technique* (14th ed.). Philadelphia: Elsevier.

Rothrock, J.C. (Ed.). (2019). *Alexander's care of the patient in surgery* (16th ed.). St. Louis, MO: Mosby Elsevier.

Venes, D. (Ed.). (2021). *Taber's cyclopedic medical dictionary* (24th ed.). Philadelphia: F.A. Davis.

Subject Area 2: Consultant (intradisciplinary and multidisciplinary) _____

(16% of role)

Knowledge Statements

1. Change theory
2. Communication
3. Conflict resolution
4. Leadership development for multidisciplinary collaboration
5. Negotiation
6. Patient/family dynamics
7. Risk mitigation
8. Strategic planning

Tasks

1. Collaborate with other disciplines and coordinates multidisciplinary activities (e.g., education, consultation, patient management, research opportunities) to enhance patient care.
2. Consult with the appropriate health care providers to initiate new treatments or change existing treatments.
3. Provide consultation services to the organization to achieve quality, cost-effective outcomes for perioperative patients.
4. Serve as an expert resource on perioperative issues.

Recommended Reference

Tracy, M.F., & O'Grady, E.T. (2018). *Hamric and Hanson's advanced practice nursing: An integrative approach* (6th ed.). St. Louis, MO: Elsevier.

Subject Area 3: Education (nurse, other healthcare providers, patient, family, and community) _

(13% of role)

Knowledge Statements

1. Communication
2. Community dynamics
3. Conflict resolution
4. Learning theory across the lifespan
5. Patient/family dynamics
6. Risk mitigation
7. Theories of teaching mentoring and coaching

Tasks

1. Develop perioperative educational programs for:
 - a. healthcare professionals; and
 - b. individual patients, groups of patients, and their designated support persons based on identified needs the community.
2. Coordinate perioperative educational programs for:
 - a. healthcare professionals;
 - b. individual patients, groups of patients, and their designated support persons based on identified needs; and
 - c. the community.
3. Implement perioperative educational programs for:
 - a. healthcare professionals;
 - b. individual patients, groups of patients, and their designated support persons based on identified needs; and
 - c. the community.
4. Evaluate perioperative educational programs for:
 - a. healthcare professionals;
 - b. individual patients, groups of patients, and their designated support persons based on identified needs; and
 - c. the community.

5. Link teaching to evidence-based practice and its effects on clinical and fiscal outcomes.

Recommended References

Bastable, S. B. (2017). *Nurse as educator: Principles of teaching and learning for nursing practice* (5th ed.). Burlington, MA: Jones & Bartlett Learning.

Billings, D.M., & Halstead, J.A. (2019). *Teaching in nursing: A guide for faculty* (6th ed.). St. Louis, MO: Elsevier.

Marshall, L.C. (2016). *Mastering patient & family education.: A healthcare handbook for success*. Indianapolis, IN: Sigma Theta Tau International.

Oermann, M.H., De Gagne, J.C., & Phillips, B.C. (2021). *Teaching in nursing and role of the educator* (3rd ed.). New York, NY: Springer Publishing Co.

Zuzelo, P. R. (2010). *The Clinical Nurse Specialist handbook* (2nd ed.). Philadelphia: Jones and Bartlett Publishers.

Subject Area 4: Clinical Inquiry

(15% of role)

Knowledge Statements

1. Clinical inquiry/critical thinking
2. Evidence-based practice
3. Outcome evaluation methods
4. Research principles
5. Research utilization
6. Risk mitigation
7. Statistics

Tasks

1. Evaluate health outcomes to assist in shaping health care and nursing practice.
2. Evaluate the outcomes of patient safety initiatives.
3. Interpret research findings and use scientific inquiry to validate and/or change clinical practice.
4. Participate in the generation, application, and /or dissemination of research and Evidence-Based Practice.
5. Promote the use of nationally accepted clinical practice guidelines and standards.
6. Provide leadership when applying research to practice innovations which enhance patient care.
7. Submit findings of clinical research, Evidence-Based Practice and process improvement projects to scholarly journals and/or for poster or educational sessions at conferences.
8. Synthesize research findings.

Recommended References

Dearholt, S.L., & Dang, D. (Eds.). (2017). *Johns Hopkins Evidence-based practice: Model and guidelines* (3rd ed.). Indianapolis: Sigma Theta Tau.

Mateo, M.A., & Foreman, M.D. (2017). *Research for advanced practice nurses: From evidence to practice* (3rd ed.). New York, NY: Springer Publishing Co.

Polit, D., & Beck, C.T. (2021). *Nursing research: Generating and assessing evidence for nursing practice* (10th ed.). Ambler, PA: Wolters Kluwer Health/ Lippincott Williams & Wilkins.

Subject Area 5: Organizational and Systems Thinking

(16% of role)

Knowledge Statements

1. Community dynamics
2. Dissemination of perioperative scholarly work
3. Healthcare economics
4. Healthcare informatics
5. Perioperative facility design
6. Project Planning
7. Risk mitigation
8. Statistics
9. Strategic planning
10. Systems thinking

Tasks

1. Actively participate in the organization's method of financing delivery of care.
2. Analyze human factors that influence adherence to policies, procedures, standards of care, and documentation.
3. Analyze legislative review and policy making that influences health services.
4. Cultivate system awareness of advancements in health care through membership in professional organizations.
5. Evaluate the organization for limitations and recommend improvements that influence patient health outcomes.
6. Facilitate multidisciplinary groups in designing and/or implementing innovative practices and alternative solutions to patient care issues.
7. Identify risk management strategies and develop performance improvement programs to establish and maintain a safe therapeutic environment.
8. Integrate a culture of safety within the organization.

9. Interpret or facilitate staff member access to and compliance with current state, local and federal safety regulations and accreditation standards (e.g., The Joint Commission, OSHA).
10. Lead in new technology and product review committees.
11. Promote nursing practice that is visionary and inventive to improve delivery of care.
12. Promote system participation in efforts to diminish cost and unnecessary duplication of testing and diagnostic activities and facilitates timely treatment of patients.
13. Validate the effects of risk analysis and reduction initiatives.

Recommended References

Harris, J.L., Roussel, L., Dearman, C., & Thomas, P.L. (2018). *Project planning and management*. (3rd ed.). Burlington, Ma: Jones & Bartlett Learning.

Kleinpell, R. M. (2021). *Outcome assessment in advanced practice nursing* (5th ed.). New York, NY: Springer Publishing Co.

Peterson, S.W. (2019). Systems thinking, healthcare organizations, and the advanced practice leader. In M.E. Zaccagnini & J.M. Perachek (Eds.). *The Doctor of Nursing Practice Essentials: A new model of advanced practice nursing* (pp. 31-47). Burlington, Ma: Jones & Bartlett Learning.

Subject Area 6: Professional Accountability

(9% of role)

Knowledge Statements

1. Dissemination of perioperative scholarly work
2. Ethics
3. Health policy regulation and legislation
4. National accepted clinical guidelines and recommended practices
5. Nursing and other applicable theories
6. Risk mitigation
7. Scope of Advanced Nursing Practice
8. Scope of Nursing Practice

Tasks

1. Coach professionals to provide care that leads to the highest standards of practice.
2. Contribute to the development of services that are consistent, comparable in all settings, and performed within the legal and ethical scope of practice.
3. Educate patients of the risks, benefits, and expected outcomes of planned procedures and provide informed consent.
4. Evaluate care according to professional standards and state Advanced Practice nursing regulations.
5. Evaluate the ethical implications of scientific advances, their cost and clinical effectiveness, and patients' and designated support persons' acceptance and satisfaction with these advances.
6. Demonstrate professional accountability.
7. Promote the dimensions of perioperative APRN practice to the public, legislators, policy makers, the nursing profession and other health care professionals.
8. Serve as a role model to encourage other professionals to remain current within their profession by attending workshops or association meetings, reading journals, and participating on committees.
9. Utilize an ethical framework to evaluate individual or system issues regarding care.

Recommended References

American Nurses Association. (2015). *Scope and standards of practice* (3rd ed.). Silver Spring, MD: Author.

AORN. (). *Position statement on Advanced Practice Nurses in the perioperative environment*. Retrieved from <https://www.aorn.org/guidelines/clinical-resources/position-statements>

Duffy, M., Dresser, S., & Fulton, J. (Eds). (2016). *Clinical Nurse Specialist toolkit: A guide for the new Clinical Nurse Specialist* (2nd ed.). NY: Springer Publishing Co.

Fulton, J.S., Lyon, B.L., & Goudreau, K. (2020). *Foundations of Clinical Nurse Specialist practice* (3rd ed.). New York, NY: Springer Publishing Co.

NACNS. (2019). *CNS Statement for Clinical Nurse Specialist practice and education* (3rd ed.). Retrieved from <https://nacns.org/professional-resources/practice-and-cns-role/cns-competencies/core-competencies/> -

Please note: References are current as of April 8, 2021. More current versions of these references may be available.

Appendix B: Contact Hour Requirements

Requirements

Continuing education requirements direct professional development by enhancing the knowledge level of the certificant. Contact hour requirements are generated from those subject areas scoring below the standard (either rubric from portfolio or scorecard from test) or identified as an opportunity for growth (self-awareness tool, portfolio). See the table below to determine the contact hour requirements for each subject area.

Please note: Only continuing education which reflects the clinical focus of the subject area may be used. In addition to any subject-based continuing education, 10 contact hours associated with advanced practice pharmacology must be earned. Contact hours must be earned during the current 5-year recertification cycle. The certificant is responsible for maintaining a record of contact hours.

Academic Credit

CNS-CPs may use academic credits to fulfill the continuing education requirement for recertification of the CNS-CP. All academic credits must meet the following criteria for them to be acceptable for use toward CNS-CP recertification.

Courses must be at the graduate or postgraduate level. Although courses must be taken for credit at an accredited academic institution, CNS-CPs do not need to be enrolled in a formal degree program at the time the course is taken. To be acceptable, a grade of B or better must be achieved for each course. Any course required for a degree program is acceptable if subject matter is consistent with the subject area of the Job Analysis.

Academic credits will be converted to contact hours using the following calculation:

1 semester hour = 15 contact hours

1 quarter hour = 10 contact hours

CME Credits

CNS-CPs may submit unlimited Category 1 Continuing Medical Education (CME) units to fulfill contact hour requirements. You are responsible for converting CME credits into contact hours using the ANCC conversion of:

1 CME credit = 1 contact hour

Accredited, Approved Providers

- Contact hours approved by any of the following groups are acceptable:
- Accreditation Council for Cont. Medical Education (ACCME)
- American Nurses Credentialing Center (ANCC)
- An agency, organization, or educational institution accredited by ANCC
- Any State Board of Nursing
- Any state nurses' association
- Association of Perioperative Registered Nurses (AORN)
- Association for Healthcare Resource and Materials Management (AHRMM)
- American Association of Critical-Care Nurses (AACN)
- American Association of Neuroscience Nurses (AANN)
- American Association of Nurse Anesthetists (AANA)
- Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN, formerly NAACOG)
- American Academy of Family Practitioners (AAFP)
- American Academy of Nurse Practitioners (AANP)
- American Academy of Physicians Assistants (AAPA)
- American College of Nurse Midwives (ACNM)
- National Association of Nurse Practitioners in Women's Health (NPWH)
- National Association of Pediatric Nurse Associates and Practitioners (NAPNAP)
- American Health Information Management Association (AHIMA)

Certificates from other groups deemed equivalent to those listed above may be accepted. This decision will be approved by the CEO in consultation with the Sr. Manager of Test Development and Certification.

The candidate must maintain a copy of the certificate of attendance for each approved program attended and submit the certificate to CCI if audited. Again, every certificate of attendance must have an accreditation statement and/or provider number.

The certificant is responsible for providing the certificates of attendance.

The following DO NOT meet the criteria for recertification and therefore are not acceptable:

- Handwritten accreditation statements or provider numbers.
- Certificates of attendance without an appropriate accreditation statement and/or acceptable provider number.
- Contact hours earned prior to January 1 of the year certified.
- Provider numbers that do not state Board of Registered Nursing.

Approved Topics

To ensure the validity of this credential and its consistency with industry standards, CCI requires contact hours earned for CNS-CP recertification to be related to the specialty of perioperative nursing at the advanced practice level. Although the following is not an all-inclusive list, it provides a broad range of APRN perioperative-related topics.

- Advanced pathophysiology
- Advanced physical assessment, including differential diagnosis
- Advanced pharmacology
- Legal issues related to advanced practice
- Monitoring and treating physiologic responses to surgical stressors
- Pain management, including pharmacologic and non-pharmacologic interventions
- Change theory
- Conflict resolution
- Interprofessional collaboration
- Strategic planning
- Risk analysis/risk mitigation
- Teaching/learning theories
- Educational programs that incorporate the three spheres of influence
- Clinical inquiry (evidence-based practice projects and/or research)
- Healthcare economics
- Health policy regulation/legislation

The candidate must maintain a copy of the certificate of attendance for each approved program and submit such records if audited. Every certificate of attendance must have an accreditation statement and provider number.

If a candidate attended a program and did not receive, or lost, the certificate of attendance, the applicant is responsible for contacting the program sponsor for a replacement certificate.

The following DO NOT meet the criteria for recertification and are, therefore, not acceptable:

- Handwritten accreditation statements or provider numbers.
- Certificates of attendance without an appropriate accreditation statement and/or acceptable provider number.
- Contact hours earned prior to January 1 of the year certified.
- Provider numbers that do not state Board of Registered Nursing.

Appendix C: Recertification by Points

Points for CNS-CP recertification may be acquired through any of the following categories. Points do not have to be accrued in every category. Please see Appendix D for a list of documents which must be supplied if certificant is audited.

- Academic Study, Graduate or Post-Graduate Level
- Service on a Board or Committee
- Clinical Inquiry (Evidence-Based Practice (EBP) Projects, Quality Assurance/Quality Improvement, or Research)
- Teaching in an Academic Setting
- Precepting
- Presentations
- Publishing
- Volunteer on CCI Test Development Committee
- CNS Certification Maintenance and/or Achievement
- Earning another Accredited Perioperative Certification
- Professional Perioperative-Related Volunteer Service
- CCI Volunteer Committee
- Professional Organization Activities
- Training Certificate
- Additional Points Activities

Please note: Except for academic study, there is a maximum number of points allowed for each activity. The candidate must earn a total of 125 points to recertify the CNS-CP credential.

Academic Study

An unlimited number of points may be earned in the Academic Study category. Enrollment in a degree program is not required; however, the course must be taken for credit at an accredited academic institution. A grade of “B” or higher is required. The same course cannot be used for both Continuing Education and Professional Activities.

The conversion rate for academic credit is as follows:

1 semester hour/credit = 15 points

1 quarter hour = 10 points

Service as a Board or Committee Member

A maximum of 60 points may be earned in the Service as a Board or Committee Member category.

- International, National or State Board Member = 30 points per year
- Local or facility level = 15 points per year
- CCI Board of Directors = 50 points per year
- CCI Certification Council = 50 points per year

Clinical Inquiry

A maximum of 60 points may be earned in the Clinical Inquiry category. The CNS-CP credential carries with it an expectation that the CNS in perioperative practice can interpret research findings and incorporate scientific results to validate and/or change clinical practice. Research, QA/QI, and EBP projects may be performed due to employer directives or independent of employment status. To receive points in this category, you must have had the primary responsibility for developing, implementing, and evaluating the project. The activity must show evidence of the participation in or application of research that improves current practice and/or patient outcomes.

Role	Point Value
Primary Investigator or Primary Project Leader	50 points/project
Co-Investigator or Project Lead	30 points/project

Teaching in an Academic Setting

A maximum of 90 points may be earned in the Teaching in an Academic Setting category. CNSs in perioperative practice who teach in academic programs may claim the same amount of credit as that awarded to the students enrolled in the course. Courses must be a graduate or post-graduate level course in an accredited school and have a perioperative component. Students may include residents, interns, physicians, Physician Assistants, graduate/doctoral nursing students, and/or APRNs (Nurse Practitioners [NPs]/Clinical Nurse Specialists [CNSs]/Certified Nurse Midwives [CNMs], and Certified Registered Nurse Anesthetists [CRNAs]). Conversion rate for academic credit is as follows:

1 semester hour/credit = 15 points

1 quarter hour = 10 points

Precepting

A maximum of 60 points may be earned in the Precepting category. CNSs who precept APRN (NP, CNS, CNM, or CRNA) students may claim the same amount of credit as that awarded to the student enrolled in the course.

Nursing students must be enrolled in an accredited graduate nursing education program. Students must be present for at least one academic quarter, semester, or the entire clinical rotation. The preceptorship should be in a one-on-one relationship focusing on exposure to the role of the CNS in the perioperative setting. Preceptorships involving partial clinical experiences or undergraduate students will not be accepted. This option does not apply to orienting new staff to workplace. Conversion rate for precepting is as follows:

1 semester hour/credit = 15 points

1 quarter hour = 10 points

Presentations

A maximum of 50 points may be earned in the Presentation category. The presentation must be related to advanced practice perioperative nursing in one or more of the following:

- Direct patient care
- Consulting
- Education (patient, family, nurse, health care provider, and community)
- Clinical inquiry (evidence-based practice projects and/or research)
- Organizational/systems thinking
- Professional accountability

Points awarded by presentation type:

- Podium presentation (must be minimum 30 minutes in length) = 30 points
- In-service (must be minimum of 30 minutes in length) = 25 points
- Remote presentation (i.e., webinar) (must be 30 minutes in length) = 20 points
- Poster presentation = 20 points

Publishing

A maximum of 75 points may be earned in the Publishing category. Acceptable documents include:

- Original work for books, peer-reviewed journals, professional newsletters, patient/family educational material or electronic media that requires review and synthesis of current literature.
 - ◆ Article/book must be related to advanced practice perioperative nursing in one or more of the following areas:

- direct patient care
- consulting
- education (patient, family, nurse, health care provider and community)
- clinical inquiry (evidence-based practice projects and/or research)
- organizational/systems thinking
- professional accountability

Except for publications with a patient/family education focus, publication must be directed at a professional audience. The material must have been accepted for publication during the 5-year recertification cycle.

Material	Point Value
Doctoral Dissertation	100 points
DNP Capstone Project	75 points
Primary Author, Book Chapter	50 points
Guest Editor, Peer-Reviewed Journal Issue	50 points
Primary Author, Peer-Reviewed Journal Article	50 points
Secondary Author, Book Chapter	30 points
Editorial, Peer-Reviewed Journal	30 points
Secondary Author, Peer-Reviewed Journal Article	30 points
Subject Matter Expert (SME) or Reviewer for Journal Article or Book Chapter	20 points
Author, Book Review	20 points
Developer/Author of a Patient Education or Healthcare Professional Resource	20 points
Poster Presentation at a Professional Meeting	20 points

Volunteer, CCI Test Development Committee

A maximum of 100 points may be earned for serving as a volunteer for a CCI test development committee. A CNS- CP who serves as a subject matter expert for CCI exam test development committees may earn points for recertification.

Committee	Point Value
Job Analysis	100 points
Task Force (in-person)	25 points
Survey Completion (remote)	5 points
Survey Review Call	10 points
Pilot Survey Review Call	10 points
Subgroup Analysis Call	15 points
Test Specs (in-person)	25 points
Crosswalk Call	10 points
Item Writer (in-person)	30 points
Item Writer (remote)	0.5 points/item
Cut Score/Standard Setting	30 points/appointment
Item Review (in person)	25 points
Item Review (remote)	15 points
Form Review (in-person)	25 points
Problem Identification Notification (PIN)	10 points
Alternate	5 points
Other: Ad Hoc Committee (specify)	15 points

Volunteer, CNS-CP Professional Portfolio Development Committee

CNS-CP Portfolio-Related Activity	Point Value
Job Analysis	
Task Force (in-person)	25 points
Survey Completion (remote)	5 points
Survey Review Call	10 points
Pilot Survey Review Call	10 points
Subgroup Analysis Call	15 points
Blueprint Development	25 points
Standards Committee	30 points/appointment
Peer Reviewer Committee	25 points/appointment
Pilot Activity Committee	15 points/appointment
Peer Reviewer	15 points/appointment
Other: Ad Hoc Committee (specify)	15 points

CNS Certification Maintenance and/or Achievement

A maximum of 45 points may be earned in the CNS Certification/Maintenance category.

Primary APRN Certification	Points Awarded
Initial APRN primary (population) certification	30 points
Maintaining APRN primary (population) certification	20 points/renewal period
Attaining/maintaining prescriptive authority	15 points/renewal period

Attain/Maintain Perioperative-Related Certification

A maximum of 100 points may be earned for earning an accredited perioperative-related certification or completing the recertification process for an accredited perioperative-related certification. Examples of accredited perioperative-related certifications include CAPA, CPAN, CRCST, or ABCGN. Accreditation by ANSI, ABSNC, or NCCA will meet these criteria. This list is not intended to be all-inclusive. Other accredited certification deemed equivalent by the CEO of CCI in consultation with the Credentialing Manager may be accepted. Please note: Other CCI credentials (CSSM, CNOR) do not qualify for additional points in this category.

Attain/Maintain an Accredited Perioperative Certification	Points Awarded
Initial Certification	30 points
Completion of Certification	20 points

Professional Perioperative-Related Volunteer Service

A maximum of 100 points may be earned for medically-related volunteer service activities. Any combination of perioperative volunteer service may be used toward the 100 point maximum. Examples of local events include Red Cross volunteer activities, hospice programs, community wellness clinics, and Handy Helper visits. Project Cure is an example of a regional organization. A surgical mission trip outside the country would qualify as an international event.

Event Type	Point Value
Local	5 points/activity
Regional	5 points/activity
State	15 points/activity
National	20 points/activity
International	Participant = 25 points/activity

Professional Organization Activities

A maximum of 100 points may be earned for activities related to course work from our collaborative partners.

- 10-question activity = 10 points
- 20-question activity = 20 points

Training Certificates

A maximum of 30 points may be earned for certificates of training by an approved provider (e.g., American Heart Association, American Red Cross, or Military Training Network) including initial and renewal certificates within the accrual period. One initial training and one renewal per certificate type may be reported within one accrual period.

- BLS = 5 points
- ACLS = 10 points
- PALS = 10 points
- NRP = 10 points
- Non-CE, live taught perioperative training program = 10 points
 - ◆ Examples include laser training, Da Vinci Robotics training, and informatics training.
- Other training may be approved by CCI on a case-by-case basis. Documentation must be provided to CCI for review.

Additional Points Activities

A maximum of 50 points may be earned for additional points activities as determined by the Recertification Committee. Each activity is worth 10-20 points. Recently approved activities include the following:

Appendix D: Recertification Audit Documentation

A percentage of recertification applications will be randomly selected for audit. If you are selected, you will be notified after you have submitted your recertification application. Applicants chosen for audit will be required to submit copies of specific documentation, as outlined below.

1. CONTINUING EDUCATION

- a. Copies of certificate(s) of attendance from an accepted provider. The certificant is responsible for providing the certificates of attendance. Transcript may be accepted in lieu of certificates but must include accredited provider name and number. Transcripts that do not include accrediting provider information will not be accepted.

2. ACADEMIC STUDY TOWARD HEALTHCARE-RELATED DEGREE COMPLETION

- a. Copy of official or unofficial transcript.

3. PUBLISHING

- a. Copy of the title page, table of contents, or abstract indicating you are the author, co-author or contributor.

4. SERVICE AS A BOARD OR COMMITTEE MEMBER

- a. Board summary, minutes, or committee report (minimum of four meetings per year required).

5. PRESENTATIONS

- a. Program brochure, activity documentation form (ADF), or completed course evaluation. Each document must include title, presentation, date, and objectives of presentation.

6. TEACHING A PERIOPERATIVE-RELATED COURSE IN ACADEMIC SETTING

- a. Syllabus, course description, or other documentation that verifies name and role as instructor.

7. PRECEPTING / MENTORING IN THE PERIOPERATIVE NURSE ROLE

- a. Letter from applicant's supervisor confirming precepting/mentoring experience.

-
8. CCI VOLUNTEER COMMITTEE TEST DEVELOPMENT COMMITTEE
 - a. Certificate of completion from each committee assignment
 - b. Letter of participation
 9. ATTAIN/MAINTAIN PERIOPERATIVE-RELATED CERTIFICATION
 - a. Copy of certificate or wallet card.
 10. CLINICAL INQUIRY
 - a. A final report which summarizes evidence of participation in a QA, QI, EBP, or research project, including its impact on current practice and/or patient outcomes.
 11. PROFESSIONAL ORGANIZATION ACTIVITIES
 - a. Copy of points certificate.
 12. EDUCATIONAL PRODUCTS RECERTIFICATION COMMITTEE
 - a. Certificate of completion
 - b. Letter of participation
 13. CCI VOLUNTEER EDUCATION DEVELOPMENT PRODUCT COMMITTEE
 - a. Copy of points certificate
 14. CNOR COACH
 - a. Certificate of achievement
 15. PROFESSIONAL PERIOPERATIVE-RELATED VOLUNTEER SERVICE
 - a. Letter from supervisor or mission director on organization letterhead attesting to dates and contributions of volunteer
 16. TRAINING CERTIFICATES
 - a. Copy of training certificate by an approved provider (BLS, ACLS, PALS, etc.)
 17. ADDITIONAL POINTS ACTIVITIES
 - a. True North: submission confirmation page showing author's name
 - c. Journal club: club summary, minutes, or committee report (minimum of four meetings per year required).
 - d. Other: copy of points certificate.

Appendix E: Complaint, Disciplinary, and Appeals Processes

Appeals Regarding Non-Disciplinary Matters

Candidates who are deemed ineligible to take the exam or submit a portfolio may appeal that decision as a non-disciplinary matter not subject to the disciplinary appeals process. Eligibility is determined by the Credentialing Coordinator.

All appeals regarding eligibility decisions shall be referred to the Manager of Test Development and Certification for further review. The candidate may be asked for additional information to substantiate his or her claim of eligibility. The Manager of Test Development and Certification may uphold or overturn the previous decision. If upheld, the candidate may request a final determination from CCI.

Candidates who experience alleged disruptive and/or inappropriate exam administration conditions may petition to reschedule and re-take the exam without waiting the required 30 days and/or without additional charge. Any such petition may be granted by CCI at its sole discretion.

There can be no appeal for failure to achieve a passing score on the examination, non-approval of a portfolio submission for initial certification, lack of current RN license, or failure to register for the exam by the deadline.

Appeals Regarding Disciplinary Matters

There shall be a Board of Appeals, consisting of individuals not involved in the original disciplinary action, and appointed by the CCI Certification Council, as needed, for any certificant seeking appeal of a decision made by the CCI Disciplinary Committee, as under the Disciplinary Procedures set forth in CCI policy Section 9.10 et seq (found below under the title “Disciplinary Procedures/Sanctions”). Such Board of Appeals will be composed of a subset of the Certification Council not involved in the initial review and determination. The Chair of the Certification Council shall serve as Chair of the Appeals Committee. The committee will review and decide the appeal. Appointment of alternates will be made by the Chair in the event of a conflict of interest or unavailability of any members.

The Appeals Committee will review and determine any appeals solely on the basis of material errors of fact by the Disciplinary Committee in review and determination of any disciplinary action, or if CCI failed to follow published criteria, policies, or procedures during such process. Only facts and conditions up to and including the time of the CCI Disciplinary Committee’s decision under CCI policy Section 9.10 et seq (found below under the title “Disciplinary Procedures/Sanctions”) will be considered during appeal.

A written request for appeal, including supporting documentation, must be submitted by the certificant to the Appeals Committee Chair and CCI CEO, at 2170 S. Parker Road, Suite 120, Denver, CO 80231, within 30 days following the certificant’s receipt of the Disciplinary Committee’s decision and include reasons why the appeal

should be granted. If a request for appeal is not received within that 30-day period, the matter will be considered closed. Acknowledgement of receipt of the request for appeal shall be sent by the Chair of the Appeals Committee to the certificant within 30 days of receipt by the Chair, along with a scheduled date for consideration of the appeal.

The Appeals Committee may affirm, reject, or modify the decision of the CCI Disciplinary Committee. At its sole discretion, the Appeals Committee may consider the appeal at a meeting in person or by conference call. The Appeals Committee shall limit its activities to review of the written record; it will not conduct a hearing and the rules of evidence, discovery, etc., will not apply. The written request for appeal, supporting documentation, and information related to the Disciplinary Committee's decision will be considered by the Appeals Committee according to the criteria and policies in effect at the time the determination was made.

The Appeals Committee will notify the certificant and Certification Council in writing within 30 days following its decision. The decision of the Appeals Committee, including a statement of the reasons for this decision, shall also be reported by the Certification Council to the individual who filed the complaint, if appropriate, and to relevant licensing boards. The Certification Council may decide also to make this information available to the certificant's employer, or other persons or organizations with a material interest in the matter.

The decision of the Appeals Committee shall be final and binding. There will be no refund of any fees if disciplinary action is imposed.

Disciplinary Procedures/Sanctions

Certificants are required to continue to meet all applicable legal, ethical, and policy requirements of CCI during the time that they hold any CCI credential. Disciplinary action, including sanctions of public or private reprimand, censure, or suspensions or revocation of certification, may be taken by CCI for failing to meet or otherwise violating these requirements. Candidates and certificants shall be made aware of the basis for which certification can be revoked, or other disciplinary action taken. Certification can be denied, suspended or revoked for cause, including but not limited to the following:

- failure to complete or provide evidence of completion of the requirements for initial certification or certification renewal;
- failure to maintain the required professional licensure;
- determination that initial certification or certification renewal was improperly granted;
- falsification or mis-statement of information on any certification-related document;
- providing false or misleading information;
- misrepresentation regarding credentialing status;
- cheating or assisting others to cheat;
- causing, creating, or participating in an examination irregularity;
- assisting others to wrongfully obtain initial certification or to renew certification;
- failure to comply with the scope and standards of practice in an area in which the certification is held;
- misuse of or misrepresentation with respect to the CCI credential;

- commission of a crime or gross negligence in the practice of nursing;
- violation of CCI policy or procedure;
- failure of audit processes;
- failure to comply with the American Nurses Association’s Code of Ethics for Nurses with Interpretive

Statements;

- conduct unbecoming of the nursing profession; and
- has not paid all outstanding debts to CCI.

Any individual may submit information to CCI alleging violation of one of the standards listed above. In certain cases, CCI may refer complaints to the applicable state licensing board or other legal enforcement authority. The following procedures describe the process CCI uses to consider all complaints and take appropriate disciplinary action. CCI takes all reasonable measures to ensure that any materials regarding a complaint or disciplinary action process are kept confidential and discloses only that information which is required to resolve the complaint. This information is disclosed only to designated staff, legal counsel, and/or other such authorities (e.g., state licensing boards, human resources personnel, etc.) whose role is deemed to be material to resolution. The information and materials related to the complaint may also be provided to the candidate or certificant who is the subject of the complaint if necessary, to meet due process requirements.

Complaints or other information regarding certificants must be submitted in writing to the attention of the Manager of Test Development and Certification at the following address: Competency and Credentialing Institute, 2170 South Parker Road, Suite 120, Denver, Colorado 80231. Only written complaints will be considered. At its discretion, CCI may itself initiate complaints and investigate actions based on information obtained by or known to CCI (e.g., a certificant has falsified application information or CCI learns of information from newspaper, internet, state nursing boards or other sources).

All formal complaints must include the following:

- the name and contact information of the person initiating the complaint,
- a statement of the certificant’s alleged misconduct,
- reasons why that misconduct warrants disciplinary action, and
- supporting documentation if available.

If the CCI Credentialing Coordinator, Manager of Test Development and Certification, and Certification Council Chair determine that a complaint does not have merit, the complaint will be dismissed, and the complainant so notified. A complaint will be dismissed if it is determined by the CCI Credentialing Coordinator, Manager of Test Development and Certification, and Certification Council Chair to be frivolous, inconsequential, unreliable, or does not constitute a matter for which disciplinary action may be taken. At the discretion of CCI, the complaint may also be referred to the CEO and/or legal counsel for review and input prior to the initial determination.

If the CCI Credentialing Coordinator and Manager of Test Development and Certification determine that the complaint has merit, the certificant accused of misconduct will be notified in writing that a complaint has been filed against them. The notice will include the facts of the complaint, identify the alleged violation, provide a

copy of the procedures, identify the potential disciplinary action, and request any specific information that should be provided. In addition, the notice will state:

- that the certificant may submit a written response and supporting documentation within 30 days of receiving the notice from CCI;
- that the certificant may request the opportunity to appear by teleconference before the CCI Disciplinary Committee. The Disciplinary Committee is appointed by the CCI Certification Council, and is comprised of the Certification Council Vice Chair, and two other members of the Certification Council. Appearance may be granted at the sole discretion of the CCI Disciplinary Committee; and
- the date of the next Disciplinary Committee meeting or conference call at which the matter will be considered.

The CCI Disciplinary Committee, CCI staff, and legal counsel, as appropriate, will investigate the complaint and seek additional information. If the response to the notification is considered by the CCI Disciplinary Committee to be satisfactory and to adequately resolve the complaint, the matter will be considered closed and the certificant and complainant will be so notified. If the response is not considered satisfactory, the CCI Disciplinary Committee may request additional information and proceed as outlined below.

The CCI Disciplinary Committee will consider the matter at a regularly scheduled or special meeting. Review of the matter will not be a trial-type proceeding, and rules of evidence, discovery, etc., will not apply; instead, the CCI Disciplinary Committee will review the written record, may investigate the matter at its discretion, and may provide the certificant an opportunity to appear by teleconference to make a presentation and allow the CCI Disciplinary Committee to ask questions. It is not expected that the certificant be represented by counsel at their appearance, although the CCI Disciplinary Committee may consult counsel at any time. The CCI Disciplinary Committee will deliberate and issue a determination and course of disciplinary action, if any. Such action must be approved by the Certification Council at the next regularly scheduled or special meeting.

Written notification stating the CCI Disciplinary Committee's decision, including the reasons for its decision, and if the matter involves disciplinary action, will be sent to the certificant within 30 days following the meeting at which the matter was heard. The certificant will have the opportunity to appeal the decision in accordance with the CCI Appeals procedures under CCI policy Section 9.30 et seq (found below under the title "Appeals Regarding Disciplinary Matters" above).

If the decision is not appealed, and if appropriate, notice will also be sent to the individual who initiated the complaint to notify them the Council has issued a determination for this matter. To comply with privacy laws, details about the issued sanction will not be shared with the individual who filed the complaint. The CCI Disciplinary Committee and/or Certification Council may provide notice of the decision to relevant licensing boards. In accordance with Federal, State, and Local privacy laws, the CCI Disciplinary Committee and/or Certification Council may decide also, to make the information about the decision available, in accordance or as required by applicable law, and to permissible third parties or organizations with a material interest in the matter (e.g., employers and relevant state licensing boards). To comply with Federal privacy laws, the individual must be notified of any such action.

Appendix F: Certification Mark Use Policy

The Competency and Credentialing Institute (“CCI”) owns several certification marks (the “Certification Marks”) related to CCI’s perioperative nursing certification programs (E.g. CNOR, CSSM, CNS-CP and CNAMB). These Certification Marks represent that authorized individuals performing perioperative nursing services have satisfied applicable requirements established by CCI. This Policy establishes the rules and requirements for use of the Certification Marks, including proper use on occupational and business materials by individuals that have been certified by CCI. All CCI authorized individuals should review this Policy carefully to ensure that all uses of the Certification Marks conform to the Policy requirements.

This Certification Mark Use Policy states the terms and conditions under which CCI certificants may use the Certification Marks.

1. CCI retains all intellectual property and other ownership rights concerning the Certification Marks. CCI may create and use additional certification marks, as it deems appropriate.
2. CCI grants limited permission to use the Certification Marks to qualified individuals who satisfy all applicable CCI certification requirements. Consistent with applicable law and organizational policies, CCI will ensure that the Certification Marks are displayed and otherwise used properly, as such use represents CCI certification to the public.
3. Permission by CCI to use a CCI Certification Mark does not include authorization to use any CCI trademarks.
4. Use of the Certification Marks is limited strictly to those individuals who are CCI certificants in good standing. Each CCI certificant accepts and assumes sole responsibility for understanding and satisfying all CCI organizational and legal requirements related to the use and display of the Certification Marks. CCI will not be liable or otherwise responsible for any claims, complaints, suits, or damages whatsoever, relating to a certificant’s use or display of a Certification Mark.

Among other requirements, each certificant is responsible for ensuring that the use of any Certification Mark on occupational and business-related materials (e.g., business cards, stationery and/or letterhead, email signatures, advertisements, brochures, or Internet websites) is consistent with this Policy, and is not in conflict with applicable laws. CCI assumes no responsibility concerning the interpretation or application of such legal requirements.

CCI certificants are prohibited from making any public statement or representation related to the CCI certification programs that brings CCI into disrepute, that is materially false, or that is otherwise contrary to the interests of CCI.

5. Permission to use the CCI Certification Marks is limited to CCI certificants, and may not be transferred to, assigned to, or otherwise used by, any other individual, organization, business, or entity.
6. Each individual CCI certificant must use the Certification Marks only in conjunction with his/her name, and in connection with the services related to the certification, i.e., perioperative nursing services. The Certification Marks may not be positioned, displayed, or used in a manner which may lead the public to believe that a company or organization is certified or otherwise endorsed by CCI.

Certification Marks must be associated only with the certified individual that is authorized. Certificants are prohibited from using the Certification Marks to expressly or implicitly suggest an affiliation or other relationship with CCI that is untruthful or inaccurate. Additionally, Certification Marks should always be used in their entirety. If a Certification Mark is protected by federal registration, the registration notice (“®”) must appear at least once in advertising copy.

With respect to other affiliation marks and/or logos, the CCI Certification Marks may be located near such other marks or logos, but must remain separate and distinct so as to avoid confusion concerning the source of the certification, and to avoid the appearance that other marks, certifications, credentials, designations, or organizations are associated with, or endorsed by, CCI. Furthermore, the Certification Marks may not be modified in any manner, except only as authorized by CCI.

The Certification Marks denote more than merely a title; they confirm that the individual certificant has met CCI’s high standards of excellence. Thus, proper use of a Certification Mark must specifically note such certification, such as through use of a term such a “professional,” “practitioner,” “certificant,” or “certification.” Examples of proper use are noted below. Other proper uses include listing the particular certification on a “CERTIFICATIONS” portion of a resume or social media profile. Use solely of a Certification Mark itself at the end of the certificant’s name, with nothing more, is not proper use of a Certification Mark.

Examples of proper uses and appearance of a CCI Certification Mark include, but are not limited to:

Jane C. Doe
CNOR® Certificant

John A. Smith
a CCI CSSM® Professional

Jane B. Thomas
CNS-CP® Nursing Professional

John D. Doe holds a
CNAMB™ certification from CCI

7. A CCI certificant may not prohibit, restrict, or otherwise limit the authorized and appropriate use of a CCI Certification Mark by another certificant.
8. Each CCI certificant has the responsibility to report the unauthorized use, misuse, or other violation of this Policy to CCI in a timely manner. This reporting responsibility includes any circumstance where the use of a CCI Certification Mark is related to an individual or organization that is not a CCI certificant, or where a Certification Mark is used improperly by a CCI certificant.
9. All mark misuse complaints and other matters concerning potential violations of this Policy will be reviewed and resolved by the CCI’s designee. If, after notice and a fair opportunity to respond, the designee determines that there has been a violation of the terms of this Policy, CCI reserves the right to take any action consistent with CCI policies or applicable law, including but not limited to: certification suspension or revocation.

In addition, CCI may refer cases of Certification Mark misuse, infringement, or other similar matters to appropriate agencies and other organizations, or may initiate appropriate legal action.

Appendix G: CNS-CP Recertification Forms

Form 1

Self-Assessment

CNS-CP Recertification

The first step in CNS-CP recertification is completion of a self-assessment. During the self-assessment, the CNS-CP takes the initiative to identify educational and practice opportunities for improvement in practice.

This self-assessment tool serves as:

- an evaluation of current level of competency.
- a guide to identify areas of growth and improvement.
- an opportunity for ongoing learning to achieve continued competency.

This self-assessment is based on:

- The CNS-CP task statements developed during the CNS-CP Job Analysis and includes 6 subject areas: Clinical Expert in Advanced Practice Perioperative Care; Consultant (Intra- and Multidisciplinary); Education (nurse, other healthcare providers, patient, family, and community); Clinical Inquiry; Organizational/Systems Thinking; and Professional Accountability.
- Statement on Clinical Nurse Specialist Practice and Education, 3rd Ed. (2019).
- Expert opinion by the CNS-CP Advisory Council

The self-assessment should consider (list is not all-inclusive)

- Global, national, regional, or local issues/trends
- Regulations/standards
- Changes in EBP
- New procedures, equipment, services, technology
- Process changes

Points awarded for self-assessment: 10 (an additional 5 points may be earned if self-assessment is submitted in the first 2 years of the accrual window)

Instructions: Score skills for each subject area based on the following criteria. % is based on how often the CNS-CP uses skill in everyday practice. The results of the self-assessment will be used to select two competencies to be included in the learning plan.

- Key:
- 1 = Has opportunity to perform skill as part of role less than 25% of time
 - 2 = Has opportunity to perform skill as part of role 25-50% of time
 - 3 = Has opportunity to perform skill as part of role 50-75% of time
 - 4 = Has opportunity to perform skill as part of role at least 75% of time

Definitions

Competency=actual performance of a skill

Competence=potential ability to perform safely and independently in a given situation

References

CCI. (2014). Task and knowledge statements. *CNS-CP Job Analysis*. Denver, CO: Author.

NACNS. (2019). Clinical Nurse Specialist core competencies. In *Statement on Clinical Nurse Specialist Practice and Education* (3rd ed.). Chapter 3, pp. 25-28. Available at <https://nacns.org/professional-resources/practice-and-cns-role/cns-competencies/>

Wright, D. (2005). *The ultimate guide to competency assessment in health care* (3rd ed.). Minneapolis, MN: Creative Health Care Management, Inc.

Subject Area: Clinical Expert in Advanced Perioperative Care 30%

Key terms: Assess, diagnose, plan, implement, evaluate, complex patient, discharge planning, education, clinical judgement, support system, alterations in health status/signs and symptoms, holistic care, evidence-based practice

CNS-CP COMPETENCY STATEMENTS	1	2	3	4
1. Develop and/or implement systems (methods) to ensure safe practices (environments).				
2. Demonstrate complex clinical judgment/reasoning in perioperative nursing care.				
3. Conduct comprehensive, holistic wellness/illness assessments using evidence-based techniques, tools, and methods.				
4. Obtain patient data to formulate appropriate plans of care and outcome measures based on the needs of the perioperative patient population.				
5. Determine the presence and adequacy of a patient's support system and prescribes necessary modalities.				
6. Collaborate with patients and families regarding discharge planning (i.e., wound care, pain management plan).				
7. Formulate differential diagnosis.				
8. Incorporate the patient's psychological, philosophical, cultural, and spiritual beliefs, values, and wishes concerning care when formulating the treatment plan.				
9. Use relationship-building communication to promote health and wellness, healing, self-care, and peaceful end-of-life.				
10. Facilitate and advocates for patient and family understanding of the risks, benefits, and outcomes of proposed healthcare regimens to promote informed, shared decision-making.				
11. Independently integrate and apply in-depth principles of traditional, complementary, and alternative medicine to ensure optimal patient outcomes.				
12. Prescribes medications, therapeutics, diagnostic studies, equipment, and procedures to manage the health issues of patients				

CNS-CP COMPETENCY STATEMENTS**1****2****3****4**

13. Formulate individualized treatment plans.

14. Design evidence-based, cost-effective interventions, including advanced nursing therapies, to meet the multi-faceted needs of complex patients.

15. Implements customized evidence-based advanced nursing interventions, including the provision of direct care.

16. Diagnose, interpret findings, and manage the patient for signs and symptoms of alterations in health status.

17. Provide anticipatory guidance for expected and potential situational changes.

18. Synthesize knowledge of therapeutic regimens and patient response for evaluation of care.

19. Evaluates impact of nursing interventions on patient/population outcomes using a scientific approach.

20. Evaluate protective measures to prevent alterations in health status of individuals and groups at risk.

If applicable, a competency (or competencies) from this subject area that is a priority for enhancing my practice/continued learning is (provide #):

Comments:

Subject Area: Consultant (Intra- and multidisciplinary) 15%

Key terms: Consult, collaborate, multi-disciplinary, intradisciplinary (nursing), quality, outcomes, cost-effective, expert, resource

CNS-CP COMPETENCY STATEMENTS	1	2	3	4
1. Collaborate with other disciplines and coordinates multidisciplinary activities (e.g., education, consultation, patient management, research opportunities) to enhance patient care.				
2. Consult with the appropriate health care providers to initiate new treatments or change existing treatments.				
3. Provide consultation services to the organization to achieve quality, cost-effective outcomes for perioperative patients.				
4. Serve as an expert resource on perioperative issues.				
5. Provides leadership for collaborative, evidence-based revision of diagnoses and plans of care to improve individual, family, community, and/or population outcomes.				
6. Provides expert specialty consultation to staff nurses related to complex patient care needs.				
7. Recognizes program resources (financial, human, material, or informational) to facilitate safe, effective, efficient care.				
8. Uses advanced communication skills in complex situations and difficult conversations.				
9. Facilitates resolution of ethical conflicts in complex patient care situations.				
10. Facilitates the removal of barriers to patient care by promoting equitable, culturally competent, and inclusive care that addresses the needs of a diverse perioperative patient population.				
11. Employs conflict management and negotiation skills to promote a healthy work environment.				

CNS-CP COMPETENCY STATEMENTS**1****2****3****4**

12. Provides leadership for the interprofessional team in identifying, developing, implementing, and evaluating evidence-based practices and research opportunities (e.g., translating evidence into practice).

If applicable, a competency (or competencies) from this subject area that is a priority for enhancing my practice/continued learning is (provide #):

Comments:

Subject Area: Education (Nurse, other healthcare providers, patient, family, and community) 15%

Instructions: in designing educational materials, it is expected that the CNS is employing educational strategies that consider readiness to learn, individual preferences, health literacy, and other social determinants that can influence or affect learning.

Key terms:

CNS-CP COMPETENCY STATEMENTS	1	2	3	4
1. Develop perioperative educational programs for				
a. healthcare professionals				
b. individual patients, groups of patients, and their designated support persons based on identified needs of the community				
c. the community				
2. Coordinate perioperative educational programs for individual patients, groups of patients, and their designated support persons based on identified needs for				
a. healthcare professionals				
b. individual patients, groups of patients, and their designated support persons based on identified needs				
c. the community				
3. Implement perioperative educational programs for individual patients, groups of patients, and their designated support persons based on identified needs for				
a. healthcare professionals				
b. individual patients, groups of patients, and their designated support persons based on identified needs				

CNS-CP COMPETENCY STATEMENTS

1

2

3

4

c. the community

4. Evaluate perioperative educational programs for individual patients, groups of patients, and their designated support persons based on identified needs for

a. healthcare professionals

b. individual patients, groups of patients, and their designated support persons based on identified needs

c. the community

5. Link teaching to evidence-based practice and its effects on clinical and fiscal outcomes.

6. Educates and advocates for the APRN roles to patients, public, and/or other health care professionals. keep

7. Uses appropriate resources (written materials, subject matter experts) in the development and implementation of patient education materials. keep

If applicable, a competency (or competencies) from this subject area that is a priority for enhancing my practice/continued learning is (provide #):

Comments:

Subject Area: Clinical Inquiry 15%

Key terms: Outcomes, patient safety, research, scientific inquiry, clinical inquiry, dissemination, evidence-based practice, guidelines, standards, process improvement

CNS-CP COMPETENCY STATEMENTS	1	2	3	4
1. Evaluate health outcomes to assist in shaping health care and nursing practice.				
2. Evaluate the outcomes of patient safety initiatives.				
3. Interpret research findings and use scientific inquiry to validate and/or change clinical practice				
4. Participate in the generation, application, and/or dissemination of research and evidence-based practice.				
5. Promote the use of nationally accepted clinical practice guidelines and standards.				
6. Provide leadership when applying research to practice innovations which enhance patient care.				
7. Submit findings of clinical research, evidence-based practice, and process improvement projects to scholarly journals and/or poster or educational sessions at conferences.				
8. Facilitates opportunities for clinical nurses, students, and others to acquire new knowledge and skills to foster professional development.				
9. Analyzes the ethical impact of scientific advances, including cost and clinical effectiveness, on patient and family values and preferences.				
10. Leads and participates in systematic quality improvement and safety initiatives based on precise problem/etiology identification, gap analysis, and process evaluation.				

If applicable, a competency (or competencies) from this subject area that is a priority for enhancing my practice/continued learning is (provide #):

Comments:

Subject Area: Organizational/Systems Thinking 16%

Key terms: Organization, policy, health services, system awareness, outcomes, risk management, performance improvement, culture of safety, regulations, accreditation, technology, delivery of care, cost, risk analysis, multidisciplinary, respect

Instructions: Performance of system-level assessments to identify variables that influence nursing practice and outcomes may include one or more of the following:

- Population variables
- Regulatory requirements
- Internal and external influences/stability
- Recurring practices that enhance or compromise patient or system outcomes

CNS-CP COMPETENCY STATEMENTS	1	2	3	4
1. Actively participate in the organization's method of financing delivery of care.				
2. Analyze human factors that influence adherence to policies, procedures, standards of care, and documentation.				
3. Analyze legislative review and policy making that influences health services.				
4. Cultivate system awareness of advancements in health care through membership in professional organizations.				
5. Evaluate the organization for limitations and recommend improvements that influence patient health outcomes.				
6. Facilitate multidisciplinary groups in designing and/or implementing innovative practices and alternative solutions to patient care issues.				
7. Identify risk management strategies and develop performance improvement programs to establish and maintain a safe therapeutic environment.				
8. Integrate a culture of safety within the organization.				
9. Interpret, or facilitate staff member access to and compliance with, current state, local and federal safety regulations, and accreditation standards (e.g., The Joint Commission, OSHA).				

CNS-CP COMPETENCY STATEMENTS	1	2	3	4
10. Promote nursing practice that is visionary and inventive to improve delivery of care.				
11. Promote system participation in efforts to diminish cost and unnecessary duplication of testing and diagnostic activities and facilitates timely treatment of patients.				
12. Facilitates the provision of clinically competent care by staff/team through education, role modeling, teambuilding, and quality monitoring.				
13. Acts as a resource person, educator, role model, advocate/mentor to students, health care professionals, and community.				
14. Cultivates a practice environment in which mutual respect, communication, and collaboration contribute to safe, quality outcomes.				
15. Uses leadership, team building, negotiation, collaboration, and conflict resolution to build partnerships within and across systems and/or communities.				
16. Leads and participates in the process of selecting, integrating, managing, and evaluating technology and products to promote safety, quality, efficiency, and optimal health outcomes.				
17. Leads and facilitates change in response to organizational and community needs in a dynamic healthcare environment.				
18. Disseminates CNS practice and fiscal outcomes to internal stakeholders and the public.				
19. Promotes nursing's unique contributions to advancing health to stakeholders (e.g., the organization, community, public, and policymakers).				

If applicable, a competency (or competencies) from this subject area that is a priority for enhancing my practice/continued learning is (provide #):

Comments:

Subject Area: Professional Accountability 8%

Key terms: Standards of practice, APRN, professional accountability, role model, ethics, legislation, equitable health care

CNS-CP COMPETENCY STATEMENTS	1	2	3	4
1. Coach professionals to provide care that leads to the highest standards of practice.				
2. Contribute to the development of services that are consistent, comparable in all settings, and performed within the legal and ethical scope of practice.				
3. Evaluate care according to professional standards and state Advanced Practice nursing regulations.				
4. Fosters professional accountability in self and/or others.				
5. Promote the dimensions of perioperative APRN practice to the public, legislators, policy makers, the nursing profession and other health care professionals.				
6. Serve as a role model to encourage other professionals to remain current within their profession by attending workshops or association meetings, reading journals, and participating on committees.				
7. Utilize an ethical framework to evaluate individual or system issues regarding care.				
8. Facilitate educating patients of the risks, benefits, and expected outcomes of planned procedures, to promote informed consent and shared decision making.				
9. Advocates for nurses to practice to the full extent of their role in the delivery of healthcare.				
10. Fosters a healthy work environment by exhibiting positive regard, conveying mutual respect, and acknowledging the contributions of others.				
11. Facilitates opportunities for nurses, students, and other staff to acquire knowledge and skills that foster professional development.				
12. Engages nurses in activities that promote self-awareness (e.g., invite peer feedback to improve practice).				

CNS-CP COMPETENCY STATEMENTS**1****2****3****4**

13. Mentors nurses to analyze legislative, regulatory, and fiscal policies that affect nursing practice and patient outcomes.

14. Advocates for equitable healthcare by participating in professional organizations and public policy activities.

15. Advocates for ethical principles in protecting the dignity, uniqueness, and safety of all.

If applicable, a competency (or competencies) from this subject area that is a priority for enhancing my practice/continued learning is (provide #):

Comments:

Form 2 _____

Professional Development Learning Plan

The Professional Development Learning Plan enables the CNS-CP to choose two areas for improvement that will then be incorporated into a professional development learning plan. Using the results of your self-assessment, choose two competencies and incorporate them into your learning plan. Activities chosen to meet the goals of the learning plan must be completed within the accrual window for recertification. Continuing education (contact hours) cannot be the sole method for meeting a goal.

Competencies must be chosen from two separate domains.

1. List the competencies you have selected for your Professional Development Learning Plan.

Competency statement #1: _____

Subject area: _____

2. Competency statement #2: _____

Subject area: _____

2. Why were these competencies chosen? Choose all that apply.

Method of assessment	Competency Statement #1	Competency Statement #2
Results of competency evaluation		
Performance eval		
Self-assessment		
Feedback from manager/ supervisor		
Feedback from peer/colleague		
Performance improvement/QI/QA initiatives		
Risk mitigation/RCA/FMEA data		
Other (list)		

3. Formulate goal(s) for each competency statement. May be written as SMART (Specific, Measurable, Achievable, Relevant, Timely) goals or by using the template provided below.

1. Competency Statement/Subject Area:

What would I like to improve?

How will I achieve my goals?

Timeline for completion (Note: Goals and associated activities must be achieved during current accrual window. See table for dates.

2. Competency Statement/Subject Area:

What would I like to improve?

How will I achieve my goals?

Timeline for completion (Note: Goals and associated activities must be achieved during current accrual window. See table for dates.

CNS-CP Credential Valid	Accrual Period for Recertification Activities	Final Date to Recertify
2019 – 2024	1/1/19 – 12/31/23	12/31/2024
2020 – 2025	1/1/20-12/31/24	12/31/2025

Sample Learning Plan

Competency statement #1: Formulate differential diagnosis. Subject area: Clinical Expert in Advanced Practice Care

What would I like to improve?

- Accuracy. I am correct about 50% of the time. I tend to jump to conclusions and fail to explore other possibilities.
 - ◆ Goal: I would like differential diagnoses to be correct 95% of the time.
- Efficiency. When I conduct an H&P I take too much time, affecting surgical start times.
 - ◆ Goal: H&P is completed and patient is ready for scheduled surgery time 100% of the time.

How will I achieve my goals?

1. Complete 5 H&Ps that meet goal of 95% accuracy with Admissions Nurse Practitioner with feedback on performance (peer reviewer) =5 points

-
2. Take facility on-line physical assessment course (10 contact hours)
 3. Volunteer to chair on-start case time QA project (xxx points-QI project)

Timeline for completion

All activities must be completed by December 31, 2023.

*Form 3***CNS-CP Recertification Log**

Name: _____

CNS-CP recertification in 2024 is by paper application only. All contact hours and activities must have been Completed between January 1, 2019 and December 31, 2023.

The CNS-CP recertification program recognizes that advanced practice competency is maintained in a variety of ways through successful participation in various professional activities. In addition, results of the CNS-CP exam are incorporated into the next recertification cycle's plan. This log provides the means for tracking required continuing education and activities and must be submitted along with the CNS-CP recertification application and the appropriate fee. Please read all information thoroughly before beginning your log to ensure that you understand the requirements. If audited, the acceptable documentation listed for each activity must be submitted. For additional information on recertification, please refer to the CNS-CP handbook here.

- Completion of professional activities related to goals as determined by learning plan.
- A minimum of 300 points must be accrued. Points do not need to be accrued in all activities.

Use the following log to track your contact hours and activities.

Continuing Education

Continuing education must include a minimum of ten contact hours (20 points) of APRN-approved pharmacology continuing education offerings. Each approved contact hour is equal to 2 points.

The same pharmacology-approved contact hours may be used for both CNS-CP and primary CNS (population focus) recertification.

The same contact hours/activities cannot be used for both CNS-CP and CNOR recertification. The same contact hours

cannot be used for both the pharmacology requirement and those used to meet competency requirements for the learning plan.

CME Credits

CNS-CPs are responsible for converting CME credits into contact hours using the ANCC conversion of:

1 CME credit = 1 contact hour=2 points

Program Title	Date of Program	Name of Provider	Program Accredited By	Contact Hours Awarded	Pharm Contact Hours Y/N

TOTAL: _____ Contact Hours

Acceptable documentation (only if audited): Copy of certificate(s) of attendance from an acceptable provider.

Accredited, Approved Providers for Contact Hours

Contact hours approved by any of the following groups are acceptable:

- Any organization approved by Accreditation Council for Pharmacy Education (ACPE).
- American Nurses Credentialing Center (ANCC)
- An agency, organization, or educational institution accredited by ANCC
- Any State Board of Nursing
- Any state nurses' association
- Association of perioperative Registered Nurses (AORN)
- American Association of Critical-Care Nurses (AACN)
- American Association of Neuroscience Nurses (AANN)
- American Association of Nurse Anesthetists (AANA)
- Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN, formerly NAACOG)
- American Academy of Family Practitioners (AAFP)
- American Academy of Nurse Practitioners (AANP)
- American Academy of Physicians Assistants (AAPA)
- American College of Nurse Midwives (ACNM)
- National Association of Clinical Nurse Specialists (NACNS)
- National Association of Nurse Practitioners in Women's Health (NPWH)
- National Association of Pediatric Nurse Associates and Practitioners (NAPNAP)
- Accreditation Council for Continuing Medical Education (AACME) AMA PRA Category 1 CME
- American Health Information Management Association (AHIMA)

Professional Activities

CNS-CP certificants may choose from a variety of professional activities in which to meet the goals outlined in the learning plan. A maximum number of points are allowed for each activity. CNS-CPs must earn a minimum of 300 points to recertify their credential. These points are in addition to any CE requirements noted above. All activities must be earned between Jan. 1, 2019 and Dec. 31, 2023. The same activities cannot be used for both CNS-CP and CNOR recertification.

Academic study-graduate or post-graduate level-Maximum of 100 points

Acceptable documentation (only if you are audited): Copy of unofficial transcript Conversion rate for academic credits:

1 semester hour/credit	15 points
1 quarter hour/credit	10 points

Name of University	Title of Course	Semester/Quarter Hours Earned	Year	Points

TOTAL: _____ POINTS (not to exceed 100)

Service as a Board Officer or Committee Member (e.g., facility APRN committee, NACNS or AORN APRN Specialty Assembly or task force)-Maximum of 60 points

Acceptable documentation (only if audited): Board report, minutes, committee report, or other documentation validating participation on committee; minimum four contacts/year.

Committee Position Held	Points Awarded
International, national, or state board member	30 points/year
Local or facility level	15 points/year
CCI Board of Directors	50 points/year
CCI Certification Council	50 points/year

Title of Board/Committee	Role on Board/Committee	Level of Committee (e.g., local,national)	Dates of Service	Points

TOTAL: _____ POINTS (not to exceed 60)

Clinical inquiry (EBP projects/research)-Maximum 80 points

Acceptable documentation (only if audited): A final report which summarizes evidence of participation in a research project or study, including its impact on current practice/patient outcomes.

Primary investigator 50 points

Co-investigator or Project Lead 30 points

Title of Project	Name of Facility	Level of Participation	Points

TOTAL: _____ POINTS (not to exceed 80)

Instructor, Academic Program-Maximum 90 points

Acceptable documentation (only if are audited): Course description, syllabus with course objectives, number of credits, and methods of evaluation. If your name does not appear as the instructor in the syllabus, a signed letter from the department chair on official school letterhead attesting to serving as instructor will suffice.

Conversion rate for teaching:

1 semester hour/credit 15 points

1 quarter hour/credit 10 points

Name of University	Title of Course	Semester/Quarter & Year Taught	Points

Precepting Advanced Practice Student-Maximum 60 points

Acceptable documentation (only if audited): Letter from sponsoring institution (on official school letterhead and signed by faculty or department chair) indicating responsibilities as preceptor and dates/hours of preceptorship.

Conversion rate for precepting:

1 semester hour/credit 15 points

1 quarter hour/credit 10 points

Student's initials	Name of University	Title of Program	Semester/Quarter & Year Precepted	Points

TOTAL: _____ POINTS (not to exceed 60)

Presentation for an advanced practice audience, non-academic (professional nursing organization, e.g., NACNS, AORN)-Maximum 50 points

Acceptable documentation (only necessary if you are audited): Flyer, brochure, handout, or website link with title of presentation, objectives, and outline of content. If poster is submitted, provide a picture of completed work with proof of acceptance at conference.

Type of Presentation	Points Awarded
Podium presentation (minimum 30 minutes in length)	30 points
In-service (minimum 30 minutes in length)	25 points
Remote presentation (i.e., webinar, teleconference, etc.) (minimum 30 minutes in length)	20 points
Poster presentation	20 points

Title of Presentation	Name of Conference	Date of Presentation	Length of Presentation	Points

Author (book, journal article, patient/family educational materials)-Maximum 75 points

Acceptable documentation (only if audited): Copy of title page, table of contents, or abstract that includes your name as contributor and the publication date. A copy of the publisher notification of acceptance is required if the publication date occurs after the recertification cycle.

Type of Publication	Points Awarded Primary author, chapter in book
Primary author, chapter in book	50 points
Secondary author, chapter in book	30 points
Subject matter expert or reviewer for journal article or chapter in book	20 points
Author, book review	20 points
Doctoral dissertation	100 points
DNP capstone project	75 points
Editorial, peer-reviewed professional journal	30 points
Primary author, peer-reviewed professional journal article	50 points
Secondary author, peer-reviewed professional journal article	30 points
Development of patient education tool or healthcare professional fact sheet	20 points
Guest Editor, Peer-Reviewed Journal Issue	50 points

Title of Publication	Type of Publication	Contributing Role	Year Published	Points

TOTAL: _____ POINTS (not to exceed 75)

Volunteer, CCI test development committee-Maximum 50 points

Acceptable documentation (only if audited): CCI acceptance letter

Committee	Point Value
Job Analysis	100 points
Task Force (in-person)	25 points
Survey Completion (remote)	5 points
Survey Review Call	10 points
Pilot Survey Review Call	10 points
Subgroup Analysis Call	15 points
Test Specs (in-person)	25 points
Crosswalk Call	10 points
Item Writer (in-person)	30 points
Item Writer (remote)	0.5 points/item
Cut Score/Standard Setting	30 points/appointment
Item Review (in person)	25 points
Item Review (remote)	15 points
Form Review (in-person)	25 points
Problem Identification Notification (PIN)	10 points
Alternate	5 points
Other: Ad Hoc Committee (specify)	15 points

Committee Name	Date(s) of Meeting	Points

CCI CNS-CP Volunteer Committee

A CNS-CP who serves as a subject matter expert for CCI portfolio development committees may earn points for recertification. Up to a maximum of 100 points may be earned per recertification cycle.

Committee	Point Value
Job Analysis	100 points
Task Force (in-person)	25 points
Portfolio content review/revision (in person)	25 points
Portfolio content review/revision (remote)	15 points
Peer Reviewer	15 points/application
Other: Ad Hoc Committee (specify)	15 points

Recertification committees

A maximum of 100 points may be earned as a volunteer on the recertification committee per accrual period.

Role	Point Value
Chairperson/Team Leader	3.3/month or 40/year
Committee Member	2.5/month or 30/year
Review of recertification application	10 points/application

Committee Name	Date(s) of Meeting	Points

TOTAL: _____ POINTS (not to exceed 100)

APRN (CNS) primary certification/prescriptive authority achievement/maintenance- Maximum 45 points

Acceptable documentation (only if audited): Copy of certificate or wallet card

Primary APRN (CNS) Certification	Points Awarded
Initial APRN (CNS) primary (population focus) certification	30 points
Maintaining APRN (CNS) primary (population focus) certification	20 points/renewal period
Attaining/maintaining prescriptive authority	15 points/renewal period

Type of Certification	Date	Points

TOTAL: _____ POINTS (not to exceed 45)

Attain/Maintain Perioperative-Related Certification

A maximum of 100 points may be earned for earning an accredited perioperative-related certification or completing the recertification process for an accredited perioperative-related certification. Examples of accredited perioperative-related certifications include CAPA, CPAN, CRCST, or ABCGN. Accreditation by ANSI, ABSNC, or NCCA will meet these criteria.

This list is not intended to be all-inclusive. Other accredited certification deemed equivalent by the CEO of CCI in consultation with the Credentialing Manager may be accepted.

Attain/Maintain an Accredited Perioperative Certification	Points
Initial Certification	30 points
Completion of Certification	20 points

Name of certification	Accrediting Body	Valid through (provide dates)	Points

TOTAL: _____ POINTS (not to exceed 100)

Professional Perioperative-Related Volunteer Service

A maximum of 100 points may be earned for medically-related volunteer service activities. Examples include surgical mission trips and service at medically underserved clinics.

Event Type	Point Value
Local	5 points/activity
Regional	5 points/activity
State	15 points/activity
National	20 points/activity
International	Participant = 25 points/activity Leadership role = 50 points/activity

Sponsoring agency	Date of service	Points

TOTAL: _____ POINTS (not to exceed 100)

Training Certificates

A maximum of 30 points may be earned for certificates of training by an approved provider (e.g., American Heart Association, American Red Cross, or Military Training Network) including initial and renewal certificates within the accrual period. One initial training and one renewal per certificate type may be reported within one accrual period. If audited, must provide a copy of the certificate of completion.

- BLS = 5 points
- ACLS = 10 points
- PALS = 10 points
- NRP = 10 points
- Non-CE, live taught perioperative training program = 10 points
 - ◆ Examples include laser training, Da Vinci Robotics training, and informatics training.
- Other training may be approved by CCI on a case-by-case basis. Documentation must be provided to CCI for review.

Additional Points Activities

A maximum of 50 points for patient or staff education tools. If audited, must provide a copy of the education tool.

Name of tool (specify if patient or staff education)	Points	Date
	25	
	25	

TOTAL: _____ POINTS (not to exceed 50)

WAIT! Did you:

- Complete all sections of your recertification log?
- Return all forms
 - Self-assessment
 - Learning plan
 - Recertification log
 - Peer review forms X2
 - Reflection form
- Fill out the application form?
- Include payment?

TOTAL: _____ POINTS (not to exceed 30)

TOTAL: _____ POINTS IN LOG (must have minimum of 300)

Please mail all documents in a single envelope to: CCI

Attn: CNS-CP recertification

400 Inverness Parkway, Suite 265

Englewood, CO 80112

Form 4

Peer Reviewer Form

DRAFT

CNS-CP Recertification

The peer review process is another method to validate achievement of continued competency. The recertification process for CNS-CP requires two peer reviews. Sources of feedback include a work colleague, a mentor, or another health care professional whose opinion you respect and trust. These persons do not have to be another RN, CNS, or advanced practice nurse; however, they must be knowledgeable of your role as a perioperative CNS-CP and be familiar with the work you have accomplished towards your selected area(s) for improvement. Feedback must be related to the results of your self-assessment and your goal(s) as identified in your learning plan.

Please provide this document (fillable pdf) to your selected peer reviewers. Return forms to cns-cp@cc-institute.org

Following will be inserted prior to each feedback example:

Name of CNS-CP: _____ *e-mail address:* _____ *Phone number:* _____

Name of Peer Reviewer: _____ *e-mail address:* _____ *Phone number:* _____

Employer: _____ *Title:* _____

Relationship to CNS-CP:

(This information is required in case the CNS-CP is audited)

Thank you for agreeing to serve as a peer reviewer for _____, CNS-CP.

Your participation in this portion of the CNS-CP recertification process is vital for maintenance of this certification through the evaluation of the success of _____ (name) in meeting the goals of the learning plan (see below).

Some helpful suggestions for consideration as you complete this form. Use the learning plan (see below) to guide your responses.

- *Be objective and base your feedback on what you have personally observed or learned, and not on the comments or observations of others.*
- *Be descriptive with your observations rather than evaluative.*
- *Consider additional growth components that you feel may benefit or enhance future knowledge and/or skill acquisition.*

When you are finished, please return this form to _____ (CNS-CP) by _____ (date)

NOTE TO CNS-CP: Provide e-mail, fax, or mailing address if applicable)

Sample Modifiable Feedback Forms:

Feedback Example #1: Competency validation

Name of CNS-CP Requesting Feedback: _____

Feedback for Task____/Subject area____ to be completed by CNS-CP)

List 3 things your colleague did well in this situation:

1. _____
2. _____
3. _____

List 3 things that may enhance your colleague's practice after this experience:

1. _____
2. _____
3. _____

Signature of Peer Reviewer: _____ Date: _____

Feedback Example #2: Presentation

(Note: CNS-CP can substitute a completed attendee evaluation for this section)

	Above Expectations	Meets Expectations	Below Expectations	Comments
I would rate the overall value of this session as:				
The presenter was knowledgeable about the topic				
The presenter was attentive to individual learning needs				
Teaching methods were chosen that were appropriate to the content and engaged the audience				
Time was provided to answer audience questions				
The presenter moved at an appropriate pace; session was of adequate timeframe (not too short/not too long)				

Other comments to substantiate high or low scores and identification of major contributions:

Signature of Peer Reviewer: _____ Date: _____

Feedback Example #3: Leadership

Name of CNS-CP Requesting Feedback: _____

Please score Name of CNS-CP on the following leadership attributes	Did not observe	Consistently below standard	Meets standard	Consistently above standard	Comments
1. Performed core duties and job responsibilities in alignment with the facility's mission and core values.					
2. Displayed integrity in interactions with others.					
3. Demonstrated accountability on an organizational and individual level.					
4. Allowed for collaboration and teamwork.					
5. Performed effectively in the management of performance outcomes.					
6. Coped effectively with change.					
7. Was comfortable handling risk and uncertainty.					

Other comments to substantiate high or low scores and identification of major contributions:

Signature of Peer Reviewer: _____ Date: _____

Feedback Example #4: Committee Work/Group Project

Name of CNS-CP Requesting Feedback: _____

Name of Committee: _____ Purpose/goal of committee: _____

Dates of CNS-CP participation from _____ (month/year) to _____ month/year. Committee met (frequency)

Please use the following key to score _____ (name of CNS-CP) on his/her participation on (name of committee)

Key:

- 0 Not present/did not contribute
- 1 Minimal contribution. Did less than an equal share of the work. Rarely helped others.
- 2 Contributed equally with other members of committee. Did additional work when asked.
- 3 Contributions often exceeded what was required. Willingly helped others.

Event Type

- 1. Participated in design of committee work
 - 2. Participated in group decision-making
 - 3. Contributed quality content
 - 4. Completed assignments by specified deadlines
 - 5. Worked collaboratively/collegially with other group members
 - 6. Exhibited professional behaviors (i.e., prompt, courteous, constructive, respectful)
-

Other comments to substantiate high or low scores and identification of major contributions:

Signature of Peer Reviewer: _____ Date: _____

Feedback Example #5: Clinical Conference (ex: rounds, brown bag, patient conference)
Name of CNS-CP Requesting Feedback: _____

Conference Topic/Concern: _____

Date: _____

SKILLS	RATING					
	POOR	EXCELLENT				
States goal(s) of conference	1	2	3	4	5	6
Facilitates discussion	1	2	3	4	5	6
Presents ideas clearly and in a logical manner						
Asks thought-provoking questions	1	2	3	4	5	6
Uses strategies to encourage group participation	1	2	3	4	5	6
Includes current information from credible sources	1	2	3	4	5	6
Bases suggestions for interventions on best practices	1	2	3	4	5	6
Offers new ideas relevant to the topic	1	2	3	4	5	6
Considers different points of view/perspectives on topic to encourage acquisition of new knowledge	1	2	3	4	5	6
Is enthusiastic about topic	1	2	3	4	5	6
Is well-prepared for discussion						
Begins and ends conference on time						
Provides materials and/or references to support discussion						
Provides opportunities for further study/quality improvement						

Comments to substantiate high or low scores and identification of major contributions:

Signature of Peer Reviewer: _____ Date: _____

Feedback Example #6: Organizational/systems change

Name of CNS-CP Requesting Feedback: _____

Brief description of proposed change: _____

Date: _____

Please provide feedback on _____'s (name of CNS-CP) skill in managing the identified change.

SKILL	NEVER	RARELY	SOMETIMES	FREQUENTLY	ALWAYS	N/A
When a system or issue needed changing, this person took the initiative to collect information about the problem and its possible solutions.						
This person accepted responsibility for his/her personal response to the change.						
This person participated as a member of a multidisciplinary team to design and/or implement innovative practices and alternative solutions to patient care issues.						
This person promoted system participation in efforts to diminish cost of the change.						
This person used leadership, team building, negotiation, collaboration, and conflict resolution to build partnerships within and across systems and/or communities.						
This person promoted nursing's/CNS's unique contributions to advancing health to stakeholders (e.g., the organization, community, public, and policymakers).						
Other						
Other						

Comments to substantiate high or low scores and identification of major contributions:

Signature of Peer Reviewer: _____ Date: _____

Feedback Example #7: Consulting

Name of CNS-CP Requesting Feedback: _____

Brief description of consultation: _____

Date of consultation: _____

	Excellent	Good	Minimal	Did not observe	N/A	Comments
1. Coordinated multidisciplinary activities (e.g., education, consultation, patient management, research opportunities) to enhance patient care.						
2. Consultation services achieved quality, cost-effective outcomes for perioperative patients.						
3. Served as an expert resource on perioperative issues.						
4. Recognized program resources (financial, human, material, or informational) to facilitate safe, effective, efficient care.						
5. Used advanced communication skills in complex situations and difficult conversations.						
6. Facilitates resolution of ethical conflicts in complex patient care situations.						
7. Employed conflict management and negotiation skills to promote a healthy work environment.						
8. Provides leadership for the interprofessional team in identifying, developing, implementing, and evaluating evidence-based practices and research opportunities (e.g., translating evidence into practice).						
9. Other						
10. Other						

Other comments to substantiate high or low scores and identification of major contributions:

Signature of Peer Reviewer: _____ Date: _____

Feedback Example #8: Other

Note: This feedback form should only be used if feedback cannot be elicited using one of other forms.

Name of CNS-CP Requesting Feedback: _____

Brief description of Event: _____

Date: _____

Describe an event in which you observed the CNS-CP serving in an advanced practice role in the perioperative setting. The description should be well-organized, concise, and clearly articulated so that a person not familiar with the event can understand what happened. The following should be included in the narrative:

- The role of the CNS-CP
- At least one specific example of expertise demonstrated by the CNS-CP during the event
- Constructive feedback related to area(s) of improvement
- Impact of the CNS-CP on improving patient, family, healthcare provider, community, or organizational/system outcomes

Signature of Peer Reviewer: _____ Date: _____

Form 5

Reflection on Action Form

DRAFT

Reflective practice is an integral part of working as an advanced practitioner. A deliberate, systematic, critical analysis of practice develops self-awareness, professional knowledge, and personal expertise.

In this final step of CNS-CP recertification, the CNS-CP takes time to thoughtfully reflect on his/her skills, actions, beliefs, and abilities, and their impact on practice. Future learning needs are identified which may be incorporated into the next recertification cycle.

This activity should be regarded as a process to review and analyze experiences encountered while meeting Professional Development Plan goals; identify how the experiences informed changes to current practice; their impact on patient outcomes; and any future learning needs.

Instructions:

Choose one meaningful incident related to your learning plan. Your narrative should include the following. Reflection should not exceed 1000 words.

1. What was your role?
2. Describe the event. Description should be well-structured, concise, relevant, and capture the essence of the situation. Events should be clearly presented so that a person not familiar with the event can understand what happened.
3. What went well?
4. What did not go as planned? Provide specific examples.
5. What new knowledge gained from this experience has been most relevant to your practice? Include the impact on patients/families, multidisciplinary team members, and/or systems/organizations in your discussion.
6. What are additional areas for improvement? What additional help or support is needed to be successful in these areas?
7. Provide a summary of the activities used to meet your learning goals (See Table 1). Actual documents DO NOT need to be submitted unless audited.

TABLE 1: Summary of activities

Learning plan	Activity	# Points	Total
Continuing Education Pharmacology 1 contact hour =2 points	<i>CNE activity must include speaker name, title of presentation, facility sponsor, date, CH provider name and #</i>	Minimum 10	
Total contact hours cannot exceed 100 points. Learning goals related to competencies cannot be met solely through continuing education	<i>CNE activity must include speaker name, title of presentation, facility sponsor, date, CH provider name and #</i>		
Subject Area, Competency # Consultant	Activity:		
Subject Area, Competency #	Activity:		

Total points (minimum 300)

Sample summary

Learning Plan	Activity	# Points
Note: Total contact hours cannot exceed 50 CHs/100 points. Learning goals related to competencies cannot be met solely through continuing education Continuing Education Pharmacology 1 contact hour =2 points Other continuing education	Scott, S. <i>Multimodal pain management</i> . Presented at DAORN Workshop, April 17, 2021. Approved for 10 CHs by AORN, Provider # 000001. <i>Points awarded: 20</i>	20
Subject area: Consultant Competency # 1. Collaborate with other disciplines and coordinates multidisciplinary activities (e.g., education, consultation, patient management, research opportunities) to enhance patient care.	Activity: Chair, Patient Education committee, 2021-2022	60
Subject area: Clinical Inquiry, Competency #7. Submit findings of clinical research, evidence-based practice, and process improvement projects to scholarly journals and/or poster or educational sessions at conferences	Activity: Mower, J. (2021). On-time starts: Quality initiative or exercise in futility? <i>OR Times</i> , 36(4), 370-379.	75

Glossary

Critical analysis: Detailed examination of an event. Involves identifying existing knowledge, exploring feelings, challenging assumptions, and exploring alternative approaches.

Reflective practice: The process of learning and development through examining one's own practice, including experiences, thoughts, feelings, and knowledge.

Self-awareness: The ability to objectively see how the CNS-CP has influenced a situation and how the situation has influenced the CNS-CP. Self-awareness includes identifying, taking responsibility for, and responding to one's own learning needs and their impact on others.

References

Bulman, C., & Schutz, S. (Eds.). (2013). *Reflective practice in nursing* (5th ed.). West Sussex, UK: John Wiley & Sons, Ltd.

Thome, R. (2008). Domain 1: The nurse-patient relationship. In S. Hinchliff & R. Rogers. (Eds.). *Competencies for Advanced Practice Nursing* (pp.50-70). London, England: Edward Arnold (Publishers) Ltd.