American Association of Critical-Care Nurses (AACN) Certification Corporation

Carol Hartigan
Certification Programs Strategist

APRN Regulatory Model

APRN Specialties
- Focus of Practice beyond role and population focus
- Oriented to health care needs

APRN ROLES
- Nurse Anesthetist
- Nurse Midwife
- Neonatal
- Adult-Gerontology
- Women's Health/Gender Related
- Family/Individual Across lifespan
- Neonatal
- Pediatrics
- Psych/Mental Health

POPULATION FOCI
- Orthopedic
- Nephrology
- Palliative care

Licensure occurs at Levels of Role & Population Foci

APRN Specialties Focus of Practice beyond role and population focus oriented to health care needs. Examples include but are not limited to: Oncology, Older Adults, Orthopedics, Nephrology, Palliative care.

The certified nurse practitioner (CNP) is prepared with the acute care CNP competencies and/or the primary care CNP competencies. At this point in time, the acute care and primary care CNP delineation applies only to the pediatric and adult-gerontology CNP population focus. Scope of practice of the primary care or acute care CNP is not setting specific but is based on patient care needs. Program may prepare individuals across both the primary care and acute care CNP competencies. If programs prepare graduates across both roles, the graduate must be prepared with the consensus-based competencies for both roles and must successfully obtain certification in both the acute care and primary care CNP role. CNP certification in the acute care or primary care role must match the educational preparation for CNP's in these roles.

The Clinical Nurse Specialist (CNS) is educated and assessed through national certification processes across the continuum of wellness through acute care.
The History of ACNP Certification

• In 1993, the American Association of Critical-Care Nurses published *Standards for Educational Programs: Preparing Advanced Practice Nurses for Acute Care*. This document was the product of a consensus group tasked with providing guidance to educational programs interested in developing ACNP programs and to provide a starting point for the development of a certification program.

The History of ACNP Certification

• At the same time, the American Nurses Credentialing Center (ANCC) was exploring the development of an Acute Care Nurse Practitioner certification program.
The History of ACNP Certification

- The two groups collaborated on the development of a joint *Standards of Clinical Practice and Scope of Practice document for the ACNP*, which was published in 1994.

The History of ACNP Certification

- AACN Certification Corporation and ANCC entered into a joint venture to develop a certification examination program for ACNPs.
- The examination was launched in December 1995 and continued as an equal partnership through 2001.

The History of ACNP Certification

- After 6 years, in September 2001, this joint venture was dissolved, largely due to differences in our respective organizations’ visions for the future of certification.
- The dissolution agreement called for a period in which AACN Certification Corporation could not develop a competing exam.
The History of ACNP Certification

• NONPF facilitated the work of ten national nursing organizations whose foci include advanced practice nursing education, acute care nurse practitioner practice, and certification for the ACNP to develop the Acute Care Nurse Practitioner Competencies.

• In 2006, AACN-Critical Care convened a national panel to update the Scope and Standards of Practice for the Acute Care Nurse Practitioner.

• In November 2007, the AACN Certification Corporation re-launched a certification program for the Adult Acute Care Nurse Practitioner (ACNPC).

• The ACNPC certification program has met the National Council of State Boards of Nursing (NCSBN) Criteria for APRN Certification Programs.
The History of ACNPC Certification

• The AACN Certification Corporation’s ACNPC certification program is fully accredited by the National Commission for Certifying Agencies (NCCA).
• AACN Certification Corporation’s Acute Care Nurse Practitioner and Acute/Critical Care Clinical Nurse Specialist certification programs are recognized by Medicare/Medicaid/VA

NCSBN Criteria for APRN Certification Programs

• Requirements for certification examination programs in order to achieve regulatory sufficiency.
• Necessary so that certification examinations can serve as proxy measure for licensure.

NCSBN Criteria for APRN Certification Programs

A. The job analysis includes activities representing knowledge, skills and abilities necessary for competent performance.
B. The examination reflects the results of the job analysis study.
C. Knowledge, skills and abilities, which are critical to public safety, are identified.
D. The examination content is oriented to educational curriculum practice requirements and accepted standards of care.
**NCSBN Criteria for APRN Certification Programs**

- The advanced nursing practice category and standards of practice have been identified by national organizations.
- A nursing specialty organization that establishes standards for the nursing specialty exists.
- Each item is coded to a single cell in the test plan.
- Eligibility criteria rationally related to competence to practice safely.
- Professional staff responsible for credential review and admission decisions.
- Curriculum is consistent with competencies of the specific areas of practice.

**ACNPC STATE APPROVALS**

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**TIMELINE**

- **12/10** job analysis survey conducted
- **4/11** Job Analysis Task Force completes recommendations and finalizes draft Test Plan
- **6/11** *AACN begins work on revised ACNP Scope and Standards*  
  *Test Service finalizes job analysis report for AACN Certcorp Board of Directors*
- **8/11** Certcorp Board approves new Adult/Gero ACNPC Test Plan
TIMELINE

Remaining items to be completed include:
• evaluation of existing item pool for deficits
• recoding of existing items
• item writing and pretesting
• assembly of new forms
• establishment of cutscore
• dissemination of information regarding new Test Plan

• Expect to launch new Adult-Gero Acute Care Nurse Practitioner certification examination in early 2013
• Will evaluate need to continue to maintain current exam forms at that time

Questions Remaining…
Competency in the Consensus Model: National Certification Corporation

Robin L. Bissinger, PhD, APRN, NNP-BC
Director of the Graduate Program
NNP Coordinator/Associate Professor
Medical University of South Carolina

The Consensus Model

• Individuals who have the appropriate education will sit for a certification examination to assess national competencies of the APRN core, role and at least one population focus area of practice for regulatory purposes.

• Certification is the formal recognition of the knowledge, skills, and abilities demonstrated by the achievement of standards identified by the profession.
**Competency and the Consensus Model**

- Certification programs will assess specialty competencies separately from APRN core, role and population-focused competencies
  - APRN Certification
  - Neonatal Nurse Practitioners
  - Women’s Health Nurse Practitioners
  - Core Certification Exams
  - Inpatient Obstetric Nursing
  - Neonatal Intensive Care Nursing
  - Maternal Child Nursing
  - Low-risk Neonatal Nursing
- Subspecialty Exams
  - Neonatal Pediatric Transport
  - Electronic Fetal Monitoring

**APRN Certification**

- Neonatal Nurse Practitioners
- Women’s Health Nurse Practitioners
- Core Certification Exams
- Inpatient Obstetric Nursing
- Neonatal Intensive Care Nursing
- Maternal Child Nursing
- Low-risk Neonatal Nursing
- Subspecialty Exams
- Neonatal Pediatric Transport
- Electronic Fetal Monitoring

**Competency and the Consensus Model**

- APRN certification programs will be accredited by a national certification accreditation body
  - NCC is accredited by the National Commission for Certifying Agencies, a national certification accreditation body.

**Competency and the Consensus Model**

- APRN certification programs will provide a mechanism to ensure ongoing competence and maintenance of certification
  - Certification maintenance program
    - Competency assessment for all renewals
      - Every three years
    - 125 question evaluation
      - Parallels the content outline for the original certification examination
    - Generates an education plan targeting specific content
      - Focused CE in core, role and population-focused content
Competency and the Consensus Model

- Professional nursing certification programs must be psychometrically sound, legally defensible standards for APRN examinations for licensure and meet nationally recognized accreditation standards for certification programs.
  - Initial entry level exam
  - Examination items are reviewed for content validity, cultural bias and correct scoring
    - Established mechanism, both before use and after administrative analysis.
  - Exams are evaluated for psychometric performance and security is maintained through established procedures.
  - NCC has a policy in place for retaking the examination if needed.

- Certifiers enforce congruence (role and population focus) between the education program and the type of certification examination
  - The program must be from an accredited school of nursing
  - Must also demonstrate incorporation of the NTF guidelines
  - Transcripts must clearly demonstrate the role and population focus for the degree

- Certification bodies participate in ongoing relationships which make their processes transparent to boards of nursing and participate in a mutually agreeable mechanism to ensure communication with boards of nursing and schools of nursing
  - NCC’s process is transparent
    - Maintenance is done either through continuing education based on the education plan or re-examination.
  - NCC recently developed a portal for all state boards of nursing
    - Verification of certification without charge
    - Available 24/7 on the NCC website.
    - State Boards can verify date of original certification and ongoing status.
Competency and the Consensus Model

- NCC has 70,431 nurses certified
  - 10,907 are WHNPs
  - 4,578 are NNP

- Largest group
  - Inpatient obstetric nursing (25,463 certified)

- The maintenance rate for 2010 was 87%.

Competency and the Consensus Model

- General public Ad campaign "JUST ASK"
  - Encourage consumers that they should ask if the nurse or nurse practitioner is certified.

- Virtual Proctors
- Program Director Portal
  - Direct update of programs and reports
- Audio CE for download (I-pod/I-phone)
  - Can be used for education as well
- Procedural reviews for continued competency
- Avatar video gaming
AANPCP 2011 Update

FNP--- 22,103
ANP--- 6,112
GNP--- 166
Total--- 28,381 certificants

Online Application as of Jan 2010
www.aanpcertification.org
- Initial Application
- Recertification
- Verification
  - No charge for SBON or Military
  - Urgent electronic verifications available

Program Aggregate Reports

- New format for 2010
- Have been sent to all programs via email attachment
- If not received, please email Certification@aanp.org
2010 Statistics

- 5,393 Applications for initial certification
- 429 applications for re-examination
- 46 chose to re-certify by exam
- 5,062 candidates tested in 2010
- 5,258 exams were taken

- 786 did not pass
- Overall pass rate of 85%
- However, first time pass rate was 87%
Recertifications

- One year recertification rate was 87%

Practice Analysis

- In Progress: Expect completion for 2012
  - FNP
  - A-GNP
- GNP to be phase out by end of 2014
  - Plan is to offer “Specialty GNP” certification in the future for NPs working primarily in geriatric settings

National Consensus Model

- Continue to be active in the Alliance for APRN Credentialing
- LACE Implementation group
Annual Dialogue on NP Certification, Program Accreditation, and Regulatory Issues

ANCC Updates:
NONPF 37th Annual Meeting

ANCC 2011 Leadership Changes

- Karen Drenkard, PhD, RN, NEA-BC, FAAN, ANCC Executive Director
- Ellen Swartwout, MS, RN, NEA-BC, Director, Certification Program
- Craig Luzinski, MSN, RN, NEA-BC, FACHE, Director, Magnet Recognition Program®

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ANCC Updates:
NONPF 37th Annual Meeting

**On-line initial application**
- Start application at anytime
- Do not have to wait until graduation to apply
- Education validation form can be completed and submitted electronically
- Transcripts require a degree conferred

ANCC Updates:
NONPF 37th Annual Meeting

**On-line renewal application**
- Enter your professional development activities at any time during your certification period
- Select the professional development activities for your certification renewal

ANCC Updates:
NONPF 37th Annual Meeting

**Resources**
- School aggregate data report
  - Include graduation year
  - 2011 initial testing candidates
  - See this report in 2012
- APRN Faculty Toolkit
- Dedicated APRN Website
  - Implementation of the consensus model
ANCC Updates:
NONPF 37th Annual Meeting

Consensus Model Implementation

- Initiated the processes to:
  » Update the FNP, FPMHN, & PNP certification examinations
  » Create two new NP certification examinations
    • Adult-Gerontology Primary Care NP
    • Acute Care Adult-Gerontology NP

Consensus Model Implementation

- Anticipate implementation of the new and updated NP examinations in 2013
- Continue to administer the ANP, ACNP, GNP, APMH examinations during the transition period to 2015

Contact Information

Diane Thompkins, MS, RN
Assistant Director, Certification Services
diane.thompkins@ana.org
301.628.5292
1-800-284-2378 (Customer Care Center)
Requirements for Certification
- Follow established certification testing and psychometrically sound, legally defensible standards for APRN examinations for licensure
- Assess the APRN core and role competencies across at least one population focus of practice
- Assess specialty competencies separately from the APRN core, role, and population-focused competencies
- Be accredited by a national certification accreditation body

Requirements for Certification (cont.)
- Enforce congruence (role and population foci) between the education program and the type of certification examination
- Provide a mechanism to ensure ongoing competence and maintenance of certification
- Participate in ongoing relationships that make processes transparent to boards of nursing
- Participate in a mutually agreeable mechanism to ensure communication with boards of nursing and schools of nursing
Certification

Arlene Sperhac PhD, CPNP, FAAN
President, PNCB

Advanced Practice Certifications
PNCB’s Certified Pediatric Nurse Practitioner - CPNP

- Only examination for pediatric acute care
- In 2010, 197 tested with 76% pass rate
- Over 900 acute care CPNPs®

- More than 95% of all certified PNPs
- In 2010, 829 tested, with 80% pass rate
- More than 11,000 primary care CPNPs®

PNP Certification Preparation

NAPNAP – PNP Certification Review Courses

- Review courses covering critical content
- Earn continuing education
  - Primary Care: 15 contact hours
  - Acute care: 19 contact hours

PNCB - Pediatric Exam Preparation

- Exam Resources
- Primary and acute care
- 75 questions, 7.5 contact hours
- Test-Taking Strategies Module
Testing

Standard multiple choice
- Standard 4 option multiple choice questions
- Synthesis & application

Alternative question format
- Multiple correct response
- Calculation
- Drag & drop
- Assess subject matter important but difficult to pose in traditional multiple choice format

Sample Recertification

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<th>#</th>
<th>Activity</th>
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<td>1</td>
<td>Contact Hour Documentation (10 hours)</td>
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<tr>
<td>2008</td>
<td>2</td>
<td>Contact Hours (5) + Clinical Practice (200 hours)</td>
</tr>
<tr>
<td>2009</td>
<td>3</td>
<td>Primary Care SAE (15 hours)</td>
</tr>
<tr>
<td>2010</td>
<td>4</td>
<td>Pharmacology SAE (15 hours)</td>
</tr>
<tr>
<td>2011</td>
<td>5</td>
<td>AC Pain SAE (7.5 hours) + Contact Hours (7.5 hours)</td>
</tr>
<tr>
<td>2012</td>
<td>6</td>
<td>Contact Hours (10 hours) + Professional Practice Learning (5 hours)</td>
</tr>
<tr>
<td>2013</td>
<td>7</td>
<td>AC Pain SAE (7.5 hours) + Contact Hours (7.5 hours)</td>
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PNCB Recertification SAEs

- Acute care
  Cardiology, respiratory, pain and sedation
- Primary care
  Newborn/genetic syndromes, cardiovascular risk, nutrition and obesity
- Pharmacology
  Infectious disease, current pediatric concepts

Recertification

My ReCErt TRACKER
Stay on track for Recert.

- Personal portfolio
- Archive CE from any source
- Print and share CE with state boards or employers
- Track CE progress towards recertification requirements throughout the year
- Launched Spring 2011

PNCB’s Child and Adolescent Behavioral and Mental Health Specialty Examination

- Improve access to mental health care for children
- For APRNs (PNP, FNP, Psych NP, and CNS) with validated added knowledge & skills in pediatric primary mental health care
- Beta testing Spring 2011
  Apply to take the beta test at www.pncb.org
- Examination launches in late 2011
- Pediatric Primary Care Mental Health Specialist (PMHS)
Consensus Model for APRN Licensure, Accreditation, Certification and Education

- Strengthens educational standards in all NP programs
- Separate courses required for the 3P’s
  - Pathophysiology
  - Pharmacology
  - Physical Assessment
- NP education must match NP certification
- State Boards license NPs at the role level
APRN Consensus Model -
Recommendations

**Licensure** – Support Consensus Model

**Accreditation** – Standards for evaluation of programs, pre-accreditation (including post Master's APRN Programs)

**Certification** – Psychometrically sound and legally defensible. Education and certification must match for role & population focus. Specialty certification will not be regulated.

**Education** - Reflect national consensus based competencies & address accreditation standards. Specialty education included as an added value

WWW.APRNLACE.ORG

National Council of State Boards of Nursing

- Campaign for APRN Consensus
- Videos
  www.ncsbn.org/aprn.htm

Campaign for APRN Consensus

PNCP PNP PROGRAM RESOURCES

www.pncb.org
PNCB’s PNP National Program Resources

- Support
  - APRN Consensus Model
  - Partnership for Success FAQs
  - National role delineation/practice analysis
- Online application to assist in data collection
  - Dual Track PNP Programs

National Report on PNP Education
- Detailed aggregate report, clinical data & enrollment data
- Assist in exploring trends and issues in both primary care and acute care PNP education

Institute of Pediatric Nursing
Mission: To create a healthy future for our nation through a unified network of pediatric nursing organizations working through education, research, and practice to secure child and youth well-being

Annual meetings planned – Videos and White Paper are at www.ipedsnursing.org

The IPN – an affiliate organization of the PNCB
Implementation of the APRN Consensus Model: National Update
NONPF 37th Annual Meeting
April 17, 2011
Joan Stanley, PhD, CRNP, FAAN

Implementation of APRN Consensus Model

• Since the completion of the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (July 2008)
• 48 national nursing organizations have endorsed the Model including all major APRN organizations;
• APRN Work Group & Joint Dialogue groups (LACE organizations) have continued to meet approx. every 4-6 months to:
  – keep communication open,
  – identify issues and questions that have arisen
  – discuss activities undertaken by one entity that impact others
  – develop a strategic plan and process for development of LACE
LACE Network

- Electronic network to support and facilitate implementation of Consensus Model
  - LACE not a formal, separate organization
  - Based on social networking principles
- Purpose:
  - Ensure transparent and ongoing communication among LACE entities
  - Provide a platform for the ongoing work

Development of LACE

- Work group selected
- RFP sent out
- Vendor (iCohere) selected after proposal review, interviews, virtual demonstrations
- Recommendations for selection, budget, administration of network approved by participating organizations.
- AACN asked and agreed to serve as contracting agent.

Development of LACE

- 30 organizations have signed the MOU and paid one-year fee to support LACE.
- Organizations represent the LACE components
- Each organization will have 3 “seats” in platform
- Administrators group (5) that represents LACE have completed training sessions which includes designing the function, format or structure of network site.
The LACE Network is a communication network that includes organizations that represent the Licensure, Accreditation, Certification, and Education components of APRN regulation.

LACE provides a mechanism for communicating about APRN regulatory issues, facilitating implementation of the APRN Consensus Model, and involving all stakeholders in advancing APRN regulation.

LACE Structure

- Public site (http://www.aprnlace.org)
  - Posting updated information, documents
- Protected work site (3 seats/organizations
  - 8 Work groups: LACE components and four roles
  - Posting documents to be shared and worked on
  - Ongoing dialogue on posted questions
  - Scheduling virtual meetings
  - Calendar

Implementation of Adult-Gerontology Population-Focus

Two Phase Project Funded by John A Hartford Foundation (JAHF)

PHASE I: AACN has led a national process in collaboration with NONPF and NACNS to develop national consensus-based competencies for:

- Adult-Gerontology CNS
- Adult-Gerontology Primary Care NP
- Adult-Gerontology Acute Care NP (to be completed by May 2011)
Phase II: Helping Faculty Retool the Adult-Gerontology Curriculum

AACN in partnership with the Hartford Institute for Geriatric Nursing at NYU:
• Conducted a survey of CNS and NP adult and gerontology programs
• Developed on-line learning resource center
• Series of faculty development workshops
  • AACN-East, NONPF, AACN-West, AANP
• Workshop content will also be presented and archived in an online webinar format

Implementation (cont.)

• Model states that all APRNs providing care to adult population, e.g. family or gender specific, must be prepared to meet growing needs of older adult population
  – To support this transition and enhancement of APRN curricula and certification
  – Recommended competencies/enhancements developed & disseminated for NP and CNSs who are not adult-gerontology but care for older adults. (WHNPs & FNPs)

Additional Information & Resources

• LACE public site
  http://www.aprnlace.org

• AACN APRN Consensus webpage
  http://www.aacn.nche.edu/education/apn.htm

• Education resources (e.g. Adult-Gero Competencies
  http://www.aacn.nche.edu/curriculum/htm
Building a Curriculum

Competencies

Professional Certification

Professional Organizations (e.g. oncology, palliative care, nephrology)

NP, CRNA, CNM CNS

Core competencies in Population context

3 Ps (Advanced Pathophys, Pharmacology, Health Assessment)

Master’s or DNP Essentials

Implementation of the APRN Consensus Model From the Accreditation Perspective

NONPF Conference
April 17, 2011

Jennifer Butlin, EdD
Director
Commission on Collegiate Nursing Education

Foundational Requirements for Accreditation of Education Programs

Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (July 7, 2008), page 15

Accreditors will:

- “be responsible for evaluating APRN education programs including graduate degree-granting and post-graduate certificate programs;
- through their established accreditation standards and process, assess APRN education programs in light of the APRN core, role core, and population core competencies;”

Accreditors will:

- “assess developing APRN education programs and tracks by reviewing them using established accreditation standards and granting pre-approval, pre-accreditation, or accreditation prior to student enrollment;”

Accreditors will:

- “include an APRN on the visiting team when an APRN program/track is being reviewed; and
- monitor APRN educational programs throughout the accreditation period by reviewing them using established accreditation standards and processes.”
What This Means for CCNE

- To be consistent with the APRN Consensus Model:
  - Need to develop a pre-approval process for APRN programs
  - Need to develop an accreditation process for post-graduate APRN certificate programs

What This Means for CCNE

- A CCNE APRN Task Force was established in the fall of 2010 to propose processes that will enable CCNE to:
  - Pre-approve APRN programs prior to student enrollment
  - Accredit post-graduate APRN certificate programs
- CCNE’s goal is to have these processes in place by 2013 (consistent with the timeline in the Model for full implementation by 2015)
- Constituent feedback will be solicited

Special Considerations for CCNE

- Pre-Approval of APRN Programs
  - Timing of this so that decision can be made prior to student enrollment per the Consensus Model
  - Differences that might exist in pre-approval of a new program versus pre-approval of a new track within an existing APRN program
  - Commitment to develop an online tool for submission of pre-approval application
  - What information to require in the application so that only what is needed is collected
Pre-Approval of APRN Programs (continued)

- Create a process that focuses on NP and CNS programs so as not to create redundancies for CRNA and CNM programs, which already are monitored by their respective specialized accrediting agencies
- Study how pre-approval interfaces with CCNE’s current New Applicant and Substantive Change Notification policies

Accreditation of Post-Graduate APRN Certificate Programs

- Whether the certificate program should be separately accredited or included as part of the accreditation status of the existing graduate degree program
- The process for certificate programs to apply for accreditation
- Whether this fits with CCNE’s current policy of only accrediting programs within the “nursing unit”

Accreditation of Post-Graduate APRN Certificate Programs (continued)

- Whether there should be a different process for certificate programs when a similar track does not exist (in that APRN role and population focus) in the degree program
- How the accreditation standards need to be modified to assure quality in these programs
Transition of Educational Programs

- CCNE expects that educational programs are making the necessary changes to be consistent with the APRN Consensus Model.
- The CCNE Board has determined that a substantive change notification is not required for programs that are making such transitions, for example:
  - Merging or expanding adult-gero NP or CNS programs as required by the Model.
Licensing Boards Will…

- 1. License APRNs in the categories of Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, Clinical Nurse Specialist or Certified Nurse Practitioner within a specific population focus;
- 2. Be solely responsible for licensing Advanced Practice Registered Nurses;
- 3. Only license graduates of accredited graduate programs that prepare graduates with the APRN core, role and population competencies;
- 4. Require successful completion of a national certification examination that assesses APRN core, role and population competencies for APRN licensure.
- 5. Not issue a temporary license;

Licensing Boards will…

- 6. Only license an APRN when education and certification are congruent;
- 7. License APRNs as independent practitioners with no regulatory requirements for collaboration, direction or supervision;
- 8. Allow for mutual recognition of advanced practice registered nursing through the APRN Compact Except in states where state boards of nurse-midwifery or midwifery regulate nurse-midwives or nurse-midwives and midwives jointly.
- 9. Have at least one APRN representative position on the board and utilize an APRN advisory committee that includes representatives of all four APRN roles; and
- 10. Institute a grandfathering clause that will exempt those APRNs already practicing in the state from new eligibility requirements.

How are we aligned?

- CNM, NP, CNS and CRNA are all independent roles and may be credentialed as LIPs
- Graduate level education or above requirement for licensure (in nursing for CNM, NP, CNS)
- NP foci roles in regulation: Family, Adult, Pediatrics, Acute Care, Women’s Health, Neonatal, Psychiatric, Geriatric (until 2015)
- NP, CNM and CRNA licensure requires graduation from an accredited program (NLNAC, CCNE, ACME or CANA)
- No temporary licenses in Oregon
What have we changed?

- NPs are now required to be nationally certified in a population focus consistent with the Consensus model (as of January 1, 2011)
- The GNP will not be licensed as a discrete category after 2015 (currently 24 in Oregon)
- The ACNP will have one license, but license verification will indicate either “peds” or “adult” focus
- The PMHNP will have one license, but license verification will indicate “child/adolescent” “adult” or “family”

How are we not aligned?

- License APRNs in the categories of Certified Registered Nurse Anesthetist, Certified Nurse-Midwife, Clinical Nurse Specialist or Certified Nurse Practitioner within a specific population focus

Why?

How are we not aligned?

- Require successful completion of a national certification examination that assesses APRN core, role and population competencies for APRN licensure.

Why?
How are we not aligned?

Allow for mutual recognition of advanced practice registered nursing through the APRN Compact Except in states where state boards of nurse-midwifery or midwifery regulate nurse-midwives or nurse-midwives and midwives jointly.

Why?
Regulatory Barriers

Thank You!

Tracy Klein, PhD, FNP, FAANP
Tracy.klein@state.or.us
Oregon State Board of Nursing
Portland, Oregon
971-673-0686