



ACCREDITATION BOARD
FOR SPECIALTY NURSING CERTIFICATION

ACCREDITATION STANDARDS

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STANDARD 1

DEFINITION AND SCOPE OF NURSING SPECIALTY

The certification examination program is based on a distinct and well-defined field of nursing practice that subscribes to the overall purpose and functions of nursing. The nursing specialty is distinct from other nursing specialties and is national in scope. There is an identified need for the specialty and nurses who devote most of their practice to the specialty.

RATIONALE

The Accreditation Board for Specialty Nursing Certification, Inc. (ABSNC), has adopted the following operational definitions to assist the applicant organization in differentiating the types of nursing certification:

- Registered Nurse specialty certification offered to any qualified registered nurse candidate. (Revision committee changed “Basic specialty nursing” to “Registered Nurse specialty”)
- Advanced practice nursing certification – offered to a registered nurse candidate prepared at the graduate degree level. Practice and certification are within a specialty nursing area and may or may not have a direct care component (e.g., education, administration).
- Advanced Practice Registered Nurse (APRN) certification – offered to a registered nurse candidate prepared at the graduate degree level (or through a post-master’s or post-doctoral certificate program) in one of four roles and one of six populations identified in the 2008 Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education. APRN is a legally protected title for licensure purposes. An APRN’s primary focus is direct patient care. APRN certification measures entry level competence at a graduate degree level in a role and population as described in the Consensus Model and associated national standards and competencies.
- Advanced Practice Registered Nurse (APRN) specialty certification- offered to APRNs (CNS, CRNA, CNM, CNP) within a role and population focus. (Revision committee added this bullet point)
- Non-RN nursing team member certification – offered to any direct patient care provider supervised in practice by an RN as a member of the patient care nursing team.

The technical dimensions of specialty nursing cannot exist apart from their scientific basis. To be recognized, a professional specialty, like a profession, must have a distinct and developing body or system of scientific knowledge. This system must describe the science, its set of elements, and the relationship of the elements to the whole of nursing science. The system of knowledge should reflect the profession’s view of the specialty, its realm and object, and the specified area of study. Further, a specialty must have a defensible claim or legitimacy that can be acquired only when the specialty serves a societal need.

CRITERIA

- Evidence exists of the professional and scientific status of the specialty.
- A body of scientific knowledge that is unique and distinct from that of basic nursing provides the theoretical underpinning for the specialty. A substantial portion of the knowledge base is not shared by other nursing specialties, although some of the components may be shared with related specialties.
- Evidence exists of a societal need for patient care in the specialty and a pool of providers who concentrate their practice in the specialty.
- The specialty has been defined, its core knowledge explicated, a scope of practice written with the role components delineated, and standards for the specialty specified.
- The science, its set of elements, and the relationship of the elements to the whole of nursing science is described.
- The practice specialty’s definition and/or standards describe how the following four essential elements of contemporary nursing practice are operationalized, as detailed in the *Nursing’s Social Policy Statement: The Essence of the Profession*. Silver Spring, MD: 2010 in *Nursing: Scope and Standards of Practice*. 3rd ed. Silver Spring, MD: American Nurses Association, 2015
 1. Attention to the full range of human experiences and responses to health and illness without restriction to a problem-focused orientation;
 2. Integration of objective data with knowledge gained from an understanding of the patient’s or group’s subjective experience;
 3. Application of scientific knowledge to the process of diagnosis and treatment; and,
 4. Provision of a caring relationship that facilitates health and healing.

- If a specialty certification is available to non-RN providers on the nursing team or other disciplines:
 1. Findings of a practice analysis demonstrate the unique roles of providers practicing in the specialty. A practice analysis also is called a role delineation study or job analysis, but for the purpose of these standards will be identified as a practice analysis.
 2. Based on the practice analysis, an examination, including but not necessarily limited to those unique nursing components, is administered to RNs, advanced practice nurses, APRNs, and/or non-RN providers on the nursing team.
 3. The certification credential awarded to nurses is a nursing credential; the nursing credential is awarded only to RNs, advanced practice nurses, and/or APRNs. Non-RN providers on the nursing team receive a separate certification credential.
 4. *Number 4 has been deleted. It read "The same documents cannot be Submitted for multiple elements in Standard 1."*
The revision committee felt this wasn't necessary and removed it.

DOCUMENTATION – The applicant organization must:	Narrative (Cite Tab or Appendix for Specific Supporting Documentation)
<p>1.1a. Provide two documents or links to documents that delineate the definition of the specialty, standards, scope of practice, and specialized body of knowledge required for nurses or non-RN nursing team members practicing in the specialty.</p> <ul style="list-style-type: none"> • Examples might include Table of Contents from Core Curriculum or educational program outline that prepares nurses for the specialty, copies of publications and other documents that discuss the specialty's focus and its relationship to the whole of patient care, and phenomena with which the specialty is concerned. 	<p>Edited to reflect current technology or current ways of doing business</p>
<p>1.1b. Specify how these materials are used.</p>	
<p>1.2 Provide at least two documents that describe representative educational and training programs with a major or formal focus in the specialty. Examples might include:</p> <ul style="list-style-type: none"> • Formal academic programs. • Continuing education. • Curricula from institutional programs and/or extended internships or residency or transition to practice 	
<p>1.3a. Describe practice opportunities available to nurses in this specialty.</p>	<p>Edited to conform to current ways of doing business.</p>

<p>1.3b. Provide at least two current posted job descriptions that identify the employer for nurses in the specialty</p>	
<p>1.4 If seeking accreditation of a non-RN nursing team certification program,</p>	
<p>1.4a. Describe practice opportunities available to non-RN team members in this specialty.</p>	
<p>1.4b. Provide at least two current job descriptions for non-RN nursing team members.</p>	
<p>1.5 Provide the following if the specialty certification is also available to non-RN nursing team members and/or other disciplines:</p>	
<p>1.5a. Written materials from the practice analysis to demonstrate although there may be a core base of knowledge shared among non-RN nursing team members or other disciplines practicing in the specialty, there is a component that is specific to the nursing specialty.</p>	
<p>1.5b. Materials from the practice analysis to demonstrate a component of the nursing certification examination is different from examination components of other disciplines or non-RN nursing team members, and this nursing-specific examination component is available only to RN certification candidates, advanced practice nurse certification candidates, or APRN certification candidates.</p>	
<p>1.5c. Materials to demonstrate the credential awarded to nurses is designated (i.e., titled) a nursing certification credential and is awarded only to RNs, advanced practice nurses, or APRNs. Non-RN nursing team members receive a separate certification credential.</p>	

STANDARD 2
RESEARCH-BASED BODY OF KNOWLEDGE

A body of research-based knowledge related to the nursing specialty exists. Mechanisms have been established for the support, review, and dissemination of research and knowledge in the specialty. Activities within the specialty contribute to the advancement of nursing science within the specialty.

RATIONALE

The body of knowledge related to a specialty can evolve only when the recursive cycle of theory, research, and practice is supported through dissemination of information, critical review of scholarly work, and appropriate allocation of resources.

CRITERIA

A published body of literature and research focuses on the specialty.

DOCUMENTATION - The applicant organization must:	Narrative (Cite Tab or Appendix for Specific Supporting Documentation)
2.1	Standard 2 - No changes to substance, edited for clarity, consistency in language
2.1a. Provide at least one example of published literature focusing on the specialty (e.g., articles, journals, books, chapters, Internet).	
2.1b. Provide at least one example of how knowledge is disseminated within the specialty (e.g., continuing education brochures, academic courses, specialized training programs).	
2.2a. Provide at least two examples of research activities in the specialty concluded or conducted during the previous 3-year period (e.g., bibliographies, abstracts, nurse fellowship programs, scholars' programs, outcome studies, practice analysis).	
2.2b. Discuss how research is disseminated within the specialty.	

**STANDARD 3
ORGANIZATIONAL AUTONOMY**

The certifying organization is an entity with organizational autonomy governed in part or in whole by certified nursing members.

RATIONALE

Certification is a mechanism for acknowledging and promoting professional competence. It also emphasizes commitment to consumer protection. A collaborative relationship may exist between the certifying organization and a specialty membership association that supports the specialty and sets standards for specialty practice. However, the certifying organization must be sufficiently independent from the specialty membership association to ensure integrity of the certification process, maintain clear lines of accountability, and prevent undue influence on the part of vested interests.

ABSNC recognizes the need for individual nursing certifying organizations to choose board leaders based on defined competency criteria. While other volunteers involved in test development and examination maintenance activities must be representative of candidate/certificant demographics (e.g., education, geographic distribution, nursing experience), representativeness is not a requirement for board member selection. At least 51% of the members of the governing body of the certifying organization must be certified registered nurses. If the specialty membership association has representation on the governing board of the certifying organization, remaining board members from the certifying organization must constitute the majority.

CRITERIA

All decisions relating to certification are the sole responsibility of the certifying organization and not subject to approval by any other entity.

DOCUMENTATION – The applicant organization must:	Narrative (Cite Tab or Appendix for Specific Supporting Documentation)
3.1 Submit documentation that addresses the certifying organization’s sole responsibility related to the list below:	Edited for clarity, consistency in language
3.1a. Administrative authority.	
3.1b. Item development and ownership.	
3.1c. Examination content and construction.	
3.1d. Examination copyright ownership.	
3.1e. Test administration.	
3.1f. Investigation/management of testing irregularities (whose responsibility) and contingency plans.	

3.1g. Eligibility requirements for certification and recertification.	
3.1h. Setting of passing scores.	
3.1i. All aspects of appeals process.	
3.1j. All aspects of budget preparation and approval, and financial management.	
3.1k. Fee setting.	
3.1l. Grants/loans received, if applicable.	
3.1m. Certification board meetings if not covered by bylaws.	
3.1n. Selection, performance evaluation, and dismissal of chief staff officer. (ABSNC recognizes a certifying organization may enter a contract with a management firm and have its chief staff officer appointed by the firm. Therefore, policy should reflect the board's involvement in regular evaluation of the chief staff officer, development of an action plan for any identified performance concerns, and notification of the management company's CEO/designee of any continued unsatisfactory performance.)	
3.1o. Nominations, elections, and/or appointment of officers and board members.	
3.1p. All candidate, certificant, and subject matter expert (SME) data. If the certifying organization shares a data base with an associated member organization also provide documentation to address the certifying organization's ownership of and controlled access to candidate, certificant, and SME data.	
3.1q. The investigation and management of misrepresentation & non-compliance of a certificant or non-certificant	Added
3.2 Provide documentation:	
3.2a. indicating the majority of board members from the certifying organization constitute the majority of the governing board if the specialty membership association has representation on the governing board of the certifying organization.	Formerly 3.4

<p>3.2b. detailing a current list of board members and officers in table format to include city/state of residence, employer name/city/state/position held, and academic and certification credentials. Do not include individual CVs or resumes.</p>	
<p>3.2c. outlining nominations, elections, and/or appointment of officers and board members.</p>	
<p>3.3 Submit a copy of the articles of incorporation if incorporated.</p>	<p>Formerly 3.2</p>
<p>3.4 Submit a copy of an agreement (e.g., a Memorandum of Understanding or contract) that describes the terms and conditions of a relationship, if a formal relationship exists with the membership specialty organization.</p>	<p>Formerly 3.3. Added "membership"</p>
<p>3.5 Provide documents that identify the mechanism used to disclose potential conflicts of interest (e.g., COI and NDA forms signed by board members, policies).</p>	
<p>3.6 Submit an organizational chart of the certifying organization and any allied organizations, indicating all relationships among organizations, board members, committee members, and staff.</p>	

**STANDARD 4
NON-DISCRIMINATION**

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.

RATIONALE

Candidates have the right to expect all aspects of the certification process to be fair and free from discrimination. All reasonable efforts should be made to ensure examinations are job-related; no candidate is excluded from the examination as a result of age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, and gender identity; language that may be offensive to population subgroups has been eliminated; and bias and stereotyping have been reduced.

Bias is the presence of an item characteristic that results in the differential performance of candidates of equal ability. Variations in test results are acceptable only when they reflect the true ability of candidates and not when they result from unintended interpretation of the item by an identifiable subgroup. Bias in an examination is a validity issue.

Stereotyping in tests refers to material that characterizes individuals by virtue of their group membership. It can be offensive or demeaning even when it is not intended to be.

CRITERIA

The certifying organization takes steps to avoid discrimination, detect and eliminate bias from the test, and accommodate candidates with disabilities.

DOCUMENTATION – The applicant organization must:	Narrative (Cite Tab or Appendix for Specific Supporting Documentation)
4.1	Several sections of Standard 4 have been moved to Standard 8.
4.1a. Submit all policies and procedures on non-discrimination in the certification process.	
4.1b. Submit publicly available evidence of how candidates are informed of this policy (e.g., Candidate Handbook, website screen print of statement on non-discrimination).	
4.2. Submit documentation verifying that published materials related to the examination are reviewed for bias and sensitivity	
4.3 Submit policies and procedures that:	Deleted “unreasonable” because what we want is documentation of how the organization manages the accommodation request.

<p>4.3a demonstrate compliance with the Americans with Disabilities Act in effect at the time your organization submitted this application, indicating test centers are non-discriminating, comfortable, and convenient for all candidates, and all candidates are provided fair testing conditions.</p>	
<p>4.3b. describe provision of alternate examination dates based on religious needs.</p>	
<p>4.3c. describe how requests that compromise the validity of the test are addressed by the certifying organization and/or the testing vendor. Indicate N/A if no requests that compromised the validity of the test was requested during the previous 5 years.</p>	<p>Added "Indicate NA if no requests that compromised the validity of the test was requested during the previous 5 years."</p>
<p>4.4 Provide at least one example of accommodations provided to eligible candidates (e.g., documents/letters from the testing agency) that demonstrate how requests were met. Indicate N/A if no accommodations were requested within the previous 5 years.</p>	<p>Deleted "reasonable"</p>

**STANDARD 5
PUBLIC REPRESENTATION**

The certifying organization includes at least one Public Member with full voting rights on its Board of Directors.

RATIONALE

Specialty nursing certification serves the general public, nursing profession, and specialty. Public input broadens the perspective of certifying organizations, enhances decision-making, and helps focus attention on consumer concerns as they relate to quality, cost effectiveness, and access to care. The public member’s ability to meet the criteria below precludes actual or perceived conflict of interest.

CRITERIA

The certifying organization assures genuine public input into certification policies and decisions. By “public input,” the certifying organization indicates it requires **at least one** Public Member on its Board of Directors who is not, or has never been a: (1) nurse or other healthcare professional; (2) a current or past employee of the certifying organization or the related specialty membership organization; (3) a non-nursing professional who works or worked closely with nurses in the nursing specialty environment in the patient care setting; and (4) an employee of a testing vendor. Public members who are otherwise qualified and have previously served as public members of the same or other boards are eligible to serve the same or other boards subject to the board’s own bylaws.

Based on these criteria, individuals who work for healthcare organizations but have no more than coincidental contact with nurses may be eligible for service as Public Members. These include, but are not limited to, support roles such as marketing and accounting.

DOCUMENTATION – The applicant organization must:	Narrative (Cite Tab or Appendix for Specific Supporting Documentation)
5.1a. Describe qualifications for the <u>current</u> Public Member based on criteria of this standard.	Standard 5 - No changes to substance, edited for clarity, consistency in language
5.1b. Submit bylaws and/or policies and cite the specific sections that provide for the Public Member’s: (1) vote during policy-making processes, (2) discussion and input into certification policies and decisions.	Added “and/or policies”
5.2 Describe expectations for contributions and participation from the Public Member.	

STANDARD 6

ELIGIBILITY CRITERIA FOR TEST CANDIDATES

ABSNC is committed to promoting the highest standards for the future of specialty nursing practice. ABSNC believes educational preparation for nurses and non-RN nursing team members combined with specialty certification will enhance clinical practice and patient outcomes. **Moved to top from rationale.**

The eligibility criteria for specialty RN nursing certification include:

- Current RN licensure
- Educational and experiential qualifications as determined by the certifying organization

The eligibility criteria for advanced practice nursing (APN) certification include:

- RN licensure
- A minimum of a graduate degree in nursing or the appropriate equivalent, including content in the specified area of advanced specialty practice
- Experiential qualifications as determined by the certifying organization

The eligibility criteria for advanced practice registered nurse (APRN) certification include:

- RN licensure
- Completion of a graduate degree program in nursing or the appropriate equivalent (or post-master's or post-doctoral certificate program) from a nationally accredited program in one of the four APRN roles across at least one of the six APRN population foci as described in the 2008 Consensus Document
- Completion of three separate courses in advanced pathophysiology across the life span, advanced health/physical assessment, and advanced pharmacology as part of graduate educational preparation
- Completion of a minimum of 500 clinical hours as part of graduate educational preparation
- Education and/or experiential qualifications defined by the certifying organization

Added "completion of" to bullet points 3 and 4 above

The eligibility criteria for advanced practice registered (APRN) specialty certification

- APRN certification or licensure
- Education and experiential qualifications defined by the certifying organization

This section added

The eligibility criteria for non-RN nursing team member certification include:

- Licensure or registration as required
- Education and/or experiential qualifications defined by the certifying organization

Moved non-RN section to the end since ABSNC focus is on nursing

RATIONALE

The Accreditation Board for Specialty Nursing Certification, Inc. (ABSNC), has adopted the following operational definitions:

- **RN specialty nursing certification** – offered to any qualified registered nurse candidate.
- **Advanced practice nursing certification** – offered to a registered nurse candidate prepared at the graduate degree level. Practice and certification are within a specialty nursing area and may or may not have a direct care component. (e.g., education, administration).
- **APRN certification** — offered to a registered nurse candidate prepared at the graduate degree level or the appropriate equivalent (or through a post-master's or post-doctoral certificate program) in one of the four roles and one of the six populations identified in the 2008 Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education. APRN is a legally protected title for licensure purposes. An APRN's primary focus is on direct patient care. APRN certification measures entry level competence at a graduate degree level in a Role and population as described in the Consensus Model and associated national standards and competencies.
- **APRN specialty certification** - offered to APRNs to provide depth to practice within their APRN role and population focus

This section added

- **Non-RN nursing team member certification** - offered to any direct patient care provider supervised in practice by an RN as a member of the patient care nursing team.

Moved non-RN section to the end since ABSNC focus is on nursing

Eligibility criteria should be based on a series of variables indicative of knowledge, skills, and abilities required for specialty practice or defined APRN role and population, and expected to enhance safe and effective practice. These variables may include education, experience, prerequisite credentials, references, and performance on an objective examination. Each variable in the eligibility criteria is defined by the certifying organization, the profession, and other stakeholders. Verification of initial certification eligibility criteria cannot be completed solely through the use of random audit or by candidate attestation. Certifying organizations are expected to verify eligibility criteria when determining eligibility to test.

Grandfathering grants certification to individuals without requiring them to take the certification examination. It is permitted only with initial creation of the certification examination to award the credential to SMEs who meet all eligibility requirements but participate in the development, review, and/or approval of test items, to include standard setting procedures. These SMEs cannot take the examination because of their familiarity with the items and may be granted **initial** certification through grandfathering. Grandfathering **must** be terminated before application for accreditation is made. Once a certification program is accredited by ABNSC, grandfathering or any other process for granting certification without examination is not allowed. See also Standard 13, Continuing Competence, for application to recertification. To continue grandfathering presents undesirable risks to the credibility of the credential.

The granting of *honorary certification* without candidates meeting all eligibility requirements for the certification is not consistent with accurate representation of the credential, and may result in public confusion regarding who in fact has met eligibility requirements.

CRITERIA

The educational and experiential requirements for certification must be specified by the certifying organization, along with associated rationale for each requirement.

DOCUMENTATION – The applicant organization must:	Narrative (Cite Tab or Appendix for Specific Supporting Documentation)
6.1 Provide publicly available materials that identify eligibility criteria for initial certification.	
6.2 Describe the rationale for each eligibility requirement (e.g., summary of practice analysis, expert panel reviews, etc.).	
6.3 Indicate how an eligibility determination is made for each applicant.	
6.3a. Submit policies and procedures for processing applications, and reviewing and determining the candidate’s eligibility prior to examination scheduling.	
6.3b. Submit documentation for failing candidates to retake the examination.	Added 6.3b on retaking the exam
6.3c. Describe the training and monitoring processes performed by the certifying organization and the subcontractor to maintain quality if eligibility determination is subcontracted.	

<p>6.3d Submit the job description(s) of professional staff who oversee the eligibility review process.</p>	
<p>6.4 Submit policies and procedures describing the time period in which an individual cannot take the certification examination because of participation in item development, review, and/or approval, to include standard setting. Policies and procedures should stipulate recertification cannot be achieved by retesting during the defined time period.</p>	
<p>6.5 For advanced practice nurse (APN) and advanced practice registered nurse (APRN) examinations used for initial certification.</p>	<p>No changes to substance, edited for clarity, consistency in language</p>
<p>6.5a. Submit policies and procedures for verifying current RN licensure for every APN and APRN candidate before granting eligibility to test.</p>	
<p>6.5b. Submit policies and procedures for verifying academic program completion for every APN and APRN candidate before granting eligibility to test.</p>	
<p>6.6 Submit publicly available documentation to indicate candidates are not required to use practice examinations and/or examination preparation materials are offered by the certifying organization in order to sit for an actual certification examination and that use of practice examinations and/or examination preparation materials does not imply successful performance on the examination or give an advantage over candidates who do not choose to use them and is not the only or preferred route to adequate preparation for the certification examination.</p>	<p>Removed bullets</p>

STANDARD 7 VALIDITY

The certifying organization has conducted validation studies to assure inferences made on the basis of test scores are appropriate and justified.

RATIONALE

Validity is an essential component of any certification process, and one of the most important considerations in test development and use. *Validity* refers to the degree to which decisions based on test scores are sound, rational, and consistent with the purpose of the test. A passing score on a certification examination indicates the nurse has the knowledge to practice competently in the nursing specialty at the level indicated by the test. Certification indicates a level of knowledge beyond that required for entry-level practice in nursing, and it represents entry-level competence for certification in a nursing specialty. APRN certification should measure entry-level competence at a graduate degree level. This implication is valid only if the test actually measures knowledge of the specialty and the passing score is set at a performance level of at least minimal

Evidence of validity based on test content or content validity is a determination that the content and format of the test, both in terms of individual items and the relative emphasis (weighting) of the different parts of the test, are based on the behavioral domain of the nursing specialty. Content validity is supported if the test measures the intended content areas and level of knowledge, test format is appropriate, and content of test questions is accurate.

Several measures can be taken to promote content validity of a certification examination program. One of the most important of these is conducting a practice analysis. The practice analysis should define tasks of a particular job as well as the knowledge required to perform the tasks competently. Skills also must be defined if a practical examination is contemplated. Linking this information to the examination content is of critical importance. Two approaches to conducting a practice analysis (logical and empirical) are used commonly. The use of both approaches strengthens the content-related validity of a test and is preferred.

The logical approach to a practice analysis assumes a group of nursing experts can develop a test blueprint based on what their experience and observations lead them to believe are primary job activities necessary to perform competently in the nursing specialty. However, because the practice analysis resulting from this process is based on the input of a relatively small number of experts, additional review and comment should occur in the form of a validation survey. The survey should include an appropriate sample of nurses who comment on components of the practice analysis and weights assigned to those components (if initial weights were derived by the group of nursing experts). Various rating scales are used commonly as part of the process of data collection from survey respondents, as well as in deriving or modifying the weights for the practice analysis components. These can include scales assessing the frequency of task performance, criticality of task performance to certification-level practice, and importance of mastery of the knowledge or skills to certification-level practice.

The empirical approach to a practice analysis imposes an additional objectivity on the process in that conclusions are formulated based on data collected from a representative sample of nurses. Two phases usually are included. During the first phase, tasks are documented. Knowledge/skills are documented either during this phase or during the second phase. This documentation may occur through a panel of SMEs, literature reviews, or interviews with job incumbents. During the second phase, a well-defined research design is used to develop and pilot test an instrument. Data are collected from a representative sample of nurses practicing in the specialty and are linked to the knowledge used to develop the test blueprint. Thus, the link is provided between test content and work performed in the field. The practitioners whose ratings form the basis of the practice analysis should be relatively new in their current roles (e.g., 5 years or less) because practitioners typically pick up additional duties over time, and the practice analysis should define what a practitioner should know should know and be able to do in the first 1-2 years in the new role.
clarified last sentence

If the respondent elects to use a single measure of task importance, it should provide justification for its choice. If the respondent elects to measure frequency and criticality separately, it should explain how the two dimensions are combined into an overall measure of task importance. In either case, the respondent should explain how tasks are dropped from further consideration based on the data, and how the weights of the remaining tasks are combined to produce a test blueprint.

Regardless of whether a logical or empirical approach to a practice analysis is used, applicant organizations are expected to provide the documentation requested in 7.1 – 7.5 below.

Content-related validity also is assured through the test development process (see Standard 8, Test Development). Experts in the specialty who are representative of the population of test candidates should be chosen to write test questions.

Evidence based on relationships to other variables or criterion-related validity refers to the extent to which examination results are related to an external criterion such as job performance. This relationship is difficult to establish because numerous factors beyond an individual’s knowledge or skill may affect job performance and a supervisor’s evaluation. For this reason, certification cannot assure competent practice. However, certifying organizations may conduct research to link aspects of practice (e.g., patient outcomes or patient satisfaction) to care provided by certified nurses.

CRITERIA

The certifying organization has defined ability to practice at each level it certifies in the specialty, and assures content validity of the certification examination.

<p>DOCUMENTATION – The applicant organization must:</p>	<p>Narrative (Cite Tab or Appendix for Specific Supporting Documentation) Clarification of practice analysis procedures, including descriptions of the practitioners whose task ratings provide the basis for the practice analysis and the expert panelists who define the job content based on the practitioners' ratings.</p>
<p>7.1a. Submit a copy of the most current practice analysis report identify the author(s) of the report.</p>	
<p>7.1b. Document the rationale for not conducting a practice analysis during the past 5 years, including documents (e.g., meeting minutes) supporting the decision if the practice analysis is more than 5 years old,</p>	
<p>7.1c. Describe the schedule to be followed for updating it within the next 1- 2 years if the practice analysis is more than 5 years old.</p>	
<p>7.2a. Reference the section of the practice analysis report that describes the sample of practitioners whose task ratings provided the basis for the practice analysis, and the sampling plan used to select them. At least one third of the practitioners should either (1) have less than five years' experience in the specialty, or (2) have significant first-hand knowledge of practitioners new in the role (e.g., as clinical preceptors). If fewer than one third of the practitioners meet either of these criteria, the organization should explain how it ensured that the results reflected the work of practitioners new in the role. ABSNC recognizes the voluntary nature of the practice analysis practitioner sample.</p>	<p>7.2a and 7.2b edited to clarify the sample of practitioners</p>

<p>7.2b. Present demographic information of the sample of practitioners (geographic location, employer name/city/state/position held, number of years in nursing, number of years in specialty, number of years certified, academic and certification credentials) in a table format. Do not submit CVs or resumes.</p>	
<p>7.3a. Reference the section of the practice analysis report that describes the panel of experts who defined the job content based on the practitioners' task ratings, and the sampling plan used to select them.</p>	
<p>7.3b. Present demographic information (geographic location, employer name/city/state/position held, number of years in nursing, number of years in specialty, number of years certified, academic and certification credentials) in a table format. Do not submit CVs or resumes.</p>	
<p>7.4 Reference the following items in the practice analysis report:</p>	<p>Reworded 7.4 a – g to match the tense used in 7.4</p>
<p>7.4a. Description of how the tasks included in the preliminary survey instrument were identified.</p>	
<p>7.4b. Description of how the preliminary survey instrument was reviewed, pilot tested, and put into final form.</p>	
<p>7.4c. Description of the scale(s) used to measure task importance. Respondents may use a single measure of task importance or separate measures of task frequency and criticality. If separate measures were used, explain how frequency and criticality were combined into an overall measure of importance.</p>	
<p>7.4d. Description of how the survey was distributed (e.g., U.S. mail, online) to the sample of practitioners. What was the response rate? Describe any efforts made to follow up with the sample to maximize the response rate.</p>	
<p>7.4e. Describe the analysis of the data, including the psychometric properties (e.g., reliability) of the instrument.</p>	
<p>7.4f. Explanation of how tasks that are not performed frequently or are not critical to practice were identified and dropped from further analysis.</p>	

<p>7.4g. Explanation of how a weighted test blueprint was constructed from the final set of tasks. This typically involves linkage between tasks and test content.</p>	
<p>7.5 Provide a copy of the final test blueprint, including number of items broken out by content specifications and item type (e.g., multiple choice, practical).</p>	

STANDARD 8 TEST DEVELOPMENT

Certification examinations are constructed and evaluated using methods that are psychometrically sound and fair to all candidates.

RATIONALE

For a certification examination to be psychometrically sound, care and attention must be devoted to test development processes, including item development or item writing and test construction, based on a job-related test content outline and post-administration analysis.

The test blueprint and the item bank inventory should be used to guide item development. The process of developing individual test items (*item writing*) further involves selection of item writers, item writer training, item editing, maintenance of item security, and, where practical, pre-testing. Items should be written by content experts who represent various aspects of the specialty through geographic, demographic, and practice diversity. Qualifications of individuals involved in item development should be documented and consistent with the stated level and purpose of the examination, and reflect the clinical practice skills and amount of experience found in the certificant population. Because item development is not a commonly held skill, selected item writers should receive basic instruction in sound item writing and evaluation principles. They should be familiar with the examination's purpose, identified structure, and intended audience.

Once developed, test items should be reviewed fully to ensure content accuracy. Reference citations should be current and documented in writing. Technical editing for accuracy and clarity should be performed by someone other than the item writer. Items should be re-evaluated by a qualified group of SMEs following the editing process to assure alterations have not changed the essential meaning of individual questions.

For tests administered in a computer adaptive (CAT) format, evaluating compliance with the test blueprint is more complicated. CATs typically include stopping rules based on standard error of measurement, probability of meeting the standard, or other criteria, so compliance is based on whether the shortest possible form an examinee could encounter meets the blueprint. CATs are equated through the bank; each examinee's ability is estimated based on his/her raw score and the difficulty of the items he/she encountered. Operational item-level statistics won't tell us much because many items will be administered rarely (and then possibly only to examinees at the high or low end of the ability distribution) or not at all. All items in a CAT bank will have been pretested, and these statistics will be more relevant than operational statistics.

Once an examination is administered, performance characteristics of test items must be computed and evaluated before final scoring of the examination. Minimally, a mechanism supervised by qualified individuals should be in place to compute and evaluate the difficulty and discrimination of individual items. Item history should be available. Items that are "too easy" or "too difficult" or that have a negative discrimination should be evaluated thoroughly to determine the cause. Final decisions regarding viability of individual items should be based on these analyses and SME review. If items are eliminated from a test form, the effect on the passing score and compliance with the test blueprint should be re-evaluated. Test performance also should be compared with *a priori* predictions of the test's psychometric characteristics. Item and test statistics are critical, and should be calculated and documented.

Bias may be present when the performance of an examinee population subgroup differs from the group at large for a particular examination item. Variations in test results are acceptable only when they reflect true ability of candidates. Instances of possible bias, as determined by statistical analysis and review of items by a panel of SMEs, should be evaluated further. Items deemed biased should be revised or removed from the item bank and operational test forms.

CRITERIA

The certifying organization demonstrates that fair and psychometrically sound methods are used to construct and evaluate all items and tests.

<p>DOCUMENTATION – The applicant organization must:</p>	<p>Narrative (Cite Tab or Appendix for Specific Supporting Documentation) Technical clarification, including addition of material pertinent to computer-adaptive testing (CAT) and relocation of some non-discrimination (Standard 4) material relevant to test development.</p>
<p>8.1 Submit policies and procedures for recruiting and selecting individuals to write and review items.</p>	
<p>8.2 Provide demographic data in a table format (geographic location, employer name/city/state/position held, number of years in nursing, number of years in specialty, number of years certified, academic, and certification credentials) for item writers and reviewers who submitted items during the last 3 years. Do not submit CVs or resumes of item writers and reviewers.</p>	
<p>8.3 Submit the following:</p>	
<p>8.3a. documentation of training materials used for training item writers and reviewers.</p>	
<p>8.3b. documentation of the training process. Suggested evidence includes procedure, policies and training materials.</p>	
<p>8.3c. editorial standards used for clarity, accuracy, non-bias, sensitivity, and consistency of items</p>	
<p>8.4 Submit policies and procedures related to item banking and item bank quality control.</p>	
<p>8.5 Submit documentation verifying that newly written test items are reviewed for accuracy, clarity, bias, and sensitivity</p>	<p>Edited for clarification</p>
<p>8.6 Provide evidence that SMEs review items selected for operational use for currency and relevance at least every three years.</p>	
<p>8.7 Submit policies and procedures for the following:</p>	<p>No changes to substance, edited for clarity, consistency in language.</p>
<p>8.7a. Test assembly based on the test blueprint.</p>	
<p>8.7b. Review and approval of items on the final test forms. For a CAT, the test form includes all items that could be used, which is typically the entire item bank.</p>	

<p>8.7c. Roles, responsibilities, and qualifications of expert panelists, certifying organization board members, organization staff, and test vendor staff.</p>	
<p>8.7d. Provide demographic data for SMEs in table format (geographic location, employer name/city/state/position held, number of years in nursing, number of years in specialty, number of years certified, academic, and certification credentials). Do not submit CVs or resumes.</p>	
<p>8.8 Submit policies and procedures that describe the preliminary item analysis conducted prior to final scoring (if items have not been pretested), procedures for identifying and handling flawed items.</p>	
<p>8.9 Provide the following:</p>	
<p>8.9a. Psychometric reports and item analysis summary reports for all test forms administered during the past 2 years (e.g., summary page from item analysis report showing summary item statistics at the test form level).</p>	
<p>8.9b. Individual statistics for at least five items from each form.</p>	
<p>8.9c. A summary of items with poor statistics (e.g., extremely easy or difficult, low or negative discrimination) and steps taken to reduce the need to use such items.</p>	
<p>8.10 Describe any Differential Item Functioning (DIF) studies performed to identify potentially biased items, and describe the process by which these items are reviewed and possibly removed from use. Small numbers of candidates may preclude a statistical analysis of DIF.</p>	<p>Delete “it is possible that” and insert “Small numbers of candidates” in sentence 2.</p>
<p>8.11 Submit documentation that describe how practice examinations are developed so as not to compromise the security and integrity of the certification examination if practice examinations or sample items are offered</p>	

**STANDARD 9
RELIABILITY**

The certifying organization assures test scores, including subscores, are sufficiently reliable for their intended uses.

RATIONALE

Reliability provides an indication of the degree to which test scores will be consistent over different forms of the same test administered on different occasions. A score obtained on a certification examination on one occasion provides an estimation of an individual's knowledge of nursing practice in a specialty. The estimation, based on only one test score, may or may not be precise. For example, if an individual took 10 forms of a given test on 10 different occasions, the 10 scores achieved would vary somewhat. Discounting the effect of some event such as studying for the test, this variability would be due to measurement error. Both reliability and error of measurement associated with test scores can be estimated using classical measurement theory or item response theory (IRT).

Measures of reliability associated with classical measurement theory include coefficient alpha and Kuder-Richardson 20 (KR-20). Both measure internal consistency. Internally consistent items correlate well with one another, indicating they measure the same ability or competency. Coefficient alpha and KR-20 are useful for assessing the amount of error internal to the test itself, but do not measure the amount of error that might occur due to candidate factors (e.g., fatigue, anxiety). The standard error of measurement (SEM) estimates how much a candidate's score would be expected to vary if the candidate repeatedly took the same test, with performance on one occasion not affecting performance on any other occasion. Overall SEM and SEM at the cut-score should be calculated and evaluated.

IRT offers similar measures of reliability. Each item's item characteristic curve (ICC) indicates the likelihood that a candidate of given ability will answer the item correctly. Item information is proportional to the slope of the ICC, and an item's information function indicates the information provided at a given ability level. Information functions may be summed across all items on a form, and the standard error of measurement (SEM) at a given ability level is equal to the reciprocal of the square root of the sum of the information. In general, items targeted to the ability level of the typical candidate will yield greater precision.

CRITERIA

The certifying organization must calculate or obtain measures or indices of reliability, standard error of measurement, and decision consistency for each certification examination administered.

<p>DOCUMENTATION – The applicant organization must: (For all test forms administered during the past 2 years, report information at test form level)</p>	<p>Narrative (Cite Tab or Appendix for Specific Supporting Documentation)</p>
<p>9.1 Describe the examination format (multiple-choice, essay, computer-based, performance-based, etc.) and total number of questions on each examination.</p>	<p>Technical clarification.</p>
<p>9.2 Provide reliability indices and the characteristics of the test takers on which they are calculated (e.g., first-time candidates, retesters, recertifying candidates, all candidates). Discuss any reliability estimates below 0.80.</p>	
<p>9.3 Report and plot the item and test information functions if IRT is used.</p>	

<p>9.4 If administering a performance-based or practical examination in which skills are assessed by observers:</p>	
<p>9.4a. Identify the method by which this assessment is scored.</p>	
<p>9.4b. Describe the format and criteria for passing if performance assessments are required.</p>	
<p>9.4c. Provide documentation that describes observer training.</p>	
<p>9.4d. Report the inter-rater reliability estimate of observers and the method used to determine this estimate.</p>	
<p>9.4e. Provide analysis of results across candidates and scoring criteria to include reliability statistics and documentation of measurement error.</p>	
<p>9.4f. Provide justification for use of the method to determine reliability of the performance assessment.</p>	

**STANDARD 10
TEST ADMINISTRATION**

The certification examination is administered in a manner that minimizes construct-irrelevant variance and maintains examination security

RATIONALE

To measure the candidate's performance on an examination accurately and minimize construct irrelevant variance, the certifying organization must maintain standardized and secure testing conditions. Documentation provided to candidates must include information about the examination's purpose, what the test is designed to measure, testing procedures and policies, and testing site location and conditions.

Test administration procedures must minimize the impact of situational factors (e.g., lighting, ambient noise) not relevant to the skills, knowledge, and abilities being measured through candidate performance. Procedures should be established to promote candidate comfort; ensure a quiet, accessible environment; and monitor proctor performance. Procedures for test administration must be consistent regarding time limits of the test, breaks during the test, and equitable treatment of all candidates during the test. Every effort must be made to ensure comparable testing conditions for all candidates, and maintain the overall integrity and security of the examination while accurately testing knowledge, skills, and abilities of candidates. Certification examinations should be administered frequently enough to be accessible to candidates, without diminishing the psychometric quality of the examination.

Overexposure of test forms and test items reduces the validity of the test because the range of content covered is effectively narrowed. For CATs overexposure of moderately difficult items might be a particular concern because most examinees will encounter many of them, especially early in the test before the items encountered have become systematically easier or harder due to the examinee's performance. **Paragraph moved here from 10.3.**

Failing candidates should be given the opportunity to take the test again and should be informed of the procedure for doing so. The test administered to repeating candidates should be comparable in all respects to the test administered to first-time candidates. Repeating candidates should be expected to meet the same standards as first-time candidates and should not be identified as repeaters during the test administration.

CRITERIA

The certifying organization has policies and procedures that assure the certification examination is administered in a fair, non-discriminating, secure, and standardized manner.

DOCUMENTATION – The applicant organization must:	Narrative (Cite Tab or Appendix for Specific Supporting Documentation)
10.1 Provide evidence that Proctors are trained, examples include copy of Proctor Training Manuals, Copies of on-line screen sheets from test vendor or certifier that clearly indicate such, etc.	
10.2 Provide Policies regarding maintenance of standardized testing and secure testing conditions.	Renumbered from here down
10.3 Document the number of operational test forms administered each year, the number of first-time, repeat, and recertifying candidates taking each form, and the schedule by which new forms are introduced and old forms are taken out	Addition of material related to CAT.

<p>of use. If the examination is administered in computer adaptive (CAT) format, just report the total numbers of first-time, repeat, and recertifying candidates tested.</p>	
<p>10.4 Provide that test forms and test items are not overexposed. Evidence must include numbers of repeat candidates at each administration (annual totals are acceptable if the examination is available on demand) and number of items common to multiple test forms.</p>	<p>Section on CAT's moved to Rationale</p>
<p>10.5 Provide documentation of standards for administration and evaluation, and the mechanism for insuring compliance with these standards if a performance assessment is administered.</p>	
<p>10.6a. Submit documentation on the process by which repeating and recertifying candidates may retake the examination</p>	<p>Edited for clarification</p>
<p>10.6b. Provide publicly available evidence informing candidates who have failed the examination of the procedures for retake.</p>	

STANDARD 11

TEST SECURITY

Procedures are in place to maximize the security of all certification examination materials.

RATIONALE

The integrity of the certification program is based on fair and impartial assessment of the candidate in the most standardized and secure manner possible. Any breaches in security of the test itself or the test administration process may have severe adverse effects on the certification examination program, the nursing profession, and the public. Certifying organizations thus must develop policies and implement secure processes for all aspects of testing, including general security measures, security during test development, and security during test administration. The certifying organization must ensure all outside contracts (with vendors and others who come into contact with examination items or examinations) meet organization security policies and procedures.

General security measures include procedures promoting security of test materials and assuring inventory control of all testing materials. Documentation of where and when test items and test forms are transported, who handles the materials, and how test materials are destroyed must be maintained. This information is important to ensure integrity of examination materials. For items and tests stored on and/or administered by computers, appropriate access controls and accounting procedures must be implemented.

Examination security begins with item security at the time of development. Mechanisms should be in place to ensure that items, even in the development stage, are not compromised. Secure item development web sites must be maintained. Organization policies and procedures should designate staff by title who have access to items at all stages of development, and stipulate security measures to protect examination integrity. Security/intellectual property ownership agreements must be signed by item writers and reviewers, test developers, board members, certifying organization staff, and testing agency staff. Secure materials must not be left unsecured at any time. When items have been reviewed or modified, all copies must be returned in a secure manner, inspected for completeness and integrity, and destroyed or stored in a secure location.

Prior to test administration, candidates must show valid proof of identity before they are allowed access to secure test materials. Adherence to this process helps thwart attempts at impersonation. Once identification is accomplished, candidates must be monitored to ensure no unauthorized materials are taken into the testing room. Test integrity requires that candidates be precluded from duplicating or recording any part of the examination by any means, including copying or photographing. Randomly assigning seating, separating candidates, and using table dividers decreases the chance of irregular behavior.

During test administration, anyone with access to the examination is required to follow all security procedures. Security measures must be adopted and enforced for all aspects of examination administration, whether by paper and pencil or computerized. Test administrators must monitor test forms carefully before, during, and after the examination.

When the examination is completed, all materials (including scratch paper) must be collected from the candidates before they leave the testing room. When dealing with paper-and-pencil examinations, proctors must check test booklets and answer sheets to ensure the materials are the same as those given to the candidates at the beginning of the test. Test booklets, answer sheets, and accompanying reports must be returned immediately via secure mail.

Finally, procedures must be in place to guide the test site supervisor should an emergency situation arise (e.g., power failure or physical threat requiring evacuation of candidates during test administration). Both candidate safety and examination security are of paramount importance and require appropriate action by test site personnel. All reports of irregularities at test sites must be investigated thoroughly by the certifying organization.

If practice examinations or sample items are offered, retired certification examination questions may be used. The certifying organization must have policies and procedures regarding development of practice or sample examination items to mitigate risks to security of the active certification examination.

CRITERIA

The certifying organization has policies and procedures for maintenance of the security of all test materials during every aspect of test development and administration.

<p>DOCUMENTATION – The applicant organization must:</p>	<p>Narrative (Cite Tab or Appendix for Specific Supporting Documentation) Technical clarification, including addition of material related to security of data stored in electronic form.</p>
<p>11.1 Submit both certifying organization and test vendor policies and procedures addressing the following:</p>	<p>This section was renumbered.</p>
<p>11.1a. management of testing irregularities, including implementation of contingency plans as warranted (e.g., retirement of test forms, cancelling/invalidating scores, etc.).</p>	
<p>11.1b. security of test items, test forms, and the item bank itself, whether in electronic or hard copy form.</p>	
<p>11.1c. handling of incidents of suspected irregular behavior and site irregularities.</p>	
<p>11.1d. security measures employed by computer testing center vendors and staff, where applicable.</p>	
<p>11.1e. shipping or electronic transfer of tests, testing materials (e.g., exhibits, candidate rosters) and answer sheets to and from SMEs, vendors, and administration sites.</p>	
<p>11.1f. proctor hiring, training, and monitoring (e.g., non-disclosure agreements, unannounced visits).</p>	
<p>11.1g. admission and seating of candidates.</p>	
<p>11.1h. measures to minimize irregular behavior and site irregularities (e.g., computer failure).</p>	
<p>11.2 Submit both certifying organization and test vendor sample security/confidentiality and intellectual property ownership agreements signed by individuals participating in any phase of examination development and administration, including but not</p>	

limited to item writers, test developers, proctors, test vendor representatives, and board members.	
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STANDARD 12

STANDARD SETTING, SCALING AND EQUATING

Passing score for the certification examination is set in a manner that is fair to all candidates, using criterion-referenced methods and equating and scaling procedures that are psychometrically sound.

RATIONALE

Establishing the passing score on a certification examination is based on the assumption that it is possible to estimate reasonably a point at which the tasks, knowledge, and skills demonstrated by the examination are correlated with the ability to practice at the level stated by the certifying organization (e.g., at the beginning proficient level). This act of standard setting directly reflects the certifying organization's philosophy. The process used to identify the passing score should coincide with the basic approach taken to construct and evaluate the examination (e.g., classical measurement or IRT). The format of test delivery (e.g., paper and pencil or computerized testing) may have a significant effect on the method used to establish the passing score.

CANDIDATE REPRESENTATION

Following the construction of a quality examination through careful item development based on a blueprint driven by the practice analysis, establishing the passing score on any examination involves asking SMEs (including new certificants) in the field to make a judgment. The ABSNC BOD recognizes the volunteer nature of the passing point panel. SMEs should be representative of the breadth of the specialty and demographics of the candidate population, and should be supported in making the judgments by psychometric consultation. The panel of SMEs selected to perform the standard-setting study should be large enough to be representative of the candidate population, and generate reliable and accurate passing estimates. The panel of SMEs will have a minimum of 5 members. The smaller the panel, the more critical is the representativeness of its members. Members of the certifying organization's governing body, or individuals participating in examination construction and/or examination review, may be represented on the passing score panel but may not constitute a majority of its members.

STANDARD SETTING METHOD

Normative standard setting that compares candidates' performance to determine the passing score is **not permitted**. Setting a passing score based primarily on the percentage of candidates who pass also is not permitted. Certifying organizations must use criterion-referenced standard setting methods. These methods fall into two broad categories: those based on evaluation of test content and those based on judgments of the expected or observed performance of candidates. Some examples include the Angoff method, Jaeger method, Direct Standard Setting Method, Nedelsky Method, and the Contrasting Groups method. Adjustments to the results of the standard setting process may be made if necessary after the procedures have been completed. However, this should be done in a well-reasoned, methodical, and psychometrically sound fashion with justification provided for any adjustments. Certifying organizations also should validate the outcomes of standard setting periodically for the examination.

Certifying organizations should be able to demonstrate a rational basis for the examination's passing point. Procedures used in the standard setting process and the demographic characteristics of the panelists (geographic location, employer name/city/state/position held, number of years in nursing, number of years in specialty, number of years certified, academic and certification credentials, any other characteristics representative of the candidate population) should be documented fully and accurately in a standard setting report.

EQUATING PROCEDURES

When different forms of a test are used, the difficulty level of these forms will probably vary. The statistical process of *equating* enables certifying organizations to detect and correct for changes in test difficulty. Test forms that are not equal in difficulty should have different raw passing scores. Some flexibility is possible if the candidate population is too small to conduct a statistical equating.

SCALING

Scaling is the process of associating numbers with the performance of candidates on an examination. When properly used in combination with sound equating procedures, scaling produces scores on different forms of an examination that can be placed on the same score scale. Score reports and other test descriptions should provide a clear explanation of the meaning and intended interpretation of score scales, as well as any limitations.

CRITERIA

The certifying organization demonstrates fair and psychometrically sound methods are used to establish passing scores. The certifying organization has established equating and scaling procedures with the highest practical level of precision when scores on different test forms are intended to be comparable. When more than one testing methodology is implemented for a given examination (e.g., paper-and-pencil and computerized testing), the certifying organization maintains data supporting the equivalence of the different methods. A new passing score study is conducted following each practice analysis and when changes are made in the test blueprint or examination characteristics (e.g., length [number of items], timing [duration], program eligibility requirements, etc.).

<p>DOCUMENTATION – The applicant organization must:</p>	<p>Narrative (Cite Tab or Appendix for Specific Supporting Documentation) Technical clarification.</p>
<p>12.1 Provide evidence that a criterion-referenced standard setting method was used to set the passing score (e.g., standard setting report).</p>	
<p>12.2</p>	<p>12.2 No changes to substance, edited for clarity, consistency in language.</p>
<p>12.2a. Identify individuals, in a table format, responsible for establishing the passing score (geographic location, employer name/city/state/position held, number of years in nursing, number of years in specialty, number of years certified, academic and certification credentials, any other characteristics representative of the candidate population). Do not submit CVs or resumes.</p>	
<p>12.2b. Describe how the standard setting panel is representative of your candidate population. Use candidate data for the previous three years for this determination.</p>	
<p>12.2c. ABSNC recognizes the volunteer nature of the passing point panel. Discuss efforts made to be inclusive and identify a rationale for a lack of representation if a particular demographic could not be represented in the panel (e.g., member with 2-5 years’ experience, member from a particular geographical region).</p>	

12.3	
12.3a. Describe the process for selecting individuals to participate in setting the passing score.	
12.3b. Describe the procedure used to train selected SMEs in the passing score and provide evidence of training methods/procedures.	
12.4 Describe the method used by the certifying organization to adopt the passing score for test forms, including:	
12.4a. A description of the role of the testing vendor in this process.	
12.4b. Information on the process used to evaluate and adjust the passing score and, if applicable, to identify panelists whose ratings were significantly different from those of the group.	
12.4c. Information on classification accuracy (e.g., decision consistency) resulting from application of the approved passing score to test results.	
12.5 Describe the process for ensuring that forms are statistically equivalent and candidates are not advantaged or disadvantaged based on the form they happen to encounter (e.g., equating)."	
12.6 Describe the characteristics of the scale by which scores are reported to candidates. If scores for different forms of the same test are reported on a common scale to facilitate reporting and comparison of scores across administrations, please describe the process by which raw scores and cut scores are placed on the scale.	
12.7 For certifying organizations using performance-based examinations in which skills are assessed by observers, provide documentation that describes the rubric used to determine candidate performance and the method by which minimal skill thresholds were established.	

**STANDARD 13
RECERTIFICATION AND CONTINUING COMPETENCE**

The certifying organization has a recertification program in place that requires certificants to maintain current knowledge and to provide documentation of how competence in the specialty is maintained and/or measured over time.

RATIONALE

The philosophy of ABSNC is that certifying organizations must reassess certification and recertification processes periodically, and continue to improve methods of evaluating certificants' competence.

Recertification is an important component of validating and maintaining continuing competence. Competence includes both cognition and behaviors. *Continuing competence* can be defined as the ongoing ability to integrate and apply the knowledge, skills, judgment, and values to practice safely, effectively, and ethically in a designated role.

Licensure is another component of *this process*. The primary role of licensing bodies is to protect the public health, welfare, and safety. Licensure assures a broad range of general knowledge and validates general nursing education. Specialty certification seeks to validate a minimal standard of knowledge at a higher level, but in a narrower domain. In both licensing and certification, the cognitive domain is the most readily and accurately measured.

Certification and recertification should be time limited and no longer than 5 years. Recertification seeks to assure the public the certificant has maintained a level of knowledge and continuing competence in the specialty. Many factors may be assessed as part of an ongoing recertification process (e.g., licensure, continuing education, performance assessment). Recertification models should include a multimodal approach to encourage individuals to continue activities essential to maintenance of knowledge and continuing competence for their level of practice and certification. Recertification requirements must be well-defined, and communicated clearly and publicly to a certifying organization's stakeholders.

Grandfathering (see Standard 6, Eligibility) may have been used to grant initial certification before accreditation of a certification program. Once a certification program is accredited by ABSNC, however, grandfathering is not allowed. To ensure continuing competence, then, any certificant who received his or her initial credential by grandfathering must meet the same recertification requirements as other certificants who passed the certification examination. To continue grandfathering presents undesirable risks to the credibility of the credential. Lifetime certification does not meet the requirement for periodic renewal and is not accepted.

CRITERIA

The certifying organization has a recertification program in place that requires certificants to demonstrate activities that support the maintenance, measurement, and/or enhancement of knowledge and continuing competence in the nursing specialty. The certifying organization has a rationale for its each renewal criteria including the rationale time selected to renew.

DOCUMENTATION – The applicant organization must:	Narrative (Cite Tab or Appendix for Specific Supporting Documentation)
13.1 Submit the publicly available catalog, application, or other materials that describe:	
13.1a. the recertification or continuing certification program, to include its purpose, e.g. continual learning, maintenance of knowledge etc.	
13.1b. policies requiring renewal and consequences if not met	Added 13.1b

13.2 Rationale for renewal program requirements:	Moved 13.1c to 13.2
13.2a. Provide rationale for period to renew e.g. every year, every 5 years etc.	
13.2b. Describe the rationale for each renewal requirement and how it supports or contributes to the stated purpose of the renewal program e.g. continual learning or maintenance of knowledge or continual competence	
13.3 Provide documentation showing how recertification requirements contribute to certificants' ability to maintain current knowledge and/or competence in the specialty (e.g., practice analysis, credible providers of continuing education in nursing [e.g., hospitals or other health care organizations], research).	13.3 revised to reflect current ways of doing business
13.4	13.4 revised because the committee believed the old 13.4 was impossible to meet and that the information in this new 13.4 is what we really want to get.
13.4a. Submit policies and procedures for: processing certification renewal applications; and the process to determine meeting renewal requirements.	Added "certification renewal"
13.4b. Submit renewal audit policies and/or procedures or other mechanisms to verify renewal information.	
13.4c. Provide policies and/or procedures that specify consequence of not meeting renewal requirements within the specified period and how this information is made available to certificants.	
13.4d. Provide policies and/or procedures for regaining a lapsed certification and rationale if applicable.	

**STANDARD 14
COMMUNICATIONS**

The certifying organization provides information that clearly describes the certification and recertification process to candidates, certificants, and other stakeholders.

RATIONALE

Public disclosure of policies and procedures regarding certification and recertification processes helps the certifying organization earn the respect, confidence, and trust of the public and the nursing profession. Failure to inform candidates and other stakeholders completely of the certification and recertification processes may reduce the certifying organization's credibility, lead to unfair practices, and affect individuals adversely. Procedures for reporting test results should permit sharing of meaningful information while minimizing the potential for misuse of information and compromised candidate confidentiality.

CRITERIA

The certifying organization fully informs candidates and other stakeholders including the public about eligibility requirements (initial and renewal) and the application, testing, and test results reporting process; promptly reports test results; informs candidates of their due process rights; discloses information on certification, recertification, and other activities; and provides responsive customer service.

DOCUMENTATION – The applicant organization must:	Narrative (Cite Tab or Appendix for Specific Supporting Documentation)
14.1 Provide a copy of publicly available material that informs candidates of the procedures used in test development, administration, scoring, results reporting, and records maintenance.	Changed “published materials” to “publicly available”.
14.2 Submit evidence that test blueprints and sample questions are available to all candidates, certificants and other stakeholders without a request, e.g. posted on website.	Changed “provide a copy” to “submit evidence”
14.3 Submit documentation regarding reporting of test results to all candidates, certificants, and other stakeholders.	Changed “policies and procedures” to “documentation”
14.4 Provide evidence that feedback is given to all failing candidates on their performance on the content areas of the examination.	
14.5. Provide the publicly available evidence for the annual reporting to stakeholders. (e.g., organization newsletter, website, press releases) of certification activities, including number of candidates, number passed, number failed, total certified and number recertified.	Reworded to provide evidence of the reporting
14.6 Submit documentation that describes the process through which stakeholders (e.g., employers, the public) can verify certification status.	
14.7 Submit documentation addressing how a candidate/certificant file is updated (e.g., what data are updated, when the file is updated, etc.).	

14.8 Describe the process for reporting certification testing results to schools of nursing and licensing boards if certifying APRNs.	
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**STANDARD 15
CONFIDENTIALITY AND SECURITY**

The certifying organization assures confidential information about candidates and certificants is protected.

RATIONALE

Confidentiality of sensitive information should be a primary objective for the certifying organization. While sharing aggregate information can be justified, data should be purged of names and of precise scores to protect the privacy of individual candidates. Prior to seeking certification, candidates should be informed what personal information will be strictly confidential and what may be shared publicly. Sensitive confidential information is shared on occasion (e.g., Board meetings, committee meetings, test development committee), and the certifying organization must have mechanisms in place to protect the confidentiality of individual candidates/certificants.

Individual examination scores may be reported to educational institutions only if a release has been signed by the candidate. Candidates must have the right to refuse to sign the release without penalty (e.g., signing a release may not be a condition of taking the examination.) In other words, individual candidate scores are not released without the candidate’s approval.

A certifier may release individual test results, without names, to educational institutions for sole purpose of the school to conduct program evaluation. Certifier must demonstrate/provide evidence of agreements with the educational institution which limit the scope of use, purpose of the information; and consequences for breaches or violations of confidentiality.

CRITERIA

The certifying organization maintains confidentiality of candidate and certificant information. It clearly identifies categories of information available to the public and those that remain confidential. The certifying organization takes measures to protect confidential information for all candidates and certificants.

DOCUMENTATION – The applicant organization must:	Narrative (Cite Tab or Appendix for Specific Supporting Documentation)
15.1 Submit documentation describing how candidates/certificants and staff access records to update information while ensuring confidential information is secured and limited. This <u>should include</u> the process for authenticating identity (e.g., access code, password).	Underlined “should include”
15.2 Describe the process by which electronic and paper data files, records, and information are maintained by staff for candidates and certificants from initial application through recertification (e.g., secure areas, staff training and monitoring, transfer of electronic and/or paper data and records to other organizations [e.g., testing agencies or electronic testing centers, if applicable]).	
15.3 Submit documentation addressing the following:	
15.3a. release and use of candidate and certificant information.	

<p>15.3b. minimum number of candidates required to release aggregated candidate data and rationale for decision on the minimum number.</p>	
<p>15.3c. Candidate consent forms authorizing release of individual certification test scores to schools or other third parties (e.g., eligibility to test, retest, etc.) if applicable.</p>	
<p>15.4 If individual test results, not aggregate data, are released to educational institutions then:</p>	<p>Added 15.4</p>
<p>15.4a. Submit documentation of the process for releasing individual candidate scores including notification to candidates and candidate's authorization to have their scores released.</p>	
<p>15.4b. Provide copies of agreements with the educational institution as to their authorized use of released scores including limits on scope and purpose of their use of those scores and consequences for breaches or violation of the agreement or confidentiality.</p>	

**STANDARD 16
APPEALS**

The certifying organization has an appeal process available to candidates/certificants who have been denied access to test or retest, recertification, or who have had certification suspended or revoked.

RATIONALE

Policies, procedures, and candidate eligibility criteria are guidelines to assure a consistent minimum standard for certification. As such, disagreement on interpretation or application of these criteria may occur.

A reasonable system of due process for appeals assures individuals their concerns will be heard in a forum that is fair and objective. Appeals should be evaluated in a clear, concise, fair, and expeditious manner. The appeal process should be delineated clearly, and responsibilities of the appellant and certifying organization should be documented fully.

CRITERIA

The certifying organization provides evidence of an equitable and expeditious process for candidates/certificants to appeal a decision to deny access to initial certification, deny recertification, or revoke active certification.

DOCUMENTATION – The applicant organization must:	Narrative (Cite Tab or Appendix for Specific Supporting Documentation)
16.1	Split into 16.1 a and 16.2 into 16.1a and 16.1b for clarification
16.1a. Submit documentation including policies and procedures related to appeals.	
16.1b. Identify which information is publicly available regarding the appeals process.	
16.2 Provide the following documentation in a table format , for the last 3 years if seeking initial accreditation and for the last 5 years if seeking reaccreditation: <ul style="list-style-type: none"> a. type of appeal e.g. denied access to test b. number of appeals c. outcomes. 	Renumbered 16.3 to 16.2. Specified Table as the requested format.

**STANDARD 17
MISREPRESENTATION AND NONCOMPLIANCE**

The certifying organization has a mechanism in place to respond to instances of misrepresentation and noncompliance with eligibility criteria or the certifying organization’s policies; this mechanism includes reporting cases of misrepresentation and noncompliance to appropriate authorities.

RATIONALE

Maintenance of and adherence to the certifying organization’s policies for conduct and ethics are paramount to protect the public and assure the integrity of the credential. Alleged violations of certification rules by candidates and certificants require investigation and disciplinary action as appropriate. Common examples of violations include falsification of eligibility information, fraud, misrepresentation, or cheating on the examination.

The disciplinary process should be evaluative in nature and afford due process. The disciplinary process should begin with an objective investigation. A preponderance of evidence that substantiates misrepresentation or noncompliance with the certifying organization’s rules is necessary to afford due process and protect the rights of candidates/certificants. Review should be initiated when the certifying organization receives notification that a candidate/certificant is not complying with the rules of the organization. Investigation requires sufficient time and attention to ensure rights of candidates/certificants are protected. The process should not, however, be unduly prolonged so as to create an undue burden for the candidate/certificant under investigation.

Many models of discipline may be adopted by a certifying organization. The certifying organization should choose a model with the assistance and review of an attorney knowledgeable in disciplinary matters to assure protection of the rights of candidates/certificants and the certifying organization.

In addition, certifying organizations demonstrate the value of the credential and protects its use by undertaking the necessary efforts and expense to seek a federally registered certification mark for the credential.

CRITERIA

When notified that a candidate/certificant may not meet eligibility criteria or may not be in compliance with the certifying organization’s policies, the certifying organization conducts an investigation and if applicable, takes disciplinary action in a timely manner that affords candidates/certificants their defined rights.

DOCUMENTATION – The applicant organization must:	Narrative (Cite Tab or Appendix for Specific Supporting Documentation)
17.1 Submit policies and procedures for investigating instances of complaints of misrepresentation and noncompliance (e.g., non-certificants who present themselves as being certified)	
17.2 Submit policies and procedures for <i>reporting</i> instances of complaints of misrepresentation and noncompliance (e.g., non-certificants who present themselves as being certified) to appropriate authorities (e.g., Boards of Nursing, law enforcement, public health agencies, employers).	
17.3	17.3 reformatted as 17.3a and 17.3b

17.3a. Provide data on the number of cases of misrepresentation and noncompliance investigated in the most recent past 2 years, with the outcome of each for those seeking initial accreditation.	
17.3b. Provide data on the number of cases of misrepresentation and noncompliance for the most recent 5-year accreditation period with the outcome of each for those seeking reaccreditation.	
17.4 Submit policies and procedures related to <i>disciplinary actions taken</i> , including grounds for discipline, the disciplinary procedure, applicable sanctions, and reporting (up to and including revocation of certification).	
17.5	No changes to substance, edited for clarity, consistency in language. 17.5 split into 17.5 a and 17.5 b
17.5a. Provide data on the number of cases of disciplinary actions taken and number reported to appropriate authorities for the past most recent 2 years for those seeking initial accreditation.	
17.5b. Provide data on the number of cases of disciplinary actions taken and number reported to appropriate authorities for the most recent 5- year accreditation period for those seeking reaccreditation.	
17.6a. Submit documentation related to the Federally registered certification mark of the certification credential, status of application if in the process, or the reason the credential cannot be registered.	
17.6b. Describe any occurrence of infringement of the registered certification mark of the certification credential in the most recent 5-year accreditation period for all certification programs and how it was addressed.	Clarified infringement

STANDARD 18
QUALITY IMPROVEMENT

The certifying organization shall have an internal audit and management review system in place, including provisions for continuous corrective and preventive actions for quality improvement.

RATIONALE

A quality improvement process contributes to the long-term success and viability of a certification program and has implications for improving the certification process. Certifying organizations must address increasing demands for quality products and services, consumer satisfaction, and cost controls. Quality improvement within certifying organizations provides a structure and process for offering high quality services to candidates and certificants.

CRITERIA

The certifying organization has a defined and active system in place for quality improvement.

DOCUMENTATION – The applicant organization must:	Narrative (Cite Tab or Appendix for Specific Supporting Documentation)
18.1 Provide documentation related to the certifying organization’s quality improvement (QI) system for:	
18.1a. customer service standards.	
18.1b. frequency and process for review/revision of all policies and procedures	
18.1c. internal review panels used to establish quality improvement procedures, including composition of these groups (title or area of expertise), procedures used for review, and frequency of review.	
18.1d. adherence to established QI policies and procedures is ensured.	
18.1e. for internal audit and management review system in place and its feedback mechanisms.	
18.1f. at least one situation in which the QI system has improved a process or corrected mistakes and errors.	
18.2 Provide documentation related to resolution of at least one situation and the resolution in which the QI system has improved a process or corrected mistakes and errors (e.g., minutes of meetings and/or routine reporting mechanism for quality improvement activities).	No changes to substance, edited for clarity, consistency in language.

<p>18.3 Identify the certifying organization’s stakeholder groups and how stakeholder input is sought, to inform organizational decision making.</p>	<p>Removed “whenever possible and reasonable”.</p>
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