

**Accreditation Standards for**

**Examination-Based Certification Programs**

**Effective November 1, 2020**

**TABLE OF CONTENTS**

**Standard Page**

DEFINITION AND SCOPE OF NURSING SPECIALTY 3

RESEARCH-BASED BODY OF KNOWLEDGE 6

ORGANIZATIONAL AUTONOMY 7

NON-DISCRIMINATION 11

PUBLIC REPRESENTATION 13

ELIGIBILITY CRITERIA FOR TEST CANDIDATES 14

VALIDITY 17

TEST DEVELOPMENT 21

RELIABILITY 25

TEST ADMINISTRATION 27

TEST SECURITY 29

STANDARD SETTING, SCALING, AND EQUATING 33

RECERTIFICATION AND CONTINUING COMPETENCE 37

COMMUNICATIONS 41

CONFIDENTIALITY AND SECURITY 43

APPEALS 45

MISREPRESENTATION AND NONCOMPLIANCE 46

QUALITY IMPROVEMENT 48

BIBLIOGRAPHY 50

**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 (RN) specialty certification, offered to any qualified registered nurse candidate.
* Advanced nursing practice certification, offered to an RN 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 or administration).
* Advanced Practice Registered Nurse (APRN) certification, offered to an RN candidate prepared at the graduate-degree level (or through a post-master's or post-doctoral certificate program) in one of four roles (i.e., CNS, CRNA, CNM, and CNP) and one of six populations (i.e. family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women’s health/gender-related or psych/mental health) as 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) sub-specialty certification, offered to APRNs (e.g., NSPM-C) within a role and population focus (e.g. CRNA).
* 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 “Nursing’s Social Policy Statement: The Essence of the Profession.” (In: *Nursing: Scope and Standards of Practice*. 3rd ed. Silver Spring, MD: American Nurses Association; 2015)
* Attention to the full range of human experiences and responses to health and illness without restriction to a problem-focused orientation;
  1. Integration of objective data with knowledge gained from an understanding of the patient’s or group’s subjective experience;
  2. Application of scientific knowledge to the process of diagnosis and treatment; and,
  3. 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 will be identified as a practice analysis for the purpose of these standards.
  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.

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| **DOCUMENTATION – The applicant organization must:** | **Narrative**  *(Cite Tab or Appendix for Specific Supporting Documentation)* |
| 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.  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. |  |
| 1.1b. **Specify** how these materials are used. |  |
| 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:   * Formal academic programs. * Continuing education. * Curricula from institutional programs, extended internships, residency, or transition to practice |  |
| 1.3 If seeking accreditation of nursing certification programs: |  |
| 1.3a. **Describe** practice opportunities available to nurses in this  specialty. |  |
| 1.3b. **Provide** at least two current posted job descriptions that identify  the employer for nurses in the specialty. |  |
| 1.4 If seeking accreditation of a non-RN nursing team certification  program: |  |
| 1.4a. **Describe** practice opportunities available to non-RN team  members in this specialty. |  |
| 1.4b. **Provide** at least two current job descriptions for non-RN  nursing team members. |  |
| 1.5 **Provide** the following if the specialty certification **is also**  **available to non-RN nursing team members** and/or other  disciplines: |  |
| 1.5a. Written materials from the practice analysis to demonstrate  that, 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. |  |
| 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. |  |
| 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. |  |

**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.

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| **DOCUMENTATION – The applicant organization must:** | **Narrative**  *(Cite Tab or Appendix for Specific Supporting Documentation)* |
| 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, or specialized training programs). |  |
| 2.2a. **Provide** at least two examples of research activities in the  specialty concluded or conducted during the previous three-  year period (e.g., bibliographies, abstracts, nurse fellowship  programs, scholars’ programs, outcome studies, or 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, or nursing experience), representativeness is not a requirement for board member selection. At least 51 percent of the members of the governing body of the certifying organization must be certified RNs. 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.

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| **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: |  |
| 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 the 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 database 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 and  non-compliance of a certificant or non-certificant |  |
| 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. |  |
| 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.** |  |
| 3.2c. Outlining nominations, elections, and/or appointment of  officers and board members. |  |
| 3.3 **Submit** a copy of the articles of incorporation if incorporated. |  |
| 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. |  |
| 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, or policies). |  |
| 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. |  |

**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 if that is not the intention.

***CRITERIA***

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

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| **DOCUMENTATION – The applicant organization must:** | **Narrative**  *(Cite Tab or Appendix for Specific Supporting Documentation)* |
| 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 or a website  screen print of a statement on non-discrimination). |  |
| 4.2 **Submit** documentation verifying that publicly available  materials related to the examination are reviewed for bias and  sensitivity. |  |
| 4.3 **Submit** policies and procedures that: |  |
| **4.3a. Provide** evidence of compliance with the Americans With Disabilities Act of 1990 – Public Law 101-336. 108th Congress, 2nd session as most recently amended, indicating candidates are provided fair testing conditions. |  |
| 4.3b. **Describe** theprovision of alternate examination dates based on  religious needs. |  |
| 4.3c. **Describe** how requests for accommodations 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 were  requested during the previous 5 years. |  |
| 4.4 **Detail** how requests for accommodations for Remote Proctoring are managed. Indicate N/A if you do not utilize a remote proctored/delivered test.……………………………………………… |  |
| 4.4a. **Provide** policies from both the vendor and the organization  that address requests that may not be possible if the  test is delivered by remote proctoring, either live or record  and review. |  |
| 4.4b. **Provide** publicly available information for accommodations  specific to remote proctoring, e.g., Candidate Handbook,  Website, etc. |  |
| 4.5 **Provide** at least one example of requests for 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. |  |

**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 following criteria 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.

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| **DOCUMENTATION – The applicant organization must:** | **Narrative**  *(Cite Tab or Appendix for Specific Supporting Documentation)* |
| 5.1a. **Describe** qualifications for the current Public Member based on  criteria of this standard. |  |
| 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. |  |
| 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.**

**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 nursing certification include:**

* Current 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:**

* Current 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 Model for APRN Regulation: Licensure, Accreditation, Certification, and Education*.
* 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.

**The eligibility criteria for Advanced Practice Registered Nurse (APRN) specialty certification include:**

* Current APRN certification or licensure.
* Education and/or experiential qualifications as defined by the certifying organization.

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

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

***RATIONALE***

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

* **RN specialty nursing certification,** offered to any qualified RN candidate.
* **Advanced nursing certification,** offered to an RN 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, or administration).
* **APRN certification,** offered to an RN 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.
* **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.

Eligibility criteriashould 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.

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| **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.). |  |
| * 1. **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 the process for unsuccessful  candidates to retake the examination. |  |
| 6.3c. **Describe** the training and monitoring processes performed by  the certifying organization and the subcontractor to maintain  quality if eligibility determination is subcontracted. |  |
| 6.3d. **Submit** the job description(s) of professional staff who oversee  the eligibility review process. |  |
| 6.4 **Submit** policies and proceduresdescribing 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. |  |
| 6.4a. For advanced nursing and Advanced Practice Registered Nurse  (APRN) examinations used for initial certification. |  |
| 6.5a. **Submit** policies and procedures for verifying current RN  licensure for every advanced nursing and APRN candidate  before granting eligibility to test. |  |
| 6.5b. **Submit** policies and procedures for verifying academic  program completion for every advanced nursing and APRN  candidate before granting eligibility to test. |  |
| 6.6 **Submit** publicly available documentation to indicate that:   1. Candidates are not required to use practice examinations and/or examination preparation materials offered by the certifying organization in order to sit for an actual certification examination. 2. The use of practice examinations and/or examination preparation materials does not imply successful performance on the examination. 3. The use of practice examinations and/or examination preparation materials does not give an advantage over candidates who do not choose to use them. 4. The use of practice examinations and/or examination preparation materials is not the only or preferred route to adequate preparation for the certification examination. |  |

**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 represents an appropriate level of performance.

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, the test format is appropriate, and the content of the 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 the 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.

All practice analyses include the same basic steps. First, the tasks required in the specialty are defined by a panel of experts. The tasks should not be so broad that they do not describe specific activities, nor so narrow that an unreasonably large number are required. The knowledge, skills, and abilities (KSAs) required to support the tasks must also be defined, and tasks must be linked to KSAs. The tasks, KSAs, or both may exist before the practice analysis is undertaken, and if so, the experts should review them to determine whether any tasks or KSAs should be added, dropped, or changed.

Data on the frequency, criticality, and/or overall importance of the tasks must be gathered from a representative sample of practitioners. These practitioners should be relatively new in the specialty (e.g., less than 5 years) because practitioners typically pick up additional duties over time, and the practice analysis should define what a practitioner should know and be able to do in the first 1 or 2 years in the specialty. These data are typically gathered through a survey, but other methods (e.g., interviews) may also be used. These data are analyzed and a weighted test blueprint is created based on a logical organization of the KSAs. Sometimes the experts produce a test blueprint based on their own knowledge of the specialty, but a survey must still be administered to validate it.

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.

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.

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| **DOCUMENTATION – The applicant organization must:** | **Narrative** *(Cite Tab or Appendix for Specific Supporting Documentation)* |
| 7.1a. **Submit** a copy of the most current practice analysis report and  identify the author(s) of the report. |  |
| 7.1b. If the practice analysis is more than 5 years old, **describe** the  rationale supporting the decision for not conducting a practice  analysis including documents (e.g., meeting minutes)  supporting the decision. |  |
| 7.1c. **Describe** the schedule to be followed for updating the practice  analysis within the next 1 to 2 years if the practice analysis is  more than 5 years old. |  |
| 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. |  |
| 7.2b. **Present** a summary of demographic information of the  practitioners whose task ratings provided the basis for the  practice analysis. Include degrees and certifications held  number of years in nursing, number of years in specialty, and  number of years certified in specialty; current position,  geographic state of current practice and current practice  setting.    Do not submit CVs, resumes, or any other individually  identifiable information. |  |
| 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. |  |
| 7.3b. **Present** demographic information of the panel of experts who  defined the job content based on the practitioners’ task ratings  (e.g., geographic location, employer name/city/state/position  held, number of years in nursing, number of years in specialty,  number of years certified, and academic and certification  credentials) **in a table format**.  **Do not** submit CVs or resumes. |  |
| 7.4 **Reference** the following items in the practice analysis report: |  |
| 7.4a. **Description of** how the tasks included in the preliminary  survey instrument were identified. |  |
| 7.4b. **Description of** how the preliminary survey instrument was  constructed, reviewed, pilot tested, and put into final form. |  |
| 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. |  |
| 7.4d. **Description of** how the survey was distributed (e.g., U.S. mail,  online) to the sample pf practitioners. What was the response  rate?  **Describe** any efforts made to follow up with the sample to maximize the response rate. |  |
| 7.4e. **Description of** the analysis of the data, including the  psychometric properties (e.g., reliability) of the instrument. |  |
| 7.4f. **Explanation of** how tasks that are not performed frequently  or are not critical to practice were identified and dropped  from further analysis. |  |
| 7.4g. **Explanation** of how a weighted test blueprint was  constructed from the final set of tasks based on ratings of  task importance, linkage between tasks and knowledge, skills,  and abilities (KSAs), and clustering of KSAs into logical  categories. |  |
| 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). |  |

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#### 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 (i.e., 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 further involves selecting item writers, training item writers, editing items, maintaining 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.

The operational test (i.e., items that count toward the candidate’s score) must match the test blueprint. Items that do not count toward the candidate’s score (e.g., field test items) need not be considered when determining whether the test meets the blueprint. 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 using item response theory (IRT); each examinee's ability is estimated based on his/her raw score and the difficulty of the items he/she encountered.  All items in a CAT bank will have been pretested before calibration to the bank scale, and these statistics will be more useful than operational statistics. Classical item statistics (e.g., p-value or discrimination) based on operational use may be misleading because many items will be administered rarely—possibly only to candidates at the high or low end of the ability distribution—or not at all.

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.

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| --- | --- |
| **DOCUMENTATION – The applicant organization must:** | **Narrative**  *(Cite Tab or Appendix for Specific Supporting Documentation)* |
| 8.1 **Submit** policies and procedures for recruiting and selecting  individuals to write and review items. |  |
| 8.2 **Provide** demographic data **in a table format** (e.g., geographic  location, employer name/city/state/position held, number of  years in nursing, number of years in specialty, number of  years certified, and 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. |  |
| 8.3a. **Submit** documentation of training materials used for training  item writers and reviewers. |  |
| 8.3b. **Submit** documentation of the training process. Suggested  evidence includes procedures, policies, and training  materials. |  |
| 8.3c. **Submit** editorial standards used for clarity, accuracy, non-  bias, sensitivity, and consistency of items. |  |
| 8.4 **Submit** policies and procedures related to item banking  and item bank quality control. |  |
| 8.5 **Submit** documentation verifying that newly written test  items are reviewed for accuracy, clarity, bias, and sensitivity. |  |
| 8.6 **Provide** evidence that SMEs review items selected for  operational use for currency and relevance at least every 3  years. |  |
| 8.7 **Submit** policies and procedures for the following: |  |
| 8.7a. Test assembly based on the test blueprint. The operational  test (i.e., items that count toward the candidate’s score)  must match the test blueprint. Items that do not count  toward the candidate’s score (e.g., field test items) need not  be considered when determining whether the tests meets  the blueprint. |  |
| 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. |  |
| 8.7c. Roles, responsibilities, and qualifications of expert panelists,  certifying organization board members, organization staff,  and test vendor staff. |  |
| 8.7d. **Provide** demographic data for SMEs in table format (e.g.,  geographic location, employer name/city/state/position  held, number of years in nursing, number of years in  specialty, number of years certified, and academic and  certification credentials).  **Do not** submit CVs or resumes. |  |
| 8.8 **Submit** policies and procedures that describe the preliminary  item analysis conducted prior to final scoring if items have  not been pretested, as well as procedures for identifying and  handling flawed items. |  |
| 8.9a. **Provide** 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). |  |
| 8.9b. Individual statistics for at least five items from each form. |  |
| 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. |  |
| 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. |  |
| 8.11 **Submit** documentation that describes 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. |  |

**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 or 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 a 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 corresponding to the cut score will provide more efficient measurement.

***CRITERIA***

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

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| **DOCUMENTATION – The applicant organization must:**  (For all test forms administered during the past 2 years,  report information at test form level) | **Narrative**  *(Cite Tab or Appendix for Specific Supporting Documentation)* |
| 9.1 **Describe** the examination format (e.g., multiple-choice,  essay, computer-based, performance-based, etc.) and total  number of operational and field-test questions on each test form. |  |
| 9.2 **Provide** reliability indices (e.g., Cronbach Alpha or KR-20) and  the characteristics of the test takers on which they are  calculated (e.g., first-time candidates, retesters, recertifying  candidates, or all candidates).  **Discuss** any reliability indices below 0.80. |  |
| 9.3 **Provide** the overall standard error of measurement (SEM). If  IRT is used, also provide the conditional SEM at the cut  score. |  |
| 9.4 **Report and plot** the item and test information functions if  IRT is used. |  |
| 9.5 **Provide** annual summary data (e.g., numbers of candidate, pass rate, mean and standard deviation of scores, reliability, SEM, cut score) for first-time candidates, retesters, recertifying candidates, and all candidates. These data should also be disaggregated for candidates tested via different modes (i.e., computer vs. paper) and candidates tested in person vs. via remote proctoring if applicable. |  |
| 9.6 If administering a performance-based or practical  examination in which skills are assessed by observers: |  |
| 9.6a. **Identify** the method by which this assessment is scored. |  |
| 9.6b. **Describe** the format and criteria for passing if performance  assessments are required. |  |
| 9.6c. **Provide** documentation that describes observer training. |  |
| 9.6d. **Report** the inter-rater reliability estimate of observers and  the method used to determine this estimate. |  |
| 9.6e. **Provide** analysis of results across candidates and scoring  criteria to include reliability statistics and documentation of  measurement error. |  |
| 9.6f. **Provide** justification for use of the method to determine  reliability of the performance assessment. |  |

**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 or ambient noise) not relevant to the KSAs 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 the KSAs of candidates. Certification examinations should be administered frequently enough to be accessible to candidates without diminishing the psychometric quality of the examination. If the test is available via remote delivery (i.e., the test is administered online in a location where in-person supervision is not available, such as the candidate’s home) measures must be taken to ensure that the test is delivered accurately and securely on the candidate’s device.

Overexposure of test forms and test items reduces the validity of the test because the range of content covered is effectively narrowed. For Computer Adaptive Tests (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.

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.

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| **DOCUMENTATION – The applicant organization must:** | **Narrative**  *(Cite Tab or Appendix for Specific Supporting Documentation)* |
| 10.1 **Provide** evidence that proctors for in-person and/or remote  delivery are trained for their specific responsibilities.  Examples include a copy of the Proctor Training Manual,  screen shots from the test vendor or certifying organization  that clearly indicate such, etc. |  |
| 10.2 **Provide p**olicies regarding maintenance of standardized  testing and secure testing conditions across all delivery  methods. If your organization utilizes remote proctoring,  provide procedures for ensuring standardized and secure  test delivery outside testing centers. |  |
| 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 of use. If the examination is administered in  CAT format, report the total numbers of first-time, repeat …and recertifying candidates tested. |  |
| 10.4 **Provide** evidence 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. |  |
| 10.5 **Provide** documentation of standards for administration and  evaluation and the mechanism for ensuring compliance with  these standards if a performance assessment is  administered. |  |
| 10.6. **Submit** documentation on the process by which repeating  and recertifying candidates may retake the examination. |  |
| 10.7. **Provide** publicly available evidence informing candidates  who have failed the examination of the procedures for  retaking the examination. |  |

**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. Thus, certifying organizations must develop and implement policies and 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 the 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 the test is available via remote proctoring (i.e., the test is administered online in a location where in-person supervision is not available, such as the candidate’s home) measures must be taken to ensure the validity of test scores and the security of the test itself. Such measures can include, but are not limited to, verification of the candidate’s identity prior to testing, observation or recording of the testing session, and invalidation of test results based on irregular behavior on the part of the candidate.

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.

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| **DOCUMENTATION – The applicant organization must:** | **Narrative**  *(Cite Tab or Appendix for Specific Supporting Documentation)* |
| 11.1 **Submit** both certifying organization and test vendor policies  and procedures addressing the following: |  |
| 11.1a. Security of test items, test forms, and the item bank itself,  whether in electronic or hard copy form. |  |
| 11.1b. Shipping or electronic transfer of tests, testing materials  (e.g., exhibits and candidate rosters) and answer sheets to  and from item writers and reviewers, vendors, and  administration sites. |  |
| 11.1c. Admission and seating of candidates. |  |
| 11.1d. Proctor hiring, training, and monitoring (e.g., non-disclosure  agreements or unannounced visits). |  |
| 11.1e. Measures to minimize irregular candidate behavior and |  |
| 11.1f. Measures to minimize site irregularities (e.g., computer failure). |  |
| 11.1g. Security measures employed by computer testing center  vendors and staff, where applicable. |  |
| 11.1h. Detection and handling of incidents of suspected irregular  behavior and site irregularities. |  |
| 11.1i. Management of detected or suspected testing irregularities,  including implementation of contingency plans as warranted  (e.g., retirement of test forms, cancelling/invalidating  scores, etc.,). |  |
| 11.2 If remote proctoring is utilized, **provide** additional documentation specific to maintaining security in a non-  secure environment: Examples include, but are not limited to, scanning candidates’ environment, definition of irregular behavior ability to detect irregular behavior in real time, and maximum number of candidates being monitored at any given time. |  |
| 11.2a. **Vendor’s** security measures.  Examples include but are not limited to:   * Candidate identification * Scanning candidate’s environment * Browser security * Definition of irregular behavior * Process for measuring test irregularities * Maximum number of candidates being monitored at any given time. |  |
| 11.2b. The certifying organization’s plan for test security  monitoring and evaluation. Examples include, but are not  limited to:   * Process for the organization to receive reports on test irregularities * Policies for investigating reported irregularities * Failure Mode and Effects Analysis (FMEA) * Process to monitor social media for possible security breaches. |  |
| 11.3 **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 limited to, item writers, test developers, proctors,  test vendor representatives, and board members. |  |
| 11.4 **Describe** the process by which items are developed for  use on practice examinations or selected from the  operational item bank. Indicate N/A if practice examinations  are not used. |  |

**STANDARD 12**

# STANDARD SETTING, SCALING, AND EQUATING

**The 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 Board of Directors 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 five 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 (e.g., 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, and 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.).

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| **DOCUMENTATION – The applicant organization must:** | **Narrative**  *(Cite Tab or Appendix for Specific Supporting Documentation)* |
| 12.1 **Provide** evidence that a criterion-referenced standard-  setting method was used to set the passing score (e.g.,  standard setting report). |  |
| 12.2 A description of the passing score panel. |  |
| 12.2a. **Identify** individuals, **in a table format,** responsible for  establishing the passing score (e.g., 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, and any  other characteristics representative of the candidate  population).  **Do not** submit CVs or resumes. |  |
| 12.2b. **Describe** how the standard-setting panel is representative  of your candidate population in terms of geography,  demographics, practice setting, and other relevant  variables. Use candidate data for the previous 3 years for  this determination.  Practitioners with less than 5 years’ experience in the specialty and practitioners with experience working with new certificants are particularly desirable. |  |
| 12.2c. ABSNC recognizes the volunteer nature of the passing score  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 or member from a  particular geographical region). |  |
| 12.3 A description of the selection and training of the passing  score panel. |  |
| 12.3a. **Describe** the process for selecting individuals to participate  in setting the passing score. |  |
| 12.3b. **Describe** the procedure used to train selected individuals in  the passing score process and proved 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. **Describe** the role of the testing vendor in this process: |  |
| 12.4b. Information about the process used to evaluate and adjust  the passing score in the light of impact data 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 index such as Cohen’s Kappa, conditional SEM at  the cut score) 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 facilitates continuing competence in the specialty over the course of a candidate’s certification period.**

***Taxonomy of Terms:***

**Competence**

Competence refers to a potential ability and/or capability to function in a given situation.

**Competency**

One’s actual performance in a situation**.**

**Continuing Competence**

The ongoing commitment of a registered nurse to integrate and apply the knowledge, skills, and judgement with the attitudes, values, and beliefs required to practice safely, effectively, and ethically in a designated role, patient population and/or setting.

**Continuing Professional Development**

A Continuing Professional Development system takes a holistic view of health professionals’ learning with opportunities stretching from the classroom to point of care. It shifts control of learning to the individual health practitioners and has the flexibility to adapt to the needs of individual clinicians, enabling them to be architects of their own learning. The system bases its education and methods on research theory and findings from a variety of fields and embraces information technology to provide professionals with greater opportunities to learn effectively.

Continuing Professional Development requires an ongoing process wherein a health professional learns to intentionally reflect on one’s learning experiences and, based on those reflections, performs self-assessment essential to making needed changes creating a foundation for a reflective practice.

**Self-Reflection**

The deliberate process of critically thinking about a professional experience, which leads to increased awareness, insights, and understanding with the intent for potential practice change and provides a foundation essential to the life-long process of professional learning, growth, and development.

**Self-Assessment**

Self-assessment of learning is undertaken by an individual to assess their performance, critically evaluate progress and skill development, identify gaps in their understanding and capabilities, and discern how to improve their performance. Self-assessment allows the learner to assess their competence and engage in activities which facilitate continuing competence.

**Reflective Practice**

Through self-reflection and analysis and synthesis of one’s learning experiences, the individual continually examines one’s actions, attitudes, and experiences to facilitate one’s professional practice and enhance clinical knowledge, skills, attitudes, and expertise.

***RATIONALE***

The certifying organizations must reassess certification and the recertification processes periodically and continue to improve methods of facilitating certificants’ continuing competence in a nursing specialty. Neither this Standard, nor the individual criteria within, are designed to require the measurement of competency. Rather, this requirement addresses the responsibility of certification organizations to assess and continually improve their methods of facilitating continuing competence. The documentation of activities known to contribute to continuing competence, as defined in the Taxonomy of Terms, is an achievable and worthwhile endeavor for nursing certification organizations. The recertification program should have a clear link to the concept of continuing competence. The program should be based upon current evidence in the peer-reviewed literature. .

Recertification is an important component of validating continuing competence over the course of a career. A recertification program centered on continuing competence which incorporates known best practices and current evidence meets stakeholders’ expectations and contributes to safe and efficient care. The responsibilities for assuring continuing competence is shared among a variety of stakeholders to include the certificant, the certifying body, the employer, and licensing boards.

Many factors may be assessed as part of the ongoing recertification process (e.g., licensure, continuing education, professional development activities, and/or performance assessment). Recertification models should include a multimodal approach to encourage individuals to continue activities known to contribute to continuing competence for their level of practice. Recertification requirement requirements must be well defined and communicated clearly and publicly to a certifying organization’s stakeholders.

***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.

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| **DOCUMENTATION – The applicant organization must:** | **Narrative**  *(Cite Tab or Appendix for Specific Supporting Documentation)* |
| 13.1 a. **Submit** your organization’s definition of Continuing  Competence. |  |
| 13.1 b. Provide evidence (e.g., website, candidate handbooks etc.)  that a definition of continuing competence is publicly  available. |  |
| 13.2 Submit the publicly available catalog, application, or other  materials that describe the recertification or continuing  certification program, eligibility requirements, and rationale  for the program requirements. |  |
| 13.3 Discuss the rationale for EACH recertification requirement,  including how it contributes to the certificants’ continuing  competence. |  |
| 13.3 a. If current practice is an eligibility criterion provide the  number of hours required to substantiate current practice  and the rationale for that number. If practice is not a requirement for recertification, indicate N/A. |  |
| 13.3 b. Provide evidence (website, candidate handbook etc.) that the  rationales for recertification criteria are publicly available |  |
| 13.4 a. If recertification by exam is offered, provide a rationale  and identify a source of evidence to support this option. |  |
| 13.4 b. If a renewal only examination is used for recertification (i.e.,  different from the test used for initial certification) submit  documentation that the renewal test must follow the same  accreditation standards as initial test including all supporting  documentation. If such an examination is not used, enter N/A in …………..the narrative box. |  |
| 13.5 **Describe** the connection between the recertification methods and the most recent Job Task Analysis (JTA) or Role Delineation Study (RDS). |  |
| 13.6 If reflective learning is used in recertification methods describe how self-reflection and a formal or informal self-  assessment is used as part of the recertification process to  facilitate reflective learning and practice and how it  contributes to the goal of the certificants’ continuing  competence. If reflective learning is not used in the program simply enter N/A. |  |
| 13.7 Recertification periods should be time limited and no longer  than 5 years. Detail the length of the recertification period to include the rationale for the time period. |  |
| 13.8 a. Submit the policy which states that SMEs who received their  initial certification through “Grandfathering” as defined in  Standard 6 Eligibility, must meet the same recertification  requirements as those who passed the examination. |  |
| 13.8 b. Submit the policy which includes the required time limit  between service on a team, committee, or other group with  access to all or part of the exam and the ability to recertify by  exam. |  |
| 13.9 a. Submit policies and procedures for processing recertification  applications and determining renewal decisions |  |
| 13.9 b. Submit the policy and procedure for auditing recertification  applications that describe the processes and sampling  method. |  |
| 13.9 c. Discuss the rationale for the sampling method used in the audit process |  |
| 13.9 d. For organizations with multiple certifications, describe  whether the sampling is for the total renewal population or  specific to each individual certification. |  |
| 13.9 e. Submit policy and procedure for candidates who do not meet  the recertification requirements and the appeal process.  Provide evidence that this information is publicly available. |  |
| 13.9 f **Submit** in Table formatoutcomes of recertification audits for  the:   * 1-year period prior to submission if the application is for initial accreditation * 5-year period if this is for reaccreditation   Outcomes should include:   * The total number of audits * The number and percentage of those who successfully passed the audit * The number and percentage of those who did not meet the recertification requirements, and * The number and percentage of those who appealed the non-recertification decision and the disposition of those appeals. |  |

**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.

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| **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. |  |
| 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 a website). |  |
| 14.3 **Submit** documentation regarding reporting of test  results to all candidates, certificants, and other  stakeholders. |  |
| 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** publicly available evidence for the annual  reporting to stakeholders (e.g., organization newsletter,  website, or press releases) of certification activities,  including number of candidates, number passed, number  failed, total certified, and number recertified. |  |
| 14.6 **Submit** documentation that describes the process through  which stakeholders (e.g., employers or the public) can verify  certification status. |  |
| 14.7 **Submit** documentation addressinghow 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. |  |

**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; signing a release may not be a condition of taking the examination. Individual candidate scores are not released without the candidate’s approval.

A certifier may release individual test results, without names, to educational institutions for the sole purpose of the school to conduct program evaluation. The certifier must demonstrate/provide evidence of agreements with the educational institution that 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.

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| **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 should include the process for  authenticating identity (e.g., access code or password). |  |
| 15.2 **Describe** the process by which electronic and paper data  files, records, and information are maintained by staff for  candidates and certificants frominitial application through  recertification (e.g., secure areas, staff training and  monitoring, transfer of electronic and/or paper data and  records to other organizations, such as 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. |  |
| 15.3b. Minimum number of candidates required to release  aggregated candidate data and rationale for decision on the  minimum number. |  |
| 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. |  |
| 15.4 If individual test results, not aggregate data, are released to  educational institutions, then: |  |
| 15.4a. Submit documentation of the process for releasing  individual candidate scores including notification to  candidates and candidates’ authorization to have their  scores released. |  |
| 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. |  |

**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.

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| **DOCUMENTATION – The applicant organization must:** | **Narrative**  *(Cite Tab or Appendix for Specific Supporting Documentation)* |
| 16.1.a. **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:  a) type of appeal (e.g., denied access to test)  b) number of appeals  c) outcomes |  |

**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.

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| **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 *reporting* 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, or employers). |  |
| 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 *disciplinary*  *actions taken*, including grounds for discipline, the  disciplinary procedure, applicable sanctions, and reporting up  to and including revocation of certification. |  |
| 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 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. |  |

**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.

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| **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 QI procedures,  including composition of these groups (i.e., 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. Internal audit and management review system and  its feedback mechanisms. |  |
| 18.1f. At least one situation in which the QI system has improved a  process or corrected mistakes and errors. |  |
| * 1. **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  QI activities). |  |
| 18.3 **Identify** the certifying organization’s stakeholder groups and  how stakeholder input is sought to inform organizational  decision making. |  |

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