



**ACCREDITATION BOARD FOR SPECIALTY NURSING
CERTIFICATION, INC.**

POLICY AND PROCEDURE MANUAL

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POLICY 2 BOARD OF DIRECTORS ELIGIBILITY

Section 2.1 Eligibility for Board of Director Positions

Board members nominated and elected to the ABSNC Board shall meet the requirements outlined in the ABSNC Bylaws.

Public Member

The Public Member shall:

- preferably have a background in law, marketing or finance.
- be eligible for election to the office of Secretary-Treasurer.
- not be:
 - a current or past employee of or consultant to any organization with accredited programs or testing vendor.
 - a nurse or other healthcare professional.
 - a current or past employee of a nursing certifying organization or the related specialty membership organization.
 - a non-nursing professional who works or worked closely with nurses in the nursing specialty environment.
 - employee of a testing vendor.

Lead Volunteer Psychometrician (LVP)

The Lead Volunteer Psychometrician shall:

- possess a master’s degree or doctorate in psychometrics, measurement psychology, testing and evaluation, research and statistical analysis, or the equivalent.
- have experience with credentialing program development and analysis, accreditation procedures, governance and management of nonprofit organizations, and knowledge of trends in credentialing and psychometric evaluation.

POLICY 3

NOMINATIONS/ELECTIONS/APPOINTMENT PROCESSES

Section 3.1

The nominations process will be conducted in accordance with the ABSNC Bylaws. All board members shall assume a three-year term of office on July 1 following election. Terms conclude on June 30.

Procedure

The procedure for election of directors, officers, public member, lead volunteer psychometrician is as follows:

Directors

- A Call for Nominations will be disseminated by the Vice President or Designee, to organizations with ABSNC accredited programs by November 15 annually.
- Nominees will provide a biographical profile, written assurances for ability to attend meetings, both in-person and via teleconference and confirmed sponsorship by the ABSNC member organization.
- An interview of the candidate will be conducted by the ABSNC Vice President and two appointees.
- A Slate of Candidates for the elected Director positions will be assembled and presented to the ABSNC Board of Directors by the ABSNC Vice President. Biographical profiles for each of the candidates will be included with the Slate provided.
- Following the election, the Vice President or Designee will disseminate an email to ABSNC organizations announcing the results.
- The Vice President or Designee will prepare and disseminate a press release for each elected candidate.

POLICY 3 NOMINATIONS/ELECTIONS/APPOINTMENT PROCESSES (CONT'D)**Officers**

- The ABSNC Vice President or Designee will seek nominations for officer positions from the ABSNC Board of Directors before the beginning of the new fiscal year by February 28 (or 29) and prepare a slate of nominees.
- Board members elected to an officer position will have their term on the Board extended, when necessary, to allow service for the full term of the office to which they have been elected.
- Following the election of officers, the Vice President or Designee will disseminate an email to ABSNC-accredited organizations following the ABSNC Spring Board Meeting, announcing the results.

Public Member

- The Vice President or Designee will disseminate a Call for Nominations to organizations with the ABSNC-accredited programs, on or about November 15th preceding the end of the current Public Member's term of office.
- The Vice President and two members of the Board of Directors will interview the nominees to recommend a candidate for consideration and approval by the Board of Directors.
- The Vice President or Designee will notify the nominees in writing of the Board's decision.
- Following the appointment of the Public Member, the Vice President or Designee will disseminate an email to the organizations with ABSNC-accredited programs announcing the selection of the Public Member.
- The Vice President or Designee will prepare and disseminate a press release regarding the appointment of the Public Member.

Lead Volunteer Psychometrician (LVP)

- The current LVP will identify individuals from the current pool of volunteer psychometricians who serve on review teams to determine their interest in serving as the LVP on or about November 15 before the end of his/her term.
- The Vice President and two members of the Board of Directors appointed by the President will interview the nominees to recommend a candidate for consideration and approval by the Board of Directors.

POLICY 3 NOMINATIONS/ELECTIONS/APPOINTMENT PROCESSES (Cont'd)

- The current LVP will notify the nominees of the Board's decision.
- Following the appointment of the LVP, the Vice President or Designee will disseminate an email to the members of ABSNC announcing the LVP selection.
- The Vice President or Designee will prepare and disseminate a press release regarding the appointment of the LVP.

POLICY 5 ROLE DESCRIPTION FOR VOLUNTEER REVIEW TEAM PSYCHOMETRICIANS

In addition to the LVP, other volunteer psychometricians support is needed to conduct review of applications. Volunteer psychometricians receive no compensation for their work but may be reimbursed for reasonable, authorized expenses related to ABSNC business.

Section 5.1 Qualifications

All volunteer psychometricians shall:

- possess a master's degree or doctorate in psychometrics, measurement psychology, testing and evaluation, research and statistical analysis, or the equivalent.
- have experience with program development and analysis and knowledge of trends in psychometric evaluation.
- have the ability to communicate effectively and consider others' input.

Section 5.2 Responsibilities

All volunteer psychometricians shall:

- provide advice and direction on matters of certification and accreditation, trends and developments in certification and accreditation, and psychometric evaluation to ABSNC as requested.
- review accreditation applications and participate in related discussions regarding findings to recommend approval or denial of accreditation and reaccreditation applications to the ABSNC Board of Directors.
- attend teleconference meetings of Review Teams.
- execute annually a Confidentiality, Conflict of Interest and Unauthorized Representation Statement form.
- adhere to the ABSNC Bylaws, Policies and Procedures.
- review and respond to all correspondence in a timely manner.
- represent effectively and appropriately the organization to others.

Section 5.3 Term of Office

Volunteer psychometricians serving in the Review Team Pool may serve for an indefinite period, provided that they are in compliance with all governing documents of the organization.

POLICY 6 DUTIES AND RESPONSIBILITIES OF REVIEW TEAMS**Section 6.1 Responsibilities**

ABSNC Review Teams members shall:

- execute the ABSNC Confidentiality, Conflict of Interest, and Unauthorized Representation Statement annually.
- review accreditation applications and participate in related discussions regarding findings to recommend approval or denial of accreditation and reaccreditation applications to the ABSNC Board of Directors.
- attend teleconference meetings of Review Teams.
- adhere to the ABSNC Bylaws and Policies & Procedures.
- review and respond to all correspondence in a timely manner.
- represent effectively and appropriately the organization to others.

Section 6.2 Composition of Review Teams

Review Team members shall be ABSNC Board members, former ABSNC Board members, volunteer psychometricians, and non-Board member appointees.

Each ABSNC Review Team will be composed of at least a volunteer psychometrician, one member of the ABSNC Board of Directors and one other member. At least one member of the Review Team must be an RN.

No more than one individual from the same accredited organization may serve on a Review Team.

ABSNC Executive Director will select on a rotating basis, a volunteer psychometrician and two additional reviewers, ensuring no conflict of interest exist for the reviewers.

Section 6.3 Review of APRN Certification Programs

When reviewing an application for initial accreditation or reaccreditation of an APRN certification program, the Review Team must include at least one member representing an APRN certification program accredited by ABSNC and possessing at least a master's degree in nursing.

Section 6.4 Meetings

Meetings (usually held as teleconferences) of the Review Team are called at a mutually agreeable time with consideration for ABSNC response deadlines. The management staff provides consultation and facilitates the business of the Review Team.

POLICY 6 DUTIES AND RESPONSIBILITIES OF REVIEW TEAMS (CONT'D)**Section 6.5 Orientation of New Review Team Members**

The President of ABSNC will designate an experienced mentor to ensure an orientation is provided to new Review Team Members. The mentor will contact the new member to ensure an orientation has been conducted before the new reviewer's initial conference call meeting. The mentor should describe the process of application review, review member expectations and responsibilities, and offer suggestions about completing a thorough review.

Procedure

The procedure for review of applications is as follows:

Accreditation applications are made available to Review Team members on the credential management platform by the management staff. Email communication will include the date the application was received in the office and the date the ABSNC response is due to the applicant organization.

1. Review Team members review the application independently, followed by participation in a conference call to reach consensus related to the information provided to demonstrate compliance with each Standard. When reviewing applications review teams will consider issues related to inter-rater reliability.
2. The management staff will contact the Review Team members to confirm the date and time for the review call. The date must allow a timely response to the applicant organization as required in Policy 9 (Application for Accreditation or Reaccreditation).
3. All correspondence, including requests for additional information, will be sent to the applicant organization by the management staff. Within 5 business days of a Review Team decision, the Review Team is responsible for ensuring accurate documentation of additional information requested.
4. When the review is completed, the management staff will to prepare a written recommendation that reflects the consensus of the reviewers (to approve or deny the program's initial accreditation or reaccreditation) for presentation to the ABSNC Board of Directors.
5. Review team members who are contacted to serve on a Review Team for a specific application will be removed from the Review Team roster if a request to serve is declined three (3) times in succession. Exceptions will be made for extenuating circumstances.

POLICY 7**FEES****Section 7.1 Determination of Fees**

All fees are determined by the ABSNC Board of Directors.

Fees are assessed as follows:

- The application fee for non-members is \$1000 per certification program submitted.
- The application fee for ABNS members is \$750 for one certification program and \$1000 for 2 – 5 certification programs. Multiple certification programs must be submitted at the same time to obtain the reduced fees.
- Effective January 2026, the application fee for one certification program will be \$1000. The application fee for 2-5 certification programs will be \$1250.
- Accreditation fees are based upon a formula using per-candidate numbers at the time of initial accreditation application and on June 30 for currently accredited organizations. The fees are \$0.40 for each of the first 25,000 certificants or certificate holders, \$0.12 for each certificant or certificate holder over 25,000 and up to 75,000, \$0.03 for each certificant or certificant holder of 75,001 or more.
- A late fee of \$250 will be assessed for annual accreditation fees submitted between August 2 and October 31.
- A late fee of \$500 will be assessed for annual compliance reports received after the October 31 deadline.
- A fee of \$500 will be assessed for extension of the submission deadline of a reaccreditation application.

Section 7.2 Annual Accreditation Fees Procedure

1. Invoices for annual fees are disseminated by the ABSNC staff per the following timeline:
 - June 1: First fees invoice sent to chief staff officer of each ABSNC member organization, or volunteer representative if appropriate.
 - July 1: Second fees invoice sent to chief staff officer of ABSNC member organization, or volunteer representative if appropriate.
 - August 1: Fees due or postmarked by ABSNC office.
 - October 1: Final fees invoice sent.
2. Fees not received prior to November 1, may result in suspension and possible subsequent termination of accreditation.

POLICY 8**FINANCIAL POLICIES****Section 8.1 Checks/Authorization of Check Signers**

Any checks written against the ABSNC checking account in excess of \$5,000, with the exception of contractual obligations will be approved by the Secretary-Treasurer and President.

Section 8.2 Approval of Budget

The annual budget will be developed by the Secretary-Treasurer and Executive Director for review and approval by the Board of Directors annually at the spring meeting.

Section 8.3 Financial Audit

The Executive Director will recommend an accounting firm located in the vicinity of the headquarters office. On an annual basis, the ABSNC Secretary-Treasurer will approve the accounting firm to conduct the current year-end audit or review and prepare the tax return. A financial review will be conducted annually. An audit will be conducted every five years unless by vote of the board an audit is deemed necessary.

Section 8.4 Responsibility of Management

Management Staff shall ensure:

- maintenance of the operating funds of ABSNC in federally insured accounts.
- payments, on behalf of the corporation will occur in a timely manner.
- transfer of funds between accounts as deemed beneficial to the organization.
- provision of financial statements and banking account statements at a minimum quarterly to the Finance Committee and subsequently to the Board of Directors.
- distribution of the most current Financial Statement at each board meeting for review and approval.

Section 8.5 Reimbursement of Expenses

When incurring expense, individuals should be considerate of their fiduciary responsibility to the ABSNC. Every attempt should be made to minimize costs for any expense. The ABSNC may reimburse up to \$300 per board member for attendance at in-person board meetings. All other reimbursements will be at the discretion of the President and Secretary-Treasurer.

The ABSNC President, Lead Volunteer Psychometrician, Public Member, Executive Director, and other individuals designated by the President will be reimbursed for travel and associated expenses related to ABSNC business.

Procedure

The procedure for reimbursement is as follows:

- Requests for reimbursement should be submitted on the Expense Report Form with all receipts attached within thirty days following incurring expense.

POLICY 8**FINANCIAL POLICIES (CONT'D)**

- Economical coach service is required for all travel. Reservations should be made at least 30 days before travel whenever possible to ensure the most cost-effective fare. When it is more economical to pay for an additional night's hotel stay rather than a higher airfare, ABSNC will reimburse for the additional hotel night.
- When driving to ABSNC-related activities, mileage will be reimbursed at a rate consistent with prevailing IRS guidelines. The total amount must not exceed the amount of an economy airline ticket purchased in accordance with ABSNC guidelines. Documentation of ticket price and verification of mileage traveled must be provided. Travel by train is also permitted consistent with ABSNC guidelines.
- Pre-approval by the Secretary-Treasurer is required for any airfare over \$1000.
- Expense related to changing travel plans which incur additional fees will be the responsibility of the traveler unless approved by the President.

POLICY 9**ACCREDITATION AND REACCREDITATION****Section 9.1 Confidentiality of Applications**

All application materials will be treated confidentially. Applicant information is shared only with members of the ABSNC Board of Directors, management staff and Review Team. No information in an application will be released without the prior written consent of the applicant, except that, in response to compulsory process seeking applicant information, ABSNC will attempt to give the applicant as much notice of such process as possible.

Section 9.2 Eligibility to Submit an Accreditation or Reaccreditation Application

In addition, each applicant must be able to provide examination statistics for at least 1 year of testing or a minimum of 100 candidates (whichever occurs first).

Section 9.3 Timeframe for Submitting an Application

Initial Accreditation: Organizations must notify the ABSNC office via email of intent to submit an initial application for accreditation a minimum of 90 calendar days before submission.

Reaccreditation: An accredited organization must apply for reaccreditation before its accreditation expires. Renewal notices will be sent to accredited organizations 24 months, 18 months, and 12 months before the expiration of accreditation. Reaccreditation applications must be submitted at least 6 months before the expiration date.

Unless approved by the ABSNC in advance of application submission, an application for accreditation or reaccreditation must be based on the current edition of the Standards posted on the ABSNC website at the time of submission, except cases where components of the application are dependent on cycle time. Review Teams will consider compliance with the Standards in accordance with the organizations' cycles.

Procedure

The procedure for submission of an Accreditation or Reaccreditation Application is as follows:

1. Applicant organizations will refer to the instructions for submitting an initial application and reaccreditation application as detailed in the document *Accreditation Process – Instructions and Required Documentation* (available on the ABSNC website).
2. Accreditation applications and all supporting documentation must be submitted through the ABSNC Credential Management System.
3. The applicant organization will receive email notification of the successful submission of the application directly from the Credentialing Management System.

POLICY 9 ACCREDITATION AND REACCREDITATION (CONT'D)

4. A check payable to ABSNC for the non-refundable application fee must be provided in conjunction with the application submission. Review of the application will commence after receipt of the application fee.
5. An organization may submit multiple certification programs in one application to take advantage of the reduced fees. No more than five certification programs from the same organization will be reviewed in any three-month period.
6. An applicant organization must submit initial accreditation fees within 30 days of receipt of notification of accreditation approval. An invoice will be provided to the organization by ABSNC. Initial accreditation fees are NOT prorated based on the time of year accreditation is granted.
7. If there are deficiencies in or questions about an application, additional information may be requested from the applicant organization.
8. If accreditation is denied, specific deficiencies in meeting the Standards will be cited. A copy of ABSNC Policy and Procedure 9.10, **“Requests for Appeal,”** will accompany notice of denial of accreditation. All communications related to non-approval will be sent by email.
9. Applicants with denied programs may pursue appeal according to ABSNC policy or may reapply for accreditation. If the organization elects to reapply for accreditation, a new application must be resubmitted with appropriate application fees.

Section 9.4 Request for Additional Information

Following the application review process, the applicant organization will receive notification from the ABSNC Credential Management System of any determined deficiencies. Organizations are expected to respond to the request for additional information or clarification within the specified period. Failure to respond in a timely manner may result in a delay in the accreditation decision or a lapse in accreditation. If accreditation or reaccreditation cannot be recommended by the Review Team after the third review (see Section 9.7 below), an appeal may be permitted, or the organization may reapply and submit additional application fees.

If the need for additional information causes the review of an application for reaccreditation to continue past the accreditation expiration date, the status of the program’s accreditation will be identified as “Pending” for “Accreditation Expiration Date” on the ABSNC website.

However, if upon initial review an application is determined by the review team to have provided insufficient evidence to support a significant number of the standards, the application will be returned to the organization without further review. The organization will be provided with a six-month window in which to address compliance with the standards. A fee of \$250 will be assessed for the extended window.

POLICY 9

ACCREDITATION AND REACCREDITATION (CONT'D)

Section 9.5 Approval or Denial of Accreditation or Reaccreditation

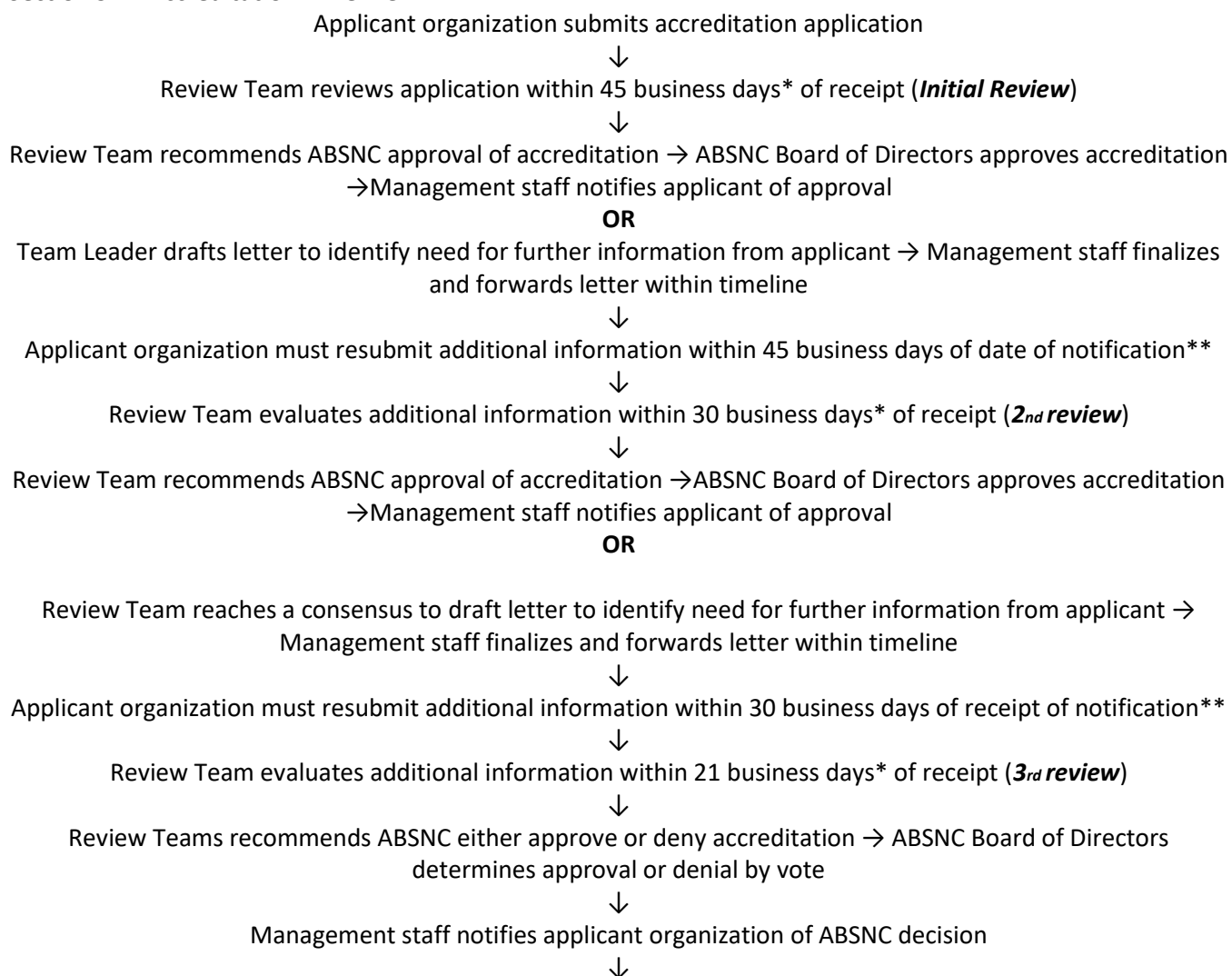
Upon receiving a recommendation from the Review Team regarding an application for accreditation or reaccreditation, a two-thirds affirmative vote of the ABSNC Board of Directors is required for approval of an application if the vote is conducted at a meeting; a unanimous vote is required if the vote is conducted by email ballot.

If accreditation or reaccreditation is denied, specific deficiencies in meeting the Standards will be cited in a written notice of denial provided to the applicant organization. A copy of ABSNC Policy and Procedure “Reconsideration and Appeal of Accreditation Decision” will accompany notice of denial.

Section 9.6 Accreditation Period

Initial accreditation will be granted for a five-year period beginning on the date of application approval. For reaccreditation, the five-year period will begin with the date of expiration of the previous accreditation period.

Section 9.7 Accreditation Timeline



If denied accreditation, applicant organization is provided a copy of the ABSNC Policy and Procedure “Reconsideration and Appeal of Accreditation Decision”

* Excludes Federal holidays

** Applicant organization may submit a letter to the ABSNC to describe special circumstances that may warrant reconsideration of deadlines.

POLICY 9 ACCREDITATION AND REACCREDITATION (CONT'D)

Section 9.8 Extension to Submit Reaccreditation Application

1. While reaccreditation applications are to be submitted through the ABSNC Credential Management System by the first of the month in which the reaccreditation application is due, ABSNC will accept applications anytime during the month in which the application is due.
2. Applicant organizations may ask for an extension of the deadline for submission of a reaccreditation application. Such requests must be made at least two weeks prior to the first day of the month in which the reaccreditation application is due, and in writing as described below. The ABSNC may grant a maximum of a six-week extension. If an organization requests an extension longer than six weeks, the ABSNC Executive Committee will determine if the additional time will be granted.
 - a. Fee for extension - must be submitted by check payable to “ABSNC.”
 - b. The request for an extension must be sent in writing to the attention of the ABSNC President at the ABSNC office with payment as described above.
 - c. If the Review Team’s review of a submitted reaccreditation application leads to subsequent requests for further information that result in the review exceeding the expiration date of an organization’s accreditation, the website listing of Approved Programs will be changed to reflect the status of this accreditation as “Pending.”

Section 9.9 Revocation of Accreditation

Whenever an organization is determined to no longer be in compliance with ABSNC Accreditation Standards either as a result of demonstrated misconduct, a reaccreditation application, annual compliance reporting or failure to submit annual fees, the organization’s accreditation will be revoked.

Procedure

The procedure for revocation of accreditation is as follows:

1. If a Task Force has determined, pursuant to Section 10.5, that an accredited organization has engaged in misconduct justifying revocation of accreditation and that determination has not been appealed or has been appealed unsuccessfully, accreditation will be revoked without any further right to appeal.
2. If a Review Team has determined that a reaccreditation application is deficient and the ABSNC Board of Directors has voted to deny reaccreditation, accreditation will be revoked upon the expiration of the prior accreditation period.

POLICY 9**ACCREDITATION AND REACCREDITATION (CONT'D)**

3. If an applicant for reaccreditation fails to submit the required application fee, accreditation will be revoked, upon the expiration of the prior accreditation period.

Once a decision has been made to revoke an organization's accreditation, the ABSNC Secretary-Treasurer or Designee shall:

1. Notify the accredited organization's chief staff officer in writing that the organization's accreditation has been terminated.
2. Upon the expiration of the organization's appeal period, or upon the denial of the appeal, inform the ABSNC-accredited organization programs that the organization upon which their accreditation is based is no longer accredited.

Section 9.10 Appeals

Applicant organizations may appeal a decision to deny initial accreditation or reaccreditation, as well as a decision to revoke accreditation. All communications related to an appeal must be in writing, which includes email. All costs associated with the appeal process are borne by the requesting organization.

Procedure

The procedure for appeal is as follows:

1. Appeals must be submitted in writing and must be received by ABSNC no later than 30 days after the date the organization received written notification of the decision to deny initial accreditation or reaccreditation or to revoke its accreditation. The appeal must provide identifying and contact information regarding the organization's primary contact person for purposes of the appeal.
2. Staff will confirm receipt of the appeal with the organization's identified primary contact person.
3. As part of the appeal, the organization may present only written information and data relevant to the Standards cited by ABSNC as the reason for the decision not to accredit, not to reaccredit or to revoke accreditation.
4. A copy of all communications related to an appeal will be forwarded immediately to the ABSNC President. The ABSNC President will immediately notify legal counsel of the appeal. Legal counsel shall advise the ABSNC during the appeal process as needed.
5. The ABSNC President will name an Appeal Task Force consisting of two members of the ABSNC Board of Directors not involved in the initial review of the application or the decision to revoke. One member of the Appeal Task Force will be appointed by the ABSNC President to serve as the Chair. If the reason for denial or revocation is psychometric in nature, the ABSNC President also will appoint a volunteer psychometrician not involved in the initial review to serve on the Appeal Task Force.
6. Upon establishment of an Appeal Task Force, all communications from the appellant organization will be directed to the Chair of the Appeal Task Force.

POLICY 9**ACCREDITATION AND REACCREDITATION (CONT'D)**

7. Hearings will be held at a time and place determined by the ABSNC. Hearings will be conducted via remote communication technology, including without limitation teleconference or virtual meeting technology, as determined by the Chair of the Appeal Task Force, with all supporting documentation provided by the appellant organization to the Chair of the Appeal Task Force in advance of the hearing.
8. The appellant organization may have its own representative and two additional persons present for the hearing. The appellant organization may present its position through one of its representatives, who may be
9. questioned by the members of the Appeal Task Force, but the appellant organization shall not be entitled to call or to cross-examine witnesses.
10. The ABSNC may have legal counsel present for consultation at the hearing.
11. A record of the proceedings will be made.
12. Within 30 days of the hearing, the appellant will be notified of the Appeal Task Force decision in writing by traceable means, signature required. The decision of the Appeal Task Force shall be final and not subject to further appeal. If reaccreditation has been denied or if accreditation has been revoked, the appellant organization will be instructed to remove all ABSNC accreditation-related references from its publicly available communications (e.g., website, candidate handbooks, etc.), as well as from those of its allied organizations.
13. Within 30 days of denial of reaccreditation or revocation of accreditation, the ABSNC Appeal Task Force will confirm that the certifying organization and any other allied organizations have removed all references to ABSNC accreditation from any published materials and websites.

POLICY 10**ANNUAL COMPLIANCE REPORTING AND REPORTING MAJOR CERTIFICATION PROGRAM CHANGES****Section 10.1 Annual Compliance Reporting**

Organizations granted an ABSNC five-year accreditation must demonstrate ongoing adherence to accreditation Standards by submitting an annual report and payment of annual fees.

Procedure

The procedure for annual compliance reporting is as follows:

1. An annual report must be submitted through the ABSNC Credential Management System no later than October 31.
2. Management staff will assign the annual reports submitted to a team of two board members.
3. Representatives from accredited programs determined not to have demonstrated continuing compliance with the Standards will receive written notification of deficiencies no later than January 15.
4. Those organizations will have 30 days to submit either additional information demonstrating that there are no deficiencies, or a proposed action plan designed to correct deficiencies and return the program to compliance with the Standards. The proposed action plan must provide that it will be completed no later than October 31 of the year of notification, the due date for the next compliance report. The assigned board member review team will determine whether additional information demonstrates that there were no deficiencies, as well as whether a proposed action plan is sufficient. Should the organization fail to make an adequate demonstration to ABSNC may determine that the organization's accreditation should be revoked. Programs submitting action plans that are approved by the ABSNC will lose accreditation if it is subsequently determined that the implementation of the action plan did not return the program to compliance with the Standards.
5. Any issues raised in the annual compliance reports will be communicated to the ABSNC Board of Directors.

Section 10.2 Reporting Changes

ABSNC is to be informed in writing of any changes to an accredited certification program that may affect compliance with Accreditation Standards. If program changes are reported, the ABSNC Executive Director will forward a copy of the program change report to the Review Team assigned to the organization and the Lead Volunteer Psychometrician of the Board. If the report identifies a concern relative to an organization's continuing compliance with Standards, the concern may be referred to the ABSNC Board of Directors for review and possible action.

Section 10.3 Late Fees/Incomplete Compliance Reports

An accredited organization will incur a late fee if its compliance report is submitted after the submission deadline of October 31 or if the application is incomplete at the time of submission.

POLICY 10 ANNUAL COMPLIANCE REPORTING AND REPORTING MAJOR CERTIFICATION PROGRAM CHANGES (CONT'D)

Section 10.4 Misconduct

Accreditation may be suspended or revoked if an accredited organization is found to have engaged in the following types of misconduct:

1. Falsification of information on the initial accreditation and/or reaccreditation application.
2. Falsification of any information requested by ABSNC.
3. Misrepresentation of ABSNC accreditation.

Section 10.5 Submitting a Complaint

The ABSNC will initiate an investigation of misconduct whenever:

- a representative of any ABSNC-accredited organization submits a complaint regarding an accredited organization's alleged misconduct.
- it has reason to believe that misconduct has occurred.

Procedure

The procedure for complaint submission is as follows:

1. Complaint
 - a. Complaints must be submitted in writing to the ABSNC office. Only written, signed complaints will be considered. The complainant's name will not be disclosed to anyone other than ABSNC Board members and, to the extent necessary, to fully investigate the complaint, to the Board of the organization about which the complaint has been made.
 - b. A complaint should include:
 - i. name and contact information of the person initiating the complaint;
 - ii. statement of the alleged misconduct.
 - c. All supporting documentation must accompany the written complaint.
 - d. Upon receipt of a complaint, the organization accused of misconduct will be notified that a complaint has been filed against it. The notice will include the complaint and its supporting documentation, identify the alleged violation, provide a copy of the procedures to be followed regarding the complaint, and request any specific information that should be provided.
 - e. The accredited organization must submit a written response and supporting documentation within 30 days of receiving the notification by ABSNC.
 - f. The accredited organization may request the opportunity to conduct a teleconference with an ABSNC Task Force appointed by the President.

POLICY 10 ANNUAL COMPLIANCE REPORTING AND REPORTING MAJOR CERTIFICATION PROGRAM CHANGES (CONT'D)

2. Investigation and Decision
 - a. The Task Force will investigate the complaint and may seek additional information regarding whether an accredited organization has engaged in misconduct.
 - b. If the Task Force determines that the written response submitted by the accredited organization demonstrates no misconduct, the matter will be considered closed and the organization and complainant will be so notified.
 - c. If the Task Force determines that misconduct has occurred, the Task Force will determine whether the organization's accreditation should be suspended or revoked.
 - d. Written notification stating the decision of the ABSNC Task Force will be sent to the organization within 30 days following the Task Force meeting at which the complaint and any investigative results are heard. Notice will also be provided to the individual who initiated the complaint stating only that appropriate action has been taken.
3. Requesting a Hearing with Appeals Board

Within 30 days of receipt of notice of a Task Force determination to suspend or withdraw accreditation status, the certifying organization may request an Appeal as described in Policy 9.
4. Staff will post on the ABSNC website the names of organizations which have had accreditation revoked or who have failed to maintain compliance with the accreditation Standards.

Section 10.6 Selling an ABSNC Accredited Certification Program

In the event that an ABSNC accredited organization, an ABSNC accredited RN or an accredited non-RN certification program is sold, accreditation is not portable:

- In order that certificants are not unduly penalized, ABSNC will grant a 6-month grace period of accreditation to the purchasing organization. To avoid the lapse of accreditation, the purchasing organization must submit an initial accreditation application for the program within three months of the purchase.
- Compliance with all ABSNC Standards must be demonstrated by the purchasing organization in order for accreditation to continue. The narrative and supporting documents must reflect the purchaser's practices, policies, and procedures, as well as those of the testing vendor.
- If an accredited program was jointly owned and one organization has gained sole ownership, the new sole owner must submit its policies and procedures in all areas of the previous accreditation application in which jointly held policies and procedures were submitted. In addition, the new owner must submit its policies and procedures to address any functions performed solely by the previous owner. A table can be used to cross-reference the relevant standards with the new owner's policies and procedures.

POLICY 10 ANNUAL COMPLIANCE REPORTING AND REPORTING MAJOR CERTIFICATION PROGRAM CHANGES (CONT'D)

- Because the purchasing organization may not have examination data to report for at least 1 year of testing, the purchasing organization may use applicable data from the organization which sold the program.

The purchasing organization and seller should demonstrate that the certificants have been notified of the change and provided a point of contact at the purchasing organization.

POLICY 11**QUALITY IMPROVEMENT PROGRAM**

The ABSNC will maintain a quality improvement program (QIP).

Procedure

The procedure for the QIP will be as follows.

1. The QIP will consist of the following three components: (a) processes focused on education of ABSNC board members and non-board Review Team members; (b) processes intended to improve and/or measure inter-rater reliability, and (c) attention to improving elements of ABSNC's work, particularly those from which any issue has arisen.
2. All members of the ABSNC Board of Directors and non-board Review Team members who have not had previous experience in reviewing accreditation applications will receive a formal orientation, conducted by (a) board member(s) appointed by the President, the CEO, and the Lead Volunteer Psychometrician, as appropriate.
3. Consistency of Review Team decisions will be evaluated by the Board of Directors every 2 years to assess the congruence of various assessors' evaluations of applications to Standards as follows:
 - a. To assess consistency in decision-making, in even-numbered years, staff will select a program application from the previous year's submitted applications prior to review team input for review at the spring meeting. One to two standards with supporting documentation from the application are distributed evenly to board members/psychometricians. Each board member independently reviews each element of the standard and presents findings at the meeting to be compared to review team findings.
 - b. To assure consistency in reviewer decision-making across teams, team leaders will review reviewer comments on separate applications from the same organization.
 - c. To assess clarity of the standards as presented, in odd-numbered years, staff will compile a list (and frequency) for review at the fall board meeting of Standards for which 30% of applications were cited in the previous year. Following discussion, the Board will determine if a standard should be reviewed by a task force for recommended changes.
 - d. If remediation or improvement in standard clarity is indicated, action will be taken by the next meeting to begin correction.
4. As issues arise that indicate a potential for improving the quality of the ABSNC's processes, the issue will be evaluated for corrective action.
5. Following the completion of an accreditation and reaccreditation process, the staff will send the applicant organization a link to a Survey Monkey to evaluate the accreditation process.
6. The ABSNC President and Executive Director will review the evaluation feedback to determine if a potential for improvement of the accreditation process is indicated. The Executive Director will summarize the feedback received between each ABSNC meeting and disseminate to the Board of Directors or task group for discussion regarding improvement.
7. ABSNC Bylaws will be reviewed for updates in even-numbered years.
8. ABSNC Policies and Procedures will be reviewed for updates in even-numbered years.
9. ABSNC Standards will be reviewed for updates every five years.

POLICY 11 **QUALITY IMPROVEMENT PROGRAM (CONT'D)**

- a. The President may appoint an ad-hoc committee to review and make suggestions for revision to the ABSNC Policy and Procedure Manual and the Accreditation Standards.
 - b. All substantive changes to the Rationale, Criteria, and Required Documentation of the Accreditation Standards shall be posted for a 30-day period of public comment by ABSNC organizations with accredited programs, ABSNC pool of volunteer psychometricians, and ABNS member organizations.
 - c. New Standards and revisions to existing accreditation Standards will be approved by the ABSNC Board of Directors after reviewing comments received during the period of public comment.
 - d. The date of implementation of new or revised Standards will be determined by the ABSNC Board of Directors.
10. Newly elected board members will be provided with an orientation packet and participate in an in-person orientation.
11. New review team members will be provided with an orientation packet.

POLICY 12**RECORD RETENTION POLICY**

A record retention policy should minimize both the legal risks flowing from hastily drafted or misleading documents and the adverse inferences that may arise from the selective destruction of documents in the absence of such a policy. Moreover, the expense of storing obsolete documents, as well as the cost of retrieving documents in response to business requests, government investigations or litigation, should be reduced.

To minimize these costs and risks, the Accreditation Board of Specialty Nursing Certification. ("the ABSNC") has adopted the following record retention policy for the systematic retention and destruction of documents based on statutory or regulatory record-keeping requirements and practical business needs.

It is the intention of this policy that documents be retained only so long as they are (1) necessary to the conduct of the ABSNC's business; (2) required to be kept by statute or government regulation; or (3) relevant to pending or foreseeable investigations or litigation. Retention periods are based primarily on current federal record-keeping requirements and state statutes of limitation. Currently relevant documents should be filed systematically and accessibly. Documents that must be maintained permanently can be catalogued and, if possible, reduced to some secure form of electronic record for storage and easy access when needed.

To achieve these objectives, procedures will be established so that documents are filed in the appropriate place, the number of copies is catalogued, and documents are retrieved and destroyed on pre-established "pull" dates. One individual will have overall responsibility for initial implementation and yearly review of compliance with this policy. The program itself will be reviewed periodically to ensure governmental requirements are being met, business needs are satisfied, and changes in hardware and software do not prevent access to stored electronic records.

The ABSNC can also be subject to criminal penalties under provisions of the Sarbanes-Oxley Act of 2002, which prohibits corruptly tampering with, altering, destroying or concealing records in an effort to prevent their availability for use in an "official proceeding."

No document, including an electronic document, shall be intentionally altered, covered-up, falsified or destroyed, nor shall any agent of the ABSNC be directed to do so, to prevent its use in an official proceeding. Upon becoming aware that any document may reasonably be anticipated to be useful in any actual or reasonably predictable official proceeding, staff shall override any document retention policy or procedure that might result in the destruction of or inability to find any such document. All attorneys employed or retained by the ABSNC shall be given a copy of this policy and are hereby instructed to inform the ABSNC's management of any documents of potential use in an official proceeding.

The following schedule provides retention periods for the major categories of documents, both paper and electronic, for the ABSNC.

POLICY 12

RECORD RETENTION POLICY (CONT'D)

DOCUMENT TYPE	RETENTION PERIOD
ACCOUNTING	
Accounts payable ledgers and schedules	7
Accounts receivable ledgers and schedules	7
Auditors' reports	Permanent (P)
Budgets	7
Cancelled checks, generally	6
Chart of Accounts	6
Depreciation records	P
Expense reimbursement requests	7
Financials (including bank reconciliations, bank statements)	3
General ledgers	7
Officer, director and staff expense reports	3
End of year financial statements	P
Inventory lists	7
Invoices	7
Petty cash vouchers	3
Subsidiary ledgers (accounts receivable, accounts payable, etc.)	7
Sales Records	7
Year-end general journal entries	7

CORPORATE	
Annual reports	P
Approved Board minutes and records of all actions taken by Board without a meeting	P
Approved Executive Committee minutes and records of all actions taken by Executive Committee without a meeting	P
Articles of Incorporation and amendments	P
Authorizations for expenditures	7
Bylaws (including prior versions)	P
Certification Handbook	P
Committee (other than Executive and Ethics) files	3
Conflict of Interest files	7
Contracts, generally	Expiration +7
Contracts, sales (UCC)	7
CMD applications and maintenance files	Current +5
CMD names and addresses	Current
Ethics Committee files/minutes	5
Journals (one copy)	P
Meeting materials (call for proposals, call for abstracts, registration brochure, final program)	3
Notes (internal reports, memos, etc.)	3
Photos of ABSNC Board members, meetings	3
Policies	P
Publications (other than Journals newsletters, membership or other brochures-one copy)	3

POLICY 12

RECORD RETENTION POLICY (CONT'D)

Purchase orders	3
Purchase reports	3
Training Policies	3
Whistleblower Policy complaint files	7
Written communications to rejected CMD applicants	5
Written communications to CMDs, general	3
Written communications to CMDs, CMD discipline/ethics	5
CORRESPONDENCE	
General, routine	3
INSURANCE	
Accident reports/claims	7
Insurance policies	P
INTELLECTUAL PROPERTY	
Trademark registrations, copyright registrations, patents	P
LEGAL	
Claims and litigation files (except drafts)	P
Legal Correspondence	7
TAX	
Employer tax identification number	P
Exempt status IRS determination letter, application and related IRS correspondence	P
Income tax returns and cancelled tax payment checks (federal, state and local)	P
Property tax returns	P
Sales and use tax returns	4

POLICY 13**WHISTLEBLOWER POLICY****Procedures for the Submission of Complaints or Concerns Regarding Financial Statement Disclosures, Accounting, Internal Accounting Controls, or Auditing Matters**

To facilitate disclosures, encourage proper individual conduct and alert ABSNC to potential issues before encountering serious consequences, the ABSNC deems it appropriate to use Section 301 of the Sarbanes–Oxley Act of 2002 as a guideline for the Board of Directors to establish procedures for:

- a. the receipt, retention, and treatment of complaints received by ABSNC regarding its financial statement disclosures, accounting, internal accounting controls or auditing matters; and
- b. the submission by staff and members of accredited bodies, on a confidential and anonymous basis, of good faith concerns regarding questionable accounting or auditing matters.

The Board of Directors has adopted the following “whistleblower policy” for implementation by ABSNC:

1. The ABSNC shall review any complaints that it receives regarding financial statement disclosures, accounting, internal accounting controls or auditing matters. Any complaint will first be evaluated to determine whether it falls within the scope of this Policy. If the complaint does not appear to involve financial statement disclosures, accounting, internal accounting controls or auditing matters, it will be forwarded to the ABSNC general counsel to handle in a manner in which he or she deems appropriate.
2. Any staff person or organizations with ABSNC-accredited programs may submit any good faith concerns regarding financial statement disclosures, accounting, internal accounting controls, or auditing matters in accordance with the following procedures:
 - a. on a confidential and anonymous basis, the concern should be submitted in writing and sent in a sealed envelope via certified mail to ABSNC's general counsel. The envelope should be labeled: “To be opened by the Board of Directors only. This envelope is being submitted pursuant to the 'whistleblower policy' adopted by the ABSNC.” Any such envelope received by the general counsel shall be forwarded promptly and unopened to the President of ABSNC. If a staff person or individual from an organization with ABSNC-accredited programs would like to discuss any matter with the Board of Directors, the individual should indicate this in the submission and include a telephone number at which he or she might be contacted if the Board of Directors deems it appropriate.
 - b. on a non-anonymous or non-confidential basis, the concern should be reported to ABSNC's general counsel using the contact information specified below.

Michael Deese, Esq.
 Pannos Law, LLC
 4311 North Ravenswood Avenue, Suite 100
 Chicago, Illinois
 michael.deese@pannos-law.com

The general counsel shall keep a written record of all such reports and shall make monthly

POLICY 13**WHISTLEBLOWER POLICY (CONT'D)**

reports of the same to the President in any month in which a concern is reported. If the alleged violation relates to ABSNC's financial statement disclosures, accounting, internal accounting controls, or auditing matters, the reported concern shall immediately be relayed by the general counsel to the President. The President shall immediately notify the complainant that the concern has been received and that procedures as outlined below will begin.

3. Following the receipt of a complaint or a concern within the scope of this Policy, the Board of Directors will investigate each matter reported and take necessary and appropriate corrective or disciplinary actions. The status of all pending complaints will be reviewed at each regularly scheduled Board of Directors meeting.
4. The Board of Directors may enlist committee members, staff, and/or outside legal, accounting or other advisors, as appropriate, to conduct any investigation of complaints or concerns regarding financial statement disclosures, accounting, internal accounting controls, or auditing matters. In conducting any investigation, and to the extent possible consistent with the need to conduct an adequate review of any complaint or concern, the Board of Directors shall use reasonable efforts to attempt to protect the confidentiality and anonymity of the complainant.
5. ABSNC will not tolerate retaliation of any kind (including without limitation discharge, demotion, suspension, threatening, harassing, or in any manner discriminating against any such person in the terms or conditions of his or her employment) against staff or individuals from organizations with ABSNC accredited programs for complaints or concerns submitted hereunder that are made in good faith. Should the identity of any person making a complaint or a reporting a concern hereunder be made known, the Board of Directors shall monitor any disciplinary action against such person. Additionally, no staff person or member shall be adversely affected because the staff person or member refuses to carry out a directive which, in fact, constitutes corporate fraud or is a violation of state or federal law.
6. The Board of Directors shall retain as a part of its records for a period of no less than seven (7) years all such complaints and reported concerns, together with the proceedings of the Board with respect thereto. All such records will be treated as confidential information.

POLICY 14**JOINT VENTURE POLICY**

The ABSNC shall evaluate any proposed joint venture or similar arrangement with a taxable entity under applicable federal tax law in order to protect the Association's exempt status.

A joint venture or similar arrangement is defined as any joint ownership or contractual arrangement through which there is an agreement to jointly undertake a specific business enterprise, investment, or exempt-purpose activity.

In order to safeguard the Association's exempt status, the Association shall consider the following when evaluating a joint venture arrangement with a taxable entity:

- Maintaining control over the venture or arrangement sufficient to ensure that it furthers the exempt purpose of the Association;
- Requiring that the venture or arrangement gives priority to furthering the Association's exempt purposes over maximizing profits for the other participant(s);
- Prohibiting the venture or arrangement from engaging in activities that would jeopardize the Association's federal tax exemption; and
- Requiring that all contracts entered into with the venture be on terms that are "arm's length" or more favorable to the Association.

POLICY 15**VENDOR CONTRACT SIGNING POLICY****Responsibility**

The client partner's board of directors is accountable for all agreements, contracts and other vehicles used to obligate the client partner. The board of directors may delegate responsibility and signature authority, preferably in writing via approved board minutes, to the chief staff executive. The chief staff executive may delegate authority to authorize contracts or recurring contracts.

It is the responsibility of the client partner's chief staff executive to request, review and negotiate all contracts on behalf of the client as approved by the board and included in the approved client budget.

Guidelines

There must be demonstrable proof of contract approval from the Board or the appropriate committee, such as in formal meeting minutes.

Part of the review and signing process must include the approval by client-partner volunteer leaders. It also must include a thorough review and approval from the chief staff executive.

The client partner board may grant authority to sign contracts on behalf of the client to the chief staff executive so long as the financial implications of the contract are provided for in the annual budget approved by the Board.

If signing a contract has financial implications not included in the client partner budget or that exceed the budgeted amount, full board approval is required and must be captured in board minutes before authority to sign the contract is granted.

If the contract is approved and will be signed by a client partner's chief staff executive or designee, the following should be in place in the actual contract:

- The entire contract should be in the name of the client partner;
- The signature line should state "On Behalf of and as authorized signer for (Name of the Client)";
- The staff person must use their Client Partner title.

Exclusions

The above policy will **NOT** apply to:

- The association management contract, which shall be signed by the chief volunteer officer (i.e. Chair, President) and *not* the AH Chief Staff Executive.
- A designated member of the board of directors must sign the organization's 990. Staff is strictly prohibited from signing the tax form on behalf of the organization.

POLICY 15**CODE OF PROFESSIONAL CONDUCT**

The ABSNC was established to provide a mechanism for specialty nursing certification organizations to obtain national accreditation by demonstrating the highest quality standards available in the industry. The mission of ABSNC is to promote excellence in health care through the application of rigorous accreditation processes. The vision of the ABSNC is to be universally recognized as the pre-eminent accrediting organization for all specialty nursing and nursing associated credentialing programs.

ABSNC leadership and volunteers create an environment that supports its core values of education, excellence, service, integrity and leadership:

Education – Encourage lifelong learning by incorporating self-reflection, self-assessment, and reflective practice into continuous professional development.

Excellence – Maintain best practice standards in accreditation to ensure fair and equal treatment for programs seeking and maintaining accreditation.

Service – Provide support to organizations seeking and maintaining accreditation.

Integrity – Demonstrate the highest standards of conduct in the performance of responsibilities to the organization and the organization's seeking accreditation or reaccreditation.

Leadership – Uphold the fiduciary responsibilities of loyalty, care and obedience.