# Frequently Asked Questions (FAQs)
## APRN Consensus Model:
## Licensure, Accreditation, Certification & Education

**Revised July 2025**

This 2025 FAQs update reviews the history of this seminal collaborative work and provides answers to both the original questions and new ones that have emerged. To view the APRN Consensus Model, click here.

### The History of the APRN Consensus Model

Prior to 2008, APRNs were assuming a larger role in providing high-quality, cost-effective healthcare. Despite the increase in APRN programs and providers, patient access to APRN care was limited by a lack of common definitions regarding the APRN roles, increasing numbers of nursing specialties, debates about appropriate credentials and scope of practice, and a lack of uniformity in educational program content and state regulations. The APRN Consensus Model sought to address these challenges (see pp.17-21).

The APRN Consensus Model was created over a 5-year period through the efforts of two national, multi-organizational groups - the APRN Consensus Work Group and National Council of State Boards of Nursing (NCSBN) APRN Advisory Committee - with extensive input from a larger APRN stakeholder community (see pp. 30-40).

Since the APRN Consensus Model was endorsed in 2008, stakeholder organizations representing the pillars of accreditation, certification, and education have made substantive changes to fully implement the APRN Consensus Model. However, licensure is driven by the individual state regulatory bodies, and licensure and authorization to practice varies by state. The work to fully implement the APRN Consensus Model continues to evolve. Click here to find more information on implementation status of the APRN Consensus Model by state.

### The Relationship Between the APRN Consensus Model and the LACE Network

The APRN Consensus Model is a product of the work completed jointly by the NCSBN APRN Advisory Committee and the APRN Consensus Work Group, and serves as the guiding document for APRN preparation, practice, and regulation. The LACE Network representing the four pillars identified in the model - Licensure, Accreditation, Certification, and Education – was formed to provide a forum for stakeholders from member organizations to communicate, discuss, and collaborate to address matters important to APRN practice and regulation. The LACE Network now includes membership organizations in addition to the four pillar organizations. The LACE network meets regularly and works to facilitate implementation of the APRN Consensus Model, while involving all stakeholders to advance APRN regulation (see pp. 7, 16, 17).

## APRN Consensus Model
## Frequently Asked Questions

**1. Are the APRN Consensus Model and LACE the same thing?**
No. Although some may refer to the APRN Consensus Model inaccurately as the "LACE Model" this is not the correct terminology. The APRN Consensus Model provides guidance for states to adopt uniformity in the regulation of APRN roles, licensure, accreditation, certification and education. LACE is a communications network bringing together leaders from the areas of licensure, accreditation, certification, and education.

**2. How do the components of LACE relate to the APRN Consensus Model?**
The APRN Consensus Model applies to all pillars of LACE (Licensure, Accreditation, Certification, Education). Each of these elements plays an essential role in the implementation of the model (pp. 7).

**3. How is the role of APRN defined in the APRN Consensus Model?**
The document provides a detailed definition of an APRN (pp. 6-8).

There are four APRN roles defined in the document (pp. 7-8):

- certified registered nurse anesthetist (CRNA)
- certified nurse-midwife (CNM)
- clinical nurse specialist (CNS)
- certified nurse practitioner (CNP)

In addition to the APRN roles, the Consensus Model also identifies population foci (pp. 10).

**4. Is APRN specialty practice recognized in the APRN Consensus Model?**
Yes. APRN specialty practice is recognized and defined within the APRN Consensus Model. Specialties can provide depth in practice within the established population foci, but preparation and certification at the specialty level cannot expand the APRNs scope of practice beyond the role or population focus. APRNs cannot be licensed solely within a specialty area; they must be educated, certified and licensed as practitioners at the level of one of the four APRN roles within at least one of the six identified population foci (pp. 10, 12).

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### Licensure

Nursing Regulatory Bodies, which go by a variety of names (i.e. board of nursing), are jurisdictional governmental agencies in all 50 states, the District of Columbia, and four US territories, that are responsible for the regulation of nursing practice. Each jurisdiction has a Nurse Practice Act. Nurses must comply with the law related to rules to maintain their license as it pertains to qualifications for licensure, nursing titles allowed and used, scope of practice, and action if laws are not followed. (NCSBN)

**5a. Why is the APRN Consensus Model called a regulatory model?**
The APRN Consensus Model is called a regulatory model based on the broad definition of regulation. The APRN Consensus Model helps *guide the decisions of nursing regulatory bodies in determining rules and laws* regarding APRN practice in each state.

**5b. How is APRN regulation determined?**
APRN regulation is determined by the individual state law and statutes. Regulatory nursing agencies, including boards of nursing, interpret, publish, and implement the law in state nurse practice acts. (NCSBN, U.S. Nursing Regulatory Bodies)

**6. How does the APRN Consensus Model define age parameters for each population foci?**
The APRN Consensus Model does not define the age parameters for any of the population foci. Resources for age parameters include state nurse practice acts and scope and standards documents for the APRN role and population (see the LACE Statement on Age Parameters for APRNs).

**7. How must APRNs legally represent themselves according to the APRN Consensus Model?**
APRNs are legally mandated to represent themselves by their state-designated title based on their APRN education and certification in a specific role and population. Specialty certifications enrich practice but do not convey legal authority to practice.

**8. Is there an APRN Consensus Toolkit or other resources available to explain the model to stakeholders (legislators, employers, clinicians, educators)?**
Yes, resources can be found on the NCSBN website, LACE discussion board, and the websites for individual state boards of nursing.

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**Accreditation**

Accreditation is a peer-review, self-regulatory process by which non-governmental associations recognize educational institutions, nursing education programs, and certification programs that meet or exceed standards and criteria for quality. Nursing education and certification programs undergo distinct accreditation processes at regular intervals. (See list of agencies in section below.)

**9. What is the role of accreditation in the APRN Consensus Model?**
The APRN Consensus Model requires that APRN programs be accredited. Accreditation ensures that the curriculum, number of direct patient care hours, and overall structure of the APRN programs meets educational standards. Graduation from an accredited program is an eligibility requirement to take national board certification exams ( pp. 6,15).

**10. How can APRN educational programs ensure that graduates meet the eligibility criteria for APRN certification?**

New APRN programs must be pre-approved by an accrediting organization before students enter the program to ensure that programs meet established educational standards and that graduates will be eligible to apply to test for national certification. APRN programs must maintain national accreditation at regular intervals to validate/demonstrate they maintain established criteria and standards, including certification examination requirements.

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## Certification

From the I.C.E. Standards for the Accreditation of Certification Programs, certification is "a process, often voluntary, by which individuals who have demonstrated the level of knowledge and skill required in the profession, occupation, role, or skill are identified to the public and other stakeholders." For APRNs, certification is the attestation that a candidate has demonstrated knowledge and competence in a particular role and population. The majority of states require APRNs to hold national board certification as a condition of licensure.

**11. If the APRN's legal title is APRN plus role, how will the employer know in what population focus or foci the APRN is educated?**

As of 2025, not all states have fully implemented the APRN Consensus Model, therefore APRN titles vary among states according to their individual Nurse Practice Acts (APRN, APN, ARNP) (see the APRN Consensus Model Implementation Status). Employers should go beyond licensure verification by confirming APRN educational preparation and national board certification.

**12. Based on experience, is an APRN eligible to take a certification exam for another population or role?**

No, APRNs cannot take an APRN certification exam without meeting the educational requirements. Certification eligibility requirements comply with the APRN Consensus Model that states APRNs must have formal educational preparation for the specific role and population (see p. 6 and LACE Changing a Role or Population Document).

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## Education

The pillar of Education represents all graduate and post-graduate level learning and skills development required to prepare APRN to deliver safe, competent care. APRN curriculum is guided by current professional advanced practice nursing standards and frameworks and includes both didactic and direct patient care hours. Successful completion of an accredited APRN program indicates that the graduate has met the academic requirements to take a national APRN certification examination in their role and population. All APRNs in any of the four roles providing care to the adult population (e.g., family or gender specific) must be prepared to meet the growing needs of the older adult population. Therefore, the education program should include didactic and direct patient care experiences necessary to prepare APRNs with enhanced skills and knowledge.

**13. What should the academic transcript include?**
The transcript for both graduate degrees and post-graduate certificates should include sufficient detail to enable verification that the individual completed core educational requirements (see pp. 11). This includes 3 separate courses:

- Advanced physiology/pathophysiology, including general principles that apply across the lifespan
- Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches
- Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents

Additionally, the role and population focus of the APRN educational program should be specified.

**14. Does the APRN Consensus Model require a graduate degree in nursing?**
No. Most APRN graduate degrees are awarded from Schools of Nursing. Some APRN programs are housed within other types of non-nursing education institutions (e.g. Allied Health) and may award non-nursing degrees. Examples include a limited number of Nurse Anesthesia APRN programs and Midwifery APRN programs. The APRN Consensus Model recognizes the validity of these other graduate degrees for APRN preparation when all other APRN Consensus Model requirements remain in compliance (see pp. 10).

**15. Are all nurses with graduate degrees considered APRNs?**
No, nurses may hold many types of graduate degrees. An APRN is a registered nurse who has completed an advanced practice graduate degree or post-graduate program in one of the four roles (CRNA, CNM, CNS, or CNP)* and is certified and licensed in the role.

**16. Does the APRN Consensus Model require that all APRNs have a DNP degree?**
No, the Consensus Model requires graduate education. Many nursing education organizations have endorsed the position that all APRN education should be transitioned to the doctoral level (see pp.10).

**Reference Page**

**Population:** APRNs are educated in one of the four roles and in at least one of six population foci: family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related, or psych/mental health (see pp. 6). The certified nurse practitioner (CNP) is prepared with the acute care CNP competencies and/or the primary care CNP competencies. At this point in time the acute care and primary care CNP delineation applies only to the pediatric and adult-gerontology CNP population foci. The adult-gerontology population focus encompasses the young adult to the older adult, including the frail elderly. The psychiatric/mental health population encompasses education and practice across the lifespan. The Clinical Nurse Specialist (CNS) is educated and assessed through national certification processes across the continuum from wellness through acute care (see pp. 10).

**Roles**

- CRNA - Certified Registered Nurse Anesthetist
- CNM - Certified Nurse-Midwife
- CNS - Clinical Nurse Specialist
- CNP - Certified Nurse Practitioner

**Accreditation Agencies for Educational Programs**

- Accreditation Commission for Education in Nursing (ACEN)
- Accreditation Commission for Midwifery Education (ACME)
- Commission on Collegiate Nursing Education (CCNE)
- Council on Accreditation of Nurse Anesthesia Educational Programs (COA)
- National League for Nursing Commission on Nursing Education Accreditation (NLN-CNEA)

**Accreditation Agencies for Certification Exams**

- Accreditation Board for Specialty Nursing Certification (ABSNC)
- American National Standards Institute (ANSI)