

Accreditation Standards for Examination-Based Certification Programs

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INTRODUCTION

The Accreditation Board for Specialty Nursing Certification (ABSNC) promotes excellence in health care through the application of rigorous accreditation processes. Organizations that pursue ABSNC accreditation demonstrate a commitment to advancing health, supporting professional growth, and ensuring the highest standards of care.

In alignment with our core values of excellence, integrity, leadership, and stewardship, the exam-based accreditation standards herein reflect ABSNC's commitment to trust and accountability in all aspects of specialty nursing certification and accreditation. ABSNC acknowledges that excellence in care has not historically been accessible to all[1], and that health justice remains an ongoing global effort. Structural inequities have led to exclusion and harm of many people seeking care or professional opportunities. The standards are designed to guide organizations in developing certification programs that are rigorous and reflective of modern practice, but also equitable, inclusive, and responsive to the evolving needs of nurses and the diverse populations they serve.

[1]Reflecting priorities of the Robert Wood Johnson Foundation's Framework for Achieving Health Equity, and recommendations of The Future of Nursing 2020-2030 report, ABSNC approached standard development with a reflexive awareness of nurses, patients, and populations that have been *historically excluded* from equitable access to health care and/or professional opportunities. These include, but are not limited to, those affected by systemic barriers related to personal characteristics. We acknowledge that disadvantage is not limited to select identities, and that addressing belonging in nursing requires attention to a range of lived experiences.

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. The ABSNC *encourages* nurses to respect, honor and value diversity in all forms and prioritize belonging.

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.

DOCUMENTATION – The applicant organization must:	**Narrative** *(Cite Tab or Appendix for Specific Supporting Documentation)*
1.1 **Provide** detail below regarding the definition and scope of the specialty.	
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.

DOCUMENTATION – The applicant organization must:	**Narrative** *(Cite Tab or Appendix for Specific Supporting Documentation)*
2.1 **Provide** detail below regarding the research-based body of knowledge for the specialty.	
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.

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	
3.2 **Provide** below detail regarding the governance of the certifying organization.	
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
DIVERSITY, EQUITY, INCLUSION AND NON-DISCRIMINATION

The organization respects, honors and values diversity in all forms, does not discriminate among candidates and prioritizes belonging.

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, bias-free, and offer equity in opportunity.

As an example, bias may be present in eligibility criteria and exam practices and results in differing access and performance of candidates of equal ability. Bias in an examination is a validity issue, while bias in eligibility is an issue of belonging. Both are critical to address. Variations in test results should reflect only the true ability of candidates and not unintended interpretation of the item by an identifiable subgroup.

Eligibility criteria should reflect evidence-based indicators of professional capability and the real-world diversity of the nursing workforce, not norms that reinforce systemic bias or barriers rooted in inequity.

CRITERIA
The certifying organization takes steps to be fair and free from discrimination, detect and eliminate bias in all forms, and is inclusive of candidates with ~~h~~ reasonable exam accommodation requests per applicable laws and regulations.

DOCUMENTATION – The applicant organization must:	**Narrative** *(Cite Tab or Appendix for Specific Supporting Documentation)*
4.1 **Provide** detail below that supports non-discrimination procedures.	
4.1a. **Submit** examples of policies, and procedures, practices, programs, or other initiatives with the organization supporting non-discrimination, equity, inclusivity, and belonging. Practices, programs, and initiatives are purposefully broad and inclusive. Examples may include: scholarships for examinees serving historically excluded populations; exam item bias review; statements of support and solidarity; outreach efforts; among others.	
4.1b. **Submit** publicly available evidence of how candidates are informed of these policies (e.g., Candidate Handbook or a website screen print of a statement on non-discrimination).	
4.1c **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.	

4.1d **Describe** the provision of alternate examination dates based on religious needs.	
4.1e **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.	
4.1f **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.	
4.2 **Detail** how requests for accommodations for Remote Proctoring are managed. Indicate N/A if you do not utilize a remote proctored/delivered test.	
4.2a **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.	
4.2b Provide publicly available information for accommodations specific to remote proctoring, e.g., Candidate Handbook, Website, etc.	

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.

DOCUMENTATION – The applicant organization must:	**Narrative** *(Cite Tab or Appendix for Specific Supporting Documentation)*
5.1 **Provide** detail below regarding the organization's position on the public member.	
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 at a minimum include:

- Current active RN licensure or the equivalent thereof outside of the United States in country of practice.

The eligibility criteria for advanced nursing certification at a minimum include:

- Current active RN licensure or the equivalent thereof outside of the United States in country of practice.
- 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 at a minimum include:

- Current active 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 at a minimum include:

- Current active 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 at a minimum include:

- Licensure or registration as required or the equivalent thereof outside of the United States in country of practice.
- 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 criteria should be based on a series of variables indicative of knowledge, skills, and abilities required for specialty practice or defined APRN role and population and expected to enhance safe and effective practice. These variables may include education, experience, prerequisite credentials, references, and performance on an objective examination. Additional variables in the eligibility criteria are defined by the certifying organization, the profession, and/or other stakeholders. Verification of initial certification eligibility criteria can be completed through the use of random audit.

Granting certification to individuals without requiring them to take the certification examination is permitted only with initial creation of the certification examination. SMEs who meet all eligibility requirements but have participated in the development, review, and/or approval of test items, or standard-setting procedures cannot take the examination because of their familiarity with the items and may be granted *initial* certification through special privilege. Once a certification program is accredited by ABNSC, any other process for granting certification without examination is not allowed. See also Standard 13, Continuing Competence, for application for recertification. To continue legacy-granting presents undesirable risks to the credibility of the credential.

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

CRITERIA

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

DOCUMENTATION – The applicant organization must:	**Narrative** *(Cite Tab or Appendix for Specific Supporting Documentation)*
6.1 **Provide** publicly available materials that identify eligibility criteria for initial certification for both US and International applicants (if applicable).	
6.2 **Describe** the rationale for each eligibility requirement (e.g., summary of practice analysis, expert panel reviews, etc.).	
6.3 **Indicate below** how an eligibility determination is made for each applicant. for both US and International applicants (if applicable).	
6.3a. **Submit** policies and procedures for processing both US and international (if applicable) 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 procedures describing the time period in which an individual cannot take the certification examination because of participation in item development, review, and/or approval, to include standard setting. Policies and procedures should stipulate recertification cannot be achieved by retesting during the defined time period.	
6.4a. For advanced nursing and Advanced Practice Registered Nurse (APRN) examinations used for initial certification.	
6.5 **Provide** detail below regarding verification procedures for test applicants' credentials.	
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 certification program must conduct a job analysis (practice analysis/role delineation study) at least every five years or more frequently if the profession or role changes significantly. The examination content is based on the results of the job analysis and reflects current practice.

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 certification organization has conducted a practice analysis within the past five years to define ability to practice at each level it certifies in the specialty, and assures content validity of the certification examination.

DOCUMENTATION – The applicant organization must:	**Narrative** *(Cite Tab or Appendix for Specific Supporting Documentation)*
7.1 **Provide** detail below regarding the organization's practice analysis.	
7.1a. State the date of the most recent practice analysis report and submit a copy of the report for that analysis. The analysis must have taken place within the last five years.	
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.	
7.2 **Provide** detail below regarding the demographic composition of the Subject Matter Experts (SMEs) who participated in the job task analysis.	

7.2a. **Reference** the section of the practice analysis report that describes the sample of practitioners whose task ratings on the survey provided the basis for the job content weighting, and the sampling plan used to select the sample of practitioners. The organization should explain how it ensured that the results reflected the work of practitioners new in the role, by showing that the sampling plan was designed to maximize the proportion of practitioners providing task ratings who 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). Provide in a narrative format information relevant to characteristics of the population that have been determined to be important to the certification program, such as but not limited to race, ethnicity, gender identity, sexual orientation, socioeconomic status, age, physical ability, religious belief, geographic location, and cultures**.** Explain how these population characteristics are reflected in the sample of practitioners. ABSNC recognizes the voluntary nature of the practice analysis practitioner sample.	
7.2b. **Present** a summary of the demographic **information** of the practitioners whose task ratings on the survey provided the basis for the job content weighting. Include degrees and certifications held, numbers 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. 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.	
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** a summary of demographic information of the panel of experts who defined the job content based on the practitioners' task ratings on the survey. Include., 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**. Provide in a narrative format information relevant to characteristics of the population that have been determined to be important to the certification program, such as but not limited to race, ethnicity, gender identity, sexual orientation, socioeconomic status, age, physical ability, religious belief, geographic location, and cultures**.** Please indicate what other personal or professional characteristics are important to your organization. Explain any efforts that are underway to broaden the demographic sample in the panel of experts. **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 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).	

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.

DOCUMENTATION – The applicant organization must:	Narrative *(Cite Tab or Appendix for Specific Supporting Documentation)*
8.1 **Submit** policies and procedures for supporting the recruitment and the selection of historically excluded practitioner populations to write and review items. Refer to the "Introduction" for a discussion of historically excluded practitioner populations.	
8.2 **Provide** demographic data **in a table format** (that include 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. If available, include additional information that demonstrates the progress in your efforts indicated in 8.1. **Do not** submit CVs or resumes of item writers and reviewers.	
8.3 **Provide** detail below on item writing procedures.	
8.3a. **Submit** documentation of training materials used for training item writers and reviewers. Materials should include discussion of how to recognize and avoid bias and sensitivity issues. Materials should also promote use of inclusive language and use of ae range of lived experiences.	
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 assembly and review of test forms:	
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. If available, include additional information that demonstrates the progress in your efforts indicated in 8.1. **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.	

8.9 **Provide** below the statistical detail for the organization's certification exams.	
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.

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.

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** policies 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.

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.	
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, **detail** below both certifying organization and test vendor policies and procedures addressing the following:	
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.).

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. **Submit** policies and procedures for supporting the recruitment and the selection of historically excluded practitioner populations to participate in standard-setting. Refer to the "Introduction" for a discussion of historically excluded practitioner populations.	
12.2b. **Identify** practitioners, **in a table format,** responsible for establishing the passing score, geographic location, employer name/city/state/position held, number of years in nursing, number of years in specialty, number of years certified, academic and certification credentials, and any other characteristics representative of the candidate population). If available, include additional information that demonstrates the progress in your efforts indicated in 8.1. **Do not** submit CVs or resumes.	
12.3 **Submit** detail below regarding setting of the passing score procedures.	
12.3a. **Describe** the procedure used to train selected individuals in the passing score procedure and provide evidence of training methods/procedures.	
12.4 **Describe** below 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 and encourages inclusion of recertification requirements that emphasize health equity.

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.

Health Equity
Health equity is achieved when everyone can attain their full potential for health and well-being.

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.

DOCUMENTATION – The applicant organization must:	**Narrative** *(Cite Tab or Appendix for Specific Supporting Documentation)*
13.1 **Provide** below the organization's position on continuing competence.	
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 based on organizational research or extant literature.	
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, based on organizational research or extant literature. If practice is not a requirement for recertification please provide a rationale, based on organizational research or extant literature.	
13.3 b. Provide evidence (website, candidate handbook etc.) that the rationales for recertification criteria are publicly available	
13.4 **Provide** below detail regarding certification by examination:	
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 **Provide** detail below regarding time frames between volunteers' service and consent to sit for an exam.	
13.8 a. **Submit** the policy which states that SMEs who received their initial certification through "legacy" or "special privilege" status 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. **Submit** below detail regarding recertification procedures.	
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 format outcomes 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.

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 addressing how a candidate/certificant file is updated (e.g., what data are updated, when the file is updated, etc.).	
14.8	**Describe** the process for reporting certification testing results to schools of nursing and licensing boards if certifying APRNs.	

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.

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 from initial application through recertification (e.g., secure areas, staff training and monitoring, transfer of electronic and/or paper data and records to other organizations, 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.

DOCUMENTATION – The applicant organization must:	**Narrative** *(Cite Tab or Appendix for Specific Supporting Documentation)*
16.1 **Submit** below documentation related to the appeals process.	
16.1a. **Submit** documentation including policies and procedures related to appeals.	
16.1b. **Identify** which information is publicly available regarding the appeals process.	
16.2 **Provide** the following documentation **in a table format**, for the last 3 years if seeking initial accreditation and for the last 5 years if seeking reaccreditation: 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.

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).	
17.3.	**Submit** detail below regarding misrepresentation and noncompliance procedures**.**	

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.	
17.5 **Submit** detail below regarding disciplinary actions procedures.	
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.	
17.6 **Submit** detail below regarding the federally registered certification mark.	
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.

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.	
18.2	**Provide** documentation related to resolution of at least one situation and the resolution in which the QI system has improved a process or corrected mistakes and errors (e.g., minutes of meetings and/or routine reporting mechanism for 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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