



**ACCREDITATION BOARD  
FOR SPECIALTY NURSING CERTIFICATION**

**ACCREDITATION STANDARDS  
FOR  
PORTFOLIO ASSESSMENT  
CERTIFICATION PROGRAMS**

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## STANDARD 1

### DEFINITION AND SCOPE OF NURSING SPECIALTY

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

#### RATIONALE

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

- 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.
- Basic specialty nursing certification – offered to any qualified registered nurse candidate.
- Advanced practice nursing certification – value-added offered to a registered nurse candidate prepared at the graduate degree level. Practice and certification are within a specialty nursing area and may or may not have a direct care component (e.g., education, administration).
- Advanced Practice Registered Nurse (APRN) certification – offered to a registered nurse candidate prepared at the graduate degree level in one of four roles and one of six populations identified in the 2008 Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education. APRN is a legally protected title for licensure purposes. An APRN's primary focus is direct patient care. APRN certification measures entry level competence at a graduate degree level in a role and population as described in the Consensus Model and associated national standards and competencies. In accordance with The Consensus Model for APRN Regulation, Licensure, Accreditation, Certification and Education, ABSNC does not accept certification through a Portfolio methodology for the accreditation of APRN certification programs.

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.
- There is evidence 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, are described.
- The practice specialty's definition and/or standards describe how the following four essential elements of contemporary nursing practice as detailed in the American Nurses Association Social Policy Statement (ANA, Nursing Social Policy Statement: The Essence of the Profession, 3<sup>rd</sup> Ed., 2010) are operationalized.
  1. Attention to the full range of human experiences and responses to health and illness without restriction to a problem-focused orientation;
  2. Integration of objective data with knowledge gained from an understanding of the patient or group's subjective experience;
  3. Application of scientific knowledge to the process of diagnosis and treatment and
  4. provision of a caring relationship that facilitates health and healing.
- If a specialty certification is available to non-RN team members or other disciplines:
  1. A practice analysis (also called a Role Delineation Study; for the purpose of these standards, will be referred to as practice analysis) provides evidence to demonstrate the unique roles of providers practicing in the specialty.
  2. Based on the practice analysis, a portfolio assessment 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 credential.

DOCUMENTATION – The applicant organization must:	Narrative (Cite Tab or Appendix for Specific Supporting Documentation)
<p>1.1 <b>Provide at least two documents</b> which describe the definition of the specialty, standards, scope of practice, and the specialized body of knowledge required for nurses or non-RN nursing team members practicing in the specialty. Materials specify how the certifying organization uses these materials. Examples are listed below:</p> <ul style="list-style-type: none"> <li>A. A table of contents from Core Curriculum or educational program outline that prepares nurses for the specialty.</li> <li>B. Copies of publications and other documents that discuss the focus of the specialty, the phenomena with which the specialty is concerned, and its relationship to the whole of patient care.</li> </ul>	
<p>1.2 <b>Provide at least two documents</b>, which describe representative educational and training programs with a major or formal focus in the specialty. Examples are listed below:</p> <ul style="list-style-type: none"> <li>A. Continuing education.</li> <li>B. Curricula from institutional programs and/or extended internships.</li> </ul>	
<p>1.3 If seeking accreditation of a non-RN nursing team certification program <b>describe the practice opportunities</b> available to non-RN team members in this specialty and <b>provide at least two job descriptions</b> for non-RN nursing team members.</p>	
<p>1.4 <b>Provide at least two examples</b> of documentation demonstrating the demand for nurses (or non-RN nursing team members, if seeking accreditation of a non-RN nursing team certification program) in the specialty. Examples are listed below:</p> <ul style="list-style-type: none"> <li>A. Certification trends</li> <li>B. Advertisements for jobs in the specialty</li> <li>C. Data supporting the present and future patient/client base in the specialty.</li> <li>D. Enrollment figures from educational and training institutions.</li> <li>E. Articles about the nursing shortage in the given specialty.</li> </ul>	

DOCUMENTATION – The applicant organization must:	Narrative <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
<p>1.5a If the specialty certification is also available to non-RN nursing team members and/or other disciplines, the certifying organization must 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 that nursing specialty.</p>	
<p>1.5b. If the specialty certification is also available to non-RN nursing team members and/or other disciplines, the certifying organization must <b>provide the items listed below:</b></p> <p>Materials that demonstrate, based on the analysis, a component of the nursing certification portfolio is different from the portfolio components of other disciplines or non-RN nursing team members, and this nursing-specific portfolio component is available only to nursing candidates.</p>	
<p>1.5c. If the specialty certification is also available to non-RN nursing team members and/or other disciplines, the certifying organization must <b>provide the items listed below:</b></p> <p>Materials to demonstrate the credential awarded to nurses is designated (e.g., titled) a nursing certification credential and is awarded only to RNs, advanced practice nurses, or APRNs. Non-RN nursing team members receive a separate certification credential.</p>	

**STANDARD 2**  
**RESEARCH-BASED BODY OF KNOWLEDGE**

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

**RATIONALE**

The body of knowledge related to a specialty can evolve only when the recurrent 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.

<b>DOCUMENTATION - The applicant organization must:</b>	<b>Narrative</b> <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
<p>2.1 <b>Provide at least one example of published literature</b> focusing on the specialty (e.g., articles, journals, books, chapters, Internet), and <b>provide at least one example</b> of how knowledge is disseminated within the specialty (e.g., continuing education brochures, academic courses, specialized training programs).</p>	
<p>2.2 <b>Provide at least two examples of research activities</b> in the specialty that were concluded or conducted during the previous three-year period (e.g., bibliographies, abstracts, nurse fellowship programs, scholars' programs, outcome studies, role delineation study) and <b>discuss</b> how research is disseminated within the specialty.</p>	

**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. The certifying organization must be sufficiently independent from the specialty membership association to ensure integrity of the certification process, to maintain clear lines of accountability, and to 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 portfolio assessment development and examination maintenance activities must be representative of candidate/certificant demographics (e.g., education, geographic distribution, nursing experience), representativeness is not a requirement for board member selection. At least 51% of the members of the governing body of the certifying organization must be certified registered nurses. If the specialty membership association has representation on the governing board of the certifying organization, the 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 not subject to approval by any other entity.

<b>DOCUMENTATION – The applicant organization must:</b>	<b>Narrative</b> <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
3.1a. Submit documentation addressing the certifying organization's sole responsibility regarding administrative authority.	
3.1b. Submit documentation addressing the certifying organization's sole responsibility regarding portfolio assessment program development and ownership	
3.1c. Submit documentation addressing the certifying organization's sole responsibility regarding Portfolio assessment program content and construction.	
3.1d. Submit documentation addressing the certifying organization's sole responsibility regarding Portfolio assessment program copyright ownership.	
3.1e. Submit documentation addressing the certifying organization's sole responsibility regarding Portfolio assessment administration and scoring.	

DOCUMENTATION – The applicant organization must:	Narrative <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
3.1f. Submit documentation addressing the certifying organization's sole responsibility regarding investigation/management of portfolio assessment irregularities (whose responsibility) and contingency plans.	
3.1g. Submit documentation addressing the certifying organization's sole responsibility regarding eligibility requirements for certification and recertification.	
3.1h. Submit documentation addressing the certifying organization's sole responsibility regarding setting of passing scores.	
3.1i. Submit documentation addressing the certifying organization's sole responsibility regarding all aspects of the appeals process.	
3.1j. Submit documentation addressing the certifying organization's sole responsibility regarding all aspects of budget preparation, approval, and management.	
3.1k. Submit documentation addressing the certifying organization's sole responsibility regarding fee setting.	
3.1l. Submit documentation addressing the certifying organization's sole responsibility regarding grants/loans received, if applicable.	
3.1m. Submit documentation addressing the certifying organization's sole responsibility regarding certification board meetings if not covered by bylaws.	
<p>3.1n. Submit documentation addressing the certifying organization's sole responsibility regarding selection, performance evaluation and dismissal of chief staff officer.</p> <p>(ABSNC recognizes that a certifying organization may enter a contract with a management firm and have its chief staff officer appointed by the firm. Therefore, that the certifying organization's policy should reflect the board's involvement in regular evaluation of the chief staff</p>	

DOCUMENTATION – The applicant organization must:	Narrative <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
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. Submit documentation addressing the certifying organization's sole responsibility regarding nominations, elections, and/or appointment of officers and board members.	
3.1p. Submit documentation addressing the certifying organization's sole responsibility regarding all candidates, certificants, and SME data.	
3.2 If incorporated, submit a copy of the certifying organization’s articles of incorporation.	
3.3 If a formal relationship exists with the specialty organization, <b>submit a copy of the agreement</b> (for example, a Memorandum of Understanding or contract) that describes the terms and conditions of this relationship.	
3.4 <b>Provide a current list</b> 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. <b>Do not include individual CVs or resumes.</b>	
3.5 <b>Provide documents</b> that identify the mechanism used to disclose potential conflicts of interest (e.g., forms signed by Board members, policies).	
3.6 <b>Submit an organizational chart</b> of the certifying organization and any allied organizations, <b>indicating all the relationships</b> between organizations, board members, committee members and staff.	

**STANDARD 4  
NONDISCRIMINATION**

**The certifying organization does not discriminate among candidates as to age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, and gender identity.**

**RATIONALE**

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

Bias is avoided by ensuring elements in the portfolio assessment do not favor one candidate population subgroup over another.

**CRITERIA**

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

<b>DOCUMENTATION – The applicant organization must:</b>	<b>Narrative</b> <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
4.1 <b>Submit the policy and/or procedure</b> of the certifying organization on non-discrimination and provide evidence of how this policy is distributed to potential candidates.	
4.2 <b>Submit the policies and/or procedures</b> of the certifying organization describing how bias is avoided in the portfolio assessment and program documents.	

**STANDARD 5  
PUBLIC REPRESENTATION**

**The certifying organization includes at least one public member on its Board of Directors, with full voting rights.**

**RATIONALE**

Specialty nursing certification serves the general public, the nursing profession, and the specialty. Public input broadens the perspective of certifying organizations and helps focus attention on consumer concerns as they relate to quality, cost effectiveness, and access to care. The public member’s lack of professional, career-related affiliation with a health care organization, related specialty, or vendor 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 that it requires **at least one** public member on its Board of Directors who is not, or has never been a: (1) nurse or other health care 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; 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.

<b>DOCUMENTATION – The applicant organization must:</b>	<b>Narrative</b> <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
5.1a. Reference the section of the Policies and Procedures manual describing the qualifications of the Public Member(s). (Do not submit the resume or CV of the Public Member.)	
5.1b. Reference the section of the Policies and Procedures manual that provides for public member's vote during the certifying organization's policy making processes, discussion, and decisions.	
5.1c. Reference the section of the Policies and Procedures manual describing expectations for contributions and participation from the Public Member(s).	

## STANDARD 6 ELIGIBILITY FOR PORTFOLIO ASSESSMENT CANDIDATES

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

### The eligibility criteria for specialty RN nursing certification include:

- Current RN licensure  
-AND-
- Passing of the NCLEX **OR** must demonstrate the license has been verified for equivalency by CGFNS, WES or Educational Records Evaluation Services (ERES).

### The eligibility criteria for advanced nursing certification include:

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

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

- Current RN licensure.
- Completion of a graduate degree program in nursing or the appropriate equivalent (or post-master's or post-doctoral certificate program) from a nationally accredited program in one of the four APRN roles across at least one of the six APRN population foci as described in the *2008 Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education*.
- Completion of three separate courses in advanced pathophysiology across the life span, advanced health/physical assessment, and advanced pharmacology as part of graduate educational preparation.
- Completion of a minimum of 500 clinical hours as part of graduate educational preparation.

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

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

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

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

## RATIONALE

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

- 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.
- RN specialty nursing certification** – offered to any qualified registered nurse candidate.
- Advanced practice nursing certification** – offered to a registered nurse candidate prepared at the graduate degree level. Practice and certification are within a specialty nursing area and may or may not have a direct care component (e.g., education, administration).
- APRN certification** — offered to a registered nurse candidate prepared at the graduate degree level or the appropriate equivalent (or 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. **Please note: APRN certification through a Portfolio methodology is not applicable to APRN entry into practice.**

Eligibility criteria should be based on a series of variables that are indicative of knowledge, skills, and abilities required for specialty practice, and are expected to enhance safe and effective practice. These variables may include education, experience, prerequisite credentials, references, and performance on an objective examination. Each variable in the eligibility criteria is defined by the certifying organization, the profession, and other stakeholders. The process for verifying eligibility is described.

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.

**CRITERIA**

The educational and experience requirements for certification must be specified by the certifying organization, with associated rationale for each requirement and a description of the process to verify the eligibility.

DOCUMENTATION – The applicant organization must:	Narrative <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
6.1 <b>Provide materials</b> that list the eligibility criteria required for initial certification.	
6.2 <b>Describe the rationale</b> for each eligibility requirement (e.g., summary of practice analysis, expert panel reviews, etc.)	
6.3a. <b>Submit</b> the policies and procedures for processing, reviewing and determining the candidate’s eligibility.	
6.3b. If eligibility determination is subcontracted, describe the training and monitoring processes performed by the certification organization and the subcontractor to maintain quality.	
6.3c. <b>Submit</b> the job description(s) of the professional staff that oversee the eligibility review process.	
6.4a. For advance practice nursing (APN), reference the section of the Policies and Procedures manual indicating every candidate’s eligibility is verified at the time of initial certification.	
6.4b. For advance practice nursing (APN), reference the section of the Policies and Procedures manual indicating that Graduate	

<b>DOCUMENTATION – The applicant organization must:</b>	<b>Narrative</b> <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
program completion (e.g., academic) is verified for initial certification.	
6.4c. For advance practice nursing (APN), reference the section of the Policies and Procedures manual indicating that current licensure is verified for initial certification.	

## **STANDARD 7 VALIDITY**

**The certifying organization has conducted validation studies to assure that inferences made on the basis of portfolio assessments are appropriate and justified.**

**Elements of a portfolio assessment are defined as the individual components to be submitted by candidates. These may include evidence of presentations, publications, and/or other professional activities.**

### ***RATIONALE***

Validity is an essential component of any certification process and one of the most important considerations in the development and use of portfolio assessment methods. The concept of validity refers to the degree to which decisions based on assessments are sound, rational, and consistent with the purpose of the portfolio. A passing score on a portfolio indicates that the nurse has the knowledge to practice competently in the nursing specialty, at the level indicated by the portfolio assessment methods. 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. Advanced practice nursing certification should measure entry-level competence at a master's degree level. This implication is valid only if the portfolio assessment measures knowledge of the specialty and the passing score is set at a performance level of at least minimal competence for certification level practice (see Standard 12, Passing Scores).

Evidence of validity in the use of portfolio assessment methods is a determination that the content and format of the portfolio, both in terms of individual components and the relative emphasis (weighting) of the different parts of the portfolio, are based on the behavioral domain of the nursing specialty. Content validity is supported if the portfolio assesses the intended content areas and level of knowledge and the requirements for the portfolio assessment are appropriate.

Several measures can be taken to promote the content validity of a portfolio assessment. One of the most important of these is conducting a practice analysis (also referred to as job analysis, job task analysis, or role delineation study). For the purpose of these standards, the term practice analysis is used. The practice analysis should define the tasks of a particular job as well as the knowledge required to perform the tasks competently. Skills must also be defined if these are to be assessed using the portfolio assessment methodology. Linking this information from the practice analysis to the portfolio assessment and content is of key importance. Two approaches to conducting a practice analysis, logical and empirical, are commonly used. The use of both approaches strengthens the content-related validity of a portfolio assessment and is preferred.

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

The empirical approach to a practice analysis imposes additional objectivity on the process in that conclusions are formulated based on data collected from a representative sample of nurses. Two phases are usually included. During the first phase, tasks are documented. Knowledge/skills are documented either during this phase or during the second phase. This documentation may occur through a panel of subject matter experts, literature reviews, or interviews with job incumbents. During the second phase, a well-defined research design is used to develop, and pilot test an instrument, data are collected from a representative sample of nurses practicing in the specialty, and data are linked to the knowledge used to develop the portfolio assessment blueprint. Thus, the link between portfolio assessment content and work that is performed in the field is provided.

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

Content-related validity is also assured through the development process for the portfolio assessment (see Standard 8, Portfolio Assessment Development). Experts in the specialty who are representative of the population of candidates should be chosen to define the elements of the portfolio assessment.

Evidence based on relationships to other variables or criterion-related validity refers to the extent to which portfolio assessment 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. It is for this reason that certification, whether based on an examination or on a portfolio assessment, cannot assure competent practice. However, certifying organizations may conduct research to link aspects of practice such as patient outcomes or patient satisfaction to care provided by certified nurses.

**CRITERIA**

With regard to the concept of validity, the certifying organization has defined competence to practice at each level it certifies in the specialty and assures the content validity of the certification portfolio assessment methods. Practice analyses are commonly conducted at least every five years.

DOCUMENTATION – The applicant organization must:	Narrative <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
7.1 <b>Submit a copy</b> of the most current practice analysis report (whether empirical or logical approach) or other method to address certification with smaller populations with authors of the report identified. If the practice analysis is older than five years, document the rationale for not conducting a practice analysis during the past five years. Describe the schedule to be followed for updating the practice analysis within the next one to two years. Provide qualitative or quantitative reasons, reports from portfolio vendor staff (e.g., meeting minutes, panel of experts, etc.) and other factors supporting the decision not to conduct a more contemporary practice analysis.	
7.2 <b>Reference the section of the report</b> that describes the process used to define the content of the job in terms of representative, critical behaviors.	
7.3a. Reference the section of the most current practice analysis report that describes the method of research used to verify the job content and determine the type of assessment (i.e., portfolio assessment), assessment content, and specifications.	
7.3b. Reference the section of the most current practice analysis report that describes the tasks performed by the practitioners.	

DOCUMENTATION – The applicant organization must:	Narrative <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
7.3c. Reference the section of the most current practice analysis report that describes pilot testing survey instruments.	
7.3d. Reference the section of the most current practice analysis report that describes defining the survey sample.	
7.3e. Reference the section of the most current practice analysis report that describes distributing the survey instrument.	
7.3f. Reference the section of the most current practice analysis report that describes data collection.	
7.3g. Reference the section of the most current practice analysis report that describes data analyses, including psychometric properties of the survey instrument.	
7.3h. Reference the section of the most current practice analysis report that describes rationale for selecting a portfolio assessment as a certification tool.	
7.3i. Reference the section of the most current practice analysis report that describes development of the portfolio assessment's content outline, including the linking of knowledge and skills (if delineated) to task statements.	
7.3j. Reference the section of the most current practice analysis report that identifies which of the tasks must be assessed in the portfolio, which are optional, and which are not included, along with the rationale for this decision.	
7.3k. Reference the section of the most current practice analysis report that identifies which of the tasks must be assessed in the portfolio, which are optional, and which are not included, along with the rationale for this decision.	
7.3l. <b>Provide</b> a description of the panel that approved the final set of tasks included in the portfolio and sampling plan used to select them, and include evidence supporting their expert status. Demographic information including geographic	

DOCUMENTATION – The applicant organization must:	Narrative <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
<p>location, position, employer, number of years in nursing, number of years in specialty, number of years certified and academic and certification credentials is to be presented in a <b>table format</b>. Do not submit CVs or resumes of panel of experts.</p>	
<p>7.3m. Reference the section of the practice analysis report that describes the panel of experts who translated the results of the practice analysis to the portfolio specifications, the sampling plan used to select them and include evidence supporting their expert status. Demographic information such as geographic location, position, employer, number of years in nursing, number of years in specialty, number of years certified, and academic and certification credentials is to be presented in a table format. Do not submit CVs or resumes of panel of experts.</p>	

**STANDARD 8  
PORTFOLIO ASSESSMENT DEVELOPMENT**

Certification portfolio assessments are developed using methods that are consistent and fair to all candidates.

A portfolio assessment can be defined as a purposeful collection of materials that authentically document the candidate’s knowledge, skills, understanding, and application of professional nursing practice and theory in a defined specialty area. The portfolio should include candidate self-reflection that demonstrates his or her metacognitive ability.

**RATIONALE**

Identifying specific goals or purposes for a portfolio is the first, most critical step in portfolio assessment development. Results of the practice analysis should be used to guide identification of assessment elements that reflect the candidate’s professional achievement and growth in a defined specialty area. Once developed, assessment criteria should be fully reviewed to ensure relevance and consistency with the stated level and purpose of the certification program. To avoid bias, assessment criteria should not favor one candidate population subgroup over another.

**CRITERIA**

The certifying organization demonstrates that fair and psychometrically sound methods are used to construct and evaluate all components of a portfolio assessment.

DOCUMENTATION – The applicant organization must:	Narrative <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
8.1 If this is an application for initial program accreditation, <b>submit the policies or procedures</b> for selecting individuals to develop portfolio assessment criteria.	
8.2 If this is an application for initial program accreditation, provide demographic data in a table format such as geographic location, position, employer, number of years in nursing, number of years in specialty, number of years certified, and academic and certification credentials for individuals involved in development of portfolio assessment criteria. Do not submit CVs or resumes.	
8.3 Procedures for reviewing and/or revising the portfolio assessment instrument based on a review of the psychometric properties of the assessment by subject matter experts.	
8.4 <b>Discuss</b> how the elements of assessment in the portfolio reflect the practice analysis.	

DOCUMENTATION – The applicant organization must:	Narrative (Cite Tab or Appendix for Specific Supporting Documentation)
8.5 <b>Discuss</b> how the elements in the portfolio will allow assessment of specialized knowledge, skills, understanding, and application of professional nursing practice and theory in the specialty.	
8.6 <b>Discuss</b> how bias is avoided by ensuring elements in the portfolio do not favor one candidate population subgroup over another.	

**STANDARD 9  
EVALUATION AND RELIABILITY**

The certifying organization assures that portfolios are evaluated by qualified raters, that these raters have been trained in the applicable procedures and rubrics, and that final scores, including subscores if provided, are sufficiently reliable for their intended uses.

**RATIONALE**

Reliability provides an indication of the degree to which portfolio scores will be consistent among appraisers over different applications submitted on different occasions.

**CRITERIA**

The certifying organization must maintain records that identify how portfolio application contents address each criterion. For portfolio applications (or portions of portfolio applications) that fail to achieve a passing score, deficiencies must be clearly identified. Policies and procedures must mandate this record keeping and provide for regular review of decision consistency.

(For all portfolio forms administered during the past 2 years, report information at form level.)	
DOCUMENTATION – The applicant organization must:	Narrative <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
<p>9.1 Describe the procedures for the development of the portfolio assessment and how the assessment is validated. This documentation should include descriptions outlined below:</p> <ul style="list-style-type: none"> <li>a. Elements of assessment in the portfolio with an evidence-based rationale (i.e., how the elements of assessment in the portfolio reflect the report) for the inclusion of each one.</li> <li>b. Type of training subject matter experts receive to develop the scoring rubrics used for the portfolio assessment.</li> <li>c. Procedures and rationale used to develop and validate the scoring rubrics for the portfolio assessment.</li> <li>d. Procedures for the development of the scoring methodology for the portfolio assessment.</li> </ul>	
<p>9.2a. <b>Submit policies and/or procedures</b> for selecting portfolio appraisers that describe the eligibility requirements for appraisers (e.g., hold the specialty certification, completed training, scored a specific number of sample portfolios)?</p>	
<p>9.2b. <b>Submit policies and/or procedures</b> for selecting portfolio appraisers that describe What is the rationale for each of the eligibility requirements? How will they contribute to fairness and consistency of appraiser scoring?</p>	
<p>9.3 <b>Submit a copy</b> of the training manual for portfolio appraisers</p>	
<p>9.3a. How does the training program ensure fairness and</p>	

<p>(For all portfolio forms administered during the past 2 years, report information at form level.)</p> <p><b>DOCUMENTATION – The applicant organization must:</b></p>	<p><b>Narrative</b> <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i></p>
<p>competency of appraiser scoring? As part of training, for example are appraisers presented with sample portfolios for practice scoring?</p>	
<p>9.3b. How does the training program ensure impartiality of appraisers? How are appraisers assigned to score portfolios? Are portfolios scored blind (i.e., candidates' identifying information are not provided to the appraisers)?</p>	
<p>9.4a. Reference the policies and/procedures regarding the number of appraisers assigned to score a portfolio, with a rationale for this practice.</p>	
<p>9.4b. Reference the policies and/procedures in place for achievement of consensus after independent scoring by multiple appraisers.</p>	
<p>9.4c. Reference the policies and/procedures regarding the process for assessing inter-rater reliability.</p>	
<p>9.4d. How the scoring procedures address fairness and consistency of scoring.</p>	

**STANDARD 10  
ADMINISTRATION OF THE PORTFOLIO ASSESSMENT**

**The portfolio assessment is administered in a manner that minimizes construct-irrelevant variance and maintains the security of its administration**

**RATIONALE**

To measure the candidate's performance accurately and minimize construct irrelevant variance, standardized and secure portfolio assessment conditions must be maintained. Documentation provided to candidates must include information about the purpose of the portfolio assessment, what the portfolio is designed to assess, and assessment procedures and policies.

Portfolio assessment procedures must minimize the impact of situational factors not relevant to the skills, knowledge, and abilities being measured on candidate performance. The procedures for portfolio assessment must be consistent regarding equitable treatment of all candidates. Every effort must be made to ensure comparable assessment conditions and maintain the overall integrity and security of the portfolio assessment while accurately evaluating the knowledge, skills, and abilities of candidates. The portfolio assessment should be conducted frequently enough to be accessible to candidates, without diminishing the psychometric quality of the methods used.

Candidates whose portfolio does not meet the established criteria should be given the opportunity to submit a portfolio at a future date or, if permitted, to submit revisions to the portfolio. Candidates should be informed of the procedure for re-submission and/or for the submission of revisions. The methods for repeating candidates should be comparable in all respects to the portfolio assessment for first time candidates. Repeating candidates must meet the same standards as first-time candidates and should not be identified as repeaters when scoring the portfolio assessment.

**CRITERIA**

The certifying organization has policies and procedures that assure that portfolio assessments are administered in a fair, non-discriminating, secure, and standardized manner.

<b>DOCUMENTATION – The applicant organization must:</b>	<b>Narrative</b> <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
10.1a. Provide the training manual for the portfolio appraisers (including information related to the training of the person in charge of the portfolio program and all other administration staff).	
10.1b. Provide the policy regarding the maintenance of portfolio materials and records.	
10.1c. Reference the policy from the certifying organization regarding the management of portfolio irregularities (e.g., plagiarism, misrepresentation), including the implementation of contingency plans as warranted.	

**STANDARD 11**  
**PORTFOLIO ASSESSMENT SECURITY**

**Procedures are in place to maximize the security of all portfolio assessment materials.**

**RATIONALE**

The integrity of the certification program is based on the fair and impartial assessment of the candidate in the most standardized and secure manner possible.

Certifying organizations must develop policies and implement secure processes relative to all aspects of certification, including general security measures and security during portfolio appraisal. The certifying organization must ensure all outside contracts, as with vendors and others who encounter portfolio materials, meet organization security policies and procedures.

General security measures include procedures promoting the security of portfolio applications. Security measures to take during portfolio appraisal must be included in appraiser training programs.

All reports of irregularities related to the portfolio must be thoroughly investigated by the certifying organization.

**CRITERIA**

The certifying organization has policies and procedures for the protection of the security of all portfolio assessment materials during every aspect of submission and appraisal.

<b>DOCUMENTATION – The applicant organization must:</b>	<b>Narrative</b> <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
11.1a. Reference the section of the policies and procedures addressing the security of individual portfolio applications.	
11.1b. Reference the section of the policies and procedures addressing the security measures taken by appraisers during scoring.	
11.1c. Reference the section of the policies and procedures addressing the measures to minimize irregularities in the portfolio program.	
11.1d. Reference the section of the policies and procedures addressing the handling of incidents of suspected irregular behavior or incidents.	
11.2 <b>Submit security agreements</b> to be signed by individuals participating in any phase of portfolio evaluation, including but not limited to program developers, appraisers, and board members.	

**STANDARD 12**  
**CRITERIA FOR SUCCESSFUL COMPLETION**

**Standard for the portfolio program is set in a manner that is fair to all candidates, using measurable criteria and scoring methods that are psychometrically sound.**

**RATIONALE**

Establishing the standard on a portfolio program is based on the assumption that it is possible to reasonably estimate a point at which the tasks (competencies), 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" is a direct reflection of the philosophy of the certifying organization. The process used to identify the standard should coincide with the basic approach taken to construct and evaluate the portfolio.

Following the development of a portfolio program, with each element of the scoring rubric aligned to a component of the content outline, establishing the standard involves asking subject matter experts (SMEs) including new certificants in the field to make a judgment. 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 to 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 each of its members. Members of the certifying organization’s governing body, or individuals participating in examination construction, examination review or both, may be represented on the standard setting panel, but may not constitute majority of its members.

Certifying organizations should be able to demonstrate that there is some rational connection between the passing point and the purpose of the examination. Procedures used in the standard setting process and the demographic characteristics of the panelists should be fully and accurately documented in a standard setting report.

**CRITERIA**

The certifying organization demonstrates that fair and psychometrically sound methods are used to establish standards. A new study is conducted when there are changes in the content outline or other portfolio assessment characteristics (e.g., program eligibility requirements, etc.)

DOCUMENTATION – The applicant organization must:	Narrative <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
<p>12.1 <b>Provide evidence</b> that a psychometrically sound method was used to set the standard (e.g., standard setting report).</p>	
<p>12.2 In a <b>table format</b>, identify the individuals responsible for establishing the standard, including geographic location, position, employer, number of years in nursing, number of years in specialty, number of years certified, and academic and certification credentials and any other characteristics which are representative of the candidate population. Do not submit CVs or resumes. Except for number of years certified, include a demographic description of the <b>candidate</b> population as a basis for comparison.</p>	

DOCUMENTATION – The applicant organization must:	Narrative <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
12.3 <b>Describe the process</b> for selecting individuals participating in setting the standard and the procedure used to train them to apply the standard methods/procedures.	
12.4 <b>Provide a report</b> of a new standard study for the current portfolio assessment program.	
12.5a. Provide a description of the role of the psychometrician and certification board in this process.	
12.5b. Provide a description of the method used by the certifying organization to adopt the standard for Information on the process used to evaluate the standards derived from each SMEs rating (e.g., identification of outliers) and the overall standard. Include information relating to adjustments made to the raw standard and the rationale behind these adjustments.	
12.5c. Provide a description of the method used by the certifying organization to adopt the standard for Information on classification accuracy (e.g., decision consistency) resulting from the application of the approved standard to appraiser results.	

**STANDARD 13  
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 the certification and recertification process helps the certifying organization earn the respect, confidence, and trust of the public and the nursing profession. Procedures for reporting portfolio assessment results should permit sharing of meaningful information while minimizing the potential for misuse of information and compromising candidate confidentiality.

**CRITERIA**

The certifying organization fully informs candidates and other stakeholders about the application and scoring processes, promptly reports appraisal 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)
13.1 <b>Provide a copy</b> of published material that informs candidates of the procedures used in portfolio program development, administration, evaluation, reporting of results, and maintenance of records.	
13.2 <b>Provide a copy</b> of the document(s) by which the portfolio outline is distributed to all candidates, certificants, and other stakeholders.	
13.3 <b>Submit policies and procedures</b> regarding the reporting of evaluation results to all candidates, certificants, and other stakeholders.	
13.4 <b>Provide evidence</b> that feedback is delivered to unsuccessful candidates on their areas of performance that do not meet the criteria evaluation	
13.5 <b>Provide documentation</b> of the process for annual reporting of certification activities including number of candidates, number successful, number unsuccessful, and number recertified (e.g., organization newsletter, website, press releases).	

DOCUMENTATION – The applicant organization must:	Narrative (Cite Tab or Appendix for Specific Supporting Documentation)
13.6 <b>Submit the policy and procedure</b> that describes the process through which stakeholders such as employers and the public can verify certification status.	
13.7 <b>Submit the policies and procedures</b> , or describe how a candidate/certificant file is updated (e.g., what data are updated, when the file is updated, etc.)	

**STANDARD 14  
CONFIDENTIALITY**

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

**RATIONALE**

Confidentiality of sensitive information should be a primary objective of the certifying organization. While the sharing of aggregate information can be justified, the results should be purged of names and of precise results to protect the privacy rights of individual candidates. Candidates should understand, prior to seeking certification, what candidate information will be strictly confidential and what may become public information. There are times when sensitive confidential information will be shared (e.g., Board meetings, committee meetings, portfolio committee), and the certifying organization will have mechanisms in place to protect the confidentiality of individual candidates/certificants.

Individual candidate results may not be released without candidate’s approval.

**CRITERIA**

The certifying organization maintains confidentiality of candidate and certificant information and clearly identifies categories of information available to the public and those that are held confidential. The certifying organization has taken measures to protect confidential information regarding all candidates and certificants.

<b>DOCUMENTATION – The applicant organization must:</b>	<b>Narrative</b> <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
14.1 <b>Submit the policies and procedures</b> describing how candidates/ certificant 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, password).	
14.2 <b>Describe the process</b> by which electronic and paper data files, records, and information are maintained by staff for candidates and certificants from <b>initial</b> application through recertification (e.g., secure areas, staff training and monitoring, the transfer of electronic and/or paper data and records within the certifying organization).	
14.3a. Submit the policies and procedures and forms addressing the release and use of candidate and certificant information.	
14.3b. Submit the policies and procedures and forms addressing the minimum number of candidates required to release aggregated candidate data and rationale for decision on the minimum number.	
14.3c. Submit the policies and procedures and forms addressing the candidate consent forms authorizing release of individual	

portfolio results to third parties	
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**STANDARD 15  
APPEALS**

The certifying organization has an appeal process in place for candidates/certificants who have been denied (1) eligibility to submit a portfolio or (2) renewal of certification; or (3) who have had certification revoked.

**RATIONALE**

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

Appeals should be handled in a manner that is clear, concise, fair, and expeditious. The appeal process should be clearly delineated, and the responsibilities of the appellant and the certifying organization should be clearly documented.

**CRITERIA**

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

<b>DOCUMENTATION – The applicant organization must:</b>	<b>Narrative</b> <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
15.1 <b>Submit the policies and procedures</b> related to appeals.	
15.2 <b>Submit documents</b> provided to candidates/certificants and stakeholders regarding the appeal process.	
15.3a. If seeking initial accreditation, provide documentation for the last three years about the number of appeals. If seeking reaccreditation, provide the documentation for the last five years.	
15.3b. If seeking initial accreditation, provide documentation for the last three years about outcomes of appeals. If seeking reaccreditation, provide the documentation for the last five years.	

**STANDARD 16  
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 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 plagiarizing a portfolio application.

The disciplinary process should be evaluative in nature and afford due process. The process of discipline should begin with an objective investigation. A preponderance of evidence that substantiates misrepresentation/noncompliance with the certifying organization’s rules is necessary to afford due process and protect the rights of candidates/certificants. The review process should be initiated when the certifying organization receives notification that a candidate/certificant is not in compliance with the rules of that organization. The investigative process requires sufficient time and attention to ensure that the 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 being investigated.

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

In addition, certifying organizations demonstrate the value of their credential(s) and protects its use by undertaking the necessary efforts and expense of seeking a federally registered certification mark of these credential(s).

**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 action in a timely manner that affords the candidate/certificant defined due process.

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

DOCUMENTATION – The applicant organization must:	Narrative (Cite Tab or Appendix for Specific Supporting Documentation)
<p>16.3 If seeking initial accreditation, <b>provide data</b> on the number of cases of misrepresentation and noncompliance investigated and the outcome of each for the past two years, if applicable. If seeking reaccreditation, provide data for the most recent five-year period of accreditation.</p>	
<p>16.4 <b>Submit all policies and procedures</b> related to <i>disciplinary actions taken</i>, including grounds for discipline, the disciplinary procedure, and applicable sanctions, including revocation of certification.</p>	
<p>16.5 If initially seeking accreditation, <b>provide data</b> on the number of cases of <i>disciplinary actions</i> taken for the past two years, if applicable. If seeking reaccreditation, provide data for the most recent five-year period of accreditation.</p>	
<p><b>16.6a</b> <b>Submit</b> 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.</p>	
<p><b>16.6b.</b> <b>Describe</b> 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.</p>	

**STANDARD 17**  
**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. The purpose of quality improvement within certifying organizations is to provide a structure and process in order to provide high quality services to candidates and certificants.

**CRITERIA**

There is a defined and active system in place for quality improvement.

<b>DOCUMENTATION – The applicant organization must:</b>	<b>Narrative</b> <i>(Cite Tab or Appendix for Specific Supporting Documentation)</i>
17.1a. Submit documentation related to the certifying organization's customer service standards.	
17.1b. Submit documentation related to the certifying organization's the frequency and process for review/revision of all policies and procedures.	
17.1c. Submit documentation related to the certifying organization's internal review panels used to establish quality assurance procedures, including composition of these groups (title or area of expertise), procedures used for review and frequency of review.	
17.1d. Submit documentation related to the certifying organization's adherence to established Q&A policies and procedures is ensured.	
17.1e. Submit documentation related to the certifying organization's internal audit and management review system(s) in place; describe the feedback mechanisms; and give at least one example of how the system has improved a process or corrected mistakes and errors.	
<b>17.2 Provide documentation</b> regarding how the example(s) in above was resolved (e.g., minutes of meetings and/or routine reporting mechanism for quality improvement activities).	

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