Requirements for Accrediting Agencies and Criteria for APRN Certification Programs

Preface

Purpose
The purpose of the Requirements for Accrediting Agencies and the Criteria for Certification Programs is to provide criteria for an external review process that would ensure boards of nursing of the suitability of advanced practice certification examinations for regulatory purposes, and their compatibility with the requirements of The Consensus Model.

Definitions

Accrediting Agency – an organization which establishes and maintains standards for professional nursing programs and recognizes those programs that meet these standards.

APRNs – Advanced practice registered nurses, including certified nurse midwives (CNMs), clinical nurse specialists (CNSs), certified registered nurse anesthetists (CRNAs), and certified nurse practitioners (CNPs).

Certifying Body – a non-governmental agency that validates by examination, based on pre-determined standards, an individual nurse’s qualifications and knowledge for practice in a defined functional or clinical area of nursing.

Certification Program – an examination designed by a certifying body to evaluate candidates for advanced practice nursing.

External Review Process – a review process by an accrediting body to assure appropriate standards are met.

The Consensus Model – A document defining APRN practice, describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

APRN Roles – Certified Nurse Practitioner, Certified Registered Nurse Anesthetist, Certified Nurse Midwife and Clinical Nursing Specialist.

Population Foci – family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women’s health/gender-related or psych/mental health.
Requirements for Accrediting Agencies

1. Accrediting agency must have standards for accreditation that are sufficiently rigorous to ensure that the agency is a reliable authority regarding quality of the program it accredits.
   A. Accreditation standards effectively address the quality of the program.
   B. Standards development and revision process includes input from the field, reflective of advanced nursing practice in the four described roles and six population foci.
   C. Standards regarding national application are realistic.
      • Standards are consistent with the requirements of Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education July 7, 2008

2. Accrediting agency must have effective mechanisms for evaluating a program’s compliance with the agency’s standards in order to reach a decision to accredit the program.
   A. Accrediting agency evaluates whether a program is successful in achieving its objectives.
   B. Accrediting agency consistently applies and enforces its standards.
      1. Has effective controls against inconsistent application of agency's standards;
      2. Bases decisions on published standards; and
      3. Has reasonable basis for determining that the information the agency relies on for making accrediting decisions is accurate.
   C. Accrediting agency evaluates the accredited program every five years, and monitors throughout the accreditation period to ensure that the credentialing program remains in compliance with the agency's standards.
   D. Accrediting agency has documentation that is evidenced-based.
   E. Accrediting agency evaluates the program for consistency with the requirements of Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education, July 7, 2008.

3. Accrediting agency must provide a detailed description of the agency’s survey process.
   A. Frequency of review is a minimum of five years.
   B. Copies of agency's survey forms, guidelines are available.
   C. Procedures used to notify accredited agencies' deficiencies and procedures used to monitor the correction of the deficiencies are in place.
   D. Accreditation decision categories (e.g., full, provisional, partial, etc.) are available and are reported to NCSBN.
   E. Information about the individuals who perform surveys for the accrediting agency is available.
      1. Education experience requirements that individuals must meet are established;
      2. In-service training is provided; and
      3. Policies and procedures with respect to an individual's participation in the survey or accreditation decision process of any program with which the individual is professionally or financially affiliated.

4. Accrediting agency must have a data management and analysis system with respect to its accreditation decisions including the kinds of reports, tables, etc.

5. Accrediting agency must have procedures for responding to and for the investigation of complaints against certifying bodies.

6. Accrediting agency must have policies and procedures with respect to the withholding or removal of accreditation status for certifying bodies that fail to meet standards or requirements including:
   A. Notification to National Council in writing of any program that has had its accreditation removed, withdrawn or revised or has had any other remedial or adverse action taken against it by the accrediting agency within 30 days of any such action taken.
   B. Notification within 10 days of a deficiency identified in any accrediting entity when the deficiency poses an immediate jeopardy to public safety.

7. Accrediting agency must submit to the National Council:
   A. A copy of any annual report prepared by the agency.
   B. Notice of final accrediting findings and actions taken by the agency with respect to the program it accredits.
   C. Any proposed change in the program's policy, procedures or accreditation standards that might alter the program's scope of recognition.

Revised 2-12
Criteria for Evaluating Certification Programs

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Elaboration</th>
</tr>
</thead>
</table>
| **I. The program is national in the scope of its credentialing.** | A. Advanced practice nursing standards are identified by national organizations.  
B. Credentialing services are available to nurses throughout the United States and its territories.  
C. There is a provision for public representation on the certification board.  
D. A tested body of knowledge exists related to advanced nursing practice in a role and population.  
E. The certification board is an entity with organizational autonomy. |
| **II. Conditions for taking the examination are consistent with acceptable standards of the testing community and are intended to ensure minimal competence to practice at an advanced level of nursing.** | A. Applicants do not have to belong to an affiliated professional organization in order to apply for certification offered by the certification program.  
B. Eligibility criteria ensure minimal competence to practice at an advanced level of nursing.  
C. Published criteria are enforced.  
D. Is in compliance with the American Disabilities Act.  
E. Sample application(s) are available.  
1. Certification requirements included  
2. Application procedures include:  
   ▪ procedures for assuring congruence between education and clinical experience, and the APRN role and population(s) being certified;  
   ▪ procedures for validating information provided by candidate; and  
   ▪ procedures for handling omissions and discrepancies.  
3. Professional staff responsible for credential review and admission decisions.  
4. Examination should be administered frequently enough to be accessible but not so frequently as to over-expose items.  
F. Periodic review of eligibility criteria and application procedures to ensure that they are relevant, fair and equitable. |
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Elaboration</th>
</tr>
</thead>
</table>
| III. Educational requirements are consistent with the requirements of the advanced practice population focus. | A. Active U.S. registered nurse licensure is required.  
B. Graduation from a graduate advanced practice education program meets the following requirements:  
1. Education program offered by an accredited college or university offers a graduate or post graduate degree in advanced nursing practice.  
2. If graduate or post-graduate certificate programs are offered, they must be offered through institutions meeting criteria B.1.  
3. The clinical and didactic program includes, but is not limited to:  
   ▪ Biological, behavioral, medical and nursing sciences relevant to practice as an APRN in the specified role and population foci;  
   ▪ Legal, ethical and professional responsibilities of the APRN; and  
   ▪ Include at a minimum, three separate comprehensive graduate-level courses (the APRN Core) in:  
     • Advanced physiology/pathophysiology, including general principles that apply across the lifespan;  
     • Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and  
     • Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.  
4. The clinical and didactic program meets the following criteria:  
   ▪ Curriculum is consistent with current competencies of the specific role and population focus.  
   ▪ Curriculum meets the requirements for clinical and didactic coursework as described in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education, July 7, 2008  
   ▪ Both direct and indirect clinical supervision must be congruent with current advanced practice nursing standards and nursing accreditation guidelines  
   ▪ Supervised clinical practice relevant to the role and population focus of APRN  
C. All individuals, without exception, seeking a national certification must complete a formal didactic and clinical advanced practice program meeting the above criteria. |
| IV. The standard methodologies used are acceptable to the testing community such as incumbent job analysis study, logical job analysis studies. | A. A nursing organization exists that establishes standards for the advanced level nursing practice in one of the four described roles and one of six described population foci.  
B. Exam content based on a job/task analysis.  
C. Job analysis studies are conducted at least every five years.  
D. The results of the job analysis study are published and available to the public.  
E. There is evidence of the content validity of the job analysis study. |
| V. The examination represents entry-level practice, with minimal, though critical competencies, in the advanced nursing practice role and population. | A. Entry-level practice in the advanced practice role and population focus is minimal competency in all areas of practice and is defined by the job analysis studies.  
B. The exam has a purpose statement and a focus. |
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Elaboration</th>
</tr>
</thead>
</table>
| VI. The examination represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care to the clients. | A. The job analysis includes activities representing knowledge, skills and abilities necessary for competent performance.  
B. The examination reflects the results of the job analysis study.  
C. Knowledge, skills and abilities, which are critical to public safety, are identified.  
D. The examination content is oriented to described educational curriculum practice requirements and accepted standards of care. |
| VII. Examination items are reviewed for content validity, cultural bias and correct scoring using an established mechanism, both before use and periodically. | A. Each item is associated with a single cell of the test plan.  
B. Items are reviewed for currency at least every three years.  
C. Items are reviewed by members of under-represented gender and ethnicities who are active in the field being certified. Reviewers have been trained to distinguish irrelevant cultural dependencies from knowledge necessary to safe and effective practice. Process for identifying and processing flagged items is identified.  
D. A statistical bias analysis is performed on all items.  
E. All items are subjected to an “unscored” use for data collection purposes before their first use as a “scored” item.  
F. A process to detect and eliminate bias from the test is in place.  
G. Reuse guidelines for items on an exam form are identified.  
H. Item writing and review is done by qualified individuals who represent the roles and the population foci. |
| VIII. Examinations are evaluated for psychometric performance.          | A. Reference groups used for comparative analysis are defined. |
| IX. The passing standard is established using acceptable psychometric methods, and is re-evaluated periodically. | A. Passing standard is criterion-referenced. |
| X. Examination security is maintained through established procedures.    | A. Protocols are established to maintain security related to:  
1. Item development (e.g., item writers and confidentiality, how often items are re-used);  
2. Maintenance and integrity of question pool;  
3. Printing and production process;  
4. Storage and transmission of examination is secure;  
5. Administration of examination (e.g., who administers, who checks administrators);  
6. Ancillary materials (e.g., test keys, scrap materials);  
7. Scoring of examination; and  
8. Occurrence of a crisis (e.g., exam is compromised, etc.). |
| XI. Certification is issued based upon passing the examination and meeting all other certification requirements. | A. Certification process is described, including the following:  
1. Criteria for certification decisions are identified;  
2. Meeting all requirements and passing results are verified; and  
3. Procedures are in place for appealing decisions.  
B. A mechanism is in place for communicating with candidate.  
C. There is due process for the follow up of complaints.  
D. Confidentiality of nonpublic candidate data is maintained. |
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Elaboration</th>
</tr>
</thead>
</table>
| XII. A retake policy is in place. | A. Failing candidates permitted to be reexamined at a future date.  
B. Failing candidates informed of procedures for retakes.  
C. Test for repeating examinees should be equivalent to the test for first time candidates.  
D. Repeating examinees should be expected to meet the same test performance standards as first time examinees.  
E. Failing candidates are given information on content areas of deficiency.  
F. Repeating examinees are not exposed to the same items when taking the exam previously. |
| XIII. Certification maintenance program, which includes review of qualifications and continued competence, is in place. | A. Certification maintenance requirements are specified (e.g., continuing education, practice, examination, maintenance of an active RN license, etc).  
B. Certification maintenance procedures include:  
   1. Procedures for assuring match between continued competency measures and APRN role and population(s);  
   2. Procedures for validating information provided by candidates; and  
   3. Procedures for issuing re-certification.  
C. Professional staffs oversee credential review.  
D. Certification maintenance is required a minimum of every 5 years. |
| XIV. Mechanisms are in place for communication to boards of nursing for timely verification of an individual's certification status, changes in certification status, and changes in the certification program, including qualifications, test plan and scope of practice. | A. Communication mechanisms address:  
   1. Permission obtained from candidates to share information regarding the certification process;  
   2. Procedures to provide verification of certification and scores to boards of nursing;  
   3. Procedures for timely notification to boards of nursing regarding changes of certification status, including testing without passing [notification to BON within 30 days]; and  
   4. Procedures for notification of changes in certification programs (qualifications and/or test plan) to boards of nursing and to NCSBN. |
| XV. An evaluation process is in place to provide quality assurance in its certification program. | A. Internal review panels are used to establish quality assurance procedures, annually.  
   1. Composition of these groups (by title or area of expertise) is described;  
   2. Procedures are reviewed; and  
   3. Frequency of review, as defined.  
B. Procedures are in place to insure adherence to established QA policy and procedures.  
   1. Procedures for review of quality assurance are publically posted. |