Consideration of Additional Proposed Board Approved Certifications

Summary of Request

Consider adding certifications from the American Association of Critical-Care Nurses – Certification Corporation and the National Certification Corporation to the list of Board approved certifications that a nurse may use to meet the continuing competency requirements for licensure renewal.

Historical Perspective

Texas licensed nurses renew their nursing licenses every two years. As part of the licensure renewal process, the Texas Nursing Practice Act (Texas Occupations Code, Chapter 301, et. seq.) provides the authority for the Board to consider certifications held by the license holder as one method for a nurse to meet continuing competency requirements [NPA 301.303 (a)(2)]. The Board rules further explain that a nurse may choose to either complete 20 contact hours or achieve, maintain, or renew an approved national nursing certification in the nurse’s area of practice [22 TAC §216.3 (a) and (b)].

In 2009, Chapter 216, relating to Continuing Competency, was adopted with the inclusion of approved national nursing certifications as a method a nurse could choose to utilize to demonstrate compliance with continuing competency license renewal requirements. The Board approved certifications for LVNs, RNs, and APRNs to meet the continuing competency requirements. These certifications were the Pharmacology and Long-Term Care certifications for LVNs through the National Association for Practical Nurse Education & Service, Inc. (NAPNES), the certifications approved by the Accreditation Board for Specialty Nursing Certification (ABSNC) for RNs, and the national certification recognized by the Board as meeting the certification requirement for the APRN's role and population focus area of licensure. In October of 2011, two additional certifications were approved by the Board, one for LVNs and one for RNs that are offered by the Developmental Disabilities Nurses Association.

Current Perspective

There are many other national nursing certifications. Two of the organizations that offer certifications that are approved for APRNs, also offer certifications for RNs and have been in communication with Board staff regarding their certifications, the rigor of their certification process and are requesting that the Board approve their additional certifications offered to RNs in Texas. (Please see letter from the National Certification Corporation in Attachment A.)

The American Association of Critical-Care Nurses – Certification Corporation (AACN-CC) offers approved APRN certifications for Acute Care Nurse Practitioner (ACNP), Acute Care Adult/Gerontology Nurse Practitioner (A/GACNP), Clinical Nurse Specialist in Adult/Gerontology Nursing, Clinical Nurse Specialist in Neonatal Nursing, and Clinical Nurse Specialist in Pediatric Nursing. The National Certification Corporation (NCC) offers approved APRN certifications for the Neonatal Nurse Practitioner (NNP) and for the Women's Health Nurse Practitioner (WHNP). The APRN certifications offered by these two organizations are listed on the form: National.
Certification Examinations Recognized by the Texas Board of Nursing (located on the Board’s website in Forms).

RN certifications are offered by both AACN-CC and NCC. The RN certifications offered by AACN-CC that are requested to be approved by the Board are:

- Acute/Critical Care Nursing (CCRN),
- Tele-ICU Acute/Critical Care Nursing (CCRN-E),
- Acute/Critical Care Knowledge Professional (CCRN-K),
- Progressive Care Nursing (PCCN), and
- Nurse Manager and Leader (CNML).

The RN certifications offered by NCC that are requested to be approved by the Board are:

- Inpatient Obstetric Nursing (RNC-OB),
- Maternal Newborn Nursing (RNC-MNN),
- Low Risk Neonatal Nursing (RNC-LRN), and
- Neonatal Intensive Care Nursing (RNC-NIC).

Both AACN-CC and NCC offer additional certifications that are considered subspecialty certifications. These subspecialty certifications are in addition to the core certifications and do not have the same level of rigorous requirements as the certifications that are being presented for the Board’s consideration. Neither organization offers certifications for the LVN.

The Certification Process

The Board considers the process and requirements of attaining, maintaining or renewing nursing certifications that may be utilized by nurses to meet the licensure renewal requirements to ensure that nurses are competent to practice safely. The Board previously has approved certifications approved by the American Board of Nursing Specialties (ABNS) as an accreditor of nursing certifications. The National Commission for Certifying Agencies (NCCA) approves certifications for many different types of professions. Some of the certifications approved by NCCA do not have the same rigor as the certifications approved by ABNS. In deciding whether to approve these certifications to meet a nurse’s continuing competency requirements for licensure renewal, information about the certification process, and certification renewal will be provided related to both AACN-CC and NCC. Both of these organizations have been approved by the NCCA.

AACN-CC Certification Process

The AACN initial certification (CCRN; CCRN-E; CCRN-K; PCCN) is accomplished by meeting eligibility criteria and passing the applicable examination. Certification is valid for three years. Renewal of the certification may be by exam or through completing 100 Continuing Education Recognition Points (CERP). The CERPs are divided into three categories and certified nurses are required to complete a number of CERPs in each category. CERPs consist of both learning topics and activities a certified nurse completes that relate to nursing practice.

The exams used by AACN-CC are based upon a job analysis. A job analysis study is completed every five years. The test plan is then revised based on the job analysis. New items are written for the test and pretested prior to launching the new test plan. For example, the CCRN job analysis was completed in 2013/2014 and the new test plan and forms will be released around October of 2015. This is a link to the AACN-CC certification exam statistics (calendar year 2014): [http://www.aacn.org/wd/certifications/content/statistical.pcms?menu=certification](http://www.aacn.org/wd/certifications/content/statistical.pcms?menu=certification).
NCC Certification Process

The NCC initial certification (RNC-OB, RNC-MNN, RNC-LRN, RNC-NIC) is accomplished by meeting eligibility criteria and passing the applicable national exam. Recertification is required every three years through a continuing education process. To maintain a certification, up to 50 hours of continuing nursing education (CNE) are required in the three year certification cycle and are divided among the competencies reflected in the test outline for the applicable certification program. (A Texas licensed nurse who chooses to complete CNE to meet the continuing competency requirements for licensure renewal, must complete 20 contact hours each two years or 40 contact hours in four years/two licensure renewal cycles.) NCC conducts a content validation study for each NCC certification every 3-5 years. These studies involve surveying practicing professionals in each specialty regarding the components of their practice. The surveys are based on previous results of past content validations, review of standards of practice, professional literature and research. The information gathered is used to ensure that NCC exams reflect the ongoing changes that occur in practice and are an accurate representation of the knowledge, skills and abilities needed by NCC certified professionals.

A nurse’s initial specialty certification provides validation of a defined set of core knowledge competencies. An assessment tool was developed to evaluate and address the knowledge competencies. Each assessment is created to cover the required 50 hours of CNE across the core content areas for the specialty and reflects the current certification exam content outline. Assessments are completed at the beginning of a certification cycle and an individualized, targeted education plan is provided ensuring that the assessment addresses the knowledge strengths and gaps. The nurse earns five CNE for taking the assessment. The majority of certified nurses need between 35 and 45 CNE in the three year certification renewal cycle. If the nurse has no identified gaps in core knowledge based on the assessment, then the nurse must obtain 15 CNE in any core competency included in the specialty (this occurs in less than 10 percent of NCC certified nurses). The CNE must be accredited by either a nursing or medical accreditor. (Please see Attachment B for an example of a competency assessment. Please see Attachment E for the listing of certifications and numbers of Texas licensed nurses with the various certifications offered by NCC.)

Pros: 12,181 Texas Nurses have current certifications from these two organizations. The certifications from these organizations are substantively equivalent to other certifications approved by the Board to meet continuing competency requirements and generally exceed the continuing education renewal requirement of 20 contact hours per two years. (Please see maps from AACN-CC in Attachment D and a graph of Texas nurses with the listed certifications in Attachment E.)

Con: None of these certifications are open to LVNs.

Staff Recommendation: Move to approve the AACN-CC certifications of CCRN; CCRN-E; CCRN-K; PCCN and the NCC certifications of RNC-OB, RNC-MNN, RNC-LRN, RNC-NIC and add these certifications to the list of Board approved certifications that may be utilized by a nurse to meet the continuing competency requirements for licensure renewal.
Texas Board of Nursing
c/o: Katherine A. Thomas, MN, RN, FAAN
333 Guadalupe; Suite 3-460
William P. Hobby Building
Austin, TX 78701-3944

February 5, 2015

To the Texas Board of Nursing,

Recently the National Certification Corporation (NCC) has received numerous emails stating that the Texas Board of Nursing does not recognize NCC as a credentialing agency whose certification can count towards licensure renewal. The Texas Board of Nursing along with numerous other states are now allowing nurses to demonstrate compliance with the continuing competency requirements by attaining, maintain or renewing an approved national nursing certification in the nurse’s area of practice.

NCC offers six core nursing certifications for Neonatal Nurse Practitioners; Women’s Health Nurse Practitioners, Inpatient Obstetrical Nurses, Low risk Neonatal Nurses, Neonatal Intensive Care Nurses; and Maternal Newborn Nurses. These examinations are based on the nurse’s area of practice validated by content validation studies and comprehensive job analysis conducted and analyzed by experts. In addition, NCC is the first certification corporation to develop and implement a continuing competency assessment program that targets the nurses educational (CNE) needs based on an independent review of knowledge. This program assesses strengths and weakness of nurses in their practice specialty knowledge and requires focused CE in areas of weakness for ongoing competency. NCC also has strict rules to insure all continuing education activities used for maintenance of certification are accredited.

After receiving concerning emails and reviewing the Texas Board of Nursing website we found that NCC is not an approved national certification accreditation agency recognized by the board to count as continuing competency for licensure renewal. We also searched further to discover the following statement:

“The National Commission for Certifying Agencies (NCCA) is another certification accreditation agency; however, these certifications are not accepted since they have many certifications open to non-nurses.”

NCC is accredited by the National Commission for Certifying Agencies (NCCA). The NCCA was created in 1987 to ensure the health, welfare, and safety of the public through the accreditation of certification programs/organizations that assess professional competence. They were the first to do this and NCC became accredited early on. The standards developed by NCCA demonstrate a valid and reliable process for development, implementation, maintenance and governance of certification programs. NCCA
standards are consistent with “The Standards for Educational and Psychological Testing” and are applicable to all professions and industries. The Texas Board of Nursing accepts NCCA as an accrediting body but does not allow the use of our certification based on our accreditation. Even the Consensus Model for APRN Regulation 2008 posted on the Texas Board of Nursing website states: “The certification program should be nationally accredited by the American Board of Nursing Specialties (ABNS) or the National Commission for Certifying Agencies (NCCA)”.

NCC has two subspecialty examinations “Neonatal Pediatric Transport” and Electronic Fetal Monitoring”. These subspecialties are interprofessional and held by multiple types of professionals. NCC choose accreditation by NCCA to meet the needs of health care providers who are working collaboratively to improve the outcomes of patients and families. NCC's nursing certifications are rigorous, practice specific, accredited and base CE needs on a required assessment before each maintenance period. Nurses who are certified by NCC deserve to be recognized for the rigor of that certification and be allowed to use their certification to meet the baseline CE required by the Texas Board of Nursing.

NCC is asking for the Texas Board of Nursing to add them to the list of approved certification organizations for all of our nursing certifications. NCCA is an accepted accreditor by the board and we are able to demonstrate that our nursing certification and CE meets the requirements for ongoing knowledge competency. Although nurses certified by NCC can utilize the CNE earned to meet their board requirements we believe this added step is a barrier to the use of their certification. We are happy to discuss this further and answer any questions related to our nursing certification so that we can resolve this issue.

Respectfully submitted,

Robin L. Bissinger, PhD, APRN, NNP-BC, FAAN
Executive Director
National Certification Corporation
## Specialty Index: Inpatient Obstetric Nursing

### Competency Assessment: Example

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<thead>
<tr>
<th>CORE COMPETENCY AREA</th>
<th>YOUR SPECIALTY INDEX</th>
<th>CE HOURS REQUIRED</th>
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<td>Postpartum (Code 4)</td>
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<td>Newborn (Code 5)</td>
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<tr>
<td>Professional Practice (Code 6)</td>
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### Your education plan

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<td>Pregnancy and Obstetric Complications (Code 3) Self Assessment modules</td>
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<tr>
<td>Newborn (Code 5) Self Assessment modules</td>
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<tr>
<td>Professional Practice (Code 6)</td>
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<td>15 Baseline CE hours in any of your content specific specialty areas</td>
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<td>Credit for taking this assessment (may be applied to any Plan CE need)</td>
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### INP Core Competency Area

#### Fetal Assessment (Code 1)
- Antepartum assessment
- Electronic fetal monitoring
- Non-electronic fetal monitoring
- Acid-base assessment
- Fetal and placental development

#### Labor and Delivery (Code 2)
- Antepartum assessment
- Labor and delivery
- Physiology of labor
- Labor management
- Obstetrical procedures
- Pain management

#### Pregnancy and Obstetric Complications (Code 3)
- Maternal diseases affecting the fetus and newborn
- Lifestyle and environmental pregnancy risks

#### Obstetric Complications
- Labor and placental disorders
- Multiple gestation
- Preterm labor
- Prolonged pregnancy

#### Postpartum (Code 4)
- Physiological of the postpartum woman
- Family adaptation
- Lactation
- Complications of the postpartum period
- Discharge planning and home care

#### Newborn (Code 5)
- Adaptation to extrauterine life
- Physical assessment
- Pathophysiological conditions
- Infant nutrition
- Resuscitation and Stabilization

### Professional Practice (Code 6)
- Research
  - Definitions
  - Application to practice

### Legal/Ethical Issues
- Definitions
- Application to practice
- Informed consent
- Legal issues affecting inpatient obstetric nursing practice

### Patient Safety

*Number of CE hours required if you do not achieve a specialty index of 7.5 or more in the content area.*

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[Image of CCI logo]
The American Association of Critical-Care Nurses (AACN) is the world's largest specialty nursing organization. AACN was established in 1969 as the American Association of Cardiovascular Nurses. In 1971, the association adopted its current name — the American Association of Critical-Care Nurses — to include all nurses who care for critically ill patients, regardless of the setting or diagnosis. In 1975, AACN Certification Corporation (AACN Certcorp) was founded to provide comprehensive credentialing for nurses who establish and maintain standards of excellence in acute and critical care nursing and who contribute to the achievement of optimal health outcomes for persons experiencing acute and life-threatening illness. The first CCRN exam was administered in 1976. AACN Certcorp accomplishes its mission by providing certification exams, programs and credentialing opportunities for nurse practitioners in acute and critical care. AACN Certcorp is separately incorporated in the state of California as a 501(c)(6) corporation. AACN is the sole member of the corporation. The AACN Certcorp Board of Directors is composed of representatives of the certified population, an employer representative and a public member.

In 1984, AACN Certification Corporation completed the Role Delineation/CCRN Validation Study, the first such undertaking by any nursing certification program. The study identified the body of knowledge used by practicing critical care nurses that formed the basis for the examination "blueprint" that delineated the percentage of the examination devoted to each content area. A revised CCRN examination, based on the new examination blueprint, was first administered the following year. As a result of the Role Delineation Study begun in 1989, changes were made to the existing adult exam blueprint. Beginning in July 1992, new certification programs for neonatal and pediatric critical care nurses began. Expanded clinical practice requirements that included clinical practice hours and specific clinical experiences were introduced.

In 2003, with the guidance of many subject matter experts, AACN Certification Corporation undertook and completed a comprehensive study of critical care nursing practice, from entry level through advanced practice. Based on the results of this groundbreaking study, it was determined that nursing practice within the progressive care area can be differentiated from practice within the critical care environment. The concept that critical care exists on a continuum from acutely ill to critically ill was validated. AACN Certification Corporation introduced a new credential, the PCCN, for progressive care nurses working with acutely ill patients. Over 400 nurses took the paper and pencil administration of the PCCN exam at the NTI conference in May 2004.

In 2005 two subspecialty certification examinations, Cardiac Medicine (CMC) and Cardiac Surgery (CSC), were launched.

In 2006 AACN Certification Corporation conducted a job analysis on the virtual ICU environment to determine renewal requirements for CCRNs who no longer meet traditional bedside hours because they work exclusively or primarily in the tele-ICU (e.g., virtual ICU or e-ICU).

In 2007 a national study of practice designed exclusively for nurse managers was completed with the goals of informing product development and developing a test plan for a potential
certification exam. In 2009 AACN Certification Corporation partnered with the American Organization of Nurse Executives and the AONE Credentialing Center to create and launch the CNML certification program for nurse managers and leaders. This examination is administered by the AONE Credentialing Center and it will be their responsibility to seek national accreditation of this examination program.

In 2010, Renewal by Synergy CERPs, based on the nurse competencies of the AACN Synergy Model for Patient Care, was launched as the primary renewal program for CCRN and PCCN-certified nurses.

AACN Certcorp’s certification programs are accredited by NCCA. AACN Certcorp was first accredited as an organization in March 1999 based on the CCRN exam program. The CCNS program was added in November 2000. In 2004 NCCA’s accreditation application process changed to be based on individual programs, rather than by organization. Organizations may apply for NCCA accreditation of a new certification program once 500 candidates have tested or the examination has been administered for one calendar year. AACN Certcorp has just applied for accreditation of the new Consensus Model-based Neonatal Clinical Nurse Specialist, wellness through acute care certification examination, which has been active for one year, and will apply for accreditation of the new CCRN-K credential in August, 2015.

Why are AACN Certcorp’s exams accredited through the National Commission on Certifying Agencies (NCCA) and not through the American Board for Specialty Nursing Certification (ABSNC)?

At the time that AACN Certcorp first applied for national accreditation for the CCRN exam program, the NCCA was the sole certification exam accreditation body. The ABSNC accreditation program did not exist. Since we had already achieved NCCA accreditation, we decided to maintain it with our subsequent exams. The ABNS program was new, and the reviewers were not as experienced as the NCCA reviewers. The standards were virtually identical, with the exception of one ABNS standard which was unique to nursing. We did not feel that we needed to have our programs evaluated for adherence to nursing theory because all of our exams are grounded in the AACN Synergy Model for Nursing Practice. We believed that we could benefit by having our programs reviewed by certification leaders from many disciplines, to receive constructive feedback, and know that they can compete at that level. As NOCA/ICE members with many NCCA-accredited programs, we also feel that we have many resources to network with when we have questions or want to try a new process or procedure. We also do not want to appear to be reluctant to submit our exams to accreditation outside of nursing. We feel that to have both accreditations is an unnecessary and expensive redundancy, and we are satisfied to know that our exams are being evaluated in the larger multidisciplinary certification community.

It is important to note that the parent organization of NCCA, the Institute for Credentialing Excellence, formerly NOCA, was originally started in 1977 in cooperation with the federal government as the National Commission for Health Certifying Agencies (NCHCA) to develop standards of excellence for voluntary certification programs in healthcare. For many years the organization was made up primarily of nursing and healthcare related organizations, but has diversified over the past fifteen years. The NCCA has been chaired recently by two directors of nursing certification organizations, Cyndi Miller Murphy of ONCC and Karen Plaus of NBCRNA. Nurses who have recently served as NCCA commissioners include Jan Towers of AANP, Jan Wyatt of PNCB and Carol Hartigan of AACN Certcorp. So the NCCA has had a nursing perspective included among the reviewers.
Agenda Item: 7.4
Attachment D

CCRNs, CCRN-Es & CCRN-Ks by State – as of January 2015

Legend:
CCRN # / CCRN-E # / CCRN-K #

Grand Total CCRN: 70,268
Grand Total CCRN-E: 229
Grand Total CCRN-K: 340
PCCNs by State – as of January 2015

Total: 13,391
Table of AACN-CC and NCC Texas Certified Registered Nurses

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<th>Certification</th>
<th>Number of Currently Certified Nurses</th>
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<td>Acute/Critical Care Knowledge Professional (CCRN-K)</td>
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<td>NCC</td>
<td>Inpatient Obstetric Nursing (RNC-OB)</td>
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<td>Maternal Newborn Nursing (RNC-MNN)</td>
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<td>Neonatal Intensive Care Nursing (RNC-NIC)</td>
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*See maps in Attachment D

** Information provided by Robin Bissinger, PhD, APRN, NNP-BC, FAAN Executive Director National Certification Corporation