

THE AMERICAN BOARD OF NEUROSCIENCE NURSING



Certified Neuroscience Registered Nurse (CNRN®)

2012 Candidate Handbook and Exam Application

Applications for each exam window **must be received** (**not** postmarked) by the ABNN Office no later than 5:00pm (Central time). Late applications will not be accepted.

March Exam Window: ***Thursday, March 1–Saturday, March 31, 2012***
Application Deadline: Friday, January 20, 2012.

July Exam Window: ***Sunday, July 1–Tuesday, July 31, 2012***
Application Deadline: Friday, May 18, 2012.

October Exam Window: ***Monday, October 1–Wednesday, October 31, 2012***
Application Deadline: Friday, August 17, 2012.

The American Board of Neuroscience Nursing
4700 W. Lake Avenue
Glenview, IL 60025-1485
Toll-free: 888/557-2266 | 847/375-4733 | Fax: 847/375-6430
www.cnrn.org

I. American Board of Neuroscience Nursing Certification Examination

The American Board of Neuroscience Nursing (ABNN) is the independent, not-for-profit corporation established to design, implement and evaluate a certification program for professional nurses involved in the specialty practice of Neuroscience Nursing. ABNN is solely responsible for the development, administration and evaluation of the certification program. Neuroscience Nursing is the diagnosis and treatment of actual or potential patient and family responses to nervous system function and dysfunction across the healthcare continuum. ABNN promotes the practice and the contributions made by Neuroscience Nurses to the health of the nation through the certification of registered nurses.

Certification in Neuroscience Nursing is the formal recognition of the attainment and demonstration of a unique body of knowledge necessary for the practice of Neuroscience Nursing. In awarding the Certified Neuroscience Registered Nurse (CNRN) credential, ABNN recognizes nurses who demonstrate the attainment of this knowledge through successful completion of the certification examination or renewal recertification through the accumulation of continuing education credits consistent with established policies. The CNRN certification program was developed through the auspices of the American Association of Neurosurgical Nurses (now known as the American Association of Neuroscience Nurses, or AANN) in 1978 to formally recognize professional achievement and to promote excellence in Neuroscience Nursing.

II. ABNN Purposes

- Encourage the study of neuroscience nursing
- Promote and advance the practice of neuroscience nursing through specialty certification
- Determine minimum requirements for individuals who seek certification in neuroscience nursing
- Conduct an examination for certification of qualified candidates
- Provide a mechanism for recertification in neuroscience nursing

III. Test Dates and Locations

The CNRN exam is offered three times during the year in computer-based testing (CBT) format. The exam will be offered at approximately 200 sites throughout the United States and internationally. For a current list of sites visit <http://www.isoqualitytesting.com> and select the "Locate a Testing Center" option under the "Testing Center" tab. Please note that you will be unable to register for a testing site until you have submitted your completed exam application to ABNN.

The CBT exam will be offered during the following windows:

- March 1–31
- July 1–31
- October 1–31

You can view a generic CBT Demo exam for candidates to see how to navigate the exam system, apply bookmarks, etc. at www.SMTTest.com select "Candidate" from the top menu, and then select "Demonstration Test".

IV. CNRN Eligibility Requirements

1. The candidate must have current licensure as a registered nurse in the United States, Canada or in any of the U.S. Territories that grant licensure utilizing the U.S. State Board Test Pool Exam or National Council for Licensure Exam. Candidates from other countries will be considered if they meet a comparable licensure requirement and can read and understand the English Language. All candidates for the CNRN exam will be subject to an audit to validate their current licensure
2. The candidate must be a professional nurse engaged in Neuroscience Nursing clinical practice or as a consultant, researcher, administrator or educator who has completed and can provide documentation of at least

two (2) years full-time (4,160 hours) of direct or indirect Neuroscience Nursing practice as a registered nurse in the last five (5) years at the time of application.

- a. Direct neuroscience nursing practice is defined as involvement in the nursing process in a clinical setting where the nursing actions and judgments are focused on a particular individual, family or group of individuals where there is continuing professional responsibility and accountability for the outcomes of these actions.
 - b. Indirect neuroscience nursing practice is defined as involvement that includes time spent in clinical supervision of students and/or staff, research or consultation.
3. The candidate must complete the CNRN certification application and submit it with their appropriate fee, all of which must be received by the ABNN Office prior to the application deadline.
 4. The ABNN does not discriminate against candidates for certification on the basis of race, religion, sex, national origin, marital status, sexual orientation or disability.

V. Application Deadline

Applications for each exam administration and the applicable fee **must be received (not postmarked)** by the ABNN Office no later than 5:00pm (central time) by the deadlines listed below:

| | | | |
|---------------------|--------------------------|----------------------|-------------------------|
| Exam Window: | March 1-31, 2012 | July 1-31, 2012 | October 1-31, 2012 |
| Deadline: | Friday, January 20, 2012 | Friday, May 18, 2012 | Friday, August 17, 2012 |

Candidates are encouraged to submit the application and fee well in advance of the deadline to allow time to supply any additional required information noted during the application review process. ABNN reserves the right to request additional documentation to verify experience eligibility. Deficiencies cannot be corrected after the deadline. Mail the completed application to: ABNN, 4700 W. Lake Avenue, Glenview, IL 60025. **Faxed applications will not be accepted under any circumstances.** Candidates should keep a copy of the application for their records. If you need assistance completing the forms, or have questions about the status of your application, contact ABNN toll-free at 888/557-2266.

VI. Examination Paper Application Fees

| | |
|--------------------------------|-------|
| AANN Member: | \$285 |
| Non-member: | \$380 |
| Join AANN and Register: | \$399 |

A check or money order in U.S. dollars payable to the **American Board of Neuroscience Nursing (ABNN)** must accompany the certification application. If you choose the Join AANN and Register option, ABNN will automatically forward your demographic information and included \$114 membership fee to AANN. In addition to being able to apply for the CNRN at the member rate, AANN members receive one-year subscriptions to the *Journal of Neuroscience Nursing* and other member benefits. See www.AANN.org for detailed information on the benefits of membership.

VII. Refund of Application Fees

A candidate who wishes to cancel a reservation for the examination must contact the ABNN office in writing **14 days prior to the scheduled examination date**. Exam withdrawals **received** by the ABNN office at least 14 days prior to the exam will receive a refund of their application fee minus a \$100 administrative fee. Exam withdrawals received by the office less than 14 days prior to the examination date receive no refund.

VIII. Register for the Exam

Once approved to sit for the exam, candidates will be sent their exam admission letter electronically by the testing company, Iso-Quality, no later than 14 days prior to the opening of the exam window.

Please look for this letter in your inbox from registrations@isoqualitytesting.com with the subject line "*Online Candidate Registration Exam: Certified Neuroscience Registered Nurse*". This letter will include instructions for scheduling your exam date within the window and registering for a testing center. You should complete the online examination registration process as soon as you know your personal schedule surrounding these dates. The sooner you schedule online, the better the availability of a seat at the time and place you prefer to take the examination.

You can register to take the exam online in hundreds of locations throughout the United States and Canada through the Iso-Quality Testing, Inc. Web site at <http://www.isoqualitytesting.com>. Please note that you must send your completed exam application and fee to the ABNN Office before you will receive your User ID and Password needed to register for a testing site.

All notifications will be sent electronically.

Once you have received your User ID and Password from Iso-Quality, please use the following instructions to register for your exam site:

- 1) Log on to <http://www.isoqualitytesting.com>.
- 2) If you receive a Security Alert, click "YES."
- 3) Select "Take a Test" (the first tab across the top).
- 4) Click on "Register for an exam"
- 5) Click on "Exam Registration".
- 6) Select "American Board of Neuroscience Nursing (ABNN)" from the first dropdown menu. The CNRN exam will be automatically selected in the second dropdown menu. Click Next.
- 7) Enter your User ID and Password (included in your acceptance letter)
- 8) Review your Candidate Profile Information. Update any contact information here. An email address is highly recommended. Click "NEXT."
- 9) Select the test center and exam time of your preference, and Click "NEXT."
- 10) Select and read the "IQT Examination Agreement." Check the box next to "I agree to the IQT Examination Agreement terms," and "Submit."
- 11) Print the confirmation to bring with you to the testing center on the day of your examination. You will need the User ID and Passcode information to log in to your exam at the test center.
Note: This **Passcode** needed to start your exam at the test center is not the same as the **Password** used to schedule the exam.
- 12) You will automatically receive a confirmation of your exam registration by email.

Please note that User IDs and Passwords will not be given out over the telephone if you lose your email.

IX. Rescheduling an Exam Date

If you find that you need to reschedule your CBT exam date to a different date or time within the testing window, please use your CBT login information to reschedule your date online, or contact Iso-Quality Testing at 866/773-1114. Please note that you will be required to pay a \$25 fee to reschedule if you have already registered for an exam time. If you need to reschedule to another exam administration, please see "Exam Postponement" below.

X. Exam Postponement

If you wish to move to the next exam window, you will need to contact Iso-Quality testing at 866-773-1114 to process this request. Requests to postpone must be received at least 14 days prior to the scheduled examination dates. Please note your original valid test date will not change and if you do not complete the exam by your valid test date

you will be required to submit another application and pay all associated fees. You are only able to change your exam window one time.

XI. Exam Cancellation

If you have already registered to take the examination and you must cancel, please contact ABNN at info@cnrn.org. Withdrawal requests received by the ABNN office at least **14 days** prior to the scheduled examination date will receive a refund of their application fee minus a \$100 administrative fee. Examination withdrawals received by the office fewer than 14 days prior to the examination receive no refund.

XII. Computer-Based Testing (CBT) Examination Procedures

- Report at least 30 minutes prior to test time, to allow time to park, locate the testing center, etc.
- Bring your Iso-Quality Testing Examination Receipt/Admission Letter (this is the confirmation you receive once you have registered online for your exam date).
- Bring a photo ID with signature (current driver's license, passport, and military ID are acceptable. Student IDs and bank cards are not acceptable).
- You are advised to bring a sweater or jacket in case the testing center is cold.

XIII. Notification of Examination Results

1. All exam candidates will be notified of their pass/fail status once the exam is completed. Certificates will be mailed to those who pass approximately 1 month after the close of the exam window.
2. It is the candidate's responsibility to notify the ABNN office of any errors or changes in contact information prior to the examination. Candidates may also indicate address and name changes at the time of the examination on the provided form or computer screen. A \$15 fee will be assessed to correct certificates with misspelled names if the candidate does not follow the above instructions. CBT candidates are prompted to verify name and address information when scheduling their exam online.
3. Any requests for rescoring of test scores must be submitted in writing to and **received by** ABNN within 30 days of the postmark date on the formal letter of notification of test results. Upon receipt of such a request, the answer sheet will be rescored and the results sent to the candidate within six (6) weeks. The candidate must assume the cost of rescoring.
4. Candidates who fail the certification examination may reapply to retake it as often as desired, provided they continue to meet the eligibility requirements, and submit a new application and fee for each attempt.

XIV. Confidentiality of Examination Results

Examination results are released only to the candidate at the close of the exam and in writing. In response to specific inquiries, and with permission of the individual CNRN, verification of current CNRN status will be provided. Group data without individual identifying information may be used for research and study purposes, and may be released to other groups with a specific interest in nursing certification.

XV. Application Audits

Applications may be audited to verify employment/work hour information, and the state board of nursing may be asked to verify current licensure. Other applications may be audited at the discretion of the ABNN Board. Failure to provide requested documentation for an audit will result in the denial of the candidate's application.

XVI. Requests for Testing Accommodations

In accordance with the Americans with Disabilities Act (ADA) and other applicable laws, the American Board of Neuroscience Nursing provides reasonable accommodations to its examinations for individuals with documented disabilities who sufficiently demonstrate a need for accommodations. The ADA defines a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities such as walking, seeing, hearing, or learning.

Individuals requesting accommodations must submit a written "Request for Accommodation" with their exam applications. The "Request for Accommodation" form is located at the end of this handbook. ABNN strictly adheres to a policy of confidentiality and does not disclose names of applicants with disabilities or information concerning the application or accompanying documentation to other than testing service staff, ABNN office staff, and professional medical reviewers as necessary.

XVII. Duration of Certification

CNRN certification is effective for a period of five (5) years. The actual expiration date of a CNRN certificate is December 31, of the 5th year after certification (i.e., certification of CNRNs certified in March, July, or October 2012 expires on December 31, 2017). To renew certification prior to the expiration date, the certificant may either retake the certification exam or submit documentation of the required continuing education contact hours and work hours in neuroscience nursing during the 5th year of the certification cycle. Continuing education credits begin to be eligible toward recertification effective immediately following the date of successful examination. ABNN will provide candidates with renewal application instructions in the middle of the year that their certification expires. However, it is ultimately the responsibility of the CNRN to initiate the recertification process. Applications for recertification will not be accepted prior to the 5th year of the certification cycle.

XVIII. The CNRN Credential

Each passing candidate will receive a certificate indicating attainment of certification. Successful completion of the examination entitles the candidate to use the credential CNRN. Please note, however, that the CNRN does not replace use of the designation RN.

XIX. Revocation of Certification

Causes for revocation of certification include:

- The CNRN did not possess the required qualification and requirements for the examination, whether or not such deficiency was known to ABNN prior to the examination or at the time of issuance of the certificate;
- The CNRN made a material misstatement or withheld information on the application or in any representation to ABNN, whether intentional or unintentional;
- The CNRN engaged in irregular practices in connection with an examination, whether or not such practices had an effect on the performance of the CNRN on an examination;
- There has been a limitation or termination of any right of the CNRN associated with the practice of neuroscience nursing in any state, province or country, including the imposition of any requirement of surveillance, supervision or review by reason of violation of a statute or governmental regulation, disciplinary action by any nursing licensing authority, entry into a consent order, or voluntary surrender of license.

No certification shall be revoked unless the CNRN concerned is notified of the intent of ABNN and has an opportunity for a hearing before a select committee of ABNN. Such notification shall be sent by certified mail no less than 30 days prior to the hearing.

XX. Irregularities in Testing

In addition to Revocation of Certification applicants should also understand that ABNN may or may not require a candidate to retake the examination, or a portion of the examination, if presented with sufficient evidence that the security of the examination has been compromised, notwithstanding the absence of any evidence of a candidate's personal involvement in such activities.

XXI. Denial of Application and Appeal

Application to take the examination will be denied if the applicant is deemed ineligible for certification, or if documentation does not meet the requirements listed. Falsification of the application, including failure to provide material information, is grounds for denial of the application or for denial of certification. In such cases, the applicant will be notified in writing of the specific reason. There can be no appeal for failure to achieve a passing score on the examination, lack of current RN license, or failure to apply by the deadline. Any applicant whose application for certification is denied approval will automatically be sent information about how to appeal the decision, including steps in the appeal process and additional information required. Applicants denied application approval will receive a refund of the application fee, minus a \$100 administrative fee.

XXII. The Examination

The CNRN examination is a generalist exam, and is not intended to emphasize any particular level of care nor any particular developmental level. The exam consists of approximately 220 multiple-choice items. Twenty out of the 220 items are pre- test items, which are not scored. (Note: the examination may include additional items that are being tested for future use.) Three levels of knowledge are tested: knowledge; interpretation; and problem solving and evaluation. The following lists include some of the actions associated with each of the knowledge levels.

| Knowledge | Interpretation | Problem Solving and Evaluation |
|-----------|----------------|--------------------------------|
| Define | Interpret | Compose |
| Repeat | Apply | Plan |
| Record | Use | Propose |
| List | Distinguish | Formulate |
| Describe | Analyze | Judge |
| Recognize | Compare | Rate |
| Explain | Solve | Value |
| Report | Inspect | Select |
| Review | Examine | Organize |
| Relate | Categorize | Evaluate |

Sample Examination Questions*

1. Following a cerebral vascular accident (CVA) involving the middle cerebral artery, a patient developed homonymous hemianopia. Which of the following interventions is MOST suitable as part of the rehabilitation plan?
 - a) Gather assessment data for a likely ophthalmology consult
 - b) Patch the affected eye
 - c) Discourage ambulation
 - d) Teach visual scanning techniques

2. After a head injury, a patient has persistent recent memory loss. Which of the following strategies would be MOST beneficial as the patient reintegrates into the community?
 - a) Keep a calendar of daily activities
 - b) Memorize the next day's schedule every night
 - c) Hire a personal care assistant
 - d) Ask others for daily instructions

3. Which of the following is the MOST suitable intervention for a patient with cranial nerve involvement due to Guillain-Barré Syndrome (GBS)?
 - a) Sensory checks below the level of the lesion
 - b) Establishing communication patterns
 - c) Use of neuromuscular blocking agents
 - d) Initiation of continuous positive airway pressure (CPAP) for respiratory management

4. Of the following, which is MOST appropriate as an interdisciplinary team goal for the sensory stimulation program for a comatose patient?
 - a) Design a patient-centered program
 - b) Plan a comprehensive bowel and bladder retraining program
 - c) Select nationally recognized stimulation techniques
 - d) Develop a treatment schedule consistent with schedules of each team member

Answers: 1. d; 2. a; 3. b; 4. a

**These items are intended only as samples of the style of questions you should expect. They are not representative of the numbers of any category of question that will be included on the test.*

XXIII. Commonly Asked Questions about the CNRN Examination

How is the passing score determined?

The passing score is established by a systematic procedure that employs the judgment of neuroscience nursing experts from around the country as well as the assistance of professional psychometricians from Schroeder Measurement Technologies, Inc. (SMT).

What is a scaled score?

Candidate scores are not calculated as a raw score (the number of questions answered correctly) but rather as a scaled or weighted score. Although much care is taken to assure that all forms of the examination are similar, new forms may vary somewhat in level of difficulty from earlier ones. A raw score on one may not be comparable, therefore, to a raw score on a different version. Rather, scores are calculated as scaled or weighted scores that take into account the difficulty of the question. The degree of difficulty is determined by the neuroscience nursing experts referred to above. To prevent candidates who took a less difficult form of the examination from having an unwarranted advantage over those who took a slightly more difficult form, raw scores are converted to scaled scores that represent comparable levels of achievement.

The test consists of 220 questions; members of the Test Development Committee meet with the psychometricians to select 20 questions that do not meet the standards of the test. This may be through ambiguous stems or distractors, or through statistical analysis. The test is then scored once a total of 200 questions has been achieved. Each test will contain newly- appointed test questions; they may remain in the test, or they may be discarded, depending whether or not they meet the standards.

What is the best way to study for the exam?

There is no one best way. Based on a survey of CNRN candidates, the following are summary results of how successful candidates prepared for the exam (N= 90 respondents):

Respondents began studying an average of 4 months prior to exam (range 1 month to 12 months), and the majority of respondents spent at least 10 hours per week studying for the exam (see table below).

| Hours Spent Studying Per Week | | |
|--------------------------------------|------------------------|--------------------------------|
| Hours Per Week | Total Responses | Percentage of Responses |
| 60 | 1 | 1% |
| 40 | 5 | 6% |
| 20 | 21 | 23% |
| 10 | 35 | 39% |
| 5 | 16 | 18% |
| Less than 5 | 12 | 13% |

Examination Preparation Methods:

Candidates utilized a variety of means to prepare for the exam. Many used multiple methods to ensure breadth in their preparation. The table below lists additional specifics of the types of preparation used.

| Study Methods Used in Exam Preparation | | |
|---|--------------|----------------------|
| Study Method | Total | Percentage of |

| | <u>Responses</u> | <u>Responses</u> |
|----------------------|------------------|------------------|
| Review Course | 51 | 57% |
| Group Study | 7 | 8% |
| Independent Study | 77 | 86% |
| On-line Study Course | 5 | 6% |

Textbooks Used:

A wide variety of texts were employed to prepare for the CNRN exam. Several, however, stood out as clear favorites. The top three were (in order of popularity based on the survey):

- *AANN Core Curriculum for Neuroscience Nursing*
- *The Clinical Practice of Neurological and Neurosurgical Nursing* by Joanne V. Hickey
- *Neuroscience Nursing: A Spectrum of Care* by Ellen Barker

For texts specific to pediatric neuroscience, the following texts are suggested:

Dixon, S. D. & Stein, M. T. (2006). *Encounters with Children: Pediatric Behavior & Development*. (4th Ed.). Philadelphia: Mosby Elsevier.

Menkes, Harvey, & Sarnat (2006). *Child Neurology*. Philadelphia: Lippincott Williams & Wilkins.

McLone, D. G., et al. (2001) *Pediatric Neurosurgery: Surgery of the Developing Nervous System*. (4th

Edition). Philadelphia: W.B. Saunders Company.

Tomlinson, D. & Kline, N. E. (2008). *Pediatric oncology nursing: advanced clinical handbook*. New York:

Springer.

Volpe, J. J. (2008). *Neurology of the Newborn*. (5th Edition). Philadelphia: W.B. Saunders Company.

Wesson, D. E. (2006). *Pediatric trauma: pathophysiology, diagnosis, and treatment*. New York:

Taylor &

Francis.

Journals Used:

Candidates also utilized many journals and periodicals to enhance their preparation. The three most commonly utilized were (in order of popularity based on the survey):

- *The Journal of Neuroscience Nursing*
- *The American Journal of Nursing*
- *Critical Care Nursing*

In addition, the American Association of Neuroscience Nurses (AANN) has several CNRN review courses available for purchase in their Online Store. Please visit www.AANN.org to purchase these programs.

XXIV. Scope of the Examination

Attainment of CNRN certification includes successful completion of a general neuroscience nursing exam that is intended to determine if the candidate possesses the basic knowledge needed to care for both neurosurgical and neurological patient populations competently. Just as neuroscience nursing includes caring for patients across the lifespan and in a variety of settings, the exam includes items about patients at various ages and developmental stages and in different levels of care. While questions may vary in their level of difficulty, the exam tests the candidate's knowledge of core neuroscience nursing principles.

XXV. Examination Construction

ABNN conducted a role delineation survey during 1996, 1997, 2001, 2005, and most recently in 2009. The survey examined neuroscience health problems, human responses in neuroscience disorders and specific nursing interventions used to describe neuroscience nursing practice. Based on the responses, the ABNN Role Delineation Task Force defined a framework for construction of the examination. Following are a detailed content outline of the exam, by categories of disorders, and the exam matrix showing the relative weights of the exam by disorder and type of nursing intervention. Although not all content or human responses are part of the CNRN Examination Matrix, the core of neuroscience nursing knowledge required for specialty practice is clearly represented.

XXVI. ABNN CNRN EXAM

(Based on 2009 Role Delineation Study)

Disorders - Detailed Content Outline

1. Trauma

- A. Traumatic brain injury
 - 1. Blast
 - 2. Blunt
 - 3. Penetrating
- B. Hematoma
 - 1. Chronic Subdural
 - 2. Acute Subdural
 - 3. Epidural
- C. Diffuse Axonal Injury
- D. Contusions
- E. Fractures
 - 1. Spinal column
 - 2. Skull
- F. Spinal cord injury
- G. Herniated nucleus pulposus
- H. Peripheral nerve injury
- I. Repetitive stress injury (e.g., carpal tunnel syndrome, lumbar/cervical strain)

2. Cerebrovascular

- A. Transient Ischemic Attack
- B. Aneurysm
- C. Arterio-venous malformation
- D. Arterio-venous Fistula
- E. Carotid Stenosis
- F. Cavernous angiomas
- G. Dural Arterial-venous fistula
- H. Carotid dissection
- I. Ischemic Stroke
 - 1. Thrombotic
 - 2. Embolic
 - 3. Lacunar
- J. Hemorrhagic Stroke
 - 1. Intracerebral hemorrhage
 - 2. Subarachnoid hemorrhage
 - 3. Intraventricular hemorrhage
- K. Headaches
 - 1. Acute
 - 2. Chronic

3. Tumors

- A. Brain Tumors
 - 1. Neuroepithelial tissue (e.g., astrocytoma, oligodendroglioma, embryonal tumors)
 - 2. Cranial and spinal nerves (e.g., schwannoma, neurofibroma)
 - 3. Meningeal and related tissues
 - 4. Hematopoietic (e.g., lymphomas, hemangioblastomas)
 - 5. Pituitary
 - 6. Metastatic

7. Other (e.g., craniopharyngioma, pineal)
- B. Spinal Cord Tumors
 1. Primary (e.g., astrocytoma, ependymoma, meningioma)
 2. Metastatic
 3. Neurofibroma
4. **Immune/Infection**
 - A. Abscesses
 - B. Amyotrophic Lateral Sclerosis
 - C. AIDS
 - D. Bell's Palsy
 - E. Encephalitis
 - F. Guillain-Barré
 - G. Meningitis (viral, bacterial, fungal origin)
 - H. Multiple Sclerosis
 - I. Myasthenia Gravis
5. **Seizures**
 - A. Partial
 - B. Generalized
 - C. Status Epilepticus
 - D. Pseudoseizures
6. **Developmental/Degenerative**
 - A. Arnold-Chiari malformation
 - B. Cerebral Palsy
 - C. Hydrocephalus
 1. Communicating
 2. Obstructive
 3. Normal pressure
 - D. Spina Bifida: Myelomeningocele
 - E. Down's Syndrome
 - F. Attention Deficit Hyperactivity Disorder
 - G. Dementia
 1. Alzheimer's Disease
 2. Vascular
 - H. Dystonia
 - I. Parkinson's Disease
 - J. Peripheral Neuropathy
 - K. Benign Essential Tremor
 - L. Degenerative spine disease
 1. Degenerative disk disease
 2. Vertebral compression fractures
 3. Lumbar spondylolisthesis
 4. Spinal stenosis
 - M. Craniosynostosis
 - N. Balance and dizziness disorders (e.g., Meniere's disease, Friedrich's Ataxia)
7. **Other Disorders**
 - A. Trigeminal neuralgia
 - B. Sleep disorders

- C. Toxic encephalopathies
- D. Delirium
- E. Pain
 - 1. Acute
 - 2. Chronic
- F. Chemical dependency

Domain 1: Basic Physiological

- Activity/Exercise Management
- Elimination Management
- Immobility Management
- Nutritional Support
- Physical Comfort Promotion
- Self-care Facilitation

Domain 2: Complex Physiological

- Electrolyte & Acid-base Management
- Drug Management
- Neurological Management
- Perioperative Care
- Respiratory Management
- Skin/Wound Management
- Thermoregulation
- Tissue Perfusion Management

Domain 3: Behavioral

- Behavior Therapy
- Cognitive Therapy
- Communication Enhancement
- Coping Assistance
- Patient Education
- Psychological Comfort Promotion

Domain 4: Family

- Lifespan Care

Domain 5: Safety

- Crisis Management
- Risk Management

Domain 6: Health System

- Health System Mediation
- Health System Management
- Information Management

CNRN Examination Matrix (based on 2009 Role Delineation Study)

| Neurological Disorder → | | Trauma | Cerebro - vascular | Tumors | Immune / Infection | Seizure | Develop/ Degen | Other Disorders | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------------------------|------------|--|--------|--------------------|---------|----------------|-----------------|---------------------|-----------------------------|-----------------------------|----------|-----|----|------------------|-----|----|----------|-----|----|-------------------|-----|----|----------|----|----|-----------------------------|-----|----|-----------------|-------------|------------|--------------|-------------|------------|
| Intervention ↓ | % of Exam | 12% | 25% | 15% | 10% | 8% | 20% | 10% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Domain 1 | Activity/Exercise Mgmt | 24% | <p>The distribution of content and test construction procedures for the CNRN are based on this table and described below:</p> <p>Since the specification has two content dimensions: disorders and intervention, we need to independently consider both content domains while creating a test form. Before an item can be included on a test form, it must be assigned to a disorder domain and linked to an intervention domain. Disorder is the primary domain, and as such items are selected to fulfill the content specifications of seven neurological disorder domains. The percentage of total number of scored items in each domain is given below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Content Description</th> <th style="text-align: center;">Percentage of Items</th> <th style="text-align: center;">Approximate Number of Items</th> </tr> </thead> <tbody> <tr><td>Trauma:</td><td style="text-align: center;">12%</td><td style="text-align: center;">25</td></tr> <tr><td>Cerebrovascular:</td><td style="text-align: center;">25%</td><td style="text-align: center;">52</td></tr> <tr><td>Tumors:</td><td style="text-align: center;">15%</td><td style="text-align: center;">32</td></tr> <tr><td>Immune/Infection:</td><td style="text-align: center;">10%</td><td style="text-align: center;">20</td></tr> <tr><td>Seizure:</td><td style="text-align: center;">8%</td><td style="text-align: center;">15</td></tr> <tr><td>Developmental/Degenerative:</td><td style="text-align: center;">20%</td><td style="text-align: center;">41</td></tr> <tr><td>Other Disorders</td><td style="text-align: center;">10%</td><td style="text-align: center;">20</td></tr> <tr><td>Total</td><td style="text-align: center;">100%</td><td style="text-align: center;">205</td></tr> </tbody> </table> | | | | | | Content Description | Percentage of Items | Approximate Number of Items | Trauma: | 12% | 25 | Cerebrovascular: | 25% | 52 | Tumors: | 15% | 32 | Immune/Infection: | 10% | 20 | Seizure: | 8% | 15 | Developmental/Degenerative: | 20% | 41 | Other Disorders | 10% | 20 | Total | 100% | 205 |
| | Content Description | | | | | | | | Percentage of Items | Approximate Number of Items | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Trauma: | | | | | | | | 12% | 25 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cerebrovascular: | | | | | | | | 25% | 52 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Tumors: | | | | | | | | 15% | 32 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Immune/Infection: | | | | | | | | 10% | 20 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seizure: | 8% | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Developmental/Degenerative: | 20% | 41 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Disorders | 10% | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 100% | 205 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elimination Mgmt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immobility Mgmt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nutrition Support | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical Comfort Promotion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Self-Care Facilitation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Domain 2 | Electrolyte & Acid Base Mgmt | 36% | <p>In addition the final 200 scored items reflect a sampling of a content related to nursing interventions. The result of the 2009 Role Delineation Study established target percentages for intervention groupings for the test specifications. While the test form is being constructed a serious effort is made to match the target percentage and the number of items established for each intervention domain. Targeted percentage of total scored items and approximate number of items in each intervention is given below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Content Description</th> <th style="text-align: center;">Percentage of Items</th> <th style="text-align: center;">Approximate Number of Items</th> </tr> </thead> <tbody> <tr><td>Domain 1</td><td style="text-align: center;">24%</td><td style="text-align: center;">50</td></tr> <tr><td>Domain 2</td><td style="text-align: center;">36%</td><td style="text-align: center;">72</td></tr> <tr><td>Domain 3</td><td style="text-align: center;">15%</td><td style="text-align: center;">31</td></tr> <tr><td>Domain 4</td><td style="text-align: center;">7%</td><td style="text-align: center;">14</td></tr> <tr><td>Domain 5</td><td style="text-align: center;">9%</td><td style="text-align: center;">19</td></tr> <tr><td>Domain 6</td><td style="text-align: center;">9%</td><td style="text-align: center;">19</td></tr> <tr><td>Total</td><td style="text-align: center;">100%</td><td style="text-align: center;">205</td></tr> </tbody> </table> | | | | | | Content Description | Percentage of Items | Approximate Number of Items | Domain 1 | 24% | 50 | Domain 2 | 36% | 72 | Domain 3 | 15% | 31 | Domain 4 | 7% | 14 | Domain 5 | 9% | 19 | Domain 6 | 9% | 19 | Total | 100% | 205 | | | |
| | Content Description | | | | | | | | Percentage of Items | Approximate Number of Items | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Domain 1 | | | | | | | | 24% | 50 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Domain 2 | | | | | | | | 36% | 72 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Domain 3 | | | | | | | | 15% | 31 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Domain 4 | | | | | | | | 7% | 14 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Domain 5 | | | | | | | | 9% | 19 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Domain 6 | | | | | | | | 9% | 19 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 100% | 205 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drug Mgmt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neurological Mgmt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Perioperative Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Respirator Mgmt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skin/Wound Mgmt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thermo-regulation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tissue Perfusion Mgmt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Domain 3 | Behavior Therapy | 15% | <p>A list of six nursing intervention domains is available after the disorder domains detailed content outline located on page 11 of the Candidate Handbook.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Cognitive Therapy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Communication Enhancement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Coping Assistance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Patient Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Psychological Comfort Promotion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Domain 4 | Lifespan Care | 7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Domain 5 | Crisis Mgmt | 9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Risk Mgmt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Domain 6 | Health System Mediation | 9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Health System Mgmt. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Information Mgmt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CNRN® Examination Application Checklist

Name: _____

Completed CNRN Examination Application Form

Current copy of registered nurse (RN) license (must be valid through exam date)

A photocopy of the original license or a printout from an online database are both acceptable.

Supervisor's signature for jurisdictions that prohibit photocopying of license

Appropriate fee

Make check payable to ABNN. Do not staple checks to the application.

Demographic Data Form (optional)

Request for Accommodations Form (if applicable)

PLEASE REMEMBER TO MAKE CHECKS PAYABLE TO ABNN.



American Board of Neuroscience Nursing Certification Program

2012 CNRN Examination Application

Please electronically complete the fields below (except where a signature is requested). CNRN Examination Applications and applicable fees **must be received (not postmarked)** by the stated deadline. **Applications without the fee will not be processed.** Deficiencies cannot be corrected after the deadline. Do not use this form to recertify by exam.

Contact Information *(As you would like it to appear on the certificate)*

First _____ Middle _____ Last _____

Home address _____ City _____ State _____ ZIP _____

Home telephone _____ Work Telephone _____

E-mail address _____

This will be your only form of communication with ABNN regarding your CNRN certification. All exam-related notifications and registration information will be sent electronically.

Additional Information

- I am requesting special accommodations for this exam. My completed Request for Accommodations form is enclosed.
- If I pass the exam, I DO NOT wish my name to be included on the list at www.cnrn.org.
- When I am due for recertification, I DO NOT wish my name to be included on a list on www.cnrn.org.

Eligibility Documentation

I attest that I have been an active registered nurse (RN), directly involved in the care of neuroscience patients or in management, education, or research directly related to neuroscience nursing for at least the equivalent of 2 years' full time work during the past 5 years. I further affirm that I am currently licensed to practice nursing in the state of _____, license number _____, and expiration date _____. I am prepared to provide work-hour documentation (e.g., a letter from my Human Resources Department) if my application is audited. I further affirm that no nursing licensing authority has taken any disciplinary action in relation to my license to practice nursing in the aforementioned or any other state and that my license to practice nursing has not been suspended or revoked by any state or jurisdiction. I agree to release this application page for audit/employment verification purposes.

Applicant signature _____ Date _____

Attach to this application a photocopy of your current license (printouts from an online database are acceptable). If you live in a jurisdiction that prohibits the photocopying of licenses, your immediate supervisor must verify your current licensure below.

I hereby affirm that I am the current supervisor of the nurse named above and that, on the date indicated below, I observed the above named nurse's **original license** to practice professional nursing in this state.

Name of immediate supervisor (print): _____

Signature _____ Date _____

Position/title _____ Institution _____

Business address: _____

City _____ State _____ ZIP _____

Office telephone _____ E-mail address _____

- Please send a card to my supervisor (listed above) when I pass the exam.

Exam Administration

- March 1–31
- July 1–31
- October 1–31

Application Deadline

Friday, January 20, 2012, 5 pm CST
 Friday, May 18, 2012, 5 pm CST
 Friday, August 17, 2012 5 pm CST

Fees

- AANN Member # _____ \$285
- Nonmember, \$380
- Join AANN and Register, \$399

Method of Payment

Accepted forms of payment are check (made payable to ABNN) and credit card only.

-
-
-
-
- Check

Account number _____ Expiration date _____

Signature _____ Cardholder's name _____



American Board of Neuroscience Nursing Certification Program

To assist ABNN in identifying characteristics of certified neuroscience nurses as a group, please complete this demographic data form. This information is used for statistical purposes only and does not affect eligibility for certification. Please note that names are requested on this form, however, no names will be released and all information received will be kept confidential. While we would appreciate receiving all information, you may omit answers to any questions on this form. This part of the application will be separated from other materials upon receipt in the ABNN Office, and not used in the decision about certification eligibility.

Name: _____

Please select one per section as appropriate.

Primary practice focus:

- Neurology Mixed neuroscience
 Neurosurgery

Educational Background:

- Diploma BSN or equivalent PhD/DNS
 Associate Degree MS/MSN Other (please specify) _____

Work Function:

- Administrator Clinical Nurse Specialist Nurse practitioner
 Case manager Consultant Researcher
 Clinical Educator Faculty Staff nurse
 Student Other (specify) _____

Practice Setting (select one):

- Academic University/teaching hospital Private physician practice
 Ambulatory Rehabilitation facility Other (please specify) _____
 Community hospital

Primary Practice Population:

- Neonatal
 Pediatrics
 Adults
 Geriatric
 Mixed

Primary practice area:

- Critical Care
 Medical-surgical
 Outpatient
 Perioperative
 Other office (specify type) _____

Years in neuroscience nursing:

- 2-5 years 6-10 years 11-15 years More than 15 years

What is the reason you have decided to certify? (check all that apply)

- Professional recognition Personal recognition Job requirement
 Financial reward (such as bonus) Other (specify) _____

In what country did you do your RN training:

- US Other (specify) _____

REQUEST FOR EXAM ACCOMMODATION FORM

Applicant: Complete this form only after you have read the Test Accommodation Policy on page 6 and only if you have a documented disability.

In compliance with the Americans with Disabilities Act (ADA), ABNN provides reasonable accommodations for applicants with documented disabilities that may affect their ability to take the Certified Neuroscience Registered Nurse (CNRN) examination. It is the candidate's responsibility to notify ABNN of the needed alternative arrangements at the time of application to sit for examination. If you have a disability for which you wish to request accommodation, you must please provide the following information and return this form with the required documentation along with your exam application. Attach additional pages as necessary.

All information provided will be held in confidence, and will only be shared with ABNN, testing service staff, and professional medical reviewers as necessary. The application includes a release for ABNN staff to contact the diagnosing physician to clarify the need for requested accommodation.

Name _____
(Last) (First) (Middle Initial)

Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Evening Phone _____

Preferred e-mail _____

1. Describe your disability and how it substantially limits one or more of your major life activities:

2. Explain the nature and extent of your disability and how it impairs your ability to take the examination:

3. Describe the accommodation(s) you are requesting:

4. Describe accommodations you have received in the past in academic and/or testing settings, including dates, type of test taken (provide documentation):

Required Documentation for Accommodation Requests

You are required to submit documentation from the healthcare provider or learning specialist who rendered a diagnosis. Verification must be submitted to ABNN on the letterhead stationery of the healthcare provider or leaning specialist, and must include the following:

- a. Specific description of the disability and limitations related to testing
- b. Specific recommended accommodation
- c. Name, title and telephone number of the health care provider or learning specialist
- d. Original signature of health care provider or learning specialist.

ABNN may not provide the accommodation requested, but may determine a reasonable alternative accommodation.

ABNN will pay for accommodations which it approves. However, ABNN will not pay for any costs you may incur in obtaining the required documentation.

In order to make the necessary arrangements to accommodate your needs, all requests and supporting documentation must be sent to ABNN with your exam application. ABNN must approve all accommodations prior to issuing an admittance letter to the exam.

ABNN will consider all requests on a case-by-case basis. It will be necessary for testing staff to speak and correspond with you regarding specific arrangements. Therefore, it is **required** that you provide a current address and daytime telephone number and keep the staff informed if either of these changes. You will receive written confirmation of your approved accommodation(s). You **must** notify ABNN if you are unable to take the examination on the date for which you are scheduled.

My signature below grants permission for ABNN staff to contact my health care provider or learning specialist if there are questions about the documentation I have provided.

Applicant signature

Date