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Consensus Model for APRN Regulation Frequently Asked Questions

1. Why was the Consensus Model for APRN Regulation developed?

The *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education* (APRN Consensus Model) is a uniform model of regulation for the future of advanced practice nursing that is designed to align the interrelationships among licensure, accreditation, certification, and education (LACE). ANCC anticipates that the consistency—and clarity—that results from the new regulatory model will benefit individual nurses and enhance patient care.

2. What are the benefits of the Consensus Model to APRNs?

The uniformity we anticipate the Consensus Model will produce is expected to enable APRNs to practice to the full extent of their education and licensure. In addition, the more uniform system will provide new opportunities for nurses through the possibility of ease of mobility across state lines.

3. Who developed the APRN Consensus Model?

The Consensus Model is the product of a collaborative effort among more than 40 nursing organizations, including the American Nurses Credentialing Center (ANCC), that have an interest in making APRN practice more uniform. A complete list of all the organizations that took part is found on pages 30–40 of the APRN Consensus Model document, which can be found on the ANCC Web site at www.nursecredentialing.org/Certification/APRNCorner.aspx

4. What role did ANCC play in developing the Consensus Model?

ANCC is an active participant in the development and launch of the Consensus Model for APRN Regulation. Our organization is leading the way to ensure that this transformative model will enhance the certification process. APRNs, educators, and collaborative organizations should turn to ANCC for updates regarding the Consensus Model's effects on certification.

5. How is the role of an APRN defined under the Consensus Model?

The APRN Consensus Model document provides a detailed definition of an APRN on pages 6–9. There are four APRN roles defined in the document:

- Certified registered nurse anesthetist (CRNA)
- Certified nurse-midwife (CNM)
- Clinical nurse specialist (CNS)
- Certified nurse practitioner (CNP)

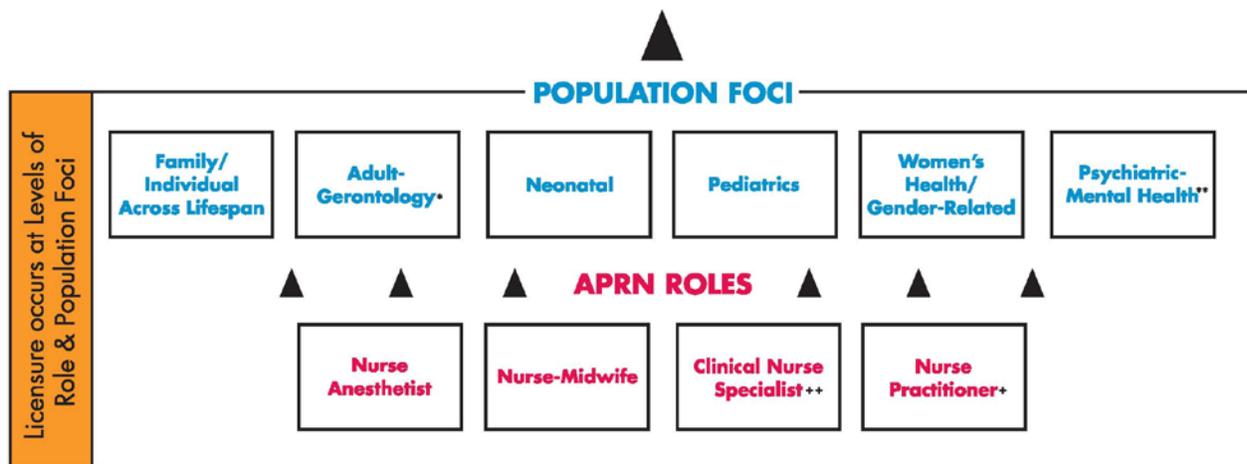
APRN Regulatory Model

Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (LACE)



APRN Specialties

Focus of practice beyond role and population focus linked to health care needs
Examples include but are not limited to: Oncology, Older Adults, Orthopedics, Nephrology, Palliative Care



+The certified nurse practitioner (CNP) is prepared with the acute care CNP competencies and/or the primary care CNP competencies. At this point in time the acute care and primary care CNP delineation applies only to the pediatric and adult-gerontology CNP population foci. Scope of practice of the primary care or acute care CNP is not setting specific but is based on patient care needs. Programs may prepare individuals across both the primary care and acute care CNP competencies. If programs prepare graduates across both sets of roles, the graduate must be prepared with the consensus-based competencies for both roles and must successfully obtain certification in both the acute and the primary care CNP roles. CNP certification in the acute care or primary care roles must match the educational preparation for CNPs in these roles.

Under this APRN Regulatory Model, there are four roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). These four roles are given the title of advanced practice registered nurse (APRN). APRNs are educated in one of the four roles and in at least one of six population foci: family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psych/mental health. Individuals will be licensed as independent practitioners for practice at the level of one of the four APRN roles within at least one of the six identified population foci. Education, certification, and licensure of an individual must be congruent in terms of role and population foci. APRNs may specialize but they can not be licensed solely within a specialty area. Specialties can provide depth in one's practice within the established population foci.

* The population focus, adult-gerontology, encompasses the young adult to the older adult, including the frail elderly. APRNs educated and certified in the adult-gerontology population are educated and certified across both areas of practice and will be titled Adult-Gerontology CNP or CNS. In addition, all APRNs in any of the four roles providing care to the adult population, e.g., family or gender specific, must be prepared to meet the growing needs of the older adult population. Therefore, the education program should include didactic and clinical education experiences necessary to prepare APRNs with these enhanced skills and knowledge.

** The population focus, psychiatric/mental health, encompasses education and practice across the lifespan.

++ The Clinical Nurse Specialist (CNS) is educated and assessed through national certification processes across the continuum from wellness through acute care.

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6. How will this affect me?

The Consensus Model is designed to elevate the role of APRNs and increase job satisfaction through opportunities to practice more independently.

As implementation of the new Consensus Model progresses, ANCC has initiated plans to change specific certification programs to more closely reflect the roles and populations required by the model regulations. Keeping your certification current through renewal will allow you to have the most flexibility as this process unfolds. **If your certification lapses, you may not be able to renew your existing certification or your license to practice.** Look to ANCC as your source for the information you need to successfully transition to the Consensus Model.

It also is important to note that regulatory changes may affect the certification requirements in your state. ANCC advises that you track state-specific changes through your State Board of Nursing (SBON) and your state's American Nurses Association (ANA) affiliate.

7. What is the timeline for implementation of the Consensus Model?

The necessary coordination among licensure, accreditation, certification, and education bodies required by this Consensus Model called for an incremental implementation process. Although the Model was completed in 2008, its effects on certification are just beginning to take shape. The target date for full implementation of the uniform APRN regulations across the four essential elements for licensure, accreditation, certification, and education is 2015.

8. As an APRN, what can I do to prepare for this change?

Keeping your certification current through timely renewals—and staying abreast of the information and updates provided by ANCC and other key groups—will be crucial as the APRN Consensus Model is implemented.

There are three key recommendations you should keep in mind throughout the implementation process:

- The first is to **stay in touch** with the ANA and your specialty nursing organization to learn the latest developments in the transition to the Consensus Model. Use ANCC's Web site at www.nursecredentialing.org/Certification/APRNCorner.aspx as your resource for questions regarding the Consensus Model's effects on certification. Additional information regarding implementation of all the components of the APRN Consensus Model can be found at www.aprnlace.org.
- **Keep your certification current** for the most flexibility as this transition unfolds. After 2015, if your certification lapses, you may not be able to renew your existing certification or your license to practice. The Certification page of the ANCC Web site at www.nursecredentialing.org includes links to specialty area pages that will provide updates for your individual certification needs.
- Lastly, regulatory changes, including those to the nurse practice acts, may affect the certification and licensure requirements in your state. **Track state-specific updates** through your SBON and your state's ANA affiliate.

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9. Will ANCC certification programs change during this transition process?

As implementation of the new Consensus Model progresses, ANCC has initiated plans to retire specific certification programs. ANCC is developing or updating certifications to more closely reflect the roles and populations required in the model. ANCC will provide advance notice and information on the effects of any required changes. During this transition process, it is crucial for APRNs to keep their certifications current and stay in touch with ANCC for more information as it becomes available. If your certification lapses, you may not be able to renew your existing certification or your license to practice.

10. What will the new certifications be and when will they launch?

As a result of the APRN Consensus Model implementation in 2015, ANCC will be creating new certifications to meet the role and/or population foci requirements. Planning for these certifications is under way, and we are pleased to announce the expected launch of:

- Adult-Gerontology Acute Care Nurse Practitioner, *expected launch 2013*
- Adult-Gerontology Primary Care Nurse Practitioner, *expected launch 2013*
- Adult-Gerontology Clinical Nurse Specialist (across the continuum from wellness through acute care), *expected launch 2014*

ANCC's existing APRN certifications will be updated according to their regular 3-year update cycle to incorporate the requirements of the Consensus Model. These include:

- Family Nurse Practitioner
- Pediatric Nurse Practitioner
- Family Psychiatric & Mental Health Nurse Practitioner (across the life span)
- Pediatric Clinical Nurse Specialist (across the continuum from wellness through acute care)

The process of updating these certifications may also include an evaluation of the title.

11. Which certifications will be retired and when?

The certifications listed below will be retired when their current National Commission for Certifying Agencies (NCCA) accreditation period expires in 2014. Retiring certifications are:

- Acute Care Nurse Practitioner
- Adult Nurse Practitioner
- Adult Psychiatric & Mental Health Nurse Practitioner
- Gerontological Nurse Practitioner
- Adult Health Clinical Nurse Specialist
- Adult Psychiatric & Mental Health Clinical Nurse Specialist
- Child/Adolescent Psychiatric & Mental Health Clinical Nurse Specialist
- Gerontological Clinical Nurse Specialist

12. Why has ANCC decided to retire these certifications?

Several NP and CNS certifications will be retired because they will not meet the APRN Consensus Model requirements for role and/or population foci. As an active participant in the development of the model, ANCC will not offer certifications that fail to meet the requirements of the new regulatory model. We are in the process of developing certification examinations that are aligned with the requirements of the Consensus Model's uniform regulations.

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13. What does it mean when a certification is retired?

Retirement of a certification means that the certification examination will no longer be available and new ANCC Board Certification and credentials will no longer be awarded. APRNs whose ANCC Board Certification is active and in good standing may continue to renew their certification using professional development activities and clinical practice hours to maintain their certified status, as long as their certification does not lapse.

14. What will happen to my existing credential?

You will be able to use your existing ANCC credential. It will not be retired and can be maintained through timely certification renewal using professional development activities and clinical practice hours. Keeping your certification current will be crucial as the APRN Consensus Model is implemented. Even though your certification is retired, your credential will not be affected.

If your certification lapses, you will need to renew by meeting the requirements on the renewal application at the time of your renewal to maintain your credential. If your certification lapses, you may not be able to renew your existing certification or your license to practice.

15. How does the renewal process work for a retired certification?

ANCC allows currently certified nurses to maintain their credentials on retired certifications through timely renewals. Renewal requirements for retired certifications must be met using professional development and clinical practice hours only. The option to renew with professional development and retesting will not be available.

16. What would happen if I let my retired certification lapse?

If your certification lapses and you meet the requirements, you may reactivate your certification through professional development and clinical practice hours. The option to reactivate your certification with professional development and retesting will not be available. If your certification lapses and you do not meet the requirements for reactivation, you will not be able to renew your existing certification. This means that you may not meet state licensing, institutional credentialing, or third-party reimbursement requirements. Keeping your certification current through renewal will allow you to have the most flexibility as this process unfolds.

17. Will my certification and credentials be automatically updated to the new certification under development for my specialty?

The new credentials will not be automatically granted to existing certificants. Nurses will keep the credentials for the certifications that they have earned.

Nurses who wish to apply for other certifications will need to meet the eligibility requirements for those certifications, including having completed the educational program areas that correspond directly to the certifications they wish to pursue.

APRN nurses who pass the new certification exams will earn credentials reflecting the role and population being tested. Nurses who sit for certification in one role or population foci will not be

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able to receive certification in another role or population foci unless they have completed an educational program in the other role or population foci as well.

18. Do I need to get the new credential?

If you are currently licensed to practice in your state, there is no regulatory need to change your existing credential, as long as you intend to continue practicing in your state. Your state board of nursing or your employer will inform you of any changes.

If you wish to become licensed to practice in another state, you should check the applicable licensure requirements in that state. Even after ANCC's transition to the APRN Consensus Model is complete, certification and licensure requirements may vary from state to state.

19. If I want the new credential, how do I get it?

If you are eligible for the new certification, you may submit an application to sit for the exam. All nurses who want to get a new credential need to apply for the certification using the current eligibility criteria for that certification, including having completed a separate educational program that corresponds directly to each certification they wish to apply for.

We are happy to review your application if you think that you will meet current eligibility for a different certification. Your application must provide evidence of:

- Transcripts showing completion of the graduate program (master's, postgraduate, or doctorate) that corresponds to the credential you are seeking. Work experience is not accepted in lieu of education.
- Completing a minimum of 500 faculty-supervised clinical hours in the role and population foci in which you are seeking certification.
- Meeting any and all other eligibility requirements in effect when you apply.

If you are considering a postgraduate program, then your school of nursing will conduct a gap analysis to determine the courses and clinical hours required to award you the postgraduate certificate.

20. Can I use work experience to become eligible for the new certification?

Work experience cannot be used for eligibility. Candidates must meet all the eligibility requirements to sit for a certification exam. This includes completing a graduate educational program with at least 500 hours of faculty-supervised clinical experience in each role and population foci for which you want to become certified.

21. What are the educational requirements of the new APRN Consensus Model?

For APRNs, the new regulations will require graduation from educational programs that:

- Are graduate level
- Are nationally accredited
- Prepare the graduate in one of the four APRN roles

- Prepare the graduate in at least one of the six populations recognized by the model

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- Include three separate and broad-based graduate-level courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology (These are often referred to as the “3Ps”)
- Include a minimum of 500 faculty-supervised clinical hours in the role and population

22. Can I use population-specific coursework to show the 3Ps?

Only if the school can provide evidence that the content of the course is broad based and meets the requirements of the APRN Consensus Model. You will be asked to submit additional documentation, including a syllabus for the course.

23. How will new APRN educational programs be sure that their graduates are prepared to meet the eligibility criteria for APRN certification and licensure?

There is a preapproval process for new APRN programs conducted by the nursing education accrediting bodies. This process will help ensure that new graduates are educationally prepared to meet eligibility requirements for certification and licensure. Existing program faculty should keep students informed of certification and licensure requirements.

ANCC has produced an APRN Faculty Tool Kit as a guide for educators. It can be found online at www.nursecredentialing.org/Certification/APRNCorner/APRNFacultyToolkit.aspx

24. I need to go back to school for postgraduate work. How do I make sure that I am eligible?

- Ask your school of nursing to conduct a gap analysis of the coursework and clinical hours from your previous graduate program. The results of this gap analysis will tell you what is needed to complete the school’s postgraduate program that corresponds directly to the desired certification. Work experience cannot be used for eligibility in place of faculty-supervised clinical hours.
- Complete the coursework and faculty-supervised clinical hours.
- Submit all graduate transcripts and the gap analysis conducted by the school granting your postgraduate degree with your certification application.

25. Does my state require certification for NPs or CNSs?

Please contact your state board of nursing to determine licensure requirements.