GNCC
Gerontology Nursing Certification Commission

Gerontological Specialist Certification

Exam Application and Guidelines

For Paper and Pencil Exam Only

Location:
GAPNA Annual Conference
Hyatt Regency Grand Cypress
Orlando, FL

Saturday, September 17, 2022

Gerontology Nursing Certification Commission (GNCC)
East Holly Avenue, Box 56,
Pitman, NJ 08071-0056 | (856) 256-2345
gncc@ajj.com | gerocert.org

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The Gerontology Nursing Certification Commission (GNCC) would like to congratulate you on your decision to take the Gerontological Specialist – Certified (GS-C) exam. If you need further information on GS-C certification, please email or visit gerocert.org.

■ ■ ■ Certification and Credential ■ ■ ■

Certification is awarded to advanced practice registered nurses (APRNs) who meet the eligibility criteria and pass the multiple-choice exam. It is based on assessment of knowledge in gerontology. The exam consists of 175 questions. The time allotted for the exam is four (4) hours.

The designated credential is GS-C (Gerontological Specialist – Certified). This credential may be used in all correspondence or professional activities. Those who earn the GS-C credential obtain objective validation of their expertise.

GS-C certification is valid for 5 years.

■ ■ ■ Eligibility Criteria ■ ■ ■

To be eligible to participate, applicants must meet the following criteria:

- The applicant must hold a full and unrestricted RN license in the United States or its territories.
- The applicant must have current recognition or must meet the requirements by the state board of nursing to perform as an advanced practice registered nurse (APRN).
- The applicant must hold current national certification in an advanced practice registered nurse (APRN) role.
- The applicant must have a minimum of 2500 hours of experience in an advanced practice role, working with older adults during the last 5 years.
- The applicant must have completed fifty (50) contact hours of approved continuing education in gerontology* within the 3 years prior to submitting the exam application. Continuing education hours must be accredited by a provider or approver of continuing nursing education, or medical education, such as the American Nurses Credentialing Center (ANCC), a state board of nursing, nursing association, Accreditation Council for Continuing Medical Education (ACCME), or American Academy of Nurse Practitioners. (AANP).

* For initial GS-C certification by examination, continuing education contact hours include online or on-campus coursework, attending conferences, lectures, etc., **where the applicant is the learner**. Alternatively, precepting hours, writing entries or articles for publications, giving presentations or lectures, etc., are considered professional contact hours, which can be used for recertification only, not for initial certification by examination.

■ ■ ■ Statement of Nondiscrimination ■ ■ ■

It is the policy of GNCC that no individual shall be excluded from the opportunity to participate in the Gerontological Specialist Certification process on the basis of age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, or gender identity.

■ ■ ■ Application Process ■ ■ ■

Submission for Paper & Pencil (P&P) Testing — Orlando, FL, September 17, 2022:
Deadlines
Complete the exam application in its entirety. Be sure to sign and date your application. The application and appropriate fee must be postmarked no later than **August 13, 2022**. Applications will be accepted for an additional two weeks beyond the post-mark deadline date **August 27, 2022**, with the addition of a late fee of $50. No exceptions will be made to this policy. Mail or fax the completed application found on pages 8 through 11 to GNCC's testing agency, the Center for Nursing Education and Testing, Inc., (C-NET). C-NET will review and processes your application for completeness.

You will receive your permit approximately two (2) weeks prior to the test date. The exam permit will include the test date, test site address, and the time you should report. If you have not received your exam permit three (3) days prior to the exam date, contact C-NET by phone at 800-463-0786, ext. 11 or by email at info@cnetnurse.com and request a duplicate exam permit be emailed to you. You must bring your permit on the day of your exam.

NOTE: If the application is incomplete, illegible, or the criteria cannot be verified, the candidate will be contacted to provide the missing information. If the requested information is not received within the stated time frame, the application process will stop and a refund less the administrative fee will be given.

■ ■ ■ Taking the Exam ■ ■ ■

You should arrive at the testing location on your examination permit at the report time listed. Bring your valid government-issued photo ID and the examination permit. The name on your ID must match the name on your exam permit. You need only bring your examination permit and your ID. Pencils and all other testing materials are provided. No drinks or food, aside from water inside a resealable bottle that is kept on the floor, are permitted in the testing area.

Cell phones and all other electronic devices are not permitted. Upon arrival, you will give the proctor your photo ID and examination permit to be checked in. When the test is scheduled to begin, the examining team will issue the testing materials and instructions to all candidates. Your examination permit will be collected at the start of the test. Your photo ID will be returned upon completion of the exam.

■ ■ ■ Refund, Reschedule or Cancellation ■ ■ ■

Candidates may receive a refund by submitting a written request to C-NET stating the reason for test cancellation. This documentation must be received by C-NET four (4) weeks prior to the original examination administration date. Cancellations after that time will not be refunded, but the application and fee may be applied to the computer-based version of this examination. All requests will be considered individually by C-NET whose decision shall be final. In the event of an approved refund, the fee will be refunded, less a $50 administration fee. Failure to complete the certification process within 12 months of the original exam date will result in forfeiture of application fees.

Candidates may request a reschedule of their examinations until two weeks prior to the examination date. Candidates requesting to reschedule their examination less than two (2) weeks prior to the test date will incur a fee set forth by C-NET. Requests to reschedule must be submitted in writing to the testing agency.

■ ■ ■ Special Arrangements ■ ■ ■

Disability: Reasonable testing accommodations are provided to candidates with documented disabilities recognized under the Americans with Disabilities Act (ADA). The disability must be documented by a qualified professional whose credentials are appropriate for the particular disability. GNCC and C-NET will make special arrangements to accommodate candidates with disabilities that interfere with test taking.

To request special arrangements, complete and submit the exam application to C-NET with the appropriate documentation. Please allow 6 weeks for special arrangements. Every effort will be made to accommodate your request. To accommodate some requests, a change of exam date or exam location may be required. For questions about acceptable documentation, contact C-NET directly at 800-463-0786, ext. 11.

■■■ Fees ■■■

Membership in the Gerontological Advanced Practice Nurses Association (GAPNA) is not required to take the exam. However, GAPNA members may take the exam at a reduced fee. Prices are subject to change without notice. To ensure you have the most updated information, visit gapna.org/certification.

	Exam Fee
GAPNA member:	$295
Non-GAPNA member:	$395

Returned check fee - $35 if a check is returned by the bank, remittance of all fees thereafter must be in the form of a money order, certified check, or credit card.
Hand score of an examination request of test results - $50
Refund Administration Fee - $50
Incomplete Application Fee - $25
Late Application Fee - $50

■■■ Exam Blueprint ■■■

The test specifications or blueprint is based on the results of a survey which identified the practice patterns of APRNs in gerontology. The blueprint is valuable to the test taker because it breaks down the sections of the test. Use it to help you focus your study as you prepare for the exam.

APRN Gerontological Specilist
Test Specifications
175 Items

Area	Gerontological Specialist Proficiency	% of Test	# Items
I	Performs comprehensive assessment of the complex older adult.	20%	35
II	Performs appropriate screening, diagnostic testing, treatment, and planning of care for the complex older adult.	20%	35
III	Prescribes medications, including consideration of risks and benefits of pharmacotherapy for complex older adults.	20%	35
IV	Uses a system-based approach to design and implement educational strategies to optimize health outcomes.	13%	23
V	Coordinates/manages palliative and end-of-life care congruent with goals and values of older adult and family/carers.	13%	23
VI	Anticipates and manages transitions of care between site and providers.	9%	15
VII	Uses a systems-based approach to anticipate and deploy resources to optimize outcomes for older adult populations.	5%	9

■ ■ ■ Confidentiality of Application, Exam, and Scores ■ ■ ■

All application information is considered confidential and is not shared with ANY outside party. It is used by GNCC and the testing agency, C-NET, for certification processing purposes. To insure the security of the exam, the test materials are confidential and will not be released to any person or agency.

Pass/fail status will be released to outside parties only when submitted with a written authorization signed by the candidate. Any additional information about a candidate's individual test results will be released only to the candidate, upon written request.

■ ■ ■ Notification of Exam Score ■ ■ ■

Paper & Pencil exam results will be mailed and should arrive 4-6 weeks from your examination date. If you pass the exam, the report will reflect your score as well as notify you of when to expect your certificate in the mail. Successful candidates will receive a wall certificate with their name and GS-C credential. Current passing score approved by the GNCC board for the GS-C exam is 70%.

If you were unsuccessful on the exam, you will receive a report that provides your total score and a breakdown of the test subareas with the percent of questions you answered correct in each. This breakdown of subarea scores will help you determine the areas in which you need further study.

Certification granted by GNCC is a voluntary process intended solely to test for special knowledge. GNCC does not license or define the qualifications of any person to practice nursing. The significance of certification in any jurisdiction or institution is the responsibility of the candidate to determine. The candidate should contact the appropriate state board of nursing or institution in order to determine practice implications.

■ ■ ■ Recertification ■ ■ ■

The GS-C credential is valid for five (5) years. Recertification is available by exam or by continuing education. Certified individuals receive courtesy recertification notices prior to the expiration of their certification. It is the certificant's professional responsibility to know his or her certification expiration date.

Recertification applications should be submitted to GNCC no later than 30 days prior to your expiration date. For more information on GS-C recertification, visit GAPNA.org/recertification.

■ ■ ■ Denial, Suspension, or Revocation of Certification ■ ■ ■

The occurrence of any of the following actions will result in the denial, suspension, or revocation of certification by the GNCC Certification Board:

1. Falsification of information on the GS-C examination application
2. Falsification of any material or information requested by GNCC
3. Any restrictions such as revocation, suspension, probations, or other sanctions by a health care registry, a certifying organization, or a nursing authority which grant a professional license, registry, or certification
4. Misrepresentation of certification status
5. Cheating on a GS-C exam
6. Falsification of information on the GS-C recertification application

Any other claims or causes for denial, suspension, or revocation will be decided on a per case basis by the GNCC after thorough investigation. If certification is denied, suspended, or revoked for any reason, no fee will be refunded.

■ ■ ■ Right of Appeal ■ ■ ■

A candidate who has had certification denied, suspended, or revoked or has failed the exam has the right of appeal. An appeal must be submitted in writing to the President of GNCC within 30 days of notification. The appeal shall state specific reasons as to why the applicant is entitled to certification or recertification. The President shall review the appeal and make recommendations to the GNCC commissioners. Discussion of the appeal will be conducted. The final decision of GNCC will be communicated in writing to the candidate within one (1) month of the decision.

Failure of the candidate to request an appeal shall constitute a waiver of the right to appeal. Documentation of the appeal process and outline will be placed in a permanent file at the GNCC National Office.

■ ■ ■ Change of Contact Information/Record Maintenance ■ ■ ■

The applicant will not be able to request a name change after the examination permits have been issued. The name that the applicant used on the certification examination application and government official ID is the name that will be used for test administration. When the applicant appears at the test site, the name on the examination permit **must** match the other forms of identification. The applicant will not be allowed to sit for the examination without proper identification. If an applicant changes his or her name and/or address, C-NET and the GNCC should be notified in writing by fax or by email.

Please Note: GNCC and C-NET must determine that the applicant's name and the name provided in any and all supporting documentation refers to one and the same person. If this is not evident, you must include proof of a legal name change when submitting an application.

GNCC and C-NET will retain electronic records of all candidates and certificants for at least five (5) years. It is the professional responsibility of the applicant to notify GNCC of any change in name, mailing address, phone number, and/or email address. GAPNA and GNCC share the same database. These changes may be made online by updating your account at GAPNA.org after logging in. Changes may also be directed to the GNCC National Office, East Holly Avenue Box 56/Pitman, NJ 08071-0056 * 866-355-1392.

■ ■ ■ Reference List ■ ■ ■

The list may be helpful in preparing for the GS-C certification exam.

Books

Ferrell, B.R., Coyle, N., & Paice, J. (Eds). (2015). *Oxford textbook of palliative nursing* (4th ed.). New York, NY: Oxford University Press.

Halter, J.B., Ouslander, J.G., Studenski, S., High, K.P., Asthana, S., Supiano, M.A., & Ritchie, C. (Eds.). (2017). *Hazzard's geriatric medicine and gerontology* (7th ed.). New York, NY: McGraw-Hill Education.

Ham, R.J., Sloane, P.D., Warshaw, G.A., Potter, J.F., & Flaherty, E. (Eds.). (2014). *Ham's primary care geriatrics: A case-based approach* (6th ed.). Philadelphia, PA: Saunders/ Elsevier.

Harper, G.M., Lyons, W.L., & Potter, J.F. (Eds.). (2019). *Geriatrics review syllabus: A core curriculum in geriatric medicine* (10th ed.). New York, NY: American Geriatrics Society.

Kennedy-Malone, L., Martin-Plank, L., & Duffy, E. (Eds.). (2019). *Advanced practice nursing in the care of older adults* (2nd ed.). Philadelphia, PA: F.A. Davis Company.

Morley, J.E., Ouslander, J.G., Tolson, D., & Velias, B. (2013). *Nursing home care.* New York, NY: McGraw-Hill Education.

Reuben, D.B., Herr, K.A., Pacala, J.T., Pollock, B.G., Potter, J.F., & Semla, T.P. (2018). *Geriatrics at your fingertips,* (20th ed.). New York, NY: American Geriatrics Society.

Semla, T.P., Belzer, J.L., & Higbee, M.D. (Eds.). (2016). *Geriatric dosage handbook* (21st ed.). Hudson, OH: Lexicomp/Wolters Kluwer.

Singelton, J.K., DiGregorio, R.W., Green-Hernandex, C., Holzemer, S.P., Faber, E.S., Ferrara, L.R., & Slyer, J.T. (Eds.). (2015). *Primary care: An interprofessional perspective* (2nd ed.). New York, NY: Springer Publishing Company.

Other references - Examples

American Geriatrics Society. (2015) Updated Beers criteria for potentially inappropriate medication use in older adults.

Medicare Benefit Policy Manual
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c08.pdf

Quality Assurance & Performance Improvement
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/GuidanceforRCA.pdf

The National Long-Term Care Ombudsman Resource Center
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_q_immedjeopardy.pdf

Revised National Pressure Ulcer Advisory Panel Pressure Injury Staging System (2016)
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5098472/

Site Location: GAPNA Annual Conference – Hyatt Grand Cypress Orlando, FL September 17, 2022

☐ Paper and Pencil Exam Application Only
1. Name: Last   Maiden   First   Middle Initial
2. Last four digits of social security number:
3. Home Address:
City: State: Zip:
4. Home Phone: (   )   Work Phone: (   )   Ext.
5. E-mail Address:
6. Check the appropriate application fee: ☐ $295 GAPNA members   ☐ $395 non-members **Include payment method (check one):** ☐ **Check/Money Order payable to C-NET** **Credit Card Authorization:** ☐ **Charge my Visa or MasterCard** Card number: _____ - _____ - _____ - _____   Exp date: _____   CVV: _____ Name on card: _____
7. Complete the following: a. RN License #: _____ State: _____   Expiration Date: _____   Date of Original License: _____ b. Advanced Practice Registered Nurse License #: _____ State: _____ c. List type of APRN current national certification: _____ d. I have 2500 hours of experience in an advanced practice role, working with older adults during the last 5 years. Yes ☐ e. I have completed fifty (50) contact hours of approved continuing education in gerontology within the 3 years prior to submitting the exam application. I have completed the attached form listing my contact hours. Yes ☐

8. Employment history beginning with present employment. Please do not send resumes. (Use a blank sheet of paper if additional space is needed.)

From - To (Month & Year)	Employer & Address	Position Title	Supervisor	Hrs/Wk
–				
–				
–				
–				

YOUR SUPERVISOR MUST COMPLETE THIS SECTION IN ITS ENTIRETY:

As indicated above, the applicant has 2500 hours of experience in an advanced practice setting, working with older adults during the last five (5) years. Yes ☐

Employer/Collaborating MD: _____

City:_____ State: _____ Zip code: _____

Signature: _____ Date: _____

Title: _____ Facility/Institution: _____

Phone: (_____) _____ Fax: (_____)_____ E-mail: _____

9. I hereby attest that I have read and understand the GNCC policy on Denial, Suspension, or Revocation of Certification and that its terms shall be binding on all applicants for certification for the duration of their certification.

I hereby apply for certification offered by the GNCC. I understand that certification depends upon successful completion of the specified requirements. I further understand that the information accrued in the certification process may be used for statistical analysis and for evaluation of the certification program. I further understand that the information from my certification records shall be held in confidence and shall not be used for any other purpose without my permission; however, upon passing the examination, GNCC reserves the right to publish my name and certification expiration date by state on the GNCC website.

To the best of my knowledge, the information contained in this application is true, complete, and correct and is made in good faith. I understand that the GNCC reserves the right to verify any or all information on this application.

Signature: _____ Date: _____
                           (sign before mailing)

10. Print the application, sign and attach the following items:

1) A photocopy of current license(s) or verification of licensure from the licensure board, with license number(s) and expiration date clearly visible.

2) A photocopy of current GAPNA membership card, if applicable.

3) A copy of the diploma from the master's or post-master's APRN program.

4) Evidence (current certificate or letter from board) of current certification as an advanced practice registered nurse from a national certifying board with expiration date clearly visible.

5) Photocopy of your valid, government-issued photo ID (e.g., driver's license or passport)

Attach the photocopies to this application. Send all forms, along with credit card information or check/money order, **payable to C-NET:**

C-NET
35 Journal Square, Suite 901 Jersey City, NJ 07306
Phone: 800- 463-0786 — Fax: 201-217-9785

■■■ Verification of 50 Hours of Continuing Education in Gerontological Nursing ■■■

The applicant must have completed fifty (50) contact hours of approved continuing education (CE) in gerontology within the 3 years prior to submitting the exam application. This completed form(s) attesting to the 50 hours of continuing education in gerontology must be returned with the certification application. If necessary, use additional copies of this form.

Please print or type and avoid using abbreviations. If necessary, use additional copies of this form.

Program Title	Date of Program (chronological order)	Activity Sponsor (include provider # if applicable)	Type of Contact Hours*	Number of Approved CE Hours	Office Use Only

Name: _____

Total contact hours this page: _____

Minimum 50 Contact Hours

*Type of Contact Hour:
H = Home Study
M = Meeting

Please print or type and avoid using abbreviations. If necessary, use additional copies of this form.

Program Title	Date of Program (chronological order)	Activity Sponsor (include provider # if applicable)	Type of Contact Hours*	Number of Approved CE Hours	Office Use Only

11

Name: _____

Total contact hours this page: _____

Minimum 50 Contact Hours

*Type of Contact Hour:
H = Home Study
M = Meeting