



CERTIFICATION GUIDE

(April 2012)



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CNL[®] CERTIFICATION GUIDE

The *CNL Certification Guide* provides information essential to the Clinical Nurse Leader (CNL) certification process. It is recommended that you keep a copy of the guide until official notification of certification from CNC. Copies may be downloaded from <http://www.aacn.nche.edu/CNL> or by contacting the Commission on Nurse Certification (CNC) at (202) 463-6930. NOTE: Policies and procedures are subject to change. Participants of the CNL Certification Program should complete the CNL Certification Program Survey located at the end of this guide and submit it to CNC following the examination.

For questions regarding the CNL Certification Program, contact:

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| <p>Commission on Nurse Certification (CNC) Board of Commissioners</p> |
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Commissioners

Term Expiration Date

PRACTICE

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|---|---------------|
| Sue Hartranft, PhD, ARNP, CNL Morton Plant Mease Health Care, Clearwater, FL | June 30, 2013 |
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| Susan Ottenfeld, MS, RN, CNL Jesse Brown VA Medical Center | June 30, 2014 |
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| Patricia L. Thomas, PhD, MSN, RN, CNL Trinity Health System | June 30, 2014 |
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EDUCATION

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| Meredith Wallace Kazer, PhD, APRN, CNL, A/GNP-BC Fairfield University School of Nursing, Fairfield, CT | June 30, 2013 |
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| Susan M. Schmidt, PhD, RN, CNS, COHN-S, CNL Xavier University, Cincinnati, OH | June 30, 2012 |
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| Mary S. Seed, PhD, RN, CNL University of San Francisco, CA | June 30, 2013 |
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| Enna E. Trevathan, DNP, MSN, MBA, RN, CNL Ambulatory Care Clinic, Palo Alto, CA | June 30, 2013 |
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CONSUMER/PUBLIC

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| James W. Begun, PhD School of Public Health, University of Minnesota, Minneapolis, MN | June 30, 2012 |
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STAFF LIAISON

Tracy Lofty, MSA, CAE
Commission on Nurse Certification, Washington, DC



The CNL[®] Certification Program promotes high quality patient care through the certification of qualified individuals by:

- Recognizing individuals who meet the eligibility requirements of the CNL Certification Program and pass the examination.
- Encouraging continued personal and professional growth in one's practice.
- Providing a national standard of requisite knowledge and experiences required for certification - thereby assisting employers, the public and members of the health profession in the assessment of a CNL.

AACN Mission

The American Association of Colleges of Nursing (AACN) is the national voice for baccalaureate and graduate-degree nursing education. A unique asset for the nation, AACN serves the public interest by providing standards and resources, and by fostering innovation to advance professional nursing education, research, and practice.

CNC History and Mission

Established in 2007, CNC is an autonomous arm of AACN responsible for all certification activities. Governed by the Board of Commissioners, the mission of CNC is to oversee CNL certification activities in order to assure communities of interest that certificants have met accepted standards of practice.

History of Clinical Nurse Leader Role

AACN has worked towards meeting a major goal in providing strategic leadership that advances professional nursing education, research and practice through the promotion of innovation in graduate nursing education. The CNL practice model and role were developed and implemented in collaboration with leaders in nursing education and practice to address the current and future needs of the health care system and most importantly to provide quality patient care outcomes.

Two sequential AACN task forces were convened to identify (1) how to improve the quality of patient care and (2) how to best prepare nurses with the competencies needed to thrive in the current and future health care system. Following extensive investigation and dialogue with multiple stakeholder groups both within and external to nursing, the CNL role emerged as a way to engage highly skilled clinicians in outcomes-based practice, quality improvement and lateral integration of care.

Definition of Clinical Nurse Leader

The CNL is an advanced generalist clinician with education at the master's or post-master's degree level in a formal CNL education program. Graduate education is necessary because the CNL must bring a high level of clinical competence and knowledge to the point of care and serve as a resource for the nursing team. In practice, the CNL oversees the care coordination and integration of care for a distinct group of patients. This master's degree-prepared clinician puts evidence-based practice into action to ensure that patients benefit from the latest innovations in care delivery. The CNL evaluates patient outcomes, assesses cohort risk, and has the decision-making authority to change care plans when necessary. The CNL is a leader and active member of the interdisciplinary health care team. The implementation of the CNL role will vary across health care settings.

Purpose and Benefits of CNL Certification

Certification has national precedence and respect and adheres to the principles of regulation promulgated by the International Council of Nursing and adopted by major nursing organizations and regulators. CNL certification provides individuals an opportunity to undertake self-assessment of one's individual competence. In addition, certification provides an opportunity for individuals to reflect on one's practice and establish goals for ongoing professional development and growth.

The purpose of CNL certification is to create a unique credential for graduates of master's and post-master's CNL programs. Candidates who meet all eligibility requirements and pass the CNL Certification Examination will earn the credential of "CNL". Upon earning CNL certification and maintaining an active status, certificants will be listed in an online directory made available to the public.

WHY CERTIFICATION?

Certification is voluntary and serves to:

- Demonstrate a commitment to the profession
- Indicate that an individual has acquired knowledge beyond RN licensure
- Recognize that an individual has demonstrated standards and knowledge of the profession
- Assure the public that the CNL is well prepared for safe practice
- Promote life-long learning through recertification requirements

POLICIES

The candidate must comply with all eligibility and admission policies of the CNL Certification Program. Upon completion of the application, the candidate must certify with his/her signature that the information submitted in the application and required documents is complete and correct. If the information submitted is found to be incomplete or inaccurate, the application may be rejected, or examination results may be delayed, not released, or invalidated by the CNC Board of Commissioners (CNCBOC).

Alternate Testing Date

There is a \$75 administrative fee for each candidate requesting an alternate test date outside of the testing period. If approved, the exam may be administered up to five business days after the official testing period. A hard copy of the application is required with the requested exam date – requests for alternate exam dates are not accepted online.

Candidate Grievances, Complaints and Appeals

Grievances that question the eligibility requirements, application, examination content, passing standard or specific items will be accepted by CNC and reviewed by the Appeals Committee of the CNCBOC as part of its quality control processes. Failure of the exam may not be appealed. Complaints concerning eligibility requirements, application, testing procedures, or retesting procedures must be made in writing to CNC. Grievances concerning a specific exam administration must be submitted in writing with a signature to CNC within 30 days of the exam administration. The applicant or certificant may present documents or other material as evidence electronically. CNC's Director will contact the candidate with its decision within 60 days of receipt of the grievance.

Should the candidate desire to appeal the decision, the candidate must submit a written appeal request within 15 business days of receipt of CNC's decision. The full CNCBOC will consider the appeal within 60 days.

During the appeal, CNCBOC will only review whether a decision made by CNC's Appeals Committee was inappropriate if: (1) the decision was based on material errors of fact, or (2) CNC failed to follow published criteria, policies, and procedures. Only facts and conditions up to and including the time of Appeals Committee's decision will be considered during the appeal. The CNCBOC action is final.

Compliance with Americans with Disability Act

The CNC complies with the Americans with Disability Act (ADA) in ensuring that individuals with disabilities are not deprived of the opportunity to take the CNL Certification Examination solely by reason of their disabilities. However, since the CNL Certification Examination will be administered at individual schools/institutions, special needs will depend on the disability accommodations at these sites.

Exam Date Cancellation/Withdrawal

Candidates who wish to withdraw from or cancel a scheduled examination appointment must notify CNC in writing no later than one week prior to the scheduled examination date. The candidate must also notify the faculty contact at the school where the examination is to be administered. Candidates who notify CNC at least one week prior to the scheduled test date may request in writing a refund of the application fee minus a \$75 administration fee.

Examination Fees

Access to the exam will be denied if payment has not cleared at least five business days prior to the date of the exam.

Inactivation of Eligibility Records

The application for the CNL Certification Examination will become INACTIVE if a candidate does not sit for the certification examination during the testing window originally applied for and does not notify the CNC office prior to the original testing date. If a candidate's application is inactivated, the candidate must submit a new application, documentation of eligibility in compliance with the then current admissions requirements, and pay the new candidate fee.

Inclement Weather or Emergency

In the event of inclement weather or unforeseen emergencies on the day of the examination, the faculty contact at the testing institution/school will determine whether circumstances warrant the cancellation, and subsequent rescheduling of the examination. It is the responsibility of candidates to have access to information on emergency closings of their respective institution/school testing sites. In the event that the examination is canceled, the faculty contact must notify all candidates regarding the new examination dates and notify CNC regarding the rescheduling.

Late Application Fee

There is a \$30 late fee for applications submitted after the deadline. Applications submitted more than five business days after the deadline will be considered for the next testing period. A hard copy of the application must be submitted – late applications are not accepted online.

Late Arrival

Candidates should arrive approximately 20 minutes prior to the scheduled test administration time. Candidates who arrive more than 15 minutes after the scheduled testing time should not be admitted; additional time should not be given to accommodate late examinees.

Mailing and Electronic Address Changes

Each CNL candidate and certificant is responsible for notifying CNC of any change in mailing address **AND** electronic mailing address to receive official notices regarding credentials issued by the CNC. CNC staff shall not be responsible for non-receipt of notices due to the individual's failure to provide a current mailing address and electronic address.

Misconduct During Examination and Dismissal From Examination

The following actions by candidates during the examination will constitute misconduct and result in an automatic dismissal from the examination, cancellation of scores, and forfeiture of examination fees:

- Failure to adhere to testing site examination restrictions
- Creating a disturbance, being abusive, or being otherwise uncooperative
- Bringing restricted materials into testing area
- Using electronic communications equipment such as cellular phones, PDA's, or pagers.
- Gaining unauthorized admission into the examination testing area

- Attempting to take the examination for another individual
- Possessing books, notes, or other resources and study aids
- Attempting to remove, or removing scratch paper from the testing site
- Recording or attempting to record examination questions or make notes
- Giving help or receiving help or being suspected of doing so during or after the examination

Nondiscrimination Statement

The CNL Certification Program does not discriminate on the basis of age, gender, race, color, religion, national origin, sex, disability, marital status, sexual orientation, or other status or condition that is protected by applicable law.

Release of Examination Results

By signing the application form, the candidate acknowledges and agrees that as a condition of taking the CNL examination, the candidate gives irrevocable permission to the AACN to release information about one's examination scores and credentialed status to any entities it believes to be pertinent in its sole discretion, including state agencies, state boards of nursing, specialized nursing accreditation bodies, and the CNL program from which he/she graduated.

In addition, participation in the CNL Certification Examination acknowledges that CNC may also release information in aggregate form regarding the information included on the application, examination scores, and credentialing status for evaluation and reporting purposes. Candidates may be contacted by CNC representatives at a future date regarding optional participation in additional evaluation processes.

Request for Testing Date Changes

Candidates who wish to change or postpone the scheduled examination date must notify CNC in writing. The candidate must also notify the faculty contact if testing at a school where the examination is to be administered. Candidates changing the test date will be charged a \$75 administration fee.

Candidates who fail to notify CNC of a cancellation or test date change (no shows) are required to submit a new application and fee to sit for the exam at a later date.

Request for Testing Site Changes

Candidates may sit for an examination at a school other than the school or institution from which they graduated from the CNL education program. Space is provided in the CNL Certification Examination Application to request an alternative examination location. CNC staff will attempt to identify a school that is geographically located closer to the candidate; however, depending upon where the examination is being administered during a specific testing window this may or may not be possible. Graduates of CNL education programs not located near a school serving as a testing site have the option to utilize SMT testing centers.

Retesting

If a candidate is unsuccessful in passing, the candidate may retest in the next available testing period; the entire multiple choice exam must be completed. The candidate may sit for the examination at another test site if application and arrangements are made in advance and an alternative site is available. Individuals retesting must submit the Application Form and the Standards of Conduct along with the appropriate application fee. Failure of the examination **may not be appealed.**

Score Cancellation

CNC and the testing agency reserve the right to cancel scores if their validity and integrity is compromised. Discrepancies such as computer malfunction or misconduct of a candidate may cause a score to be suspect. CNC and the testing agency will investigate the occurrence and may cancel or withhold the examination results if a violation of regulations is found.

Technical Difficulties During the Exam

If your site experiences a loss of power or a loss of Internet connection during the examination, please advise the candidates that the software saves the time remaining and selected responses up to the point of the power failure or loss of Internet connection and it is possible to restart candidates from the point that this occurred. Once power or Internet connection is restored, the candidates will simply click on the Secure Browser L icon and enter their unique User Id and Password that was provided by CNC into the appropriate spaces on the log in screen. **Please note candidates will see the instruction screen and tutorial prior to re-entering their exam. If examinees request a retake due to technical difficulties at the testing site, there will be a \$50 fee per examinee – contact CNC’s Director for additional information.**

TESTING AGENCY

The CNC contracts with Schroeder Measurement Technologies, Inc., (SMT) to assist in the development, administration, scoring, score reporting and analysis of the CNL Certification Examination. SMT is a professional testing agency with over 15 years of experience in designing and developing certification and licensure examination programs. NOTE: CNL certification exams are administered at the schools of nursing. However, online CNL education programs have the option to utilize testing centers affiliated with SMT.

Schroeder Measurement Technologies, Inc.

25400 US Hwy 19 North, Suite 285

Clearwater, FL 33763

Phone: (727) 738-8727

E-mail: Info@smttest.com ■ Website: www.smttest.com

Use of Testing Centers

To accommodate students of CNL online education programs and graduates who are not located near a CNL education program, testing centers affiliated with SMT are available. For an additional fee, candidates may register to test at a testing center during the specified testing period established by CNC. Candidates are responsible for submitting the CNL application and all supporting materials to CNC as well as registering with a testing center. Candidates utilizing testing centers must adhere to testing policies applicable to the testing center. To view the list of SMT testing centers, go to <http://www.isoqualitytesting.com/locations.aspx>. After you have submitted your complete application with CNC, you will be contacted by SMT via email with login information to register with a testing center approximately ten business days prior to the start of the testing period.

ELIGIBILITY REQUIREMENTS

The CNL Certification Examination was developed in collaboration with leaders in education and practice to credential graduates of the CNL master's and post-master's degree programs. Only individuals who graduate from a CNL master's or post-master's degree program that was designed based on and prepares individuals with the outcome competencies delineated in the AACN white paper on *The Education and Role of the Clinical Nurse Leader* (2007) are eligible for certification.

All individuals scheduled to graduate from a Clinical Nurse Leader education program are encouraged to sit for the CNL Certification Exam. Students applying to sit for the exam must be in their last academic term. Students enrolled in a Model C program may sit for the exam prior to earning RN licensure. The candidate must submit documentation of RN licensure to CNC after successful completion of the CNL Certification Exam and meet all requirements to be awarded CNL certification.

An individual who meets the following eligibility requirements and passes the CNL Certification Examination will be awarded full certification and attain the CNL designation:

RN Licensure

Hold a current and active Registered Nurse license in the United States or one of its territories. (The candidate will be ineligible if currently being disciplined by a state nursing board.)

CNL Education

Graduation from a CNL master's or post-master's program, accredited by a nursing accrediting agency recognized by the U.S. Secretary of Education, that prepares individuals with the competencies delineated in the AACN white paper on *The Education and Role of the Clinical Nurse Leader* (2007) .

- For a candidate to sit for the CNL Certification Examination, the *Institution/School of Nursing CNL Education Program Verification Form*, signed by the dean/chief academic officer of the school of nursing, must be on file in the CNC office. The form must be submitted to and approved by the CNC only once and does not have to be submitted with each individual's application or for each testing window.
- Graduates of the CNL education program must have attained the CNL End-of-Program Competencies and completed the Required Clinical Experiences (2006).
- In addition to the completed application form, **each** candidate must submit a completed *CNL Education Documentation Form*, signed by the CNL Program Director or equivalent.

Eligibility Waiver

CNC is waiving the eligibility requirements for CNL faculty of existing CNL education programs; the eligibility waiver for faculty expires December 31, 2012. CNL certification applications submitted by CNL faculty must be received at the CNC office by December 31, 2012 to be eligible to sit for the CNL Certification Exam.

CNL CERTIFICATION PROCESS

All CNL certification application materials and resources provided by CNC and AACN are posted on www.aacn.nche.edu/CNL. The following list includes steps required of the CNL candidate and faculty contact:

STEP 1

Candidate must meet eligibility requirements established by the CNC.

STEP 2

Institution/school schedules testing date(s) within the testing period for all eligible candidates and notifies CNC of scheduled testing date, time, and proctor contact information. Institution must submit: 1) Site Registration Form and 2) School of Nursing CNL Education Program Verification Form (signed by dean/chief academic officer; form is submitted once for each school but must be approved and on file in the CNC office for candidates to be eligible to sit for CNL Certification Examination). NOTE: A list of schools with forms on file is posted on the website.

STEP 3

CNC confirms proctor via e-mail and sends a proctor manual.

NOTE: Proctors are provided by the testing centers affiliated with SMT – testing centers may be utilized by CNL online students and graduates who are not located near a CNL education program.

STEP 4

Candidate submits required documentation and fee to CNC. Documents include:

- Clinical Nurse Leader Certification Examination Application
- Application Attestation
- Standards of Conduct Attestation
- CNL Education Documentation Form (signed by CNL Program Director)

- Request for Special Examination Accommodations & Documentation of Disability-Related Needs Forms (if applicable)

STEP 5

CNC reviews application.

STEP 6

CNC sends electronic notification confirming receipt of application; CNC notifies candidates of outstanding documents.

STEP 7

Candidate confirms testing date, time, and location with the faculty contact.

STEP 8

CNC sends a list of scheduled examinees to the faculty contact of the exam site.

STEP 9

At least two days prior to the exam date, CNC sends an electronic notification to the faculty contact with names of eligible candidates and pass codes for each candidate to access the exam. (Not applicable for use with SMT affiliated testing centers.)

STEP 10

The examination is administered at the institution/school as scheduled.

STEP 11

Exam results are electronically sent to the candidate immediately following the exam.

STEP 12

The faculty contact receives aggregate pass/fail results approximately 30 days following completion of the testing period.

STEP 13

CNC mails official notification and certificate to each successful candidate. NOTE: Individuals are not officially certified until they receive a formal letter and certificate. CNC mails the formal letter and certificate approximately 30 days following the end of the testing period. Certification will be withheld from candidates with outstanding documentation or payment.

EXAMINATION FEES AND PAYMENT INFORMATION

| Exam Registration | Fees |
|--|-------------|
| Initial Application/Testing (administered at a school) | \$345 |
| Re-testing (administered at a school) | \$245 |
| Initial Application/Testing (administered at an SMT testing center) | \$410 |
| Re-testing (administered at an SMT testing center) | \$310 |
| Late Fee (additional fee for applications submitted after deadline) | \$30 |
| Alternate Test Date (additional fee for exam administration up to five business days prior to or after testing period) | \$75 |

Verification Process

Employers, potential employers or other agencies may request verification of an individual's certification; a certificant may also request that verification be sent to an employer, potential employer or agency. The fee is \$20 per agency/person for a single verification request. You may request a rushed verification for \$35. This will be processed within 48 hours on weekdays after receipt of signed permission and payment.

Payment

Access to the exam will be denied if payment has not cleared at least 5 business days prior to the exam date. Fees can be paid by credit card, check, or money order, payable only in U.S. funds to AACN. **A fee of \$25.00 will be charged on all returned checks.**

EXAMINATION SCHEDULING

Designated testing periods or testing windows are determined by CNC and are scheduled to coincide with the end of the academic semester. The testing date ranges allow flexibility for faculty at the individual schools to schedule a date for test administration that meets the needs of the school, faculty and students. The faculty contact must submit the Site Registration Form to notify CNC of the scheduled test site, date, time, and proctor contact information. Test administration should occur between 8:30 a.m. and 5:00 p.m. ET Monday through Friday to insure that technical assistance is available at the testing location. If necessary, an institution/school of nursing, due to number of candidates and availability of computer testing facilities, may schedule two consecutive testing days.

Approximately one week prior to the exam, CNC will send a proctor manual and list of examinees to the proctor. SMT will send the login passwords for the certification exam to the proctor and to the designated faculty contact. If for any reason the proctor does not receive the required information, it is the school's responsibility to contact CNC at least two business days prior to the exam date to receive login information and the examinee roster.

CNL graduates and online students who are not located near a CNL education program have the option of utilizing testing centers provided by SMT. To view the list of testing center locations, go to <http://www.isoqualitytesting.com/locations.aspx>.

EXAMINATION CONTENT AND FORMAT

The multiple-choice exam is composed of 150 questions. A candidate's score is based on 130 of these questions; 20 are "trial" or "pretest" questions that are interspersed throughout the examination. Pretesting questions allows the Examination Committee and CNC to collect meaningful statistics about new questions that may appear as scored questions on future examinations. **A candidate is allowed three hours to complete the exam.** You may go back and change previous answers any time during the exam.

The examination is based on three major content areas. Each content area is composed of sub-content areas. These are listed in the Examination Content Outline (included in Appendix A). In addition, the percentage weight devoted to each major content area is indicated.

Each question is categorized by a cognitive level that a candidate would likely use to respond. These categories are:

1. Recall - the ability to recall or recognize specific information;
2. Application - the ability to comprehend, relate or apply knowledge to new or changing situations; and
3. Analysis - the ability to analyze and synthesize information, determine solutions and/or evaluate the usefulness of a solution.

Sample Multiple Choice Item

Miscommunication between physicians and nurses has been identified as a problem on a unit. The CNL and nurse manager have assessed the problem and recommended that a task force of members from both disciplines be formed to propose strategies for improvement. Discussion about this issue will be MOST successful if it is presented as a

- A. professional practice issue.**
- B. staff retention issue.**
- C. client safety issue.**
- D. medical staff issue.**

Answer: C



Exam Results


Successful candidates will receive an email notification of passing – the actual score and diagnostic score report will not be provided to the successful candidate. Unsuccessful examinees will receive an email notification of failing the exam along with diagnostic score report. Unsuccessful examinees must click on the link that reads “View Results” to access the diagnostic score report. In addition, exam results will be sent to the examinee’s email address that was provided on the certification application.

The faculty contact will receive aggregate pass/fail reports within approximately 30 days following completion of the testing period (not exam date).

NOTE: If you have any outstanding documents, CNC will contact you following the end of the testing period. You are not officially certified until you receive formal notification from CNC.

Sample Login Screen

 EXAM 



Welcome

User ID

Passcode

[Home Page](#)

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ISO Quality Testing, Inc. - An SMT 'Sister' Company

Sample Exam Preamble



**Clinical Nurse Leader
Certification Exam**

This test contains 150 multiple-choice, single answer questions. You will have 3 hours to complete the exam.

Imbedded in this examination are 20 "pretest" questions, which are included in the examination for statistical purposes only. These questions will not affect your examination score. You will not be alerted as to which items are pretest, so respond to each item as if it impacts your score.

It is highly recommended you work through the tutorial provided for you on screen, before beginning the exam. You will have five minutes to complete the tutorial. The tutorial is designed to inform you how to navigate the computer based testing system and input your answers during the exam. Answering incorrectly during the tutorial will not affect your test score.

Read each question carefully and then decide which choice is the correct option. Always pick the BEST answer. Your score is calculated based on the total number of questions answered correctly. You should answer ALL questions, even if you are not completely sure of the correct response. Do not spend too much time on any question. You will have the ability to return to questions while taking the examination. However, once you have submitted a section of the exam, you may not return to it.

Some items may include scroll bars on the right side of the item window. Please be sure to scroll all the way down to confirm you are viewing all item content.

If you need to leave the room during the examination, all examination materials must be surrendered to the test site supervisor until your return. You may not make up lost time.

After you have finished, we encourage you to comment on the examination, examination site, test site personnel, or any aspect of our certification program.

This test was developed expressly for use by the Commission on Nurse Certification (CNC) and Schroeder Measurement Technologies, Inc. The content is confidential and not to be copied or discussed with any other person or used for any other reason than as a certification examination.

SECURITY

The CNC and testing agency maintain examination administration and security standards that are designed to assure that all candidates are provided the same opportunity to demonstrate their abilities. The testing environment is continuously monitored by a test site proctor. The faculty contact is responsible for designating examination proctor(s) for the test administration that occurs at the school. Proctors are provided for testing centers affiliated with SMT.

Candidates may NOT discuss test questions, topic areas or scenarios, or possible answers, either during or after the test administration, with any other person(s) which includes faculty, other examinees or potential candidates.

COPYRIGHTED EXAMINATION QUESTIONS

All examination questions are the copyrighted property of the CNC/AACN. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may result in severe civil and criminal penalties.

PREPARING FOR THE EXAMINATION

Develop strategies to prepare for the exam (see Appendix B). Complete a self-assessment by identifying strengths and weaknesses as it relates to the examination content outline. Review CNL education materials – particularly in the identified areas of weakness. If necessary, consult with your program director or other faculty from the institution you graduated. If you generally have difficulty taking exams, you may want to consult with a counseling center at your institution regarding test taking and/or faculty member who is an experienced item writer or who serves as a psychometrician for additional test taking guidelines.

All CNL students and graduates are encouraged to participate in the online CNL discussions. The online discussions provide you with an opportunity to communicate with those who have successfully completed the CNL exam and are an excellent vehicle to discuss how to prepare for the exam. To join an online discussion group, go to <http://www.aacn.nche.edu/CNL/cnlcommunity.html>. Faculty and education partners are encouraged to join the online discussion group posted on www.nurseslounge.com (listed under “Commission on Nurse Certification”).

Applicants should also review the Examination Content and Format section of this guide to know what to expect with regards to the format of the multiple choice items. In addition, there is an online multiple choice self-assessment exam that parallels the certification exam content and level of difficulty.

Resources include:

- CNL Certification Guide
- CNL Examination Content Outline (see Appendix A)
- AACN White Paper on the Education and Role of the Clinical Nurse LeaderSM
(<http://www.aacn.nche.edu/Publications/WhitePapers/ClinicalNurseLeader07.pdf>)
- AACN End-of-Program Competencies & Required Clinical Experiences for the CNL
(<http://www.aacn.nche.edu/CNL/pdf/EndCompsgrid.pdf>)
- CNL Curriculum Framework for Client-Centered Healthcare
(<http://www.aacn.nche.edu/CNL/pdf/curricfrmwrk.pdf>)
- Recommended Reading List
(<http://www.aacn.nche.edu/CNL/publications-resources/recommended-reading>)
- The CNL Community (an online discussion board)
(<http://www.aacn.nche.edu/CNL/cnlcommunity.html>)
- CNL Online Discussion Group (e-mail holiveira@aacn.nche.edu to join)
- CNL Self-Assessment Examination
(<http://www.aacn.nche.edu/CNL/publications-resources/self-assessment-exam>)
- Multiple Choice Tutorial –
(<https://www.iqtesting.com/Default.aspx?Function=SampleExam&Exam=8>)
- CNL Education Program Review Course Materials
<http://www.aacn.nche.edu/cnl/cnc/exam-review-courses>
- Bibliography of Suggested Learning Material on Complexity Science, Nursing, Medicine and Healthcare Management prepared by the Plexus Institute
(<http://www.aacn.nche.edu/CNL/references.htm>)
- Clinical Nurse Leader Association
(<http://www.cnlassociation.org/>)

NOTE: The resource list is not an all inclusive source for the CNL examination and does not guarantee successful completion of the certification exam.

DISABILITY ACCOMMODATIONS

The CNC complies with the Americans with Disability Act (ADA) in ensuring that individuals with disabilities are not deprived of the opportunity to take the CNL Certification Examination solely by reason of their disabilities. However, since the CNL Certification Examination will be administered at individual schools/institutions, special needs will depend on the disability accommodations at these sites. It is therefore the responsibility of the candidate to do the following:

1. Indicate the need for ADA special accommodations on the CNL Certification Examination Application form;
2. Complete the *Request for Special Examination Accommodations* form (which includes *Documentation of Disability-Related Needs*) and enclose with the CNL application form; AND
3. Notify the testing school (CNL faculty contact) in writing about the specific disability-related needs.

After receiving a completed Request for Special Examination Accommodations form, CNC will notify the school where the examination is to be administered regarding the request and to confirm if the school can accommodate the examinee.

LANGUAGE

The certification examination, as well as all communications from CNC will be in English. Translation services and extended time for language challenges are not provided.

ONSITE RULES AND ADMINISTRATION

- You must bring a current government issued photo ID with you to the test site. The candidate is required to sign in for verification of identity. **A candidate without proper identification is not permitted to test. Proper identification may include: valid driver's license with a color photograph and signature; valid passport or military issued identification card with a color photograph and signature.**
- Report to the scheduled testing site designated by the faculty contact at your institution, no later than 20 minutes before the scheduled testing time. **You will not be allowed to take the examination if you arrive more than fifteen minutes after the scheduled testing time and your examination fees will be forfeited.**
- No personal materials, EXCEPT your photo ID, may be taken into the testing center, including purses, briefcases, hats, food/drink, paper, pen, books or reference material.
- No electronic devices are allowed in the testing room, including camera, cell phone, pager, PDA, Blackberry, laptop computer, calculator, etc.

- One pencil and one piece of scratch paper will be provided to each candidate by the testing site but **MUST** be returned to the test proctor prior to leaving the site.
- All volume levels on your testing computer should be muted prior to the start of the examination.
- There will be no eating, drinking, or smoking permitted in the testing site.
- Permission from the examination proctor is required to leave the testing room during the examination. No additional time is granted to compensate for the lost time.
- No questions concerning the content of the examination may be asked during the testing. Notify the proctor if you have problems logging in or lose internet connection during the test.
- **During or after taking the examination, a candidate may not discuss examination questions with any other person(s) which includes faculty, other examinees or potential candidates.** This includes giving or receiving help from other examinees, discussing possible answers, question topics or scenarios.

USE OF THE CREDENTIAL, LOGO, AND TERM

Following formal notification of earning the CNL, the successful certificant may utilize the CNL designation. The following includes a few suggestions on the use of the CNL credential:

- List your CNL credential on business cards, stationery, etc.
- Display a framed CNL certificate.
- Wear the CNL lapel pin.
- Announce earning certification and recertification in local and national publications. (Contact CNC for sample press release.)
- Give a presentation promoting CNL certification and the CNL role.
- Write an article for *The CNL Bulletin* on the benefits of certification.
- Document benefits of certification for your next job performance evaluation.
- Include credential in your portfolio.
- Include certification status in your curriculum vitae or resume.
- Include credential whenever your name is professionally listed.
- Notify CNC of name changes to ensure appropriate listing in the CNL Directory.

Below is a sample of how CNL should appear as a credential:

Jane Doe, MSN, RN, CNL



The CNL logo as depicted above, the initials “CNL[®],” and the name “Clinical Nurse Leader” (collectively the “Trademarks”) are all the exclusive intellectual property of the American Association of Colleges of Nursing (AACN) and its Commission on Nurse Certification (CNC). (*Refer to the CNC website for additional details on the use of the CNL credential, logo, and term or contact CNC.*)

RECERTIFICATION

The initial CNL certification is granted for a period of five years. Certificants are required to recertify once every five years to maintain the designation and an active status. The actual expiration date of a CNL certificate is December 31st of the fifth complete year after certification (i.e. certification of CNLs initially certified in April 2008 expires December 31, 2013). Recertification must be obtained prior to the expiration date on one’s certificate. Certification renewal ensures that previously certified individuals continue to expand their knowledge relevant to the role of the CNL. The CNL mark of excellence promotes safe, quality practice through its ongoing requirements for personal and professional growth.

Criteria

For recertification, the following is required:

- **CNL Certification**
- **RN Licensure**
Certificants must have a current unencumbered license as a Registered Nurse (RN).
- **Professional Practice**
Applicants must attest to their employment status of a minimum 2000 hours in the five year certification period. Employment may be in any of the following areas of advanced generalist practice, including: direct clinical practice, nursing administration, nursing education, research, and/or consultation.
- **Contact Hours/Continuing Education**
Minimum of 50 contact hours that support the CNL role.
- **Documentation**
CNLs are responsible for maintaining records of their continuing education credits and may be required to substantiate these units during random audits. Certificants are encouraged to maintain an electronic portfolio. However, documentation may be submitted to the CNC electronically or in a hard copy format.

Certificants have the option to retest for the CNL Certification Examination should they decide not to submit the recertification application criteria.

Expired Certificate

Allowing a lapse in certification without completing and submitting the necessary documents for recertification or notifying CNC of a change in employment status will result in a “lapsed” status.

Revocation of Certification

The CNC Board of Commissioners has the right to revoke an individual’s CNL certification for any reason deemed appropriate which includes, but is not limited to the following:

- Falsification of certification application or application materials (initial or renewal)
- Failure to meet or maintain the eligibility requirements for initial certification or renewal
- Misuse, misrepresentation, or illegal use of the CNL Certification designation
- Cheating on the CNL examination, including unauthorized possession of CNL examination materials or other confidential materials
- Any felony conviction

The CNC Board of Commissioners is responsible for determining the revocation of certification as well as the appeals process. If an individual is in violation of any of the above, the CNC Board of Commissioners will notify the candidate in writing with the rationale for revocation of their certificate. In addition, the CNC Board of Commissioners also will notify the candidate’s State Board of Nursing. The candidate may challenge the revocation by filing a written appeal to the CNC Board of Commissioners within 30-days of notification of revocation.

APPENDIX A

Clinical Nurse Leader (CNL) Job Analysis Report and Test Blue Print

The Clinical Nurse Leader (CNL) Certification Examination reflects content specifications based upon the most recent job analysis study conducted by the Commission on Nurse Certification (CNC). This scientific research study, which began in May 2011, profiled the role of the CNL practitioner and delineated the knowledge, skills, and abilities requisite of a competent CNL. The CNC contracted with Schroeder Measurement Technologies, Inc. (SMT), a full-service testing company, to provide guidance and psychometric expertise throughout the entire job analysis process. A full-scale job analysis survey was conducted, the results of which support the relevance, validity, and legal defensibility of the CNL examination by establishing a link between CNL competencies and examination content.

The CNC appointed an Advisory Committee to provide content area expertise, and the members represented the diversity of practice, experience, and location within the United States. A comprehensive literature review was initiated to develop an exhaustive list of the knowledge, skills, and abilities required for competent practice. This list was presented to the Advisory Committee for review and conversion into a survey during a meeting held at SMT headquarters in Clearwater, Florida. The list was augmented and approved, and a rating scale was adopted providing a mechanism for measuring task importance and frequency of practice.

After the survey was administered, members of the Advisory Committee reconvened via webinar to review and consider the results. The primary goal of the meeting was to establish exclusion criteria to differentiate between the important and non-important, performed and not-performed tasks for CNLs. The final approved task listing was then translated into an examination blueprint, establishing the link between job performance of important tasks and successful performance on the CNL multiple-choice examination. Using multiple sources of information, members of the Advisory Committee were asked to establish the domain weights for the examination, which indicate how many questions will appear on the examination from each content area of the blueprint. The result of the job analysis process was a content valid blueprint for the CNL examination.

CNC greatly acknowledges the following CNLs who served as subject matter experts in the development of the CNL job analysis: Patricia Baker, Miriam Bender, Mary Cavanaugh, Ann Deerhake, Karen DeLong, Bridget Graham, David Hughes, Lorraine Kaack, Tamela Monroe, Joanne Rushing, Susan Schmidt, Bobbi Shirley, and Mary Stachowiak.

CNL Certification Exam
Subdomain Weights for the CNL Certification Examination Blueprint
(effective February 2012)

| Subdomain | Weight (%) |
|--|-------------------|
| Nursing Leadership | |
| Horizontal Leadership | 7 |
| Interdisciplinary Communication and Collaboration Skills | 7 |
| Healthcare Advocacy | 5 |
| Integration of the CNL Role | 8 |
| Lateral Integration of Care Services | 6 |
| Clinical Outcomes | |
| Illness and Disease Management | 7 |
| Knowledge Management | 5 |
| Health Promotion and Disease Prevention Management | 5 |
| Evidence-Based Practice | 8 |
| Advanced Clinical Assessment | 5 |
| Care Environment Management | |
| Team Coordination | 6 |
| Healthcare Finance and Economics | 5 |
| Healthcare Systems | 5 |
| Healthcare Policy | 4 |
| Quality Improvement | 6 |
| Healthcare Informatics | 4 |
| Ethics | 7 |

**CNL Certification Exam Detailed Test Blueprint
(Effective February 2012)**

| | | | Weight |
|-----------|---------------------------|---|---------------|
| I. | Nursing Leadership | | 33% |
| | A. | Horizontal Leadership | 7% |
| | | 1. Applies theories and models (e.g. Nursing, Leadership, Complexity, Change) to practice | |
| | | 2. Applies evidence-based practice to make clinical decisions and assess outcomes | |
| | | 3. Understands microsystem functions and assumes accountability for healthcare outcomes | |
| | | 4. Designs, coordinates, and evaluates plans of care at an advanced level in conjunction with interdisciplinary team | |
| | | 5. Utilizes peer feedback for evaluation of self and others | |
| | | 6. Serves as a lateral integrator of the interdisciplinary health team | |
| | | 7. Leads group processes to meet care objectives | |
| | | 8. Coaches and mentors healthcare team serving as a role model | |
| | | 9. Utilizes an evidence-based approach to meet specific needs of individuals, clinical populations, or communities within the microsystem | |
| | | 10. Assumes responsibility for creating a culture of safe and ethical care | |
| | | 11. Provides leadership for changing practice based on quality improvement methods and research findings | |
| | B. | Interdisciplinary Communication and Collaboration Skills | 7% |
| | | 1. Establishes and maintains working relationships within an interdisciplinary team | |
| | | 2. Bases clinical decisions on multiple perspectives including the client and/or family preferences | |
| | | 3. Negotiates in group interactions, particularly in task-oriented, convergent, and divergent group situations | |
| | | 4. Develops a therapeutic alliance with the client as an advanced generalist | |
| | | 5. Communicates with diverse groups and disciplines using a variety of strategies | |
| | | 6. Facilitates group processes to meet care objectives | |
| | | 7. Integrates concepts from behavioral, biological, and natural sciences in order to understand self and others | |
| | | 8. Interprets quantitative and qualitative data for the interdisciplinary team | |
| | | 9. Uses a scientific process as a basis for developing, implementing, and evaluating nursing interventions | |
| | | 10. Synthesizes information and knowledge as a key component of critical thinking and decision making | |

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| | | 11. Bridges cultural and linguistic barriers | |
| | | 12. Understands clients' values and beliefs | |
| | | 13. Completes documentation as it relates to client care | |
| | | 14. Understands the roles of interdisciplinary team members | |
| | | 15. Participates in conflict resolution within the healthcare team | |
| | | 16. Promotes a culture of accountability | |
| | C. | Healthcare Advocacy | 5% |
| | | 1. Interfaces between the client and the healthcare delivery system to protect the rights of clients | |
| | | 2. Ensures that clients, families and communities are well informed and engaged in their plan of care | |
| | | 3. Ensures that systems meet the needs of the populations served and is culturally relevant | |
| | | 4. Articulates healthcare issues and concerns to officials and consumers | |
| | | 5. Assists consumers in informed decision-making by interpreting healthcare research | |
| | | 6. Serves as a client advocate on health issues | |
| | | 7. Utilizes chain of command to influence care | |
| | | 8. Promotes fairness and non-discrimination in the delivery of care | |
| | | 9. Advocates for improvement in the health care system and the nursing profession | |
| | D. | Integration of the CNL Role | 8% |
| | | 1. Articulates the significance of the CNL role | |
| | | 2. Advocates for the CNL role | |
| | | 3. Assumes responsibility of own professional identity and practice | |
| | | 4. Maintains and enhances professional competencies | |
| | | 5. Assumes responsibility for lifelong learning and accountability for current practice and health care information and skills | |
| | | 6. Advocates for professional standards of practice using organizational and political processes | |
| | | 7. Understands the history, philosophy, and responsibilities of the nursing profession as it relates to the CNL | |
| | | 8. Understands scope of practice and adheres to licensure law and regulations | |
| | | 9. Articulates to the public the values of the profession as they relate to client welfare | |
| | | 10. Negotiates and advocates for the role of the professional nurse as a member of the interdisciplinary health care team | |
| | | 11. Develops personal goals for professional development and continuing education | |
| | | 12. Understands and supports agendas that enhance both high quality, cost-effective health care and the advancement of the profession | |

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| | | 13. | Supports and mentors individuals entering into and training for professional nursing practice | |
| | | 14. | Publishes and presents CNL impact and outcomes | |
| | | 15. | Generates nursing research | |
| | E. | Lateral Integration of Care Services | | 6% |
| | | 1. | Delivers and coordinates care using current technology | |
| | | 2. | Coordinates the healthcare of clients across settings | |
| | | 3. | Develops and monitors holistic plans of care | |
| | | 4. | Fosters a multidisciplinary approach to attain health and maintain wellness | |
| | | 5. | Performs risk analysis for client safety | |
| | | 6. | Collaborates and consults with other health professionals in the design, coordination, and evaluation of client care outcomes | |
| | | 7. | Disseminates healthcare information with healthcare providers to other disciplines | |
| II. | Clinical Outcomes Management | | | 30% |
| | A. | Illness and Disease Management | | 7% |
| | | 1. | Assumes responsibility for the provision and management of care at the point of care in and across all environments | |
| | | 2. | Coordinates care at the point of service to individuals across the lifespan with particular emphasis on health promotion and risk reduction services | |
| | | 3. | Identifies client problems that require intervention, with special focus on those problems amenable to nursing intervention | |
| | | 4. | Designs and redesigns client care based on analysis of outcomes and evidence-based knowledge | |
| | | 5. | Completes holistic assessments and directs care based on assessments | |
| | | 6. | Applies theories of chronic illness care to clients and families | |
| | | 7. | Integrates community resources, social networks, and decision support mechanisms into care management | |
| | | 8. | Identifies patterns of illness symptoms and effects on clients' compliance and on-going care | |
| | | 9. | Educates clients, families, and care givers to monitor symptoms and take action | |
| | | 10. | Utilizes advanced knowledge of pathophysiology and pharmacology to anticipate illness progression, response to therapy, and to educate clients and families regarding care | |
| | | 11. | Applies knowledge of reimbursement issues in planning care across the lifespan | |
| | | 12. | Makes recommendations regarding readiness for discharge, having accurately assessed the client's level of health literacy and self-management | |

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| | | 13. | Applies research-based knowledge from nursing and the sciences as the foundation for evidence-based practice | |
| | | 14. | Develops and facilitates evidence-based protocols and disseminates these among the multidisciplinary team | |
| | | 15. | Understands the role of palliative care and hospice as a disease management tool | |
| | | 16. | Understands cultural relevance as it relates to healthcare | |
| | | 17. | Educates clients about healthcare technologies using client-centered strategies | |
| | | 18. | Synthesizes literature and research findings to design interventions for select problems | |
| | | 19. | Monitors client satisfaction with disease action plans | |
| | | 20. | Evaluates factors contributing to disease including genetics | |
| | | 21. | Designs and implements education and community programs for clients and health professionals | |
| | | 22. | Applies principles of infection control, assessment of rates, and inclusion of infection control in plan of care | |
| | | 23. | Integrates advanced clinical assessment | |
| | B. | Knowledge Management | | 5% |
| | | 1. | Applies research-based information | |
| | | 2. | Improves clinical and cost outcomes | |
| | | 3. | Utilizes epidemiological methodology to collect data | |
| | | 4. | Participates in disease surveillance | |
| | | 5. | Evaluates and anticipates risks to client safety (e.g. new technology, medications, treatment regimens) | |
| | | 6. | Applies tools for risk analysis | |
| | | 7. | Uses institutional and unit data to compare against national benchmarks | |
| | | 8. | Designs and implements measures to modify risks | |
| | | 9. | Addresses variations in clinical outcomes | |
| | | 10. | Synthesizes data, information and knowledge to evaluate and achieve optimal client outcomes | |
| | | 11. | Demonstrates accountability for processes for improvement of client outcomes | |
| | | 12. | Evaluates effect of complementary therapies on health outcomes | |
| | C. | Health Promotion and Disease Prevention Management | | 5% |
| | | 1. | Teaches direct care providers how to assist clients, families, and communities to be health literate and manage their own care | |
| | | 2. | Applies research to resolve clinical problems and disseminate results | |
| | | 3. | Engages clients in therapeutic partnerships with multidisciplinary team members | |

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| | 4. | Applies evidence and data to identify and modify interventions to meet specific client needs | |
| | 5. | Counsels clients and families regarding behavior changes to achieve healthy lifestyles | |
| | 6. | Engages in culturally sensitive health promotion/disease prevention intervention to reduce healthcare risks in clients | |
| | 7. | Develops clinical and health promotion programs for individuals and groups | |
| | 8. | Designs and implements measures to modify risk factors and promote engagement in healthy lifestyles | |
| | 9. | Assesses protective and predictive (e.g. lifestyle, genetic) factors that influence the health of clients | |
| | 10. | Develops and monitors holistic plans of care that address the health promotion and disease prevention needs of client populations | |
| | 11. | Incorporates theories and research in generating teaching and support strategies to promote and preserve health and healthy lifestyles in client populations | |
| | 12. | Identifies strategies to optimize client's level of functioning | |
| D. | Evidence-Based Practice | | 8% |
| | 1. | Communicates results in a collaborative manner with client and healthcare team | |
| | 2. | Uses measurement tools as foundation for assessments and clinical decisions | |
| | 3. | Applies clinical judgment and decision-making skills in designing, coordinating, implementing, and evaluating client-focused care | |
| | 4. | Selects sources of evidence to meet specific needs of individuals, clinical groups, or communities | |
| | 5. | Applies epidemiological, social, and environmental data | |
| | 6. | Reviews datasets to anticipate risk and evaluate care outcomes | |
| | 7. | Evaluates and applies information from various sources to guide client through the healthcare system | |
| | 8. | Interprets and applies quantitative and qualitative data | |
| | 9. | Utilizes current healthcare research to improve client care | |
| | 10. | Accesses, critiques, and analyzes information sources | |
| | 11. | Provides leadership for changing practice based on quality improvement methods and research findings | |
| | 12. | Identifies relevant outcomes and measurement strategies that will improve patient outcomes and promote cost effective care | |
| | 13. | Synthesizes data, information, and knowledge to evaluate and achieve optimal client outcomes | |
| E. | Advanced Clinical Assessment | | 5% |
| | 1. | Designs, coordinates, and evaluates plans of care | |
| | 2. | Develops a therapeutic alliance with the client as an advanced | |

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| | | | generalist | |
| | | 3. | Identifies client problems that require intervention, with special focus on those problems amenable to nursing intervention | |
| | | 4. | Performs holistic assessments across the lifespan and directs care based on findings | |
| | | 5. | Applies advanced knowledge of pathophysiology, assessment, and pharmacology | |
| | | 6. | Applies clinical judgment and decision-making skills in designing, coordinating, implementing, and evaluating client-focused care | |
| | | 7. | Evaluates effectiveness of pharmacological and complementary therapies | |
| III. | Care Environment Management | | | 37% |
| | A. | Team Coordination | | 6% |
| | | 1. | Supervises, educates, delegates, and performs nursing procedures in the context of safety | |
| | | 2. | Demonstrates critical listening, verbal, nonverbal, and written communication skills | |
| | | 3. | Demonstrates skills necessary to interact and collaborate with other members of the interdisciplinary healthcare team | |
| | | 4. | Incorporates principles of lateral integration | |
| | | 5. | Establishes and maintains working relationships within an interdisciplinary team | |
| | | 6. | Facilitates group processes to achieve care objectives | |
| | | 7. | Utilizes conflict resolution skills | |
| | | 8. | Promotes a positive work environment and a culture of retention | |
| | | 9. | Designs, coordinates, and evaluates plans of care incorporating client, family, and team member input | |
| | | 10. | Leads gap analysis to create cohesive healthcare team | |
| | B. | Healthcare Finance and Economics | | 5% |
| | | 1. | Identifies clinical and cost outcomes that improve safety, effectiveness, timeliness, efficiency, quality, and client-centered care. | |
| | | 2. | Serves as a steward of environmental, human, and material resources while coordinating client care | |
| | | 3. | Anticipates risk and designs plans of care to improve outcomes | |
| | | 4. | Develops and leverages human, environmental, and material resources | |
| | | 5. | Demonstrates use of healthcare technologies to maximize healthcare outcomes | |
| | | 6. | Understands the fiscal context in which practice occurs | |
| | | 7. | Evaluates the use of products in the delivery of healthcare | |
| | | 8. | Assumes accountability for the cost-effective and efficient use of human, environmental, and material resources within microsystems | |
| | | 9. | Identifies and evaluates high-cost and high-volume activities | |

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| | | 10. Applies basic business and economic principles and practices | |
| | | 11. Applies ethical principles regarding the delivery of healthcare in relation to healthcare financing and economics including those that may create conflicts of interest | |
| | | 12. Identifies the impact of healthcare financial policies and economics on the delivery of healthcare and client outcomes | |
| | | 13. Interprets healthcare research, particularly cost and client outcomes, to policy makers, healthcare providers, and consumers | |
| | | 14. Interprets the impact of both public and private reimbursement policies and mechanisms on client care decisions | |
| | | 15. Evaluates the effect of healthcare financing on care access and patient outcomes | |
| | C. | Healthcare Systems | 5% |
| | | 1. Acquires knowledge to work in groups, manage change, and systems-level dissemination of knowledge | |
| | | 2. Applies evidence that challenges current policies and procedures in a practice environment | |
| | | 3. Implements strategies that lessen healthcare disparities | |
| | | 4. Advocates for the improvement in the healthcare system, policies, and nursing profession | |
| | | 5. Applies systems thinking (i.e. theories, models) to address problems and develop solutions | |
| | | 6. Collaborates with other healthcare professionals to manage the transition of clients across the healthcare continuum ensuring patient safety and cost-effectiveness of care | |
| | | 7. Utilizes quality improvement methods in evaluating individual and aggregate client care | |
| | | 8. Understands how healthcare delivery systems are organized and financed, and the effect on client care | |
| | | 9. Identifies the economic, legal, and political factors that influence healthcare delivery | |
| | D. | Healthcare Policy | 4% |
| | | 1. Acknowledges multiple perspectives when analyzing healthcare policy | |
| | | 2. Recognizes the effect of healthcare policy on health promotion, risk reduction, and disease and injury prevention in vulnerable populations | |
| | | 3. Influences regulatory, legislative, and public policy in private and public arenas to promote and preserve healthy communities | |
| | | 4. Understands the interactive effect of health policy and healthcare economics and national and international health and health outcomes | |
| | | 5. Accesses, critiques, and analyzes information sources | |

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| | | 6. | Incorporates standards of care and full scope of practice | |
| | | 7. | Articulates the interaction between regulatory controls and quality control within the healthcare delivery system | |
| | | 8. | Creates a professional ethic related to client care and health policy | |
| | | 9. | Understands the political and regulatory processes defining healthcare delivery and systems of care | |
| | | 10. | Evaluates local, state, and national socioeconomic and health policy issues and trends as they relate to the delivery of healthcare | |
| | | 11. | Participates in political processes and grass roots legislative efforts to influence healthcare policy on behalf of clients and the profession | |
| | | 12. | Understands global health care issues (e.g. immigration patterns, pandemics, access to care) | |
| | | 13. | Understands the effect of legal and regulatory processes on nursing practice | |
| | E. | Quality Improvement | | 6% |
| | | 1. | Evaluates healthcare outcomes through the acquisition of data and the questioning of inconsistencies | |
| | | 2. | Leads the redesign of client care following root cause analysis of sentinel events | |
| | | 3. | Gathers, analyzes, and synthesizes data related to risk reduction and patient safety | |
| | | 4. | Analyzes systems and outcome datasets to anticipate individual client risk and improve quality care | |
| | | 5. | Understands economies of care, cost-effectiveness, resource utilization, and affecting change in systems | |
| | | 6. | Evaluates the environmental impact on healthcare outcomes | |
| | | 7. | Collaborates and consults with other health professionals to design, coordinate, and evaluate client care outcomes | |
| | | 8. | Evaluates the quality and use of products in the delivery of healthcare | |
| | | 9. | Identifies opportunities for quality improvement and leads improvement activities utilizing evidence-based models | |
| | F. | Healthcare Informatics | | 4% |
| | | 1. | Analyzes systems to identify strengths, gaps, and opportunities | |
| | | 2. | Applies data from systems in planning and delivering care | |
| | | 3. | Evaluates clinical information systems using select criteria | |
| | | 4. | Incorporates ethical principles in the use of information systems | |
| | | 5. | Evaluates impact of new technologies on clients, families, and systems | |
| | | 6. | Assesses and evaluates the use of technology in the delivery of client care | |
| | | 7. | Validates accuracy of consumer-provided information on health issues from the internet and other sources | |

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| | | 8. | Synthesizes healthcare information for client-specific problems | |
| | | 9. | Refers clients to culturally-relevant health information | |
| | | 10. | Demonstrates proficiency in the use of innovations such as the electronic record for documenting and analyzing clinical data | |
| | | 11. | Individualizes interventions using technologies | |
| | | 12. | Identifies and promotes an environment that safeguards the privacy and confidentiality of patients and families | |
| | | 13. | Leads quality improvement team and engages in designing and implementing a process for improving client safety | |
| | | 14. | Utilizes information and communication technologies to document, access, and monitor client care, advance client education, and enhance the accessibility of care | |
| | | 15. | Aligns interdisciplinary team documentation to improve accessibility of data | |
| | G. | Ethics | | 7% |
| | | 1. | Evaluates ethical decision-making from both a personal and organizational perspective and develops an understanding of how these two perspectives may create conflicts of interest | |
| | | 2. | Applies an ethical decision-making framework to clinical situations that incorporates moral concepts, professional ethics, and law and respects diverse values and beliefs | |
| | | 3. | Applies legal and ethical guidelines to advocate for client well-being and preferences | |
| | | 4. | Enables clients and families to make quality-of-life and end-of-life decisions and achieve a peaceful death | |
| | | 5. | Identifies and analyzes common ethical dilemmas and the ways in which these dilemmas impact client care | |
| | | 6. | Identifies areas in which a personal conflict of interest may arise and propose resolutions or actions to resolve the conflict | |
| | | 7. | Understands the purpose of an ethics committee's role in health care delivery systems | |

APPENDIX B



PERSONAL ACTION PLAN

The following worksheet is designed to assist you as you develop strategies to prepare for the CNL certification exam. The worksheet is intended to be used only as a guide.

Today's date: _____

Date you plan to sit for the CNL certification exam: _____

CNL CERTIFICATION EXAM CONTENT OUTLINE

Strengths

| Nursing Leadership | Clinical Outcomes Management | Care Environment Management |
|---|---|---|
| <ul style="list-style-type: none"> ○ Horizontal Leadership ○ Interdisciplinary Communication & Collaboration Skills ○ Healthcare Advocacy ○ Integration of the CNL Role ○ Lateral Integration of Care Services | <ul style="list-style-type: none"> ○ Illness/Disease Management ○ Knowledge Management ○ Health Promotion and Disease Prevention Management ○ Evidence-Based Practice ○ Advanced Clinical Assessment | <ul style="list-style-type: none"> ○ Team Coordination ○ Healthcare Finance and Economics ○ Health Care Systems ○ Health Care Policy ○ Quality Improvement ○ Healthcare Informatics ○ Ethics |

Weaknesses

| Nursing Leadership | Clinical Outcomes Management | Care Environment Management |
|---|---|---|
| <ul style="list-style-type: none"> ○ Horizontal Leadership ○ Interdisciplinary Communication & Collaboration Skills ○ Healthcare Advocacy ○ Integration of the CNL Role ○ Lateral Integration of Care Services | <ul style="list-style-type: none"> ○ Illness/Disease Management ○ Knowledge Management ○ Health Promotion and Disease Prevention Management ○ Evidence-Based Practice ○ Advanced Clinical Assessment | <ul style="list-style-type: none"> ○ Team Coordination ○ Healthcare Finance and Economics ○ Health Care Systems ○ Health Care Policy ○ Quality Improvement ○ Healthcare Informatics ○ Ethics |

Comments:

| EXAM CONTENT OUTLINE ITEM | STRATEGY | RESOURCES (websites, publications, personal contacts, etc.) | TARGET DATE |
|------------------------------|----------|---|----------------|
| | | | |

Test-taking Strategies

| MULTIPLE-CHOICE |
|-----------------|
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CNL[®] Certification Program Survey

This survey is to be completed by participants of the Clinical Nurse LeaderSM (CNL) Certification Program. Information will be used to enhance the certification process. Please fax the completed survey to **(202) 785-8320** or mail to Commission on Nurse Certification, One Dupont Circle, NW, Suite 530, Washington, DC 20036.

ADMINISTRATION

| | Poor | Fair | Good | Excellent |
|--|------|------|------|-----------|
| Convenience of examination dates | 1 | 2 | 3 | 4 |
| Usefulness of the <i>CNL Certification Guide</i> | 1 | 2 | 3 | 4 |
| Usefulness of the certification section of the AACN website (www.aacn.nche.edu/CNL) | 1 | 2 | 3 | 4 |
| Application process | 1 | 2 | 3 | 4 |

EXAMINATION

| | | | | |
|--|---|---|---|---|
| Usefulness of instructions for reviewing score reports | 1 | 2 | 3 | 4 |
| Usefulness of instructions read by the proctor | 1 | 2 | 3 | 4 |
| Exam content | 1 | 2 | 3 | 4 |
| Amount of time to complete exam | 1 | 2 | 3 | 4 |

Activities completed to prepare for the exam (Check all that apply.):

- Reviewed required reading assignments and notes from the CNL education program
- CNL Self-Assessment Exam
- Participated in institution's study course
- Reviewed AACN's white paper on *The Education and Role of the Clinical Nurse Leader*
- Reviewed the CNL Certification Guide
- Other: _____

Additional comments:

(Optional)

Name (print): _____