

CANDIDATE HANDBOOK

Hospice and Palliative Advanced Practice Nurse Certification Examination

Hospice and Palliative Nurse Certification Examination

Hospice and Palliative Licensed Practical/Vocational Nurse Certification Examination

Hospice and Palliative Nursing Assistant Certification Examination



The National Board for Certification of Hospice and Palliative Nurses (NBCHPN®) provides specialty certification examinations for all four levels of nursing: advanced practice nurses, registered nurses, licensed practical/vocational nurses and nursing assistants. All information regarding the examinations and testing policies and procedures and an application form can be found in this Candidate Handbook. Testing for all candidates is offered twice a year on the third Saturday in March and the third Saturday in September. The deadline for the application is February 1st for the March exam and August 1st for the September exam. Deadlines are firm and strictly enforced.

All inquiries regarding the certification program should be addressed to NBCHPN®

NBCHPN®
One Penn Center West, Suite 229
Pittsburgh, PA 15276-0100
Telephone: 412-787-1057
FAX: 412-787-9305
E-mail: nbchpn@hpna.org
Website: www.nbchpn.org

Applied Measurement Professionals Inc. (AMP) is the professional testing company contracted by NBCHPN® to assist in the development, administration, scoring and analysis of the NBCHPN® certification examinations.

All inquiries regarding the application process, test administration and the reporting of scores should be addressed to AMP.

AMP
8310 Nieman Road
Lenexa, KS 66214-4960
Telephone: (Toll free) 888-519-9901
Fax: 913-752-4960
E-mail: info@AMP.com
Website: www.goAMP.com

Your signature on the application certifies that you have read all portions of this Candidate Handbook and application.



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NBCHPN® APPLICATION

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SECTION 1: GENERAL INFORMATION

About the NBCHPN®

The National Board for Certification of Hospice Nurses (NBCHN), now the National Board for Certification of Hospice and Palliative Nurses (NBCHPN®), was incorporated in 1993 to develop a program of certification for the specialty practice of hospice and palliative nursing. The NBCHPN® has been affiliated with the Hospice Nurses Association (HNA), now the Hospice and Palliative Nurses Association (HPNA), since its inception. The first Certification Examination for Hospice Nurses was given in 1994, and in 1998, initial certificants were required to renew their credential for the first time. NBCHPN® has expanded its mission and now provides specialty examinations for all levels of nursing: advanced practice nurses, registered nurses, licensed practical/vocational nurses and nursing assistants. Currently there are over 12,000 individuals certified by NBCHPN®.

The NBCHPN® Board of Directors is composed of 13 members including advanced practice nurses, registered nurses, a licensed practical/vocational nurse, a nursing assistant, a certified nurse from another specialty, and a non-nurse consumer member. Board members represent a wide variety of geographic areas, practice settings, and educational backgrounds. NBCHPN® has the responsibility for development for the examination in conjunction with a testing agency, Applied Measurement Professionals, Inc. (AMP), and overseeing all aspects of the certification program.

Statement of Non-Discrimination Policy

The NBCHPN® does not discriminate among applicants on the basis of age, gender, race, religion, national origin, disability, sexual orientation or marital status.

Certification

The NBCHPN® endorses the concept of voluntary, periodic certification for all hospice and palliative advanced practice nurses, registered nurses, licensed practical/vocational nurses and nursing assistants. It focuses specifically on the individual and is an indication of current competence in a specialized area of practice. Board certification in hospice and palliative nursing is highly valued and provides formal recognition of basic hospice and palliative nursing knowledge.

The purpose of certification is to *promote delivery of comprehensive palliative nursing care through the certification of qualified hospice and palliative nurses by:*

1. Recognizing formally those individuals who meet the eligibility requirements for and pass an NBCHPN® certification examination or complete the alternative recertification process.
2. Encouraging continued personal and professional growth in the practice of hospice and palliative care.
3. Establishing and measuring the level of knowledge required for certification in hospice and palliative care.
4. Providing a national standard of requisite knowledge required for certification; thereby assisting the employer, public and members of the health professions in the assessment of hospice and palliative nursing care.

Definition of Hospice and Palliative Nursing Practice

Hospice and palliative nursing practice is the provision of nursing care for the patient and their family with the emphasis on their physical, psychosocial, emotional and spiritual needs at the end of life. This is accomplished in collaboration with an interdisciplinary team in a variety of settings which provide 24-hour nursing availability, pain and symptom management, and family support. The advanced practice nurse, registered nurse, licensed practical/vocational nurse and nursing assistant are integral to achieve a high standard of hospice and palliative care as a member of this team.

Testing Agency

Applied Measurement Professionals, Inc. (AMP) is the professional testing agency contracted by the NBCHPN® to assist in the development, administration, scoring and analysis of the NBCHPN® certification examinations. AMP services also include the processing of examination applications and the reporting of scores to candidates who take the examinations. AMP is a research and development firm that conducts professional competency assessment research and provides examination services for a number of credentialing programs.

NBCHPN® Processing Agreement

NBCHPN® agrees to process your application subject to your agreement to the following terms and conditions:

1. To be bound by and comply with NBCHPN® rules relating to eligibility, certification, renewal and recertification, including, but not limited to, payment of applicable fees, demonstration of educational and experiential requirements, satisfaction of annual maintenance and recertification requirements, compliance with the NBCHPN® Grounds for Sanctions and other standards, and compliance with all NBCHPN® documentation and reporting requirements, as may be revised from time to time.
2. To hold NBCHPN® harmless and to waive, release and exonerate NBCHPN®, its officers, directors, employees, committee members, and agents from any claims that you may have against NBCHPN® arising out of NBCHPN®'s review of your application, or eligibility for certification, renewal, recertification or reinstatement, conduct of the examination, or issuance of a sanction or other decision.
3. To authorize NBCHPN® to publish and/or release your contact information for NBCHPN® approved activities and to provide your certification or recertification status and any final or pending disciplinary decisions to state licensing boards or agencies, other healthcare organizations, professional associations, employers or the public.
4. To only provide information in your application to NBCHPN® that is true and accurate to the best of your knowledge. You agree to revocation or other limitation of your certification, if granted, should any statement made on this application or hereafter supplied to NBCHPN® is found to be false or inaccurate or if you violate any of the standards, rules or regulations of NBCHPN®.



Examination Dates and Application Deadlines

Application Deadline	Examination Date
February 1st of given year	3rd Saturday in March
August 1st of given year	3rd Saturday in September

To apply for an NBCHPN® examination, complete the application included with this handbook and mail it to Applied Measurement Professionals, Inc. (AMP) to be **RECEIVED** by the application deadline.

APPLICATIONS THAT ARE RECEIVED AFTER THE APPLICATION DEADLINE WILL BE RETURNED TO THE APPLICANT UNPROCESSED.

Test Center Information

The examination will be administered at the following test centers. Indicate your choice of test center on your application in the space provided. An "X" indicates location availability.

Test Center Location	Test Center Code	March Examination	September Examination
AK Anchorage	AK0021		X
AL Birmingham	AL0012		X
AR Little Rock	AR0041	X	
AZ Tempe	AZ0032	X	X
CA Fresno	CA0050	X	
Los Angeles	CA0053	X	X
Sacramento	CA0057		X
San Diego	CA0056	X	X
Oakland	CA0054	X	X
CT New Haven	CT0071	X	X
CO Denver	CO0061	X	X
DC Washington, DC	DC0091	X	X
FL Ft. Myers	FL0106	X	
Jacksonville	FL0103	X	X
Miami	FL0101	X	X
Orlando	FL0102	X	X
Pensacola	FL0107	X	
Tampa	FL0105	X	X
West Palm Beach	FL0108	X	
GA Atlanta	GA0111	X	X
HI Honolulu	HI0121		X
IA Iowa City	IA0161		X
ID Boise	ID0131		X
IL Chicago	IL0141	X	X
IN Indianapolis	IN0151	X	
KS Wichita	KS0171		X
KY Lexington	KY0182	X	
Louisville	KY0181	X	X
LA New Orleans	LA0191		X
Shreveport	LA0193	X	
MA Boston	MA0221	X	X

MD Baltimore	MD0211	X	X
ME Portland	ME0202	X	
MI Detroit	MI0233	X	X
Grand Rapids	MI0232	X	
MN Minneapolis	MN0241	X	X
MO Kansas City	MO0261	X	
St. Louis	MO0262		X
MS Jackson	MS0251	X	
MT Bozeman	MT0271		X
NC Charlotte	NC0344		X
Raleigh	NC0343	X	X
ND Bismarck	ND0351		X
NE Omaha	NE0281	X	
NH Concord	NH0301		X
NJ Clark	NJ0315	X	
NM Albuquerque	NM0321	X	X
NV Las Vegas	NV0291		X
Reno	NV0292		X
NY Albany	NY0335	X	X
Buffalo	NY0333	X	X
Long Island	NY0336		X
New York City	NY0331	X	X
Syracuse	NY0334	X	
OH Cleveland	OH0361	X	X
Cincinnati	OH0364	X	
Columbus	OH0362		X
OK Oklahoma City	OK0371		X
OR Portland	OR0382	X	X
PA Philadelphia	PA0391	X	X
Pittsburgh	PA0392	X	X
SC Columbia	SC0412		X
TN Memphis	TN0431	X	
Nashville	TN0432		X
TX Amarillo	TX0447		X
Austin	TX0448		X
Corpus Christi	TX0445	X	
Dallas	TX0441	X	X
Houston	TX0443	X	X
Lubbock	TX0444		X
San Antonio	TX0440	X	
UT Salt Lake City	UT0451	X	
VA Norfolk	VA0472		X
Richmond	VA0471	X	
VT Burlington	VT0461		X
WA Seattle	WA0481		X
Spokane	WA0482	X	
WI Milwaukee	WI0501	X	X
WV Huntington	WV0491	X	

NOTE: Requests for a change of test center location must be received by AMP no later than the application deadline.



Applying for an Examination

It is YOUR responsibility to ensure that the application and all supporting documents have been properly completed and that the information provided is accurate. Your careful attention will enable prompt and efficient processing. Applications that are found to contain inaccurate or untruthful responses may be denied. When the admission requirements are satisfied, applicants may register by one of the following methods:

1. Apply online.

Visit AMP's website at www.goAMP.com to complete an application online. Once you complete the online application process, you will receive an immediate response from AMP. You will either be notified of additional information required to complete the application process or you will be prompted to schedule your examination appointment. Online application submission is available for all individuals paying the examination fee by credit card (VISA, MasterCard and Discover).

OR

2. Mail your application form.

A. Complete all sections of the application form. Mail it to AMP with the required documentation and examination fee (paid by credit card, personal or cashier's check or money order) to the address indicated on the form. Within approximately two weeks after receipt by AMP, your application will be processed and a confirmation notice of eligibility sent. If eligibility cannot be confirmed, a letter explaining why the application is incomplete will be sent. If you do not receive a confirmation of eligibility or an incomplete notice within four weeks after mailing your application, **contact AMP.**

HPNA Membership Benefit

The Hospice and Palliative Nurses Association is a membership organization offering only individual memberships. A sister organization to NBCHPN®, HPNA is a nursing membership organization whose mission is to promote excellence in end-of-life nursing.

Persons applying for a certification examination who are current HPNA members at least seven (7) days PRIOR to the NBCHPN® application deadline are entitled to the HPNA member discounted examination fee as a membership benefit. See "Examination Fees" section for the applicable examination.

Requests for Alternate Test Centers

The NBCHPN® will consider requests to establish an alternate test center in a location further than 50 miles from the standard test centers previously listed. Alternate test center requests must be submitted with all the applications to be received by AMP **eight (8) weeks prior** to the examination date. Please complete the Request for Alternate Test Center form included in this handbook. The fees are as follows:

Special Test Center Fee Per Center

<i>Established AMP Center*</i>	
1-14 candidates	\$500
15 or more candidates	Fee Waived
<i>Non-Established AMP Center*</i>	
1-14 candidates	\$700
15 or more candidates	Fee Waived

The \$500 or \$700 fee may be split between candidates. Candidates may represent all levels of practice. **Examination applications must be sent to AMP in one package and must include the Request for Alternate Examination Location form and a check or money order for the appropriate amount.** Every effort will be made to accommodate special requests; however, AMP cannot guarantee the availability of each requested center.

*Candidates should contact the AMP Examination Services Department at 888-519-9901 to determine if the special location they are requesting is an established AMP test center location.

Requests for Non-Saturday Examination

Examinations will be administered on a day other than Saturday for those candidates whose religious beliefs prohibit them from being examined on Saturday. Applicants wishing to test on a day other than the Saturday examination date should choose one of the designated test centers and indicate they are requesting a non-Saturday examination on the application.

Individuals requesting a non-Saturday examination on their application must complete the Request for Non-Saturday Examination form included in this handbook. The form must be signed by a religious official and sealed by a Notary Public and submitted to AMP with the application.

Requests for Special Examination Accommodations

The NBCHPN® and AMP comply with the Americans with Disabilities Act (ADA) and are interested in ensuring that individuals with disabilities are not deprived of the opportunity to take the examination solely by reason of a disability, as required and defined by the relevant provisions of the law. Special testing arrangements may be made for these individuals, provided that an appropriate request for accommodation is received by AMP by the application deadline and the request is approved. Please complete the Request for Special Examination Accommodations form included in this handbook. This form must be signed by an appropriate professional and submitted with the examination application.

Calling AMP About Your Application

Please wait at least **four weeks** following the application deadline before calling AMP about your application. If you do not receive acknowledgment correspondence from AMP within **six weeks** following the application deadline, call the AMP Candidate Support Center at 888-519-9901.



Refunds

NBCHPN® will refund 50% of the examination fee if a written request for cancellation of exam registration is received in the National Office **at least 30 calendar days prior to the examination date** for which the fee was paid. Fax transmissions are acceptable. Telephone calls and/or electronic mail messages are not acceptable.

Refund requests received after the dates outlined above will not be honored.

All requests for refunds must be directed in writing to:

NBCHPN® President
c/o Executive Director
NBCHPN®
One Penn Center West, Suite 229
Pittsburgh, PA 15276-0100
Fax: 412-787-9305

There will be no refunds for Hospice and Palliative Alternate Recertification (HPAR). HPAR candidates who are unsuccessful in completing the HPAR process may apply 50% of their paid HPAR application fee to the Fall testing date of the same year only if a written request is received in the NBCHPN® National Office by July 15 of the recertification year. Candidates who have requested a refund for cancellation are not eligible for a transfer.

Transfers

Candidates who, for any reason, are unable to sit for the examination on the date for which the fees were paid, may request a transfer. This transfer will allow the candidate to forward their application fee to the next scheduled examination date only. Please review the test center location list on page 3. Transfers granted will only apply for the next scheduled examination date. Extensions of transfers will not be permitted.

Candidates who are unable to site for the exam as scheduled must contact Applied Measurement Professionals, Inc. (AMP) in writing no later than **14 calendar days following the examination date**, and include payment of the transfer fee made payable to NBCHPN® with the written request. Telephone calls and/or electronic mail messages are not accepted.

The mandatory fees are as follows:

Advanced Practice and Registered Nurses	\$100
Licensed Practical/Vocational Nurses	\$75
Nursing Assistants	\$50

Transfer requests received after the dates outlined above will not be honored.

All requests for **transfers** should be directed in writing to:

Examination Services
Applied Measurement Professionals Inc. (AMP)
8310 Nieman Road
Lenexa, KS 66214-1579

Transfers without a fee will be granted for the following reasons **ONLY**:

- Disaster resulting in an officially declared "state of emergency."
- Death of an immediate family member (spouse, child, sibling,

parent) occurring within 14 calendar days around the examination date. A copy of the death certificate or obituary must be provided in order for the fee to be waived.

Candidates who request a transfer are not eligible for a refund.

Candidates for recertification must be mindful of their credential expiration date when requesting a transfer. When a person fails to take the examination by the date of expiration, the person may no longer use their credential and assumes the status of an initial candidate. The initial candidate fees will be charged unless a transfer has been granted.

Admission to the Test Center

Approximately 10 business days before the examination date, AMP will mail all scheduled candidates a test center admission letter indicating the exact address of the examination site. To gain admission to the test center, the admission letter and **two** forms of identification are required. One form must be a current, permanent identification card issued by a governmental agency that includes both your **signature** and **photograph**. Only a driver's license (not temporary), state or federally issued I.D., military I.D. or official passport will be accepted; **school or work identification will not be accepted**. The second form of identification must include your name and signature.

If your name is different than it appears on either form of identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order). **PROPER IDENTIFICATION IS REQUIRED TO GAIN ADMISSION TO THE TEST CENTER.** All candidates will also be required to sign the registration roster prior to admission.

Any candidate who has not received an admission letter at least one week before the examination date should contact the AMP Candidate Support Center by telephone at 888-519-9901.

Changes in test center assignments **CANNOT** be made after the application postmark deadline.

On the Examination Day

1. The examination will be held only on the day and time scheduled.
2. Report to the test center **no later than 8:30 a.m.**; seating of candidates, distribution of examination materials and instructions will begin at approximately 9:00 a.m. **ANYONE WHO ARRIVES AFTER THE EXAMINATION BEGINS WILL NOT BE ADMITTED.**
3. Pencils will be provided at the test center.
4. You will have three hours to complete the examination. Additional time will not be allowed.
5. There are no scheduled breaks during the examination and candidates must have the permission of the examination proctor to leave the testing room.
6. Candidates must bring their admission letter and appropriate identification to the examination.
7. Calculators are not permitted in the examination room or center. Examination questions are designed so that computations can be completed without a calculator within the time permitted.



8. No electronic devices are permitted in the examination room or center, including telephones, personal digital assistant (PDAs) or signaling devices such as pagers and alarms.
9. No books or other reference materials may be taken into the examination room.
10. No examination materials, documents or memoranda of any sort may be taken from the examination room.
11. No questions concerning the content of the examination may be asked during the examination period. The candidate should listen carefully to the instructions given by the proctor and should carefully read the directions in the examination booklet.
12. Answers to all questions **MUST** be recorded on the **SEPARATE ANSWER SHEET. No credit will be given for anything written in the examination booklet.**
13. The supervisor may dismiss a candidate from the examination for any of the following reasons:
 - If the candidate's admission to the examination is unauthorized;
 - If a candidate creates a disturbance, is abusive or otherwise uncooperative;
 - If a candidate gives or receives help, or is suspected of doing so;
 - If a candidate attempts to remove examination materials or notes from the examination room; and/or
 - If a candidate attempts to take the examination for someone else.

Inclement Weather

In the event of inclement weather or unforeseen emergencies on the day of an examination, the NBCHPN® and AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination at a particular test center(s). The examination will usually not be rescheduled if the proctor is able to open the test center. Candidates may contact AMP's Weather Hotline at 913-495-4418 (24 hours/day) prior to the examination to determine if AMP has been advised that any test centers are closed. Cancellation information will also be reported to area radio and television stations. Every attempt will be made to administer all examinations as scheduled; however, should an examination be canceled at a test center(s), all scheduled candidates will receive notification regarding a rescheduled examination date or reapplication instructions.

Report of Results

Candidates will be notified by AMP within five to six weeks whether they have passed or failed the examination. No results will be provided by telephone, facsimile or electronic mail. Test scores are reported as raw scores and scaled scores. A raw score is the number of correctly answered questions; a scaled score is statistically derived from the raw score. Your total score determines whether you pass or fail; it is reported as a scaled score ranging between 0 and 99.

The methodology used to set the minimum passing score for each examination is the Angoff method, applied during the performance

of a Passing Point Study by a panel of content experts. The experts evaluated each question on the respective examination to determine how many correct answers are necessary to demonstrate the knowledge and skills required for the designation. The candidate's ability to pass the examination depends on the knowledge and skill displayed during the examination, not on the performance of other candidates.

The minimum scaled score needed to pass the examinations has been set at 75 scaled score units. The reason for reporting scaled scores is that different forms (or versions) of the examinations may vary in difficulty. As new forms of the examinations are introduced each year, a certain number of questions in each content area are replaced. These changes may cause one form of the examination to be slightly easier or harder than another form. To adjust for these differences in difficulty, a procedure called "equating" is used. The goal of equating is to ensure fairness to all candidates.

In the equating process, the minimum raw score (number of correctly answered questions) required to equal the scaled passing score of 75 is statistically adjusted (or equated). For instance, if an examination is determined to be more difficult than the previous form of the examination, then the minimum raw passing score required to pass will be slightly lower than the original raw passing score. If the examination is easier than the previous form of the examination, then the minimum raw score will be higher. Equating helps to assure that the scaled passing score of 75 represents the same level of competence no matter which form of an examination the candidate takes.

In addition to the candidate's total scaled score and scaled score required to pass, raw scores (the actual number of questions answered correctly) are reported for the major categories on the content outline. The number of questions answered correctly in each major category is compared to the total number of questions possible in that category on the score report (e.g., 15/20). Content categorical information is provided to assist candidates in identifying areas of relative strength and weakness; however, passing or failing the examination is based only on the candidate's total scaled score.

Confidentiality

Individual examination scores are released **ONLY** to the individual candidate. Results will not be given over the telephone, fax or e-mail.

Recognition of Certification

Eligible candidates who pass an NBCHPN® certification examination are eligible to use the respective registered designation after their names and will receive certificates from the NBCHPN®.

- **Advanced Certified Hospice and Palliative Nurse Examination: ACHPN**
- **Certified Hospice and Palliative Nurse Examination: CHPN®**
- **Certified Hospice and Palliative LP/VN Examination: CHPLN®**
- **Certified Hospice and Palliative Nursing Assistant Examination: CHPNA™**



Each certification expires after a period of four years unless it is renewed by the individual (see “Renewal of Certification” section). A registry of certified hospice and palliative advanced practice nurses, registered nurses, licensed practical/vocational nurses and nursing assistants will be maintained by the NBCHPN® and may be used for: 1) employer, accrediting body or public verification of an individual’s credential; 2) publication; 3) special mailings or other activities approved by the NBCHPN® Board of Directors.

Misuse of Certification Credentials

Please be advised that once certified, the designated credential may only be used by the certified individual during the 4-year time period designated on the certificate. Failure to successfully recertify requires the individual nurse to **stop use of the credential immediately** after the credential has expired. Any other use, or use of the NBCHPN® Trademark without permission from the NBCHPN® Board of Directors, is fraudulent. It is the policy of the NBCHPN® to thoroughly investigate all reports of an individual or corporation fraudulently using the “ACHPN”, “CHPN®”, “CHPLN®”, or “CHPNA™” credentials or the NBCHPN® Trademark. If proof of fraudulent use is obtained, the NBCHPN® will notify the parties involved. Fraudulent use may be reported to employers, state nursing boards, and/or published for professional or consumer notification at the discretion of the NBCHPN® Board of Directors.

Grounds for Disciplinary Action

The following conditions or behaviors constitute grounds for disciplinary action by the NBCHPN®:

1. Ineligibility for certification, regardless of when the ineligibility is discovered.
2. Any violation of an NBCHPN® rule or procedure, as may be revised from time to time, and any failure to provide information required or requested by NBCHPN®, or to update (within thirty days) information previously provided to NBCHPN®, including but not limited to, any failure to report to NBCHPN® in a timely manner an action, complaint, or charge that relates to rules 6-8 of these grounds for disciplinary action.
3. Unauthorized possession of, use of, distribution of, or access to:
 - a. NBCHPN® examinations
 - b. Certificates
 - c. Logo of NBCHPN®
 - d. Abbreviations related thereto
 - e. Any other NBCHPN® documents and materials, including but not limited to, misrepresentation of self, professional practice or NBCHPN® certification status, prior to or following the grant of certification by NBCHPN®, if any.
4. Any examination irregularity, including but not limited to, copying answers, permitting another to copy answers, disrupting the conduct of an examination, falsifying information or identification, education or credentials, providing and/or receiving unauthorized advice about examination content before, during, or following the examination. [Note: the NBCHPN® may refuse to release an examination score pending resolution of an examination irregularity.]

5. Obtaining or attempting to obtain certification or renewal of certification for oneself or another by a false or misleading statement or failure to make a required statement, or fraud or deceit in any communication to NBCHPN®.
6. Gross or repeated negligence, incompetence or malpractice in professional work, including, but not limited to, habitual use of alcohol or any drug or any substance, or any physical or mental condition that currently impairs competent professional performance or poses a substantial risk to patient health and safety.
7. Limitation, sanction, revocation or suspension by a health care organization, professional organization, or other private or governmental body, relating to nursing practice, public health or safety, or nursing certification.
8. Any conviction of a felony or misdemeanor directly relating to nursing practice and/or public health and safety. An individual convicted of a felony directly related to nursing practice and/or public health and safety shall be ineligible to apply for NBCHPN® certification or renewal of certification for a period of three (3) years from the exhaustion of appeals.

Any disciplinary complaint must be written in a letter to the NBCHPN® President, c/o Executive Director, NBCHPN®, One Penn Center West, Suite 229, Pittsburgh, PA 15276 - 0100.

Revocation of Certification

Admittance to the examination will be denied or certification will be revoked for any of the following reasons:

1. Falsification of an application or documentation provided with the application.
2. Failure to pay the required fee.
3. Revocation or expiration of current nursing license.
4. Misrepresentation of certification status.

Appeals

The NBCHPN® Appeals Committee provides the appeal mechanism for challenging denial of eligibility for the examination or revocation of certification. Failure of the examination is not a circumstance for review and appeal. It is the responsibility of the individual to initiate the appeal process by written request to the Chair of the Appeals Committee, c/o Executive Director, NBCHPN®, One Penn Center West, Suite 229, Pittsburgh, PA 15276-0100 within 30 calendar days of the circumstance leading to the appeal.

Renewal of Certification

NBCHPN® certification is recognized for a period of four years, at which time the candidate must retake and pass the current NBCHPN® certification examination. *Individuals who do not renew before the expiration date of their credential will not be eligible to use the credential and they will need to pay the same initial certification fee when they retake the examination as other applicants for initial certification.*



Alternative Option for Recertification

(Only for Registered Nurses applying for renewal of the CHPN® credential.)

The alternative option for recertification is called Hospice and Palliative Alternative Recertification (HPAR). After becoming certified or recertified by taking the examination, a candidate may choose to use the alternative method for renewal of certification for the next renewal cycle. Renewal by examination will be required every other time a candidate is due for recertification. Renewal of certification by taking the examination will be an available option each time a candidate is due for recertification. The fee for renewal of certification will be the same regardless of method chosen. For more information, contact the National Office at 412-787-1057 or visit the Web site (www.nbchpn.org) for details and necessary forms.

Questions on the Examination

Candidates may not have access to the examinations or to specific questions. Candidates may comment on any examination question, the administration of the examination or the test center facilities on their answer sheet on the day of the examination. All comments will be reviewed, but responses to question comments will not be provided.

Duplicate Score Reports

Requests for duplicate score reports must be made in writing to AMP within one year of the examination date. Your request must include your name, Social Security number, mailing address, examination date, test center and signature. The fee for a duplicate score report is \$15; be sure to include a check or money order made payable to AMP for this amount with your request.

Requests for Handscoring

Candidates who do not pass the examination may request a manual verification of the computer scoring. Requests for manual rescoring must be submitted to AMP in writing with a \$15 handscoring fee (check or money order made payable to AMP) within 100 calendar days following the examination date. The request must include your name, Social Security number, mailing address, examination date, test center, signature and a copy of your score report. Upon receipt of the handscoring request and appropriate fee, the candidate's answer sheet will be inspected and handscored. This process takes approximately 30 calendar days.

Candidates close to passing are encouraged not to request verification of their scores. To ensure correct reporting of results, the testing agency selects a sampling of examinations of candidates who score near passing. These examinations are manually handscored before results are mailed as a quality control measure. Thus, it is extremely doubtful that any examination results will be changed from "fail" to "pass" if handscored.

Re-Examination

The NBCHPN® certification examinations may be taken as often as desired upon filing a new application and fee. There is no limit to the number of times the examination may be repeated.

Study Advice

Determine how you study best. Some individuals seem to learn faster by hearing the information, while others need to see it written or illustrated, and still others prefer to discuss material with colleagues. A combination of these alternatives can often produce the most effective study pattern. If you had success in lecture courses with little outside review, it may be that you need to hear information for best retention. You may wish to organize a study group or find a study partner. Once you decide on the method most effective and comfortable for you, focus on that preference and use the other techniques to complement it.

Plan your study schedule well in advance. Use learning techniques, such as reading or audio-visual aids. Be sure you find a quiet place to study where you will not be interrupted.

Test-Taking Advice

The advice offered here is presented primarily to familiarize you with the examination directions.

1. Read all instructions carefully.
2. The actual examination will be timed. Bring a silent watch to the test center and set it to correspond to the official time used by the examination proctor. Placing your watch in full view can help your concentration since a quick time check will not require major changes in body and eye focus.
3. For best results, pace yourself by periodically checking your progress. This will allow you to make any necessary adjustments. Remember, the more questions you answer, the better your chances of achieving a passing score.
4. Be sure to record an answer for each question on the answer sheet, even the ones of which you are uncertain. You can mark the questions you wish to reconsider in the examination booklet and return to them later. Avoid leaving any questions unanswered; this will maximize your chances of passing and prevent mismarking your answer sheet. It is better to guess than to leave a question unanswered.



SECTION 2: CERTIFICATION EXAMINATION FOR HOSPICE AND PALLIATIVE ADVANCED PRACTICE NURSES

Examination

The Certification Examination for Hospice and Palliative Advanced Practice Nurses consists of a 150-question multiple-choice examination. The examination presents each question with four response alternatives (A, B, C, D). One of those represents the best response. You will be permitted three hours to complete this examination. Candidates achieving a passing score on this examination will be awarded the **Advanced Certified Hospice and Palliative Nurse (ACHPN) credential**.

Note: Because of state to state variations, we advise APN potential applicants to check with your state board nursing and the Centers for Medicare and Medicaid Services (CMS) to determine requirements for licensure and billing prior to exam application.

The NBCHPN®, with the advice and assistance of AMP, prepares the examinations. Individuals with expertise in hospice and palliative nursing practice write the questions and review them for relevancy, consistency, accuracy and appropriateness.

Eligibility Requirements

To be eligible for the NBCHPN® Examination, an applicant must fulfill the following requirements by the application deadline.

1. Hold a current, unrestricted active registered nurse license in the United States, its territories or the equivalent in Canada;
2. Have graduated from a nursing program:
 - a. Offered by an accredited institution granting graduate-level academic credit for all of the course work, and
 - b. Which includes both didactic and clinical components
3. **Hold one of the following:**
 - a. Master's or higher degree in nursing from an Advanced Practice Palliative Care accredited education program providing both a didactic component and a minimum of 500 hours of supervised advanced practice specifically in palliative care, or
 - b. Post-master's certificate with a minimum of 500 hours of supervised advanced clinical practice specifically in palliative care, or
 - c. Master's, post-master's, or higher degree in nursing from an advanced practice program (APRN) as a Clinical Nurse Specialist (CNS) or Nurse Practitioner (NP) with 500 hours of post-master's advanced practice in providing palliative care (direct and/or indirect) in the year prior to applying to take the examination.
4. Is functioning or will be functioning as a Clinical Nurse Specialist (CNS) or Nurse Practitioner (NP)

An official academic record/transcript and practice verification form(s) are **required** as part of the application process. Transcripts must demonstrate the key elements of APN preparation which includes completion of the three core courses (advanced

health assessment, advanced pathophysiology, and advanced pharmacology) as well as a clinical practicum.

If you are **ineligible** to take the examination, you will receive a letter informing you of the reason(s). If your application is denied, your examination fee will be refunded minus the nonrefundable fee of 50% of the application fee.

Examination Fees

Applicants Applying for INITIAL Certification

HPNA members prior to submitting application	\$345*
Non-HPNA members	\$445

*See "HPNA Membership Benefit" on page 4.

Application fees may be paid by credit card (MasterCard, VISA or Discover), personal check, cashier's check or money order (payable to NBCHPN®) in U.S. dollars. **DO NOT SUBMIT CASH.** All fees must be submitted with the application to be **RECEIVED** by AMP by the application deadline.

Insufficient funds checks returned to NBCHPN® or declined credit card transactions will be subject to a \$15 penalty. Repayment of an insufficient funds check or declined credit card must be made with a cashier's or certified check or money order.

Examination Content

To begin your preparation in an informed and organized manner, you should know what to expect from the actual examination in terms of the content. The content outline will give you a general impression of the examination and, with closer inspection, can give you specific study direction by revealing the relative importance given to each category on the examination.

The content of the examination is directly linked to a job analysis that identified the activities performed by hospice and palliative advanced practice nurses. Only those activities that were judged by hospice and palliative advanced practice nurses to be important to practice for a nurse engaged in advanced practice palliative care are included on the examination content outline. Each question on the examination is linked to the examination content outline, and is also categorized according to the level of complexity, or the cognitive level that a candidate would likely use to respond.

1. **Recall:** The ability to recall or recognize specific information is required. Approximately 30 percent of the examination requires recall on the part of the candidate.
2. **Application:** The ability to comprehend, relate or apply knowledge to new or changing situations is required. Approximately 50 percent of the examination requires the candidate to apply knowledge.



3. **Analysis:** The ability to analyze and synthesize information, determine solutions and/or to evaluate the usefulness of a solution is required. Approximately 20 percent of the examination requires analysis on the part of the candidate.

The NBCHPN® Advanced Practice Certification Examination requires the ability to apply the nursing process (i.e., assess, plan, intervene and evaluate) in helping patients and their families (defined as including all persons identified by the patient) toward the goal of maintaining optimal functioning and quality of life within the limits of the disease process, while considering factors

such as fear, communication barriers, economic issues and cultural issues. The examination includes 150 questions distributed across nine domains of practice as shown in the detailed content outline that follows.

Drug Names

Generic drug names are used throughout the examination except in individual situations as determined by the examination development committee.



Detailed Content Outline

1. Clinical Judgment (81 items)

A. Assessment

1. Prioritize data collection based on the patient's/family's immediate condition or needs
2. Collect data in collaboration with the patient/family from health care providers, and other sources
3. Use various assessment techniques and standardized instruments, as appropriate in data collection
4. Obtain a history of chief complaint, present illnesses, medical/surgical history, family history, social history, allergies and drug interactions, pharmacologic and non-pharmacologic therapies, and non-traditional therapies (e.g., complementary, alternative)
5. Conduct a comprehensive, problem focused review of systems
6. Perform a comprehensive and/or focused physical examination, including a mental status evaluation
7. Determine patient/family functional status
8. Identify past and present goals of care as stated by patient, surrogate, or health care proxy, or documented through advance care planning
9. Identify health beliefs, values, and practices
10. Assess nutritional issues of patient within the context of advanced illness
11. Assess patient/family knowledge of and response to advanced illness
12. Assess emotional status of patients and families
13. Identify patient/family past/present coping patterns
14. Assess patient/family support systems
15. Assess environmental factors
16. Analyze risks/benefits/burdens related to treatment within the context of goals and care
17. Determine patient/family financial resources/needs
18. Determine patient/family expectations
19. Determine prognosis

B. Order and Interpret Common Diagnostic Tests and Procedures

1. Perform screening tests that are based on goals of care and risk/benefit/burden ratio
2. Obtain laboratory tests and diagnostic studies or procedure results

3. Interpret common diagnostic tests and procedures
4. Apply test findings in developing the plan of care

C. Differential Diagnoses – *Formulate and prioritize differential diagnoses based on analyses of multidimensional assessment data, actual or potential responses to alterations in health, or problems that may be resolved, diminished or prevented in relation to the following disease patterns and progression:*

1. Altered Immune Diseases (e.g., AIDS)
2. Neoplastic conditions
3. Neurological conditions (e.g., ALS, CVA)
4. Dementia
5. Cardiac conditions (e.g., CHF)
6. Pulmonary conditions (e.g., COPD)
7. Renal conditions
8. Hepatic conditions (e.g., hepatic failure, cirrhosis)
9. Gastrointestinal conditions (e.g., Crohn's disease)
10. Endocrine conditions
11. Hematologic conditions (e.g., neutropenia, disseminated intravascular coagulopathy)
12. Symptoms related to pain (e.g., nociceptive, neuropathic, acute, chronic, breakthrough)

Formulate and prioritize differential diagnoses based on analyses of multidimensional assessment data, actual or potential responses to alterations in health, or problems that may be resolved, diminished or prevented in relation to the following hospice and palliative care emergencies:

13. Spinal cord compression
14. Hemorrhage
15. Seizures

Formulate and prioritize differential diagnoses based on analyses of multidimensional assessment data, actual or potential responses to alterations in health, or problems that may be resolved, diminished or prevented in relation to the following non-pain symptoms:

16. Cardiac (e.g., angina, edema, dysrhythmias)
17. Respiratory (e.g., dyspnea, cough, secretions, sleep apnea)
18. Gastrointestinal (e.g., constipation, diarrhea, ascites, hiccups, bowel obstruction, nausea, taste changes)

19. Genitourinary (e.g., bladder spasm, urinary retention, incontinence)
20. Musculoskeletal (e.g., pathological fractures, spasms)
21. Skin and mucus membranes (e.g., pruritis, mucositis, stomas, fistulas, fungating wounds, pressure ulcers, edema)
22. Neurological (e.g., seizure, myoclonus, encephalopathy, impaired communication, dysphagia)
23. Psychiatric/psychological (e.g., anxiety, depression, delirium, fear, suicidal ideation, agitation/restlessness)
24. Spiritual/existential (e.g., distress, hopelessness, death anxiety, grief, suffering)
25. Nutrition and metabolic (e.g., anorexia/cachexia, dehydration, electrolyte imbalance)
26. Fatigue/asthenia
27. Insomnia
28. Lymphedema
29. Complications of therapy (e.g., drug reactions, radiation, chemotherapy, surgery)

D. Planning

1. Communicate diagnoses with patient/family, team members, or other consultants
2. Discuss progression of the disease and communicate expected prognosis
3. Identify expected outcomes that are realistic in relation to patient/family goals of care, life expectancy, and the improvement of quality of life
4. Identify expected outcomes and resources that promote continuity of care across all care settings
5. Identify a time-estimate for the attainment of expected outcomes
6. Participate in the development of the interdisciplinary plan of care to achieve expected patient/family outcomes

E. Interventions

1. Select interventions based on values, preferences, available resources and goals of the patient/family
2. Collaborate with other members of the interdisciplinary team to implement interventions
3. Determine interventions within the framework of evidence-based practice



4. Modify interventions based on continued assessment of patient/family response
 5. Document diagnoses, plans and interventions using a format that is accessible to the interdisciplinary health care team
 6. Maximize functional status to promote activities of daily living for patients and families
 7. Facilitate self-care, health promotion and maintenance through health teaching within the context of the patient's illness trajectory
 8. Recommend strategies to address emotional and spiritual health
 9. Provide counseling and psychological support
 10. Coordinate care through case management or other mechanisms
 11. Negotiate health-related services and additional specialized care with patient/family, and appropriate systems, agencies, and providers
 12. Provide interventions either directly or indirectly to minimize care giver burden (i.e., families and professionals)
 13. Pharmacologic therapies
 14. Non-pharmacologic therapies
 15. Interventional analgesic techniques (e.g., epidural, intrathecal, nerve block)
 16. Sedation at the end of life
 17. Discontinuation of life support devices/treatments (e.g., ventilator, dialysis, ICD, vasopressors, LVAD)
 18. Discontinuation of medically administered nutrition and hydration
- F. Evaluation and Revision of the Care Plan**
1. Evaluate and modify the plan of care based on changing patient status, patient outcomes, family issues, and expected outcomes
 2. Use standardized measures (e.g., pain scales, quality of life instruments, functional assessment scales) to evaluate expected outcomes
 3. Assist patient/family in evaluating appropriate and available resources
- G. Special Populations**
1. Perform additional assessments based on patient/family unique needs (e.g., substance abuse, homelessness, cognitive impairment, elderly)
 2. Consider the unique needs of special populations in developing the plan of care
3. Identify the care of special populations that is beyond the scope of practice, the level of experience/expertise, and refer and consult appropriately
 4. Select teaching methods tailored to the needs of the patient/family within special populations
 5. Evaluate available and appropriate resources for special populations
- 2. Advocacy and Ethics & Systems Thinking (19 items)**
- A. Ethical Principles - Promote ethical principles**
1. Autonomy
 2. Beneficence
 3. Veracity
 4. Nonmaleficence
 5. Confidentiality
- B. Ethical Issues / Conflicts Related to Progressive Illness, Dying and Death**
1. Informed consent
 2. Truth telling
 3. Withholding or withdrawing treatment
 4. Suicide, assisted suicide, or euthanasia
 5. Sedation
 6. Decision making (e.g., capacity, surrogate, advance directives)
 7. Non-beneficial treatments
- C. Advance Care Planning**
1. Facilitate advance care planning
 2. Address issues related to patient/family care goals and treatment preferences
- D. Vulnerability of the Population**
1. Address issues related to patient/family vulnerability
- E. Resource Access and Utilization**
1. Advocate for access to palliative, hospice, or other appropriate care and/or treatments
 2. Refer patient/family for assistance with financial matters and other resources
 3. Address issues related to organ and tissue donation
- F. Settings for Care**
1. Identify resources and potential barriers across health care settings
 2. Implement strategies to initiate, develop, and foster hospice and palliative care services
 3. Use appropriate business strategies to provide effective hospice and palliative care
 4. Identify resources that lessen the burden of care for the public, communities, and health care systems
- G. Quality Improvement**
1. Participate in continuous quality improvement
 2. Consistently provide cost-effective, quality care
- H. Financing**
1. Maintain current knowledge of trends in health care delivery and reimbursement as it impacts hospice and palliative care.
 2. Identify lapses in health care coverage related to hospice and palliative care
- 3. Professionalism and Research (15 items)**
- A. Palliative and Hospice Care (History, Philosophy, Precepts)**
1. Incorporate the precepts of hospice and palliative care into practice
 2. Define palliative care and differentiate palliative care from hospice care
- B. Standards and Guidelines Relevant to Hospice and Palliative Care**
1. Incorporate standards into practice (e.g., NHPCO, Scope and Standards of Hospice and Palliative Nursing Practice, ANA standards)
 2. Incorporate guidelines into practice (e.g., American Pain Society, National Consensus Project)
- C. Roles of Advanced Practice Nurse – Incorporate the following role of advanced practice nursing into own practice:**
1. Practice
 2. Education
 3. Consultation
 4. Research
 5. Leadership
- D. Evidence-Based Practice**
1. Use evidence-based practice and research-based guidelines
 2. Formulate standards of care
- E. Self-Care and Collegial Support**
1. Participate in evaluation of others
 2. Create a climate of trust and partnership with patient/family and interdisciplinary team members
 3. Incorporate strategies for self-care and stress management into daily practice
- F. Public Policy Involvement**
1. Evaluate implications of public policy (e.g., governmental health policies and insurance benefits) as it relates to hospice and palliative care
- G. Professional Boundaries**
1. Develop a relationship with the patient and family, which includes the recognition and maintenance of



- professional boundaries
- H. Leadership and Self-Development
 1. Develop educational and research initiatives to advance hospice and palliative care
 2. Participate in educational and research initiatives to advance hospice and palliative care
 3. Actively participate in professional nursing organizational activities
 4. Share knowledge through publications, presentations, precepting, and mentoring
 5. Create own professional development plan
- I. Process
 1. Evaluate hospice and palliative care research
 2. Use research to identify, examine, validate, and evaluate current practice
 3. Identify areas that warrant further inquiry and research
 4. Participate in hospice and palliative care research
- J. Human Subject Considerations
 1. Incorporate ethical principles, advanced practice professional standards, and codes of ethics in hospice and palliative care research
 2. Advocate for and protect patient/family rights
 3. Identify the role of the Institutional Review Board (IRB)
- 4. Collaboration, Facilitation of Learning, and Communication (25 items)**
 - A. Care Team Models
 1. Distinguish among varying models of care (e.g., interdisciplinary, multi-disciplinary, transdisciplinary)
 2. Facilitate team building
 3. Lead a team
 4. Identify sources for referral
 5. Facilitate collaborative relationships
 6. Develop collaborative agreements and practice protocols
 - B. Scope of Advanced Practice Nursing
 1. Define scope of practice
 2. Identify limits to scope of practice
 3. Resolve issues related to scope of practice
 - C. Principles of Adult Learning and Teaching Methodologies
 1. Apply adult learning principles when providing hospice and palliative care education
 - D. Patient / Family Education
 1. Establish a therapeutic environment for effective learning
 2. Develop, implement, and evaluate formal and informal education
 - E. Community and Health Professional Education
 1. Educate local, state, and national organizations and institutions about hospice and palliative care
 2. Provide hospice and palliative care education to health care providers and students
 - F. Theory and Principles
 1. Demonstrate knowledge of communication theory and principles within the context of hospice and palliative care
 2. Create an environment for effective communication
 3. Use appropriate principles and techniques to break bad news
 4. Develop strategies to overcome communication barriers
 - G. Processes Related to Therapeutic Communication
 1. Elicit questions, concerns, or suggestions from patients/family, and health care team members
 2. Initiate and facilitate patient/family conferences
 3. Assist in having appropriate team members available for input/consultation
 4. Communicate information across disciplines and/or settings of care
 5. Facilitate conflict resolution for the patient/family and/or health team members
 6. Identify barriers (real or potential) to communication
 7. Demonstrate therapeutic presence and communication
 8. Facilitate discussions related to resuscitation status
- 5. Cultural and Spiritual Competence (10 items)**
 - A. Influence of Personal Values and Biases on Practice
 1. Assess and set aside values, biases, ideas, and attitudes that are judgmental and may affect care
 2. Respect diversity
 3. Analyze own communication (verbal and nonverbal) and possible interpretations
 - B. Responses to Illness within Cultural, Spiritual, Racial, Ethnic, Age and Gender Groups
 1. Demonstrate sensitivity to beliefs and practices of others
 2. Distinguish between culture, ethnicity, and race
 3. Comprehend the basic tenets of major religions in relation to death and dying
 4. Recognize the characteristics of different cultural groups
 5. Distinguish between spirituality and religion
 - C. Responses to Loss, Grief, Bereavement
 1. Define loss, grief, bereavement and mourning
 2. Identify characteristics and recognize behaviors or symptoms of grief
 3. Identify individuals at risk for complicated grief
 4. Identify tasks of grief and bereavement
 5. Identify benefits of funeral rituals
 6. Identify factors that influence the bereavement process
 - D. Communication
 1. Evaluate family interaction and communication within a cultural context
 2. Respect cultural differences when discussing hospice and palliative care
 3. Establish a therapeutic presence with dying patients and their families
 4. Initiate and facilitate dignity therapy
 - E. Assessment
 1. Perform a spiritual assessment
 2. Consider culture and/or ethnicity in assessment
 3. Evaluate need for spiritual/pastoral care
 - F. Interventions
 1. Assist patient/family in their search for meaning and hope
 2. Implement a culturally and spiritually respectful plan of care
 3. Serve as a role model in providing culturally and spiritually respectful care
 4. Use culturally appropriate verbal and non-verbal communication



Sample Questions

1. A patient has lung cancer with multiple sites of bone metastases. He has decided not to have any more treatment. He is not yet eligible for hospice but is seen by the palliative medicine service. He presents to the clinic today reporting that he has been hearing voices in the last twenty-four hours. An irregular heart rate is noticed during the physical exam that was not present at his clinic visit two weeks ago. Which lab test does the advanced practice nurse order?
 - A. albumin level
 - B. calcium level
 - C. phosphorus
 - D. platelet count
2. A patient's son tells the advanced practice nurse that he does not wish his mother to die in his home because of his 11-year-old daughter, who is very attached to her grandmother. The son tells the nurse that if his mother must come to his home he will have to send his young daughter to live with relatives so she won't be traumatized by the death. What is the nurse's best initial response to the son?
 - A. Explore what the granddaughter knows about the patient's condition and their fears about home death.
 - B. Encourage the son to get grief counseling for his daughter.
 - C. Counsel the son about children and grief behaviors.
 - D. Talk with the patient about where she would like to go and follow her wishes.
3. A patient with a history of small cell lung cancer reports inability to move his right arm without experiencing deep, aching, shooting pain. The patient could not tolerate a physical examination of his neck, right supraclavicular area, right shoulder, or right axilla. His right hand showed muscle atrophy typical of the C7-T1 distribution. The diagnosis is
 - A. vertebral lesions.
 - B. radiation fibrosis.
 - C. post-thoracotomy pain syndrome.
 - D. brachial plexus infiltration of tumor.
4. A Mexican American patient has a prognosis of less than 6 months to live. The staff nurse seeks help from the advanced practice nurse because the family is refusing to allow the staff to tell the patient his prognosis. The advanced practice nurse's most appropriate action is to
 - A. conduct a patient and family conference to explore the patient's preferences.
 - B. consult a social worker to help the family come to terms with sharing the news with the patient.
 - C. encourage the nursing staff to honor the family's wishes not to tell the patient his prognosis.
 - D. recognize the ethical principle of autonomy and tell the patient his prognosis.
5. What symptom complex needs to be present for a patient with Alzheimer's disease to be considered to have a life expectancy of less than 6 months?
 - A. new onset of fever
 - B. needs help with dressing
 - C. disoriented to time, place and person
 - D. bedbound and incontinent
6. A palliative care study involving the subjective nature of terminal illness and existential experiences of dying is best conducted using which research methodology?
 - A. benchmarking
 - B. longitudinal
 - C. qualitative
 - D. quantitative
7. A patient with Acquired Immune Deficiency Syndrome (AIDS) is requesting hospice care. Which diagnostic test result supports the appropriateness of hospice care?
 - A. CD4 count below 25 cells/mcL during a period free of acute illness
 - B. Human Immunodeficiency Virus (HIV) viral load of <10,000 copies/ml
 - C. persistent serum albumin <5.0 gm/dL
 - D. serum creatinine level of 1.5 mg/dL
8. The most frequent source(s) of situational anxiety in a patient with life threatening illness is
 - A. concerns about pain, isolation, shortness of breath or dependence.
 - B. imminent death.
 - C. phobias or panic disorders.
 - D. thoughts of the future or a wasted past.
9. A patient whose pain is well controlled with sustained release oxycodone 20 mg by mouth every 12 hours presents with new onset confusion. The advanced practice nurse recognizes that
 - A. an intraspinal infusion of opioids is warranted.
 - B. confusion attributable to opioids alone is uncommon.
 - C. the opioid dosage should be lowered.
 - D. opioid rotation is recommended.
10. A 65-year-old patient with endstage gastric cancer repeatedly verbalizes her desire to stop her tube feedings. Her physician's refusal to comply with her decision is
 - A. a violation of the patient's autonomy.
 - B. an example of beneficence.
 - C. mandated by the law.
 - D. surrogate decision-making.



ANSWER KEY			
Question	Answer	Content Area	Cognitive Level
1.	B	1B2	AN
2.	A	4G1	AN
3.	D	1C12	AP
4.	A	5D2	AP
5.	D	1C4	RE
6.	C	3I2	RE
7.	A	1B3	AP
8.	A	1C23	RE
9.	B	1E13	AP
10.	A	2A1	AP

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Gerontologist
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Journal of Hospice and Palliative Nursing
Journal of Pain and Symptom Management
Journal of Palliative Medicine
Journal of Supportive Oncology
Journal of the American Geriatrics Society
Oncology Nursing Forum



SECTION 3: CERTIFICATION EXAMINATION FOR HOSPICE AND PALLIATIVE NURSES

Accreditation of the Certification Examination

In February 2002, the Accreditation Council of the American Board of Nursing Specialties certified that NBCHPN® has fulfilled the accreditation requirements for the Certification Examination for Hospice and Palliative Nurses until the year 2006. Reaccreditation application is currently under review.

Examination

The Certification Examination for Hospice and Palliative Nurses consists of a 150-question multiple-choice examination. The examination presents each question with four response alternatives (A, B, C, D). One of those represents the best response. You will be permitted three hours to complete this examination. Candidates achieving a passing score on this examination will be awarded the **Certified Hospice and Palliative Nurse (CHPN)® credential**.

The NBCHPN®, with the advice and assistance of AMP, prepares the examinations. Individuals with expertise in hospice and palliative nursing practice write the questions and review them for relevancy, consistency, accuracy and appropriateness.

Eligibility Requirements

To be eligible for the NBCHPN® Examination, an applicant must fulfill the following requirement by the application deadline.

Hold a current, unrestricted registered nurse license in the United States, its territories or the equivalent in Canada.

The NBCHPN® recommends that candidates should have at least two years of experience in hospice and palliative nursing practice to consider themselves eligible for certification as a CHPN®. Examination content is based on the competencies normally achieved through two years of practice in end-of-life care. Individuals who have less experience than that may have difficulty demonstrating a level of knowledge sufficient to pass the examination. Therefore, individuals with less than two years of experience in hospice and palliative nursing are encouraged to obtain that experience before applying for the examination. The NBCHPN® recognizes that individuals learn at different rates and through different mechanisms, and therefore, will admit any licensed registered nurse who considers herself/himself to be prepared to take the examination.

Examination Fees

Applicants Applying for INITIAL Certification

HPNA members prior to submitting application	\$295*
Non-HPNA members	\$395

Applicants Applying for RENEWAL of Certification

HPNA members prior to submitting application	\$260*
Non-HPNA members	\$360

*See "HPNA Membership Benefit" on page 4.

Application fees may be paid by credit card (MasterCard, VISA or Discover), personal check, cashier's check or money order (payable to NBCHPN®) in U.S. dollars. DO NOT SUBMIT CASH. All fees must be submitted with the application to be **RECEIVED** by AMP by the application deadline.

Insufficient funds checks returned to NBCHPN® or declined credit card transactions will be subject to a \$15 penalty. Repayment of an insufficient funds check or declined credit card must be made with a cashier's or certified check or money order.

Examination Content

To begin your preparation in an informed and organized manner, you should know what to expect from the actual examination in terms of the content. The content outline will give you a general impression of the examination and, with closer inspection, can give you specific study direction by revealing the relative importance given to each category on the examination.

The content of the examination is directly linked to a job analysis that identified the activities performed by hospice and palliative nurses. Only those activities that were judged by hospice and palliative nurses to be important to practice for a nurse with two years of practice in end-of-life care are included on the examination content outline. Each question on the examination is linked to the examination content outline, and is also categorized according to the level of complexity, or the cognitive level that a candidate would likely use to respond.

1. **Recall:** The ability to recall or recognize specific information is required. Approximately 30 percent of the examination requires recall on the part of the candidate.
2. **Application:** The ability to comprehend, relate or apply knowledge to new or changing situations is required. Approximately 50 percent of the examination requires the candidate to apply knowledge.
3. **Analysis:** The ability to analyze and synthesize information, determine solutions and/or to evaluate the usefulness of a solution is required. Approximately 20 percent of the examination requires analysis on the part of the candidate.

The NBCHPN® certification examination requires the ability to apply the nursing process (i.e., assess, plan, intervene and evaluate) in helping patients and their families (defined as including all persons identified by the patient) toward the goal of maintaining optimal functioning and quality of life within the limits of the disease process, while considering factors such as fear, communication barriers, economic issues and cultural issues. The examination includes 150 questions distributed across seven domains of practice as shown in the detailed content outline that follows.

Drug Names

Generic drug names are used throughout the examination except in individual situations as determined by the examination development committee.



Detailed Content Outline

1. Patient Care: End-stage Disease Process in Adult Patients (15 questions)

- A. Identify and respond to indicators of imminent death
- B. Identify specific patterns of disease progression, complications, and treatment for:
 - 1. Altered immune disease (e.g., AIDS)
 - 2. Neoplastic and paraneoplastic conditions (e.g., cancer and associated complications)
 - 3. Neurological conditions
 - 4. Cardiac conditions
 - 5. Pulmonary conditions
 - 6. Renal conditions
 - 7. Gastrointestinal and hepatic conditions
 - 8. General debility
 - 9. Dementia
 - 10. Endocrine disorders

2. Patient Care: Pain Management (38 questions)

- A. Assessment
 - 1. Perform comprehensive assessment of pain
 - 2. Identify etiology of pain
 - 3. Identify types of pain or pain syndromes
 - 4. Identify factors that may influence the patient's experience of pain
 - a. Fear
 - b. Depression
 - c. Despair
 - d. Cultural issues
 - e. Spiritual issues
- B. Pharmacologic Interventions
 - 1. Recommend medications appropriate to severity and specific type of pain
 - a. Routes
 - b. Scheduling
 - c. Titration
 - d. Breakthrough doses
 - 2. Administer analgesic medications
 - 3. Identify dosage equivalents when changing analgesics or route of administration
 - 4. Administer adjuvant medications (e.g., NSAIDs, corticosteroids, anticonvulsants)
 - 5. Respond to medication side effects, interactions, or complications
 - 6. Identify and facilitate assessment of the need for palliative antineoplastic therapy
 - 7. Perform or manage palliative sedation (i.e., total sedation)

C. Nonpharmacologic Interventions

- 1. Respond to psychosocial and spiritual issues related to pain
- 2. Identify and facilitate assessment of the need for palliative radiation
- 3. Recommend and implement nonpharmacologic interventions

D. Evaluation

- 1. Assess for medication side effects, interactions, or complications
- 2. Assess for side effects of radiation therapy
- 3. Assess for side effects of antineoplastic therapy
- 4. Evaluate efficacy of pain relief interventions

3. Patient Care: Symptom Management (37 questions)

A. Neurological

- 1. Aphasia
- 2. Dysphagia (difficulty swallowing)
- 3. Lethargy or sedation
- 4. Myoclonus (spasms of a muscle or group of muscles)
- 5. Paresthesia or neuropathies
- 6. Seizures
- 7. Extrapyrmidal symptoms
- 8. Changes in intracranial pressure

B. Cardiovascular

- 1. Hematologic problems
- 2. Edema
- 3. Hypothermia
- 4. Syncope
- 5. Angina

C. Respiratory

- 1. Congestion (lung or terminal excess respiratory secretions)
- 2. Cough
- 3. Dyspnea or terminal breathlessness

D. Gastrointestinal

- 1. Constipation
- 2. Diarrhea
- 3. Bowel incontinence
- 4. Ascites
- 5. Hiccoughs
- 6. Nausea or vomiting
- 7. Bowel obstruction

E. Genitourinary

- 1. Bladder spasms
- 2. Urinary incontinence
- 3. Urinary retention

F. Musculoskeletal

- 1. Impaired mobility or complications of immobility
- 2. Pathological fractures
- 3. Weakness or activity intolerance

G. Skin and Mucous Membrane

- 1. Dry mouth
- 2. Oral lesions
- 3. Pruritis
- 4. Wounds, including pressure ulcers

H. Psychosocial, Emotional, and Spiritual

- 1. Anger or hostility
- 2. Anxiety
- 3. Denial
- 4. Depression
- 5. Fear
- 6. Grief
- 7. Guilt
- 8. Impaired communication
- 9. Loss of hope or meaning
- 10. Near death awareness
- 11. Sleep disturbances
- 12. Spiritual distress or unresolved spiritual issues
- 13. Suicidal or homicidal ideation
- 14. Unresolved interpersonal matters
- 15. Sexual/intimacy issues

I. Nutritional and Metabolic

- 1. Anorexia
- 2. Cachexia or wasting
- 3. Dehydration
- 4. Electrolyte imbalance (e.g., hypercalcemia, hyperkalemia)
- 5. Fatigue

J. Immune System

- 1. Infection or fever
- 2. Myelosuppression (i.e., anemia, neutropenia, thrombocytopenia)

K. Mental Status Changes

- 1. Agitation or terminal restlessness
- 2. Confusion
- 3. Delirium
- 4. Dementia
- 5. Hallucinations

L. Lymphedema

4. Care of Patient and Family (15 questions)

A. Resource Management

- 1. Explain Medicare and Medicaid hospice benefits
- 2. Explain care options possible under private insurance benefit plans
- 3. Inform patient/family how to access 24-hours a day: services, medications, equipment, supplies
- 4. Modify the plan of care to accommodate socioeconomic factors
- 5. Assess and respond to environmental and safety risks
- 6. Advise on adaptation of the patient's home environment for safety



7. Monitor disposal of supplies/equipment (e.g., syringes, needles)
8. Monitor Schedule II drugs (e.g., use, abuse, destroy at time of death)
- B. Psychosocial, Spiritual, and Cultural
 1. Assess and respond to spiritual needs
 2. Assess and respond to psychological and emotional status
 3. Assess and respond to family systems and dynamics
 4. Modify the plan of care to accommodate cultural values and behaviors
- C. Grief and Loss
 1. Encourage life review
 2. Counsel or provide emotional support regarding grief and loss for adults
 3. Counsel or provide emotional support regarding grief and loss for children
 4. Provide information regarding funeral practices/preparation
 5. Provide death vigil support
 6. Visit at time of death to facilitate pronouncement, notification and transportation
 7. Facilitate transition into bereavement services
 8. Participate in formal closure activity (e.g., visit, call, card)
5. **Education and Advocacy (15 questions)**
 - A. Caregiver Support
 1. Teach primary caregivers specific techniques for patient care (e.g., colostomy)
 2. Monitor primary caregiver's ability to provide care
 3. Monitor care for neglect and abuse
 4. Access appropriate resources to meet the needs of patient and family
 5. Promote family self-care activities
 - B. Education
 1. Identify and respond to barriers to ability to learn
 2. Teach about the signs and symptoms of imminent death
 3. Teach about the end-stage disease process
 4. Teach about pain and symptom relief
5. Teach alternative methods of pain and symptom relief (e.g., self-hypnosis, distraction, humor, massage, aroma)
6. Describe and offer treatment options
- C. Advocacy
 1. Monitor needs for levels of care or increased services
 2. Facilitate effective communication between patient, family, and care providers
 3. Identify barriers to communication
 4. Encourage patient and family in decision making regarding treatment options (e.g., empower patient and family)
 5. Make referrals for interdisciplinary team (IDT) consults
 6. Participate in advance care planning (e.g., advance directives, life support, DNR status)
 7. Assist the patient to maintain optimal function and quality of life within the limits of the disease process
 8. Facilitate self-determined life closure
6. **Interdisciplinary/Collaborative Practice (15 questions)**
 - A. Coordinate and Supervise
 1. Coordinate patient care with other health care providers
 2. Supervise unlicensed personnel (e.g., home health aide, CNA)
 3. Arrange for medical equipment, supplies, or medications
 4. Facilitate and coordinate transfer to a different level of care within the Medicare or Medicaid (State) hospice benefit
 5. Facilitate and coordinate transfer to a different care setting
 6. Coordinate and monitor volunteer activities
 - B. Collaborate
 1. Collaborate with patient's attending physician
 2. Utilize techniques of effective group process
 3. Evaluate progression of disease process to verify appropriateness for hospice or palliative care
 4. Encourage family role in IDT decisions
 5. Participate in development of an individualized, interdisciplinary plan of care for patient/family
7. **Professional Issues (15 questions)**
 - A. Practice Issues
 1. Identify and incorporate standards into practice (e.g., HPNA Standards of Nursing, NHPCO standards, ANA standards)
 2. Identify and incorporate guidelines into practice (e.g., AHCPR guidelines, WHO ladder, NHPCO guidelines)
 3. Identify and incorporate legal regulations into practice (e.g., OSHA, CMS conditions of participation)
 4. Educate the public on end-of-life issues and palliative care
 5. Participate in evaluating educational materials for patients and family
 6. Access educational resources from multimedia sources (e.g., Internet)
 7. Demonstrate awareness of techniques of conflict resolution
 8. Utilize research to influence or develop procedures or protocols
 9. Educate health care providers regarding hospice benefits under Medicare/Medicaid
 10. Participate in quality assurance process
 - B. Professional Development
 1. Contribute to professional development of peers, colleagues, and others as preceptor, educator, or mentor
 2. Serve as clinical preceptor for student nurses
 3. Identify strategies to resolve ethical concerns related to the end of life
 4. Participate in peer review
 5. Maintain professional boundaries between patient/family and staff
 6. Participate in self-care (e.g., stress management)
 7. Participate in research activities (e.g., data collection)
 8. Read medical or nursing journals to remain current in treatment options
 9. Participate in professional nursing organization activities
 10. Maintain personal continuing education plan to update knowledge



Sample Questions

- In which of the following types of family systems would the most difficult adjustments to the death of a family member be expected?
 - open
 - enmeshed
 - disengaged
 - differentiated
- A pain assessment scale is used to
 - measure pain intensity.
 - evaluate character of pain.
 - graph compliance with medication regimen.
 - measure cultural differences in perceiving pain.
- If the husband of a patient is concerned that his wife will become addicted because she requires an increased dosage of morphine, the hospice nurse should explain that
 - the increased morphine indicates death is approaching.
 - the doctor should be contacted to discuss a medication change.
 - addiction is unavoidable, but not harmful for the terminal patient.
 - increased dosage is related to tolerance or disease progression not addiction.
- The grief process can best be described as
 - an abnormal condition requiring extensive counseling.
 - a time-limiting process occurring through specific stages.
 - an internal process unique to each person with variable time frames.
 - a universal experience involving shock, confusion, and reinvesting in life.
- An 82-year-old patient with end-stage chronic obstructive pulmonary disease (COPD) has decided against aggressive treatment for any exacerbation. The patient requests that she take fewer pills and asks the nurse to review her medication profile. The nurse's recommendation should be which of the following?
 - "You can stop taking your diuretic now that you are bed bound."
 - "You should increase your vitamins with minerals to keep your strength up."
 - "You should continue your steroids and theophylline as long as you can swallow."
 - "You can discontinue all your medications because they are no longer necessary."
- The home health aide is responsible for all of the following **EXCEPT**
 - light housekeeping.
 - personal care of the patient.
 - arranging ambulance transfer.
 - participation in the plan of care.
- In a terminally ill patient, dysphagia is most likely to indicate
 - starvation.
 - impending death.
 - poor pain control.
 - temporomandibular joint dysfunction.
- For a hospice patient, palliative radiation therapy is most likely to be used to treat
 - hypercalcemia.
 - bowel obstruction.
 - spinal cord compression.
 - malignant cardiac tamponade.
- If a patient with a history of breast cancer experiences pain between the shoulder blades, it is most likely to indicate metastases to the
 - bone.
 - liver.
 - brain.
 - pancreas.
- A patient has been taking sustained-release morphine 30 mg every 12 hours for the past 3 weeks with partial relief from pleuritic pain. The physician discontinued the morphine and starts her on a nonsteroidal anti-inflammatory. Twenty-four hours later the patient has stomach cramps, diaphoresis, and nausea. Which of the following is the most likely explanation?
 - flu symptoms
 - bowel obstruction
 - morphine withdrawal
 - adverse reaction to the nonsteroidal anti-inflammatory

ANSWER KEY

Question	Answer	Content Area	Cognitive Level
1.	B	4B2	RE
2.	A	2A1	RE
3.	D	5B4	AP
4.	C	4C2	RE
5.	C	1B5	AN
6.	C	6A1	AP
7.	B	1A	RE
8.	C	1B2	RE
9.	A	1B2	AP
10.	C	2B5	AP



Suggested References

The NBCHPN® has prepared a list of references that may be helpful in preparing for the Certification Examination for Hospice and Palliative Nurses. This reference list contains journals and textbooks that include information of significance to hospice and palliative nursing practice. Inclusion of certain journals and textbooks on this list does not constitute an endorsement by the NBCHPN® of specific professional literature which, if used, will guarantee candidates successful passing of the certification examination.

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Cancer Nursing

Clinical Journal of Oncology Nursing

International Journal of Palliative Nursing

Journal of Hospice and Palliative Nursing

Journal of Pain and Symptom and Management

Oncology Nursing Forum



SECTION 4: CERTIFICATION EXAMINATION FOR HOSPICE AND PALLIATIVE LICENSED PRACTICAL/VOCATIONAL NURSES

Examination

The Certification Examination for Hospice and Palliative LP/VNs consists of a 150-question multiple-choice examination. The examination presents each question with four response alternatives (A, B, C, D). One of those represents the best response. You will be permitted three hours to complete this examination. Candidates achieving a passing score on this examination will be awarded the **Certified Hospice and Palliative LP/VN (CHPLN®) credential**.

The NBCHPN®, with the advice and assistance of AMP, prepares the examinations. Individuals with expertise in hospice and palliative LP/VN practice write the questions and review them for relevancy, consistency, accuracy and appropriateness.

Eligibility Requirements

To be eligible for the NBCHPN® LP/VN Examination, an applicant must fulfill the following requirement and all materials be received by AMP by the application deadline.

Hold a current, unrestricted practical/vocational nurse license in the United States or its territories.

The NBCHPN® recommends that candidates should have at least two years of experience in hospice and palliative LP/VN practice to consider themselves eligible for certification as a CHPLN®. Examination content is based on the competencies normally achieved through two years of practice in end-of-life care. Individuals who have less experience than that may have difficulty in demonstrating a level of knowledge sufficient to pass the examination. Therefore, individuals with less than two years of experience as a hospice and palliative LP/VN are encouraged to obtain that experience before applying for the examination. The NBCHPN® recognizes that individuals learn at different rates and through different mechanisms, and therefore, will admit any LP/VN who considers herself/himself to be prepared to take the examination.

Examination Fees

Applicants Applying for Certification

HPNA members prior to submitting application	\$205*
Non-HPNA members	\$280

*See "HPNA Membership Benefit" on page 4.

Application fees may be paid by credit card (MasterCard, VISA or Discover), personal check, cashier's check or money order (payable to NBCHPN®) in U.S. dollars. DO NOT SUBMIT CASH. All fees must be submitted with the application to be **RECEIVED** by AMP by the deadline.

Insufficient funds checks returned to NBCHPN® or declined credit card transactions will be subject to a \$15 penalty. Repayment of an insufficient funds check or declined credit card must be made with a cashier's or certified check or money order.

Examination Content

To begin your preparation in an informed and organized manner, you should know what to expect from the actual examination in terms of the content. The content outline will give you a general impression of the examination and, with closer inspection, can give you specific study direction by revealing the relative importance given to each category on the examination.

The content of the examination is directly linked to a job analysis that identified the activities performed by hospice and palliative nurses. Only those activities that were judged by hospice and palliative nurses to be important to practice for a nurse with two years of practice in end-of-life care are included on the examination content outline. Each question on the examination is linked to the examination content outline, and is also categorized according to the level of complexity, or the cognitive level that a candidate would likely use to respond.

1. **Recall:** The ability to recall or recognize specific information is required. Approximately 35 percent of the examination requires recall on the part of the candidate.
2. **Application:** The ability to comprehend, relate or apply knowledge to new or changing situations is required. Approximately 50 percent of the examination requires the candidate to apply knowledge.
3. **Analysis:** The ability to analyze and synthesize information, determine solutions and/or to evaluate the usefulness of a solution is required. Approximately 15 percent of the examination requires analysis on the part of the candidate.

The NBCHPN® LP/VN examination requires the ability to apply the nursing process (i.e., observe, intervene, evaluate) in helping patients and their families (defined as including all persons identified by the patient) toward the goal of maintaining optimal functioning and quality of life within the limits of the disease process, while considering factors such as fear, communication barriers, economic issues and cultural issues. The examination includes 150 questions distributed across eight domains of practice as shown in the detailed content outline that follows.

Drug Names

Generic drug names are used throughout the examination except in individual situations as determined by the examination development committee.



Detailed Content Outline

- 1. Patient Care: End-Stage Disease Process In Adult Patients (15 questions)**
 - A. Identify specific patterns of disease progression, complications, and treatment for:
 1. Altered immune disease
 2. Neoplastic conditions
 3. Neurological conditions
 4. Cardiac conditions
 5. Pulmonary conditions
 6. Renal conditions
 7. Gastrointestinal conditions
 8. Debility/decline in health status
 9. Dementia
 10. Endocrine conditions
 11. Hepatic conditions
 - B. Identify and respond to indicators of imminent death
- 2. Patient Care – Pain and Comfort Management (19 questions)**
 - A. Assessment
 1. Perform assessment of pain and other distressing symptoms
 2. Identify causes of pain
 3. Identify types of pain
 4. Identify factors that may influence the patient's experience of pain (e.g., fear of pain, depression, despair, cultural or spiritual issues)
 - B. Pharmacologic Interventions
 1. Identify medications appropriate to severity and specific type of pain
 2. Administer analgesic and adjuvant (e.g., NSAIDs, corticosteroids, anticonvulsants) medications
 - C. Nonpharmacologic Interventions
 1. Identify the need for nonpharmacologic interventions
 2. Implement nonpharmacologic interventions
 3. Respond to psychosocial and spiritual issues related to pain and other distressing symptoms
 - D. Evaluation
 1. Assess for medication side effects, interactions, or complications
 2. Respond to medication side effects, interactions, or complications
 3. Assess for side effects of antineoplastic therapy
 4. Evaluate efficacy of relief interventions (pharmacologic and non-pharmacologic)
 5. Assess for side effects of interventional therapy (i.e. Radiation, TENS, neurosurgical)
- 3. Patient Care: Symptom Management (41 questions)**
 - A. Neurological
 1. Aphasia
 2. Dysphagia (difficulty swallowing)
 3. Lethargy or sedation
 4. Myoclonus (spasms of a muscle or group of muscles)
 5. Paraesthesia or neuropathies
 6. Seizures
 7. Extrapryamidal symptoms
 8. Spinal cord compression
 - B. Cardiovascular
 1. Edema
 2. Syncope
 - C. Respiratory
 1. Congestion (lung congestion or moist respirations)
 2. Cough
 3. Dyspnea
 4. Pleural effusions
 - D. Gastrointestinal
 1. Constipation
 2. Diarrhea or bowel incontinence
 3. Ascites
 4. Hiccoughs
 5. Nausea or vomiting
 6. Bowel obstruction
 - E. Genitourinary
 1. Bladder spasms
 2. Urinary incontinence
 3. Urinary retention
 - F. Musculoskeletal
 1. Impaired mobility or complications of immobility
 2. Pathological fractures
 3. Weakness or activity intolerance
 - G. Skin and Mucous Membrane
 1. Dry mouth
 2. Oral lesions
 3. Pruritis
 4. Wounds, including pressure ulcers
 - H. Psychosocial and Emotional
 1. Anxiety
 2. Denial
 3. Depression
 4. Impaired communication
 5. Sleep disturbances
 6. Terminal restlessness
 - I. Nutritional and Metabolic
 1. Anorexia
 2. Cachexia or wasting
 3. Dehydration
 4. Electrolyte imbalance (e.g., hypercalcemia, hyperkalemia)
 5. Fatigue
 - J. Immune System
 1. Infection or fever
 - K. Mental Status Changes
 1. Agitation
 2. Confusion
 3. Delirium
 4. Dementia
 5. Hallucinations
 - L. Lymphedema
- 4. Patient Care: Treatments and Procedures (8 questions)**
 - A. Perform the following treatments or procedures
 1. Peripheral IV site care
 2. Enteral feeding (e.g., NG tube or G-tube care)
 3. Wound care (including incision, injury, metastatic disease, pressure ulcer)
 4. Respiratory therapy (e.g., oxygen, suction, inhalation treatments, tracheostomy care)
 5. Care of surgical alterations (e.g., ileostomy, colostomy, nephrostomy)
 - B. Care for patients with the following treatments or procedures
 1. Intravenous pain and symptom management
 2. Subcutaneous pain and symptom management
 3. Urinary drainage systems (i.e., indwelling, suprapubic)
- 5. Care of Patient, Family, and Other Caregivers (25 questions)**
 - A. Resource Management
 1. Identify and respond to socioeconomic factors
 2. Identify and respond to environmental and safety risks
 3. Advise on adaptation of the patient's home environment for safety
 4. Monitor disposal of supplies/equipment (e.g., syringes, needles)
 5. Monitor controlled substances (i.e., use, abuse, destroy at time of death)
 6. Monitor health status of family care giver
 7. Recommend appropriate DME for patient well-being
 8. Explain Medicare hospice benefits
 9. Inform patient/family how to access 24-hours a day: services, medications, equipment, supplies



- B. Psychosocial, Spiritual, and Cultural
1. Respond to spiritual needs
 2. Identify and respond to cultural values and behaviors
 3. Respond to psychological and emotional issues
 - a. Anger or hostility
 - b. Fear
 - c. Grief
 - d. Guilt
 - e. Loss of hope or meaning
 - f. Nearing death awareness
 - g. Spiritual distress or unresolved spiritual issues
 - h. Suicidal or homicidal ideation
 - i. Unresolved interpersonal matters
 4. Respond to family dynamics
- C. Grief and Loss
1. Participate in advance care planning (e.g., advance directives, DNR status)
 2. Encourage life review
 3. Provide emotional support regarding grief and loss for adults
 4. Provide emotional support regarding grief and loss for children
 5. Provide information regarding funeral practices/preparation
 6. Provide death vigil care
 7. Provide care at time of death
 8. Facilitate transition into bereavement services
 9. Participate in formal closure activity (e.g., visit, call, card)
 10. Facilitate self-determined life closure
- 6. Patient and Family Education and Advocacy (14 questions)**
- A. Caregiver Support
1. Teach family and other caregivers techniques for patient care (e.g., colostomy)
 2. Monitor family and other caregiver's ability to provide care
 3. Identify and respond to neglect and abuse
- B. Education
1. Identify barriers to communication
 2. Teach about the end-stage disease process
 3. Teach about pain and symptom relief
 4. Teach alternative methods of pain and symptom relief (e.g., relaxation, distraction, humor, massage, aroma)
 5. Teach about the signs and symptoms of imminent death
 6. Identify and respond to barriers to ability to learn
- C. Advocacy
1. Monitor needs for levels of care or increased services
 2. Facilitate effective communication between patient, family, and health care provider
 3. Encourage patient and family to participate in decision-making regarding treatment options
 4. Access appropriate resources to meet the needs of patient and family
 5. Recommend referrals for interdisciplinary team (IDT) consults and other disciplines
 6. Assist patient to maintain optimal function and quality of life within limits of the disease process
- 7. Interdisciplinary and Collaborative Practice (12 questions)**
- A. Coordinate and Supervise
1. Coordinate patient care with other health care providers
 2. Coordinate and/or monitor volunteer activities
 3. Supervise unlicensed personnel (e.g., home health aide, CNA)
 4. Arrange for equipment, supplies, or medications
 5. Assist in transfer to a different care setting
- B. Collaborate
1. Communicate with patient's attending/primary care provider
 2. Participate in effective group process
 3. Encourage family role in IDT decisions
 4. Participate in development of an individualized, interdisciplinary plan of care for patient/family
 5. Acts within scope of practice on interdisciplinary team
- 8. Practice Issues (16 questions)**
- A. Practice Issues
1. Identify and incorporate into practice: standards (e.g., HPNA standards, NHPCO standards, ANA standards) and guidelines (e.g., WHO ladder)
 2. Identify and incorporate into practice: legal regulations (e.g., OSHA, Hospice Medicare Conditions of Participation, HIPAA)
 3. Participate in evaluating educational materials for patients and family
 4. Access educational resources from the Internet
 5. Participate in quality assurance processes
 6. Educate the public on end-of-life issues and hospice and palliative care
 7. Participate in peer review
 8. Demonstrate awareness of techniques of conflict resolution
- B. Professional Development
1. Participate in research activities (e.g., data collection)
 2. Maintain boundaries between patient/family and staff
 3. Contribute to development of peers, colleagues, and others as preceptor, educator, or mentor
 4. Participate in self-care (e.g., stress management)
 5. Read professional journals to remain current in practice
 6. Participate in professional organization activities
 7. Maintain personal continuing education plan to update knowledge
 8. Identify opportunities for positive growth
 9. Identify ethical concerns related to the end-of-life



Sample Questions

- Based on the Hospice Medicare Benefit, one of the requirements of a person who elects and receives hospice care is
 - a physician's order.
 - a DNR order in the home.
 - a 24 hr. caregiver.
 - to stop all but comfort medications.
- The role of the registered nurse/case manager includes
 - doing the psychosocial assessment.
 - creating the home health aide plan of care.
 - preparing volunteers for patient care.
 - prescribing medications for symptom control problems.
- The most important feature of an advanced health care directive is
 - determination of a terminal diagnosis.
 - consent for diagnostic testing.
 - designation of a primary physician.
 - selecting a proxy decision maker.
- The Medicare Hospice Benefit coverage includes
 - payment for the primary physician's visits.
 - services of a spiritual care provider.
 - secondary chemotherapy options.
 - additional diagnostic testing.
- The guidelines for admission of an end-stage cardiac patient to a hospice program includes
 - peripheral edema responsive to daily diuretics.
 - ejection fraction of <20%.
 - persistant decrease in the level of consciousness.
 - PTT>5 seconds above the control.
- A key pain management principle for frequently occurring pain in an end-stage patient is
 - provision of pain medication around the clock.
 - changing to parenteral route during induction.
 - use of combination analgesics.
 - rotation of opioids to reduce physical dependence.
- A dying patient will usually exhibit
 - steady respirations.
 - a need for increased conversation.
 - signs of infection.
 - anorexia.
- Relief of dyspnea related to end-stage disease weakness is often obtained by
 - inhalation therapy.
 - high flow oxygen.
 - increased ADL support.
 - use of an anxiolytic medication.
- Ascities is a common complication for which type of cancer?
 - primary liver
 - glioblastoma
 - myeloma
 - prostrate
- The most common side effect of opioid use is
 - pruritis.
 - tachypnea.
 - constipation.
 - vertigo.

ANSWER KEY

<u>Question</u>	<u>Answer</u>	<u>Content Area</u>	<u>Cognitive Level</u>
1.	A	8A2	AP
2.	B	7B4	AP
3.	D	8A2	RE
4.	B	5A8	RE
5.	B	1A4	RE
6.	A	2D4	AP
7.	D	1B	AP
8.	C	2C1	AN
9.	A	3D3	AP
10.	C	2D2	RE



Suggested References

The NBCHPN® has prepared a list of references that may be helpful in preparing for the Certification Examination for Licensed Practical/Vocational Nurses. This reference list contains journals and textbooks that include information of significance to LP/VN practice. Inclusion of certain journals and textbooks on this list does not constitute an endorsement by the NBCHPN® of specific professional literature which, if used, will guarantee candidates successful passing of the certification examination.

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Journals:

American Journal of Hospice and Palliative Care

Cancer Nursing

Clinical Journal of Oncology Nursing

International Journal of Palliative Nursing

Journal of Hospice and Palliative Nursing

Journal of Pain and Symptom and Management

Oncology Nursing Forum



SECTION 5: CERTIFICATION EXAMINATION FOR HOSPICE AND PALLIATIVE NURSING ASSISTANTS

Accreditation of the Certification Examination

In May 2005, the National Commission for Certifying Agencies (NCCA) certified that NBCHPN® has fulfilled the accreditation requirements for the Certification Examination for Hospice and Palliative Nursing Assistants until the year 2010.

Examination

The Certification Examination for Hospice and Palliative Nursing Assistants consists of a 100-question multiple-choice examination. The examination presents each question with four response alternatives (A, B, C, D). One of those represents the best response. You will be permitted three hours to complete this examination. Candidates achieving a passing score on this examination will be awarded the **Certified Hospice and Palliative Nursing Assistant (CHPNA™) credential**.

The NBCHPN®, with the advice and assistance of AMP, prepares the examinations. Individuals with expertise in hospice and palliative nursing assistant practice write the questions and review them for relevancy, consistency, accuracy and appropriateness.

Eligibility Requirements

To be eligible for the NBCHPN® Nursing Assistant Examination, an applicant must fulfill the following requirement by the application deadline.

Complete necessary documentation to prove achievement of 2000 practice hours under the supervision of a registered nurse in the past two years.

The NBCHPN® recommends that candidates should have at least two years of experience in hospice and palliative nursing assistant practice to consider themselves eligible for certification as a CHPNA™. Examination content is based on the competencies normally achieved through two years of practice in end-of-life care. Individuals who have less experience than that may have difficulty in demonstrating a level of knowledge sufficient to pass the examination. Therefore, individuals with less than two years of experience as a hospice and palliative nursing assistant are encouraged to obtain that experience before applying for the examination. The NBCHPN® recognizes that individuals learn at different rates and through different mechanisms, and therefore, will admit any nursing assistant who considers herself/himself to be prepared to take the examination.

Examination Fees

Applicants Applying for Certification

HPNA members prior to submitting application	\$130*
Non-HPNA members	\$180

Applicants Applying for RENEWAL of Certification

HPNA members prior to submitting application	\$105*
Non-HPNA members	\$155

*See "HPNA Membership Benefit" on page 4.

Application fees may be paid by credit card (MasterCard, VISA or Discover), personal check, cashier's check or money order (payable to NBCHPN®) in U.S. dollars. **DO NOT SUBMIT CASH.** All fees must be submitted with the application to be **RECEIVED** by AMP by the deadline.

Insufficient funds checks returned to NBCHPN® or declined credit card transactions will be subject to a \$15 penalty. Repayment of an insufficient funds check or declined credit card must be made with a cashier's or certified check or money order.

Examination Content

To begin your preparation in an informed and organized manner, you should know what to expect from the actual examination in terms of the content. Information regarding the content of the examination is presented in this handbook. The content outline will give you a general impression of the examination and, with closer inspection, can give you specific study direction by revealing

The content of the examination is directly linked to a job analysis that identified the activities performed by hospice and palliative nursing assistants. Only those activities that were judged by hospice and palliative nursing assistants to be important to practice for a nursing assistant with two years of practice in end-of-life care are included on the examination content outline. Each question on the examination is linked to the examination content outline, and is also categorized according to the level of complexity, or the cognitive level that a candidate would likely use to respond.

1. Recall: The ability to recall or recognize specific information is required.
2. Application: The ability to comprehend, relate or apply knowledge to new or changing situations is required. The majority of the questions on the examination will generally require application on the part of the candidate.
3. Analysis: The ability to analyze and synthesize information, determine solutions and/or to evaluate the usefulness of a solution is required.

The NBCHPN® nursing assistant examination requires the ability to apply the nursing process (i.e., observe, intervene, evaluate) in helping patients and their families (defined as including all persons identified by the patient) toward the goal of maintaining optimal functioning and quality of life within the limits of the disease process, while considering factors such as fear, communication barriers, economic issues and cultural issues. The examination includes 100 questions distributed across four domains of practice as shown in the detailed content outline that follows.



Detailed Content Outline

1. **Patient and Family Care – (the nursing assistant provides physical and other care to the patient and family within the plan of care identified by the interdisciplinary team) (50 questions)**
 - A. Assist with activities of daily living
 1. Hygiene
 - a. Routine personal care (e.g., bathing, shampooing, incontinence care)
 - b. Mouth care (including dentures)
 - c. Personal odor control (e.g., wounds, colostomy, perineal)
 2. Ambulation/mobility
 - a. Foster/maintain independence
 - b. Use of adaptive equipment (e.g., walker, sliding board)
 - c. Positioning
 - d. Exercise and range of motion
 - e. Transfers
 3. Nutrition/hydration
 - a. Support patients' decision not to eat/drink
 - b. Help patient/family cope with weight changes
 - c. Feed patient
 - d. Offer fluids
 - e. Provide foods of patients' choice
 - f. Prepare meals (including all types of nourishment)
 - g. Provide or arrange for food sources in absence of caregiver
 - h. Schedule meals to meet patients' needs
 - i. Care of feeding tubes
 - j. Observe IV/SQ (Sub Q)
 4. Grooming/dressing/clothing to help patients look their best
 - a. Hair styling
 - b. Manicure/pedicure
 - c. Support patient/family choice for clothing and accessories (e.g., jewelry)
 - d. Hearing aids and eyeglasses
 5. Toileting
 - a. Bowel and bladder training
 - b. Catheter care
 - c. Enemas
 - d. Ostomy care
 - e. Adaptive equipment (e.g., raised toilet seat)
 - B. Provide and maintain best possible patient/family environment to support patients' choice
 1. Personal environment (light housekeeping, laundry, linen changes, and provide familiar objects, e.g., pictures)
 2. Different environments (e.g., indoors and outdoors)
 3. Calming environment (e.g., lighting, important things within reach)
 4. Homelike environment (when not possible to be home)
 5. Strive to assure that patient dies in place of choice (e.g., not ER, hospital)
 6. Schedule tasks to meet patient/family needs
 7. Safety (including prevention of hazards)
 8. Odor control
 - C. Identify and monitor patients' conditions
 1. Pain
 - a. Level of pain (e.g., on a 0-10 scale)
 - b. Changes in pain
 - c. Nonverbal cues
 2. Effectiveness of drug treatment for pain or other symptoms
 3. Effectiveness of non-drug treatment for pain or other symptoms
 - a. Relaxation
 - b. Music
 - c. Deep breathing
 - d. Diversional/recreational activities
 - e. Massage
 - f. Energy/touch therapy
 - g. Hot/cold compresses
 - h. Repositioning
 - D. Identify changes in physical status
 1. Activity level
 2. Vital signs
 3. Skin breakdown
 4. Injury
 5. Bowel habits (including constipation and diarrhea)
 6. Nausea/vomiting
 7. Cough
 8. Edema (and ascites)
 9. Signs of impending death
 - E. Identify changes in mental status
 1. Confusion
 2. Responsiveness
 3. Emotional change (e.g., anxiety, fear, depression)
 4. Agitation (including restlessness)
 5. Recognize and support nearing death awareness
 - F. Identify changes in functional status
 1. Mobility
 2. Weakness
 3. Sleepiness
 4. Fatigue
 - G. Identify changes in respiratory status
 1. Effectiveness of interventions
 - a. Nebulizers
 - b. Oxygen therapy
 - c. Inhalers
 - d. Chest percussion (e.g., cupping)
 - e. Air circulation (including use of fans)
 2. Change in breathing patterns
 3. Increased secretions
2. **Psychosocial/Spiritual Care of the Patient and Family – (the nursing assistant provides care to the patient and family within the plan of care identified by the interdisciplinary team) (25 questions)**
 - A. Provide spiritual care
 1. Identify spiritual issues (e.g., guilt, estrangement, meaning of life)
 2. Arrange Clergy support, as needed
 3. Honor individual spiritual beliefs
 4. Enable spiritual practices (e.g., sacraments, prayer, transport to services)
 5. Give patient permission to die
 - B. Respect differences and maintain nonjudgmental attitude regarding
 1. Ethnicity
 2. Race
 3. Cultural background
 4. Religious/spiritual preference
 5. Sexual preference
 6. Age difference
 7. Living conditions (including social and economic background)
 8. Treatment choices (e.g., advance directives)
 - C. Assist with identifying patient/caregiver support needs and make appropriate referrals
 1. Education (orally, in writing, and demonstration)
 - a. Information about impending death
 - b. Agency/community services
 - c. Grief and loss



- d. Energy saving techniques
 - e. Isolation procedures
 - f. Nutrition/hydration (including unique needs as the patient declines)
 - g. Personal care techniques and comfort measures
 - 2. Respite (including volunteer relief)
 - 3. Companionship and compassion
 - 4. Advocacy
 - 5. Reframing hope (e.g., focus on positive)
 - 6. Financial issues
 - 7. Advance directives
 - 8. Funeral planning
 - 9. Presence (companionship) during the final hours
- D. Assure dignity and honor patient/family choices at the time of death
- 1. Offer caregiver to assist in preparing the body
 - 2. Encourage time for closure (e.g., final words)
 - 3. Prepare body and room for family viewing
 - 4. Offer resources for bereavement follow up (e.g. support groups, literature)
- E. Participate in bereavement/grief follow up
- 1. Memorial services
 - 2. Telephone assurance
 - 3. Follow-up visits
 - 4. Condolence cards or letters
- F. Facilitate effective communication between patient, family and care providers
- 1. Identify communication barriers (e.g., language)
 - 2. Active listening
 - 3. Clarify goals of care
 - 4. Seek answers for patient/family questions
 - 5. Use adaptive communication devices (e.g., word boards)
 - 6. Initiate dialog to help patients and families identify life closure issues
- G. Provide support for changes in body image
- 1. Weight loss
 - 2. Amputation
 - 3. Mastectomy
 - 4. Ostomies
 - 5. Physical appearance (e.g., hair loss)
- H. Offer opportunities to identify meaning and purpose in life, and enhance socialization and growth
- 1. Life reviews
 - 2. Journaling/story telling
 - 3. Creation of memory books/scrapbooks
 - 4. Audio/video legacy
 - 5. Phone calls/internet chats
- I. Identify threats to patient/family safety
- 1. Physical abuse
 - 2. Neglect
 - 3. Substance abuse
 - 4. Caregivers inability or difficulty to provide care
- 3. Interdisciplinary Collaboration – (the nursing assistant participates as an active member of the interdisciplinary team) (15 questions)**
- A. Participate in care planning
- 1. Plan care with nurse and other team members
 - 2. Encourage patient/family participation
 - 3. Give information regarding individual patient/family care
 - 4. Assist in developing the plan of care at team meetings
 - 5. Work with nurse and other disciplines to carry out the care plan
 - 6. Communicate patient/family goals and wishes
- B. Report signs of impending death (e.g., symbolic language and physical signs)
- C. Provide support and communication during changes in levels of care and across care settings (e.g., assisted living, hospitalization, respite)
- D. Recognize and report change in family status
- E. Review death with the team
- 4. Ethics, Roles, and Responsibilities – (the nursing assistant takes initiative to remain up to date on current issues in end-of-life care) (10 questions)**
- A. Identify ethical issues (e.g., assisted suicide, patients at risk)
- B. Report ethical concerns to the team
- C. Maintain boundaries within job description
- D. Maintain personal boundaries with patient/family
- E. Assist in resolving work-related conflicts
- F. Maintain documentation according to facility guidelines
- G. Identify risks to personal safety (e.g., firearms in the home)
- H. Serve as a mentor/preceptor for new staff (e.g., “buddy”)
- I. Assist with orientation of volunteers and staff
- J. Participate on committees
- K. Maintain continuing education
- L. Participate in
- 1. Professional organizations for nursing assistants
 - 2. Peer review (e.g., evaluate others’ practice)
 - 3. Quality improvement activities
 - 4. Research activities (e.g., surveys)
- M. Practice self care (e.g., stress management)
- N. Provide education outside of your care setting



Sample Questions

- As defined by Kubler Ross, the five stages of death and dying are
 - denial, anger, bargaining, depression, acceptance.
 - anger, bargaining, depression, psychosis, resistance.
 - anger, bargaining, sadness, denial, acceptance.
 - denial, anger, bargaining, sadness, resistance.
- The most common disorder associated with pain in the elderly is
 - cancer.
 - osteoarthritis.
 - fractured bones.
 - osteoporosis.
- A nursing assistant asks a patient to give a rating of his/her pain for which of the following reasons?
 - It gives the nursing assistant something to write in the chart.
 - It provides the nursing assistant with something to report.
 - It provides an objective rating of the persons discomfort.
 - It is done because it is required by JCAHO.
- Which of the following is an example of objective data?
 - The patient feels warm to the touch.
 - The patient's temperature is 98.6°F.
 - The patient says he is warm.
 - The patient's family declares the patient has a fever.
- Which statement about hospice care is FALSE?
 - Hospice care provides comfort when cure is not possible.
 - Hospice care focuses on the whole person and their family.
 - Hospice care continues after the patient dies.
 - Hospice care is provided only in the patient's home.
- A patient is dying and her family is at her bedside. The patient begins to call out her deceased husband's name, which is upsetting to the family. Which of the following should a nursing assistant do?
 - Tell the patient that her husband is not there.
 - Tell the patient to relax and try to sleep.
 - Tell the family that this is normal.
 - Tell the family that the nurse will medicate the patient.
- A patient is crying and declares that he wants to see his son before he dies. Which of the following should a nursing assistant notify?
 - the patient's family
 - the patient's doctor
 - the patient's roommate
 - the patient's nurse
- A patient has cancer and has been bedridden for several days. She is restless and mildly confused. Her sister has been with her for the past two days without rest and has finally gone home to shower. Which of the following should a nursing assistant do?
 - Talk to her and apply arm restraints.
 - Call her sister and ask her to return.
 - Sit with her and stroke her gently.
 - Tell her to relax and close her door.
- Advanced directives provide what kind of information?
 - The patient's medical treatment wishes if the patient is unable to speak.
 - The patient's medical insurance coverage if the patient is confused.
 - The patient's private financial information if the patient is unable to write checks.
 - Surgical consent for emergency surgery if the patient is unable to speak.
- The assumption that health care workers will not knowingly act in a manner that is harmful to the patient is an example of which of the following?
 - autonomy
 - nonmaleficence
 - justice
 - beneficence

ANSWER KEY

<u>Question</u>	<u>Answer</u>	<u>Content Area</u>	<u>Cognitive Level</u>
1.	A	2C1a	RE
2.	B	1C1b	RE
3.	C	1C1a	AP
4.	B	4L4	AP
5.	D	4N	AP
6.	C	2F4	AP
7.	D	3A5	AP
8.	C	1B3	AN
9.	A	2C7	RE
10.	B	4C	RE



Suggested References

The NBCHPN® has prepared a list of references that may be helpful in preparing for the Certification Examination for Hospice and Palliative Nursing Assistants. This reference list contains journals and textbooks that include information of significance to hospice and palliative nursing assistant practice. Inclusion of certain journals and textbooks on this list does not constitute an endorsement by the NBCHPN® of specific professional literature which, if used, will guarantee candidates successful passing of the certification examination.

- Byock, I. (1998). *Dying Well: Peace and Possibilities at the End of Life*. New York: Riverhead Books.
- Callahan, M. and Kelley, P. (1997). *Final Gifts: Understanding the Special Awareness, Needs, and Communications of the Dying*. New York: Bantam Books.
- Centers for Medicare & Medicaid Services. *Interpretive Guidelines for the States. State Operations Manual – Appendix M – Guidance to Surveyors: Hospice 9* rev. 1, 05 – 21 – 04 <http://www.Medicare.Gov/Publications/Pubs/pdf/20154.pdf> (pdf Format 114kb).
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- Yarbro, C. Frogge, M. and Goodman, M. (2004). *Cancer Symptom Management* (3rd Ed.). Boston: Jones & Bartlett Publishers.

Journals:

- American Journal of Hospice and Palliative Care*
Cancer Nursing
Clinical Journal of Oncology Nursing
International Journal of Palliative Nursing
Journal of Hospice and Palliative Nursing
Journal of Pain and Symptom and Management
Oncology Nursing Forum





NBCHPN® Examination Application

To apply online, visit www.goAMP.com, select "Candidates," follow the step-by-step instructions. Because of the additional required documentation, candidates for the ACHPN Examination must apply using this form.

To apply using this form, provide the requested information and mail it to be **RECEIVED** by AMP by the application deadline. Applications received after the deadline or postmarked on the deadline will be returned unprocessed. Read the Candidate Handbook before completing this application. Mail the completed application and payment made by credit card, personal check, cashier's check or money order payable to NBCHPN® to: NBCHPN® Certification Examination, AMP, 8310 Nieman Road, Lenexa, KS 66214-1579.

1. Personal Information (please print using blue or black ink)

Last Name:

First Name:

Middle Initial:

Credentials:

Social Security Number:

Email Address:

Your HOME Information

Address Line 1:

Address Line 2:

City:

State/Province:

Zip/Postal Code:

Country:

Home Phone:

Home Fax:

Your WORK/OFFICE Information

Workplace:

Address Line 1:

Address Line 2:

City:

State/Province:

Zip/Postal Code:

Country:

Work Phone:

Work Fax:

Preferred Mailing Address: Home address Work address

Advanced Practice Nurse Examination I am currently licensed as a registered nurse in the United States.I am a Clinical Nurse Specialist Nurse Practitioner HPNA Member \$345 Non-HPNA Member \$445 I have achieved graduate-level nursing education with both didactic and clinical components and hold **one** of the following:

- Master's or higher degree in nursing from an Advanced Practice Palliative Care accredited education program providing both a didactic component and a minimum of 500 hours of supervised practice specifically in palliative care, or
- Post-master's certificate with a minimum of 500 hours of supervised clinical practice specifically in palliative care, or
- Master's, post-master's, or higher degree in nursing from an advanced practice program (APRN) as a Clinical Nurse Specialist (CNS) or Nurse Practitioner (NP) with 500 hours of post-master's practice in providing palliative care (direct and/or indirect) in the year prior to applying to take the examination.

 I am submitting the following **required** documents:

- Official academic record/transcript with the date of the advanced degree, **and**
- Official academic record/transcript with the date of the certificate program (if applicable), **and**
- Supervised Practice Hours Verification Form. Please include completed form(s) (page 39 and/or 41).

Student and unofficial copies of a transcript **are not** acceptable. The academic record/transcript must include the **names of the courses** completed. It is the responsibility of the applicant to insure that all official documents arrive **prior** to the deadline.

 Registered Nurse Examination I am currently licensed as a registered nurse in the United States.

Initial Certification

 HPNA Member \$295 Non-HPNA Member \$395

Renewal of Certification

 HPNA Member \$260 Non-HPNA Member \$360 **Licensed Practical/Vocational Nurse Examination** I am currently licensed as a LP/VN in the United States.

Initial Certification

 HPNA Member \$205 Non-HPNA Member \$280 **Nursing Assistant Examination** I have completed 2,000 practice hours under the supervision of a registered nurse in the past two years (please complete Verification of Experience below).

Initial Certification

 HPNA Member \$130 Non-HPNA Member \$180

Renewal of Certification

 HPNA Member \$105 Non-HPNA Member \$155**Verification of Experience (This section must be completed for Nursing Assistant Applicant ONLY)**

Supervisor's Name: _____

Hospital or Company Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

 Alternate Test Center Fee I am requesting an alternate test center for this examination. (Please complete the Request for Alternate Test Center form.) \$500 for established AMP Center \$700 for non-established

Audits of NBCHPN® Applications – To ensure the integrity of eligibility requirements, NBCHPN® will audit a percentage of randomly selected applications each year. Candidates whose applications are selected for audit will be notified and required to provide documentation of their nursing license or nursing assistant verification of experience.

Demographic Information – Please complete the following demographic questions. Select only one response for each question, unless directed otherwise.

1. Which of these best describes the nature of your nursing practice?
 - 1 Hospice care
 - 2 Palliative care
 - 3 Both
2. Total number of years in nursing profession?
 - 1 0-2 years
 - 2 3-5 years
 - 3 6-10 years
 - 4 11-15 years
 - 5 16-20 years
 - 6 21-25 years
 - 7 26-30 years
 - 8 More than 30 years
3. Total number of years in hospice and palliative nursing?
 - 1 0-2 years
 - 2 3-5 years
 - 3 6-10 years
 - 4 11-15 years
 - 5 16-20 years
 - 6 21-25 years
 - 7 26-30 years
 - 8 More than 30 years
4. Which of the following is your primary employer? (check one)
 - 1 Hospice agency
 - 2 Home health agency
 - 3 Hospital or healthcare system
 - 4 Long-term care facility

(options continued next column)
5. What is your primary practice setting? (check one)
 - 5 College or university
 - 6 Self (private practice)
 - 7 Private physician practice
 - 8 Ambulatory care facility
 - 9 Correctional facility
5. What is your primary practice setting? (check one)
 - 1 Private home
 - 2 Nursing home, assisted living or extended care facility
 - 3 Hospital: palliative care unit
 - 4 Hospital: hospice unit
 - 5 Hospital: other unit or scattered beds
 - 6 Freestanding residential or inpatient hospice
 - 7 Clinic
 - 8 Prison
 - 9 I do not routinely see patients
6. What is the location of your primary practice facility?
 - 1 Urban
 - 2 Rural
 - 3 Suburban
7. Type of practice
 - 1 Clinical
 - 2 Educational
 - 3 Administrative
 - 4 Research
8. What is your primary role?
 - 1 Staff nursing assistant
 - 2 Staff nurse without case management responsibilities
 - 3 Staff nurse with case management responsibilities
 - 4 Clinical supervisor/patient care coordinator
 - 5 Manager/administrator
 - 6 Clinical educator (including staff development)
 - 7 Advanced practitioner (i.e., CNS, NP)
 - 8 Consultant for hospice/palliative care team
 - 9 Faculty/researcher
9. What is the highest academic level you have attained?
 - 1 High school diploma
 - 2 CNA-state
 - 3 Associate degree in nursing
 - 4 Diploma in nursing
 - 5 Bachelor's degree (non-nursing)
 - 6 Bachelor's degree (nursing)
 - 7 Master's degree (non-nursing)
 - 8 Master's degree (nursing)
 - 9 Doctoral degree (nursing)
 - 10 Doctoral degree (non-nursing)
10. Are you certified in a nursing specialty by any organization other than NBCHPN®?

Yes No

OPTIONAL INFORMATION

11. Age
 - 1 Under 25
 - 2 25 to 29
 - 3 30 to 39
 - 4 40 to 49
 - 5 50 to 54
 - 6 55 to 59
 - 7 60 to 65
 - 8 65 to 70
 - 9 over 70
12. Gender

M Male

F Female
13. Race
 - 1 African American/Black
 - 2 Asian/Asian American/Pacific Islander
 - 3 Caucasian
 - 4 Hispanic
 - 5 Multiracial
 - 6 Other

Signature (Sign and date in ink the statement below.)

I certify that I have read all portions of the Candidate Handbook and application, and I agree to all terms of the NBCHPN® processing agreement. I certify that the information I have submitted in this application and the documents I have enclosed are complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed or voided, not released or invalidated by NBCHPN®.

I further affirm that no nursing licensing authority has taken any disciplinary action in relation to my license to practice nursing in the aforementioned or any other state, and that my license to practice nursing has not been suspended or revoked by any state or jurisdiction.

Name (Please Print)

Signature

Date

PART A: SUPERVISED PALLIATIVE CARE PRACTICE HOURS WITHIN AN ADVANCED PRACTICE PALLIATIVE NURSING EDUCATION PROGRAM

The applicant must provide verification of a minimum of 500 total hours of supervised practice as an advanced palliative care practitioner (complete Part A or Part B or both). Photocopy this form if verification is needed from more than one individual.

Last Name (Applicant)	First Name	MI
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The individual named above has completed in (month/day/year) _____ or will complete in (month/day/year) _____ a formal Advanced Practice Palliative Care Nursing Master's Program or Nursing Post-Master's Program.

The individual is or will be functioning as a Clinical Nurse Specialist or Nurse Practitioner.

I, the undersigned, verify that the individual named above has completed _____ hours of supervised clinical practice in **advanced** practice palliative care within the educational program.

Please indicate your role:

- | | |
|--|---|
| <input type="checkbox"/> Physician Preceptor | <input type="checkbox"/> Faculty Member |
| <input type="checkbox"/> Nurse Practitioner Preceptor | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Clinical Nurse Specialist Preceptor | |

Name (print name) _____

Title and Credentials _____

Address _____

Daytime Phone Number (with area code) _____ Fax Number _____

E-mail _____

Name of Facility or Organization _____
 (where supervised practice took place)

Clinical Setting (clinic, inpatient unit, etc.) _____

Signature _____ Date _____

Applicant Signature _____ Date _____

PART B: SUPERVISED PALLIATIVE CARE PRACTICE HOURS AFTER GRADUATION FROM AN ADVANCED PRACTICE NURSING EDUCATION PROGRAM

The applicant must provide verification of a minimum of 500 total hours of supervised practice as an advanced palliative care practitioner (complete Part A or Part B or both). Photocopy this form if verification is needed from more than one individual.

Last Name (Applicant)

First Name

MI

I, the undersigned, verify that the individual named above has completed _____ **hours** of practice in **advanced** practice palliative care as a Clinical Nurse Specialist (CNS) or a Nurse Practitioner (NP) that I have observed and/or supervised.

Please indicate your role:

- Supervisor Collaborating Advanced Practice Nurse
 Collaborating Physician Collaborating Clinical Nurse Specialist
 Other _____

Brief description of duties/responsibilities of applicant practicing on an **advanced** level in the specialty of hospice and palliative care: (Reference to job description or other documents **not** acceptable.)

Name (print name) _____

Title and Credentials _____

Address _____

Daytime Phone Number (with area code) _____ Fax Number _____

E-mail _____

Name of Facility or Organization _____
(where supervised practice took place)

Clinical Setting (clinic, inpatient unit, etc.) _____

I endorse the above named individual's application for the Advanced Practice Palliative Care Examination. In my judgment, the candidate possesses the expertise required and has demonstrated the ability to function as an Advanced Practice Palliative Care Nurse.

Signature _____ Date _____

Applicant Signature _____ Date _____

ADVANCED PRACTICE NURSE CERTIFICATION VERIFICATION REQUEST FORM

Verification of Certification

This form or letter states that you have passed the certification examination and provides your certification identification number and the dates during which your certification is valid. Different state boards of nursing have different policies about verifications. Some will accept their completed forms only and not our letters. **Check with your state board of nursing regarding its requirements.**

- It is your responsibility to submit any special forms required by your state.
- You are entitled to have one verification of certification completed without charge; any additional letters cost \$10 each.

Social Security Number	Last Name	First Name	MI
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Verification of Certification (First is Free, \$10 for each additional)

 Name/Address of Employer (include contact name if requesting a letter to be sent)

 Name/Address of State Board of Nursing if requesting a letter to be sent

Total number of verifications requested: _____ Total Payment: _____

Requests will NOT be processed without complete contact information.

Payment Information: If payment is made by credit card, please provide the following information.

Credit card:

MasterCard

VISA

Discover

Account Number _____

Expiration Date (MO/YR) _____

3 digit security number found on back of credit card ___ _ _

Name as it Appears on Card _____

Signature _____



REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, **please complete this form and the Documentation of Disability-Related Needs on the reverse side and submit it with your application at least 45 days prior to your requested examination date.** The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

Applicant Information

Social Security # _____ - _____ - _____

Last Name (Last, First, Middle)

Mailing Address

City State Zip Code

Daytime Telephone Number

Special Accommodations

I request special accommodations for the _____ / _____ administration of the _____ examination(s).
Month Year

Please provide (check all that apply):

- Special seating or other physical accommodation
- Large print examination
- Reader
- Circle answers in examination booklet
- Extended examination time (time and a half)
- Separate examination area
- Other special accommodations (please specify)

Comments: _____

Signed: _____ Date: _____

**Return this form with your examination application to be received by the application deadline to:
Examination Services Department, AMP, 8310 Nieman Road, Lenexa, KS 66214-1579.
If you have questions, call the Candidate Support Center at 888-519-9901.**



DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to ensure that AMP is able to provide the required examination accommodations.

Professional Documentation

I have known _____ since ____ / ____ / ____ in my capacity as a
Examination Candidate Date

Professional Title

The applicant discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability: _____

Signed: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____

Date: _____ License # (if applicable): _____

Return this form with your examination application to:
Examination Services Department, AMP, 8310 Nieman Road, Lenexa, KS 66214-1579.
If you have questions, call the Candidate Support Center at 888-519-9901.