

**BRN Website Publications
APRN Advisories**

Sub-Heading: APRN Practice → NP Practice

Title/Link	Comments	Changes	Date Published
Advanced Pharmacology Continuing Education Course for Furnishing	<i>In the key points, the statement, “the requirements for approved standardized procedures to be in place prior to beginning practice...” will need to be eventually updated once the implementation of AB890 come into full fruition.</i>	Recommended ADD ON for COURSE OBJECTIVES: 9. Provide an evidenced-based rationale and justification for the selected pharmacotherapeutics in the treatment of the selected special population. 10. Analyze the implications of cost, efficacy and quality when making decisions regarding pharmacotherapeutics.	1/2004
An Explanation of Standardized Procedure Requirements for Nurse Practitioner Practice (ca.gov)	<i>Even though it is noted that the BRN does not recommend or endorses the med mgmt. of the sample standardized procedure, the guide for format should still be updated.</i>	Page 4, Section II Scope and Setting of Practice, #B ADD virtually (given future trend) ...Consulting physicians are available to the nurses in person, by telephone or virtually . Page 5, Section III Qualifications and Evaluations, #B All 3 - #1 (Initial), 2 (Routine) and 3 (F/U) Evaluations → Change title to Nurse Supervisor vs. Manager → usually it is our Medical Director or other colleagues (Senior or Lead NP) that evaluates our clinical performance and NOT the Nurse Manager.	12/1998

	<p><i>I also commented on these sample disease mgmt., because I feel that we really need to educate our colleagues (especially the novices) of what we can or cannot do now. Some of these mgmt. seems archaic to me.</i></p>	<p>Page 10 – #A <u>CYSTITIS</u></p> <ul style="list-style-type: none"> ▪ Should <i>delete</i> the statement - Male pts with any of the above sx's should be seen by an MD, not by a NP, unless they have a urethral d/c (possible VD – follow VD protocol). <p>#B <u>PYELONEPHRITIS</u></p> <ul style="list-style-type: none"> ▪ #2 <i>Either delete or revise statement to - ...consult supervising physician as needed.</i> <p>III. HISTORY</p> <ul style="list-style-type: none"> ▪ A, #4 – <i>Delete</i> “Three or more UTIs in past 12 months ▪ <i>Delete B completely</i> <p>IV. PHYSICAL EXAM</p> <ul style="list-style-type: none"> ▪ <i>Delete B completely</i> <p>V. LAB TEST</p> <ul style="list-style-type: none"> ▪ INITIAL UA → States to consult supervising physician if: 1) casts and 2) RBCs or protein are positive (w/o associated WBC abnormality) → Should probably note → Consult Supervising Physician, as needed if with casts...RBCs or protein are positive... 	
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		<p>SYMPTOMATIC TX</p> <ul style="list-style-type: none"> ▪ <i>Delete note and #A rx is quite old → does anyone even rx this? Propantheline and Belladonna...</i> <p>Page 11 - VII. REPEAT UA (CVMS)</p> <ul style="list-style-type: none"> ▪ <i>(I'm not sure what CVMS stands for but has something to do with the UA) → this whole section should say, "Consult Supervising Physician <i>as needed...</i>" rather directing the NP to always consult.</i> 	
<p>Criteria for Furnishing Number Utilization by Nurse Practitioners (ca.gov)</p>	<p><i>On page 2, typo on paragraph 2, last sentence should state "healthy" rather than health.</i></p> <p><i>Under Furnishing Number – Delete this statement – "Pharmacy law requires a Physician's name on the drug or device container label. As of Jan 1, 2000, AB1545...now requires that the pharmacist also include the NP 's name on the container label → now only need to have the NP (the one that wrote the rx) name on label</i></p>	<p>Correct typo – healthy</p> <p>Only need NP name and title on Rx label now</p>	12/2004
<p>Explanation of RN Scope of Practice and Nurse Practitioner Practice (ca.gov)</p>	No Comment	No changes recommended or to be added	12/1998

Frequently Asked Questions Regarding Nurse Practitioner Practice (ca.gov)	No comment	No changes recommended or to be added	11/2014
CURES Mandatory Use Begins October 2, 2018, Prior to Prescribing, Ordering, Administering or Furnishing a Schedule II-IV Controlled Substance (ca.gov)	<p>Page 1, Paragraph 3 – Typo, spelling error. Correction: supply instead of supple</p> <p><i>At the end of this paragraph, do we need to specify ...if the substance remains part of the tx plan for the pt → need to include? → ...Schedule II, Schedule III, or Schedule IV controlled substance...including a pt with a pain agreement.</i></p> <p>Page 2, 2nd line – Another typo, spelling error – CURES instead of Curse</p>	<p>Correct typo – supply instead of “supple”</p> <p>Another simple typo – CURES instead of Curse!</p>	9/2018
Law Changes Directly Impacting the Prescribing and Dispensing of Schedule II and III Controlled Substances Within California	No comment	No changes recommended or to be added	3/2004
NP and CNM: Change in Requirement for Physician and Surgeon Supervision for Furnishing (ca.gov)	<i>Will need to update once we have more of an idea what further (?) regulations with AB890?</i>		11/2012
NP Direct Patient Care Educational Hours	<i>Provide addendum to note the 500 hours that the Board requires (enforces) to avoid confusion</i>	<i>Recommendation to add summary statement, e.g., The Board intends to enforce the 500 hour minimum referenced in Section 1484 (h) (5)</i>	5/2020

<p>Nurse Practitioner Expanded Furnishing Authority for Schedule II Controlled Substances (ca.gov)</p>	<p>Page 2, (d), include the “virtual” ?</p> <p><i>Should include the current use of Buprenorphine (Subuxone) – How to become a Buprenorphine Waivered Practitioner</i></p>	<p>(d) The furnishing or ordering of drugs ... (3) availability by telephone or virtual contact at the time of pt exam by the NP</p> <p><i>ADD the current recommendation on how to become a Buprenorphine (Subuxone) Waivered Practitioner:</i></p> <p>The Drug Addiction Treatment Act of 2000 (DATA 2000) and the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities or SUPPORT for Patients and Communities Act of 2018 (SUPPORT Act) expands the use of medication-assisted treatment (MAT) using buprenorphine to additional practitioners, such as Nurse Practitioners (NPs) in various setting.</p> <p>To receive a practitioner waiver to administer, dispense, and prescribe buprenorphine, practitioners must notify Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT), Division of Pharmacologic Therapies (DPT) of their intent to practice this form of MAT. The notification of intent (NOI), or buprenorphine waiver application, must be submitted to SAMHSA before the initial dispensing or prescribing of OUD treatment medication.</p> <p>This action is needed to expand access to buprenorphine for opioid use disorder (OUD) treatment. The exemption allows practitioners to</p>	<p>2/2004</p>
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		<p>treat up to 30 patients with OUD using Buprenorphine without having to make certain training related certifications. Providers are required to apply designated as a “Notice of Intent” (NOI) to prescribe buprenorphine for the treatment of OUD. The notification of intent (NOI), or buprenorphine waiver application, must be submitted to SAMHSA before the initial dispensing or prescribing of OUD treatment medication.</p> <p>Qualified practitioners who undertake required training can treat up to 100 patients using buprenorphine for the treatment of opioid use disorder (OUD) in the first year if they possess a waiver under 21 U.S.C. § 823(g)(2) (i.e., a DATA 2000 waiver) and meet certain conditions.</p> <p>For the full requirement and conditions on how to become a Buprenorphine (Suboxone) Waivered Practitioner, click on this link:</p> <p>https://www.samhsa.gov/medication-assisted-treatment/become-buprenorphine-waivered-practitioner</p>	
NP Schedule II Controlled Substance and Risk of Addiction (ca.gov)	No comment	No changes recommended or to be added	2/2019
Nurse Practitioners & Nurse-Midwives: Supervision of Medical Assistants	<i>I think APRN has more understanding of what medical assistants (MAs) do than physicians and surgeons or podiatrist, so wondering why this</i>		6/2013

	<p><i>should not include APRNs or NPs as supervisors for MAs.</i></p> <p><i>The supervision of MA by NPs and CNMs is crossed out in the Gen Info: NP Practice (doc below) and the delegation of this responsibility to both NPs and CNMs are noted.</i></p>		
<p>Nurse Practitioners New Authority to Provide Medications</p>	<p><i>Recommend revision of this statement: AB1545 will direct the pharmacist to include the NP's name as well as the physician's name on the med label → Update to:</i></p>	<p>AB1545 will direct the pharmacist to include the NP's name as well as the physician's name on the med label → Update to:</p> <p>AB 1545 will direct the pharmacist to have the NP's name on the medication label. The name of the supervising physician is no longer required on the drug/device container label as pharmacy law was amended BPC 1470 (f) (AB 2660 Leno) stats 2004 ch 191.</p>	<p>2/2000</p>
<p>General Information: Nurse Practitioner Practice (ca.gov)</p>	<p><i>The new buprenorphine guidelines should be included on page 2 under Furnishing Controlled Substances.</i></p>	<p>Recommendation to ADD on page 2 under Furnishing Controlled Substances:</p> <p>Qualified Nurse Practitioners (NPs) can now administer, dispense, and prescribe Buprenorphine (Suboxone) upon submitting a notification of intent (NOI) to the Substance Abuse and Mental Health Services Administration (SAMHSA).</p> <p>Recent Practice Guidelines have allowed for an alternative NOI for those seeking to treat up to 30 patients. The alternative type of NOI allows those providers who wish to treat up to 30 patients to forego the required training requirement, as well as certification to counseling and other ancillary services (i.e., psychosocial services). Practitioners</p>	<p>4/2011</p>

		utilizing this training exemption are limited to treating no more than 30 patients at any one time (time spent practicing under this exemption will not qualify the practitioner for a higher patient limit). This exemption applies only to the prescription of Schedule III, IV, and V drugs or combinations of such drugs, covered under the CSA, such as buprenorphine.	
General Information for NPs Regarding National Certification	No comment	No changes recommended or to be added	5/2011



BRN CERTIFIED CLINICAL NURSE SPECIALIST IN THE SPECIALTY PSYCHIATRIC MENTAL HEALTH NURSING, AND BRN LISTED PSYCHIATRIC MENTAL HEALTH RN

Reimbursement for Counseling Services: Victims of Crime

Effective October 2001 

AB 1253, Chapter 420, Matthews and AB 1017, Chapter 712, Jackson were signed into law by Governor Gray Davis in October 2001. These bills amend the Evidence Code, Government Code, Health and Safety Code, and the Insurance Code to allow the following registered nurses to bill for counseling services for victims of crime:

- ◆ A person licensed as a registered nurse pursuant to Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code, who possesses a master's degree in psychiatric-mental health nursing and is listed as a psychiatric-mental health nurse by the Board of Registered Nursing.

and

- ◆ An advanced practice registered nurse who is certified as a clinical nurse specialist pursuant to Article 9 (commencing with Section 2838) of Chapter 6 of Division 2 of the Business and Professions Code and who participates in expert clinical practice in the specialty of psychiatric-mental health nursing.

AB 1253, Chapter 420

An act to amend Section 1010 of the Evidence Code, to add and repeal Section 13960.7 of the Government Code, to amend Sections 1373 and 1373.8 of the Health and Safety Code, and to amend Sections 10176 and 10177 of the Insurance Code, relating to nursing, and declaring the urgency thereof, to take effect immediately.

AB 1017, Chapter 712

An act to amend Sections 13961, 13961.01, 13965, 13965.5 of, to amend and repeal Sections 13960 and 13964 of, and to add and repeal Section 13960.6 of, the Government Code, relating to victims of crime and making an appropriation therefor.



**This section of the Nursing Practice Act is an excerpt from the
CALIFORNIA INSURANCE CODE** 
DIVISION 2. CLASSES OF INSURANCE -- Part 2. Life and Disability Insurance
CHAPTER 1. THE CONTRACT -- Article 4. Payments and Proceeds

10176. Freedom to choose specified health care professionals

In disability insurance, the policy may provide for payment of medical, surgical, chiropractic, physical therapy, speech pathology, audiology, acupuncture, professional mental health, dental, hospital, or optometric expenses upon a reimbursement basis, or for the exclusion of any of those services, and provision may be made therein for payment of all or a portion of the amount of charge for these services without requiring that the insured first pay the expenses. The policy shall not prohibit the insured from selecting any psychologist or other person who is the holder of a certificate or license under Section 1000, 1634, 2050, 2472, 2553, 2630, 2948, 3055, or 4938 of the Business and Professions Code, to perform the particular services covered under the terms of the policy, the certificate holder or licensee being expressly authorized by law to perform those services.

If the insured selects any person who is a holder of a certificate under Section 4938 of the Business and Professions Code, a disability insurer or nonprofit hospital service plan shall pay the bona fide claim of an acupuncturist holding a certificate pursuant to Section 4938 of the Business and Professions Code for the treatment of an insured person only if the insured's policy or contract expressly includes acupuncture as a benefit and includes coverage for the injury or illness treated. Unless the policy or contract expressly includes acupuncture as a benefit, no person who is the holder of any license or certificate set forth in this section shall be paid or reimbursed under the policy for acupuncture.

Nor shall the policy prohibit the insured, upon referral by a physician and surgeon licensed under Section 2050 of the Business and Professions Code, from selecting any licensed clinical social worker who is the holder of a license issued under Section 4996 of the Business and Professions Code or any occupational therapist as specified in Section 2570.2 of the Business and Professions Code, or any marriage and family therapist who is the holder of a license under Section 4980.50 of the Business and Professions Code, to perform the particular services covered under the terms of the policy, or from selecting any speechlanguage pathologist or audiologist licensed under Section 2532 of the Business and Professions Code or any registered nurse licensed pursuant to Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code, who possesses a master's degree in psychiatricmental health nursing and is listed as a psychiatricmental health nurse by the Board of Registered Nursing or any advanced practice registered nurse certified as a clinical nurse specialist pursuant to Article 9 (commencing with Section 2838) of Chapter 6 of Division 2 of the Business and Professions Code who participates in expert clinical practice in the specialty of psychiatricmental health nursing, or any respiratory care practitioner

certified pursuant to Chapter 8.3 (commencing with Section 3700) of Division 2 of the Business and Professions Code to perform services deemed necessary by the referring physician, that certificate holder, licensee or otherwise regulated person, being expressly authorized by law to perform the services.

Nothing in this section shall be construed to allow any certificate holder or licensee enumerated in this section to perform professional mental health services beyond his or her field or fields of competence as established by his or her education, training, and experience. For the purposes of this section, marriage and family therapist means a licensed marriage and family therapist who has received specific instruction in assessment, diagnosis, prognosis, and counseling, and psychotherapeutic treatment of premarital, marriage, family, and child relationship dysfunctions that is equivalent to the instruction required for licensure on January 1, 1981.

An individual disability insurance policy, which is issued, renewed, or amended on or after January 1, 1988, which includes mental health services coverage may not include a lifetime waiver for that coverage with respect to any applicant. The lifetime waiver of coverage provision shall be deemed unenforceable.

10176.7. Mental health or respiratory care licensure requirements for out of state disability policies

Disability insurance where the insurer is licensed to do business in this state and which provides coverage under a contract of insurance which includes California residents but which may be written or issued for delivery outside of California where benefits are provided within the scope of practice of a licensed clinical social worker, a registered nurse licensed pursuant to Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code who possesses a master's degree in psychiatricmental health nursing and two years of supervised experience in psychiatricmental health nursing, a marriage and family therapist who is the holder of a license under Section 17805 of the Business and Professions Code, or a respiratory care practitioner certified pursuant to Chapter 8.3 (commencing with Section 3700) of Division 2 of the Business and Professions Code shall not be deemed to prohibit persons covered under the contract from selecting those licensees in California to perform the services in California which are within the terms of the contract even though the licensees are not licensed in the state where the contract is written or issued for delivery.

It is the intent of the Legislature in amending this section in the 1984 portion of the 198384 Legislative Session that persons covered by the insurance and those providers of health care specified in this section who are licensed in California should be entitled to the benefits provided by the insurance for services of those providers rendered to those persons.

10177. Professional mental health expenses under selfinsured plan

A selfinsured employee welfare benefit plan may provide for payment of professional mental health expenses upon a reimbursement basis, or for the exclusion of those services, and provision may be made therein for payment of all or a portion of the amount of charge for those services without requiring that the employee first pay those expenses. The plan shall not prohibit the employee from selecting any psychologist who is the holder of a certificate issued under Section 2948 of the Business and Professions Code or, upon referral by a physician and surgeon licensed under Section 2135 of the Business and Professions Code, any licensed clinical social worker who is

the holder of a license issued under Section 4996 of the Business and Professions Code or any marriage and family therapist who is the holder of a certificate or license under Section 4980.50 of the Business and Professions Code, or any registered nurse licensed pursuant to Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code, who possesses a master's degree in psychiatricmental health nursing and is listed as a psychiatricmental health nurse by the Board of Registered Nursing or any advanced practice registered nurse certified as a clinical nurse specialist pursuant to Article 9 (commencing with Section 2838) of Chapter 6 of Division 2 of the Business and Professions Code who participates in expert clinical practice in the specialty of psychiatricmental health nursing, to perform the particular services covered under the terms of the plan, the certificate or license holder being expressly authorized by law to perform these services.

Nothing in this section shall be construed to allow any certificate holder or licensee enumerated in this section to perform professional services beyond his or her field or fields of competence as established by his or her education, training, and experience. For the purposes of this section, marriage and family therapist shall mean a licensed marriage and family therapist who has received specific instruction in assessment, diagnosis, prognosis, and counseling, and psychotherapeutic treatment of premarital, marriage, family, and child relationship dysfunctions which is equivalent to the instruction required for licensure on January 1, 1981.

A selfinsured employee welfare benefit plan, which is issued, renewed, or amended on or after January 1, 1988, that includes mental health services coverage in nongroup contracts may not include a lifetime waiver for that coverage with respect to any employee. The lifetime waiver of coverage provision shall be deemed unenforceable.

10177.8. Mental health care licensure requirements for out of state selfinsured plans

A selfinsured employee welfare benefit plan doing business in this state and providing coverage that includes California residents but that may be written or issued for delivery outside of California where benefits are provided within the scope of practice of a licensed clinical social worker, a registered nurse licensed pursuant to Chapter 6 (commencing with Section 2700) of Division 2 of the Business and Professions Code who possesses a master's degree in psychiatricmental health nursing and two years of supervised experience in psychiatricmental health nursing, or a marriage and family therapist who is the holder of a license under Section 17805 of the Business and Professions Code, shall not be deemed to prohibit persons covered under the plan from selecting those licensees in California to perform the services in California that are within the terms of the contract even though the licensees are not licensed in the state where the contract is written or issued.

It is the intent of the Legislature in amending this section in the 1984 portion of the 198384 Legislative Session that persons covered by the plan and those providers of health care specified in this section who are licensed in California should be entitled to the benefits provided by the plan for services of those providers rendered to those persons.



CERTIFICATION OF CLINICAL NURSE SPECIALIST

Background:

In 1993, the Board of Registered Nursing (BRN) conducted a study regarding the recognition and definition of the title *Clinical Nurse Specialist*, (Business and Professions Code, Division 2. Healing Arts, Chapter 6. Nursing, Article 1. Administration, Section 2718). To conduct the study, the BRN developed a task force who consulted with clinical nurse specialists (CNSs); statewide professional associations representing registered nurses (RNs); physicians and surgeons who have experience working with CNSs; employers of CNSs; and other interested parties as determined by the Board.

The study addressed the following areas:

1. The appropriate level of education, including clinical experience and didactic education, for a CNS;
2. The alternative means for measuring and ensuring competencies of an RN who holds or wishes to hold her-/himself out to be a CNS;
3. The means for protecting the public from confusion regarding the use of the title *CNS*;
4. The barriers to practice facing a CNS
5. The relationships of a CNS to other health professionals, including, but not limited to, physicians, surgeons, and other RNs. (Added by Stats.1993, c.77 (AB 518), 2.)

The Board reported the results of the study to the California State Legislature in December of 1994. The Legislature declared that various and conflicting definitions of a CNS were being created and applied by public agencies and private employers within the State of California. In addition, the Legislature found that the public was being harmed by conflicting usage of the title *CNS* due to the disparity in qualifications of the RN using this title. Therefore, the Legislature declared that the public interest would be served by determining the legitimate uses of the title *CNS* by RNs.

(Added by Stats.1997, c.6(AB 90).

Effective July 1, 1998, the Legislature added Article 9., "Clinical Nurse Specialists," commencing with the addition of section 2838 of the Nursing Practice Act, to Chapter 6 of Division 2 of the Business and Professions Code, Section 2838. This code requires that any RN who holds out as a CNS, or who desires to hold out as a CNS, **must** be certified by the BRN for the State of California. A registered nurse cannot use the title *CNS*, **unless** certified by the BRN.

Clinical Nurse Specialist Certification: The BRN has accepted the standards of the National Association of Clinical Nurse Specialists (NACNS) Statement on CNS Practice and Education, and the American Association of Colleges of Nursing (AACN) Essentials of Masters Education for Advanced Practice. In addition, the national organizations/associations that have met the Clinical Nurse Specialist certification requirements and are equivalent to the BRN standards for CNS certification are the American Nurse Association-American Nurses Credentialing Center (ANCC), Oncology Nursing Certification Corporation (ONCC), and the American Association of Critical Care Nurses (AACCN).

Five Component Areas of Competency for Clinical Nurse Specialists.

In order to be eligible to be certified as a CNS in the state of California, an RN **must** have completed **an accredited advance practice nursing program, and a** minimum of 500 hours of clinical

experience concurrently with Master's level course work in the five component areas of competency. This course work may be completed at any nationally accredited master's/post-master's nursing academic program.

There are five major components of the CNS role. Activities within these role components may include the following:

Expert Clinical Practice *

1. Works with staff to improve clinical care.
2. Uses advanced theoretical and empirical knowledge of physiology, pathophysiology, pharmacology, and health assessment.
3. Assesses and intervenes in complex health care problems within a selected clinical specialty area and selects, uses, and/or evaluates technology, products, and devices appropriate to the specialty area of practice.
4. Manages populations of clients with disease states and non-disease based etiologies to improve and to promote health care outcomes.
5. Precepts students and mentors other nursing staff.



Education

1. Assists with and promotes staff development.
2. Provides formal education classes (i.e., community education and/or presentations) and informal education classes (i.e., in-services).
3. Serves as a preceptor to nursing students, new RN graduates, RNs reentering the workforce, and advanced practice RN students and RNs.
4. Mentors and coaches staff and students.

Research

1. Uses clinical inquiry and research in an advanced specialty area of practice.
2. Uses a performance improvement model as an avenue to improve advanced clinical practice and care.
3. Stays abreast of current literature in the specialty area of practice.
4. Initiates research into topics that directly impact nursing care and uses measurement and evaluation methodologies to assess outcomes.
5. Publishes data from research topics related to the specialty area of practice.

Consultation

1. Performs consultative functions in multiple health care settings.
2. Provides clinical expertise and makes recommendations to physicians, other health care providers, insurance companies, patients, and health care organizations.
3. Reviews standards of practice to determine appropriateness and to reflect current nursing clinical practice.
4. Evaluates policy and procedures for clinical practice in a specialty area.
5. Uses evidence-based clinical practice to develop methods to improve patient care and patient care outcomes.

Clinical Leadership

1. Uses theory/research as a foundation for clinical leadership and CNS research based practice.
2. Demonstrates mastery in theories including Change Theory, Persuasion, Influence, and Negotiation Theory, Systems Theory, Consultation Theory, Research Theory, and Research Utilization.
3. Participates in the professional development of self, others, and the nursing profession.
4. Belongs to and participates in professional organizations.
5. Serves as a change agent in health care settings by developing health care standards, assisting in the implementation of standards, facilitating goal setting and achievement, and evaluating outcomes.
6. Serves in a leadership role in the community.

NOTE: A CNS has completed an advanced nursing education program with a clinical focus with an identified patient population concurrently with component areas of competency. An applicant with expert clinical practice in a given field of nursing (i.e. a nurse who has worked fifteen years (entire career) in Labor and Delivery with accompanying clinical expertise, or an applicant in a field related to nursing are NOT advanced practice nurses. These nurses will need to remediate in the five component areas of competency in order to qualify for CNS certificationNOTE: A valid verifier of CNS experience is on who is knowledgeable about CNS roles and must have observed the applicant performing the roles of the five advanced nursing CNS component areas of competency.**

The Process of Application and Requirements for Clinical Nurse Specialist Certification:

An RN may meet the requirements for CNS certification through one of the following methods. (Please note that it is the responsibility of the employer to verify CNS status when verifying the RN's licensure status at time of employment or at the time of RN license renewal.)

Method One: Possess a master's degree in a clinical field of nursing that conforms to the standards set forth in 2838.2 and expert clinical practice.*

Method Two: Possess a master's degree in a clinical field of nursing or a clinical field related to nursing,** and certification by a national organization/association whose standards are equivalent to those set forth in 2832.2.

Method Three: Possess a master's degree in a clinical field related to nursing, * and is able to demonstrate graduate level advanced practice nursing course work and clinical experience for the following CNS component areas of competency: a) Expert Clinical Practice; b) Education; c) Research; d) Consultation; and e) Clinical Leadership.

***NOTE:** Clinically competent means that one possesses and exercises the degree of learning, skill, care, and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice. (CCR 1480).

****NOTE:** A "clinical field related to nursing" is defined by the existence of a therapeutic relationship between a client and the health care provider. The clinical fields related to nursing include, but are not limited to, psychology, public health, social work, education, health sciences, behavioral sciences, nutrition, and bioethics.

References


Beecroft, Pauline, PhD., R.N., Editor.(1997). National association of clinical nurse specialists statement on clinical nurse specialist practice and education. Lippincott: Philadelphia, Pa.

American Association of Colleges of Nursing Task Force. (1996).Essentials of masters education for advanced practice nursing. AACN:Washington, D.C.





GENERAL INFORMATION FOR CLINICAL NURSE SPECIALISTS REGARDING NATIONAL CERTIFICATION

The following national organizations/associations have met the certification requirements that are equivalent to the Board's standards for Clinical Nurse Specialist certification. 


American Association of Critical Care Nurses

101 Columbia
Aliso Viejo, CA 92655-1491
1-(800)-899-2226
<http://www.aacn.org>

American Nurses Association – American Nurses Credentialing Center (ANCC)

8515 Georgia Avenue, Suite 400
Silver Springs, MD 20910-3492
1-(800)-284-2378
<http://www.ana.org/ancc>

ANCC offers clinical nurse specialist certification in the following areas: 

- Adult Health (formerly Medical-Surgical) CNS
- Adult Psychiatric and Mental Health CNS
- Child/Adolescent Psychiatric and Mental Health CNS
- Diabetes Management - Advanced
- Gerontological CNS
- Home Health CNS
- Pediatric CNS
- Public/Community Health CNS (formerly CNS in Public/Community Health) 

Oncology Nursing Certification Corporation

501 Holiday Drive, Pittsburgh, PA 15220-2749
Toll Free –1- (877)-769-ONCC or (412)-859-6104
<http://www.oncc@ons.org>

