The Mark of Distinction

Certified Heart Failure Nurse
and
Certified Heart Failure Nurse-Knowledge Based

Candidate Examination Handbook
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All questions and requests for information about the **Heart Failure Certification Examination** should be directed to:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Web Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAHFN-CB</td>
<td>1120 Rt. 73 Suite 200, Mt. Laurel, NJ 08054</td>
<td>888-452-2436</td>
<td>856-439-0525</td>
<td><a href="http://www.aahfn.org">www.aahfn.org</a></td>
</tr>
<tr>
<td>PSI Candidate Services</td>
<td>18000 W 105th Street, Olathe, KS 66061-7543</td>
<td>888-519-9901</td>
<td>913-895-4650</td>
<td><a href="http://www.goAMP.com">www.goAMP.com</a></td>
</tr>
</tbody>
</table>

All questions and requests for information about examination scheduling should be directed to:
About AAHFN-CB

Offering basic heart failure certification was initiated by the original AAHFN Board of Directors in 2004 and was a personal goal of the 13 individuals who banded together to facilitate the creation of the AAHFN organization in December 2003. In 2010, the certification examination was developed by the AAHFN-CB (American Association Heart Failure Nurses- Certification Board) under the auspices of Applied Measurement Professionals, Inc. (AMP was acquired by PSI Services in 2015.). The first CHFN examination was administered in June 2011. The purpose of Heart Failure Nursing Certification is to promote the highest standards of practice within the specialty, to validate attainment of a common knowledge base required for clinical heart failure practice, and to encourage and promote continued educational growth. The CHFN-K certification was created in April, 2015 to encompass the knowledge based non-clinical nurse that impacts the heart failure community through administration, education, research, quality, industries, organizations and other quality roles. The examination is the same, but required criteria is different for the CHFN (clinical nurse) and the CHFN-K (non-clinical nurse).

Independent Testing Agency

AAHFN-CB has contracted with PSI Services to assist in the development, administration, scoring and analysis of the heart failure certification examination. PSI is a leader in the testing industry, offering certification, licensing, talent assessment and academic solutions worldwide.

Nondiscrimination Policy

The AAHFN-CB and PSI does not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability, marital status or any other protected characteristic.

About the AAHFN-CB Examination

The AAHFN-CB examination consists of 100 multiple choice questions, plus 10 questions that are not scored, but are being pre-tested for future use. Candidates will have two hours to complete the exam.

AAHFN Membership Not An Eligibility Requirement

Membership in the American Association of Heart Failure Nurses is not an eligibility requirement for AAHFN-CB Certification.

CHFN Eligibility Criteria (for the Clinical Nurse)

• Hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country and have practiced full time as a registered nurse for at least two (2) years or its equivalent that equates to approximately 4160 hours.

• Have a minimum of 1,200 hours of clinical practice working in a field of nursing caring for heart failure patients within the last two (2) years. Note: this requirement equates to approximately 29% of time in clinical practice of heart failure in the previous two (2) years.

• Have completed 30 hours of accredited* continuing education within the last two (2) years, of which a minimum of 15 hours must be heart failure specific. Must be completed at the time the exam application is submitted. If “heart failure” is not in the title or education was NOT provided by AAHFN or HFSA, you must submit a syllabus and/or objectives to confirm content is heart failure specific. The 15 hour heart failure specific education cannot be themes related to heart failure (for example, atrial fibrillation, sleep apnea, chronic renal failure, hypertension or coronary artery disease). Pulmonary hypertension requires additional documentation unless it is clearly heart failure specific. Please review document link on the website for a guideline for accepted heart failure topics.

*accredited CEs - i.e. ANCC, State Nursing Board - not all hospital CEs are accredited - check with your institution.

*International CHFNs and CHFN-Ks must meet the same requirements as U.S. CHFNs and CHFN-Ks. Certificate for CEs must be available upon request.
CHFN-K Eligibility Criteria (for the Non-Clinical Nurse)

- Hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country and practiced as a registered nurse (previously or currently) for at least five (5) years full-time or its equivalent that equates to approximately 10,400 hours.

- Have a Bachelors of Science in Nursing (BSN) or equivalent bachelor’s degree plus 2,400 hours experience in your current role OR have a Masters plus 2,080 hours experience in your current role

- Have completed 30 hrs. of accredited heart failure continuing education within the last two (2) years. If “heart failure” is not in the title or education was NOT provided by AAHFN or HFSA, you must submit a syllabus and/or objectives to confirm content is heart failure specific. The heart failure specific education cannot be themes related to heart failure (for example, atrial fibrillation, sleep apnea, chronic renal failure, hypertension or coronary artery disease). Pulmonary hypertension requires additional documentation unless it is clearly heart failure specific. Please review the document on the link below for accepted heart failure topics. Must be completed at the time the exam application is submitted.

- Briefly explain in your current job how you indirectly touch patients with heart failure or complete some action in your role that is heart failure specific.

*accredited CEs - i.e. ANCC, State Nursing Board - not all hospital CEs are accredited - check with your institution.

*International CHFNs and CHFN-Ks must meet the same requirements as U.S. CHFNs and CHFN-Ks. Certificate for CEs must be available upon request.

Name and Address Changes

You are responsible for notifying the AAHFN-CB should your name and/or address change at any time before or after you become certified. Failure to do so may result in not receiving information necessary for certification or recertification.

You may update your profile online by logging into your AAHFN account.

You are responsible for renewing your certification, even if you do not receive a renewal notice.

Examination Fees

<table>
<thead>
<tr>
<th></th>
<th>AAHFN member</th>
<th>Non AAHFN member</th>
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<tbody>
<tr>
<td>Pen &amp; Paper at Annual Meeting</td>
<td>$275.00</td>
<td>$375.00</td>
</tr>
<tr>
<td>Computer Based Testing</td>
<td>$350.00</td>
<td>$450.00</td>
</tr>
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</table>

This includes a non refundable application fee of $75.00.

Membership in AAHFN must be current through the examination date to be eligible for the reduced fee.

Payment may be made by credit card (VISA, MasterCard or American Express), or check. Registration fees are not refundable or transferrable. The computer based test examination date can be rescheduled ONCE without additional cost. There will be an increased $75 fee if a pen and paper examination is transferred to a computer based test.

Paper application submitted instead of online application - $30 hardcopy fee.
Returned Check Fee $20.00. Any applicant whose personal check is returned for insufficient funds is required to pay this fee. Remittance of fees thereafter must be by certified check or money order. All funds must be drawn on US dollars.

Examination Preparation

Below are just a few of the many resources available to help in your preparation to take the examination.

*Heart Failure Nursing Certification – Core Curriculum Review book*
The official study guide of the American Association of Heart Failure Nurses. This book is a comprehensive guide for all nurses who provide care to patients with heart failure. Each chapter includes study questions for self-review and resources for further reading.

*Heart Failure Nursing Certification Review Course*
This online self-paced review course will provide an extensive review of heart failure nursing and patient care to help prepare the learner to sit for the Certified Heart Failure Nurse (CHFN) exam. The review course is broken down into three parts and includes “knowledge” check questions and case study questions. Four (4) continuing nurse education (CNE) are available with this review course. This review course is online and does not have audio.

AAHFN Education Center – [www.aahfn.org](http://www.aahfn.org) – has many CE and Non CE activities

Examination content outline - available at [www.aahfn.org](http://www.aahfn.org), click on the “Learn More” in the Certification Box on the AAHFN homepage, click on the Exam Prep tab, the drop down menu will say “Exam Content Outline”.

Application Process

All applications must be vetted through the AAHFN-CB National Office for approval. Applications may be submitted via online, fax, or mail to the National Office. There will be a $30 hardcopy fee for applications received via fax, mail, or email.

Online: [www.aahfn.org](http://www.aahfn.org)

Fax: 856-439-0525
Attn: AAHFN-CB

Mail to: AAHFN-CB
Certification Exam
1120 Route 73, Suite 200
Mount Laurel, NJ 08054

Application for Pen and Paper Examination

This examination is offered in conjunction with the AAHFN Annual Conference. All applications must be postmarked or time stamped by May 10th of the current year to take the examination; i.e. Annual Conference 2018, applications must be in by May 10, 2018. Applications postmarked or time stamped after May 10th will not be considered.

Application for Computer Based Testing Examination

Applications are to be sent to the AAHFN-CB National Office via online, fax, or mail. Once your application is approved to sit for the examination, you will be sent a letter of approval with a unique HFN identification number. You will need this number to schedule your appointment.
Application Deadlines

Refer to table below for application deadlines and testing dates.

<table>
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<tr>
<th>Application Window</th>
<th>Testing Window</th>
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<tr>
<td>December 1 - January 31</td>
<td>March 1-31 (Computer Based Testing)</td>
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<tr>
<td>March 1 – May 10</td>
<td>June - in conjunction with AAHFN Annual Meeting</td>
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<tr>
<td>June 1 – July 31</td>
<td>September 1 – 30 (Computer Based Testing)</td>
</tr>
<tr>
<td>September 1 - October 31</td>
<td>December 1—31 (Computer Based Testing)</td>
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Examinations are delivered by computer at more than 190 PSI Test Centers located throughout the United States. The examination is administered by appointment only Monday through Friday at 9:00 a.m. and 1:30 p.m. Saturday appointments may be scheduled based on availability. Available dates will be indicated when scheduling your examination. Candidates are scheduled on a first-come, first-served basis.

Scheduling An Examination

Once you have been approved and received your letter from AAHFN-CB, soon after you will receive an email from PSI that you are eligible to schedule your exam. There are two ways to schedule your examination.

Online Scheduling: Go to [www.goAMP.com](http://www.goAMP.com) and select “Candidates”; Drop down menu #1 click on “Healthcare”; Drop down menu #2 – click on “American Association of Heart Failure Nurses”; Drop down menu #3 – click on “Certified Heart Failure Nurse Examination” (exam is exactly the same for CHFN and CHFN-K). Click “Register for the exam” to log-in or create an account to schedule your examination appointment.

OR

Telephone Scheduling: Call PSI at 888-519-9901 to schedule an examination appointment. This toll-free number is answered from 7:00 a.m. to 9:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 7:00 p.m. on Friday, and 8:30 a.m. to 5:00 p.m. on Saturday.

<table>
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<tr>
<th>If you contact PSI by 3:00 p.m. Central Time on…</th>
<th>Depending on Test Center availability and the start date of the testing window, your examination may be scheduled as early as…</th>
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<td>Monday</td>
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<td>Tuesday</td>
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When you schedule your examination appointment, be prepared to confirm a location and a preferred date and time for testing. You will be asked to provide your unique HFN identification number, which is on the approval email you receive from AAHFN-CB. When you call or go online to schedule your examination appointment, you will be notified of the time to report to the Test Center and if an e-mail address is provided you will be sent an e-mail confirmation notice.

If special accommodations are being requested, complete the Request for Special Examination Accommodations form included in this handbook and submit it to PSI at least 45 days prior to the desired examination date.

Test Center Locations

PSI Test Centers have been selected to provide accessibility to the most candidates in all states and major metropolitan areas. A current listing of PSI Test Centers, including addresses and driving directions, may be viewed at PSI’s website www.goAMP.com. Select “Candidates”; Drop down menu #1 click on “Healthcare”; Drop down menu #2 – click on “American Association of Heart Failure Nurses” Drop down menu #3 – click on “Certified Heart Failure Examination” *(exam is exactly the same for CHFN and CHFN-K). Click on “Locate Testing Center” to be directed to a page where you can enter your zip code or click on your state to see the location of testing centers. Specific address information will be provided when you schedule an examination appointment.

Holidays

The examinations are not offered on holidays during the four testing windows – Labor Day and the Christmas Holiday.

Special Arrangements for Candidates with Disabilities

PSI complies with the Americans with Disabilities Act and strives to ensure that no individual with a disability as defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment is deprived of the opportunity to take the examination solely by reason of that disability. PSI will provide reasonable accommodations for candidates with disabilities. Candidates requesting special accommodations must call PSI at 888-519-9901 to schedule their examination.

1. Wheelchair access is available at all established Test Centers. Candidates must advise PSI at the time of scheduling that wheelchair access is necessary.

2. Candidates with visual, sensory, physical or learning disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements.

Verification of the disability and a statement of the specific type of assistance needed must be made in writing to PSI at least 45 calendar days prior to your desired examination date by completing the two-page Request for Special Examination Accommodations form. PSI will review the submitted forms and will contact you regarding the decision for accommodations.

Rescheduling An Examination

You may reschedule your computer based test appointment ONCE within the specified month of application quarter at no charge by calling PSI at 888-519-9901 at least 2 business days prior to your scheduled computer based test appointment. The following schedule applies.

<table>
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<th>If the Examination is scheduled on . . .</th>
<th>PSI must be contacted by 3:00 p.m. Central Time to reschedule the Examination by the previous . . .</th>
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<td>Friday</td>
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You can transfer from one quarter to the next once without a penalty fee provided you have notified PSI at least 2 business days prior to your scheduled examination appointment, contacted AAHFN-CB to expand the permitted boundary timeframes to take the exam. If the request is for a transfer from a pen and paper exam to computer based testing, a $75 transfer fee applies.
After the first reschedule or transfer at no cost, all subsequent requests to reschedule require a $75 rescheduling fee. You must sit for the exam within 1 year of the original application or the entire registration fee will be forfeited.

**Missed Appointments and Forfeitures**

You will forfeit your examination registration and all fees paid to take the examination under the following circumstances.

- You wish to reschedule an examination but fail to contact PSI at least two business days prior to the scheduled testing session.
- You do not sit for the examination within 1 year of the original application.
- You appear more than 15 minutes late for an examination.
- You fail to report for an examination appointment.

**Inclement Weather, Power Failure or Emergency**

In the event of inclement weather or unforeseen emergencies on the day of an examination, PSI will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Test Center personnel are able to open the Test Center.

You may visit [www.goAMP.com](http://www.goAMP.com) prior to the examination to determine if PSI has been advised that any Test Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be cancelled at a Test Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to a Test Center is temporarily interrupted during an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

**Taking the Examination**

**Pen and Paper Examination**

This examination is given in conjunction with the AAHFN Annual Conference. Dates and time will be determined each year. The following criteria are the same each year. Once you have been approved to take the exam you will receive an email of approval. Approximately the first week of June, you will receive from AAHFN-CB an email with details about room location, specific times, and any other information that is pertinent to taking the exam that has not already been shared.

Approximately 2 weeks prior to the exam session you will receive a confirmation letter by mail from PSI, the company administering the exam, that must be presented for admission to the exam session, along with 2 forms of identification. When the letter arrives, please read it carefully to ensure that your name is listed as it appears on your legal identification.

**Identification**

To gain admission to the testing room, you must present two forms of identification. The primary form must be government issued, current and include your name, signature, and photograph. No form of temporary identification will be accepted. You will also be required to sign a roster for verification of identity.

- Examples of valid primary forms of identification are: driver’s license with photograph; state identification card with photograph; military identification card with photograph.
- The secondary form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).
- If your name on your registration is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order).
Candidates must have proper identification to gain admission to the testing room. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of examination fees.

Following is key information that you will find helpful on the day of your exam:

The exam time is 2 hours.

**Personal Belongings**

We discourage you from bringing personal belongings to the exam. Purses, bags and powered-off electronic devices (e.g., cellular/smart phone, pager,) must be placed in the designated area in the examination room. 

*Any electronic device that sounds during the exam will result in dismissal from the exam.*

**Examination Restrictions**

Pencils will be provided.

No food or beverages may be carried into the testing room.

If you are a diabetic or have any other special needs, please *notify the exam proctors upon check-in.*

If you need to use the restroom during the exam, you will be escorted by an exam proctor.

Upon completing the examination, you may leave quietly.

**Pass/Fail Notification of Examination Results**

Examination results will be mailed 4-6 weeks after the exam date. The address that you provide on the application is the address that your test results and certificate will be sent. You are responsible to notify the AAHFN-CB National Office of any changes. If an examination result must be re-sent, there will be a $25 administration fee charged.

**Computer Based Examination**

Your examination will be given by computer at a PSI Test Center. You do not need any computer experience or typing skills to take your examination. On the day of your examination appointment, report to the Test Center no later than your scheduled testing time. IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME, YOU WILL NOT BE ADMITTED.

**Identification**

To gain admission to the Test Center, you must present two forms of identification. The primary form must be government issued, current and include your name, signature, and photograph. No form of temporary identification will be accepted. You will also be required to sign a roster for verification of identity.

- Examples of valid primary forms of identification are: driver’s license with photograph; state identification card with photograph; military identification card with photograph.
- The secondary form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).
- If your name on your registration is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order).

Candidates must have proper identification to gain admission to the Test Center. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of examination fees.
Security

PSI administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Test Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

• Examinations are proprietary. No cameras, notes, tape recorders, pagers or cellular/smart phones are allowed in the testing room. Possession of a cellular/smart phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.

• No calculators are allowed.

• No guests, visitors or family members are allowed in the testing room or reception areas.

Personal Belongings

No personal items, valuables, or weapons should be brought to the Test Center. Coats must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker.

- watches
- hats
- wallets
- keys

Once you have placed everything into the soft locker, you will be asked to pull out your pockets to ensure they are empty. If all personal items will not fit in the soft locker you will not be able to test. The site will not store any personal belongings. If any personal items are observed in the testing room after the examination is started, you will be dismissed, and the administration will be forfeited.

Examination Restrictions

• Pencils will be provided during check-in.

• You will be provided with one piece of scratch paper at a time to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive your score report.

• No documents or notes of any kind may be removed from the Test Center.

• No questions concerning the content of the examination may be asked during the examination.

• Eating, drinking or smoking will not be permitted in the Test Center.

• You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

Practice Examination

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your HFN identification number, which you will find on the exam approval email that you received from AAHFN-CB. You will take your photograph which will remain on screen throughout your examination session. This photograph will also print on your score report. Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score.
When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

**Timed Examination**

Following the practice examination, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen.

The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the “Time” box in the lower menu bar on the screen to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right of the screen. Choices of answers to the examination question are identified as A, B, C, or D. You must indicate your choice by either typing in the letter in the response box in the lower left portion of the computer screen or clicking on the option using the mouse. To change your answer, enter a different option by typing the A, B, C, or D or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the double arrows (>>) to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the double arrows (>>). When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing.

**Candidate Comments**

During the examination, comments may be provided for any question by clicking on the Comment button to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.

**Following the Examination**

After completing the examination, you are asked to answer a short evaluation of your examination experience. Then, you are instructed to report to the examination proctor to receive an examination completion report.

**Scores Cancelled by the AAHFN-CB or PSI**

PSI is responsible for the validity and integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. AAHFN-CB and PSI reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.
All Examination Candidates

Failing to Report For An Examination

If you fail to report for an examination, you will forfeit the registration and all fees paid to take the examination. A completed application form and examination fee are required to reapply for examination.

Misconduct

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

• create a disturbance, are abusive, or otherwise uncooperative;
• display and/or use electronic communications equipment such as pagers, cellular/smart phones;
• talk or participate in conversation with other examination candidates;
• give or receive help or are suspected of doing so;
• leave the Test Center during the administration;
• attempt to record examination questions or make notes;
• attempt to take the examination for someone else;
• are observed with personal belongings, or
• are observed with notes, books or other aids without it being noted on the roster.

Copyrighted Examination Questions

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

Confidentiality

Information about candidates for testing and their examination results are considered confidential. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

Duplicate Score Report

You may purchase additional copies of your results at a cost of $25 per copy. Requests must be submitted to PSI, in writing. The request must include your name, HFN identification number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to PSI in the form of a money order or cashier's check. Duplicate score reports will be mailed within approximately two weeks after receipt of the request and fee.

After the Examination

If You Pass The Examination:

Each successful candidate will be sent an 8 ½” x 11” certificate suitable for framing. In addition, the candidate will be entitled to use the designation “CHFN” or “CHFN-K.” A certification pin is available for purchase from the AAHFN Online Store. Names of successful candidates will be published in the AAHFN’s quarterly newsletter The Connection, and in the Heart & Lung Journal.

If You Do Not Pass The Examination:

A candidate who does not pass the examination must wait two months re-take the exam, but must re-take the exam within six (6) months of original test date to receive the reduced examination fee. The reduced rate is $125 for AAHFN members and $200 for non-members. This includes a non refundable application fee of $75.00. The national office will email a promo code to receive the discounted rate. You must apply and complete an online application. Enter the promo code on the payment page of the application. A candidate who does not pass the second examination is considered failed. Any repeat examination will require completion of a new application and payment of the full examination fee.
REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and provide the Documentation of Disability-Related Needs on the next page and submit both pages 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.

Candidate Information

Candidate ID # ______________________  Requested Test Center: ___________________________

Name (Last, First, Middle Initial, Former Name)

Mailing Address

____________________________________________________

City  State  Zip Code

Daytime Telephone Number  Email Address

Special Accommodations

I request special accommodations for the __________________________________________ examination.

Please provide (check all that apply):

_____ Reader

_____ Extended testing time (time and a half)

_____ Reduced distraction environment

_____ Please specify below if other special accommodations are needed.

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Comments: _______________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

PLEASE READ AND SIGN:
I give my permission for my diagnosing professional to discuss with PSI staff my records and history as they relate to the requested accommodation.

Signature: __________________________________________  Date: _______________________

Return this form to:
PSI, 18000 W. 105th St., Olathe, KS 66061-7543
If you have questions, call Candidate Services at 888-519-9901.

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

**Professional Documentation**

I have known __________________________________________________ since _____ / _____ / _____ in my capacity as a 

Candidate Name

Date

_______________________________________________________________________.

My Professional Title

The candidate discussed with me the nature of the test to be administered. It is my opinion that, because of this candidate’s disability described below, he/she should be accommodated by providing the special arrangements listed on the Request for Special Examination Accommodations form.

Description of Disability: __________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Signed:________________________________________ Title:________________________________________

Printed Name:______________________________________________________________________________

Address:____________________________________________________________________________________________
___________________________________________________________________________________________________

Telephone Number:________________________ Email Address:____________________________

Date:________________________________________ License # (if applicable):________________________

Return this form to:
PSI, 18000 W. 105th St., Olathe, KS 66061-7543
If you have questions, call Candidate Services at 888-519-9901.

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