

NBCHPN®



National Board for Certification  
of Hospice and Palliative Nurses

**Computer Based Examinations**

# 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

Hospice and Palliative Care Administrator 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, nursing assistants and for hospice and palliative care administrators. All information regarding the examinations, testing policies and procedures and an application form can be found in this Candidate Handbook. All NBCHPN® certification exams are computer-based and offered at AMP Assessment Center locations. Paper and pencil exams are no longer available. 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  
18000 W. 105th Street  
Olathe, KS 66061-7543  
Telephone: (Toll free) 888-519-9901  
Fax: 913-895-4651  
E-mail: info-amp@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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## 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, nursing assistants and administrators. Currently there are over 16,000 individuals certified by NBCHPN®.

The NBCHPN® Board of Directors oversees all aspects of the certification program. The composition of the Board includes advanced practice nurses, registered nurses, a licensed practical/vocational nurse, a nursing assistant, a certified nurse from another specialty, an administrator, 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.

### 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, nursing assistants and administrators. It focuses specifically on the individual and is an indication of current competence in a specialized area of practice. Certification in hospice and palliative care is highly valued and provides formal recognition of basic hospice and palliative nursing or administration knowledge.

The purpose of certification is to *promote delivery of comprehensive palliative nursing care through the certification of qualified hospice and palliative professionals 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 care.

### DEFINITION OF HOSPICE AND PALLIATIVE CARE

Hospice and palliative care is the provision of care for the patient with life-limiting illness and their family with the emphasis on their physical, psychosocial, emotional and spiritual needs. 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, nursing assistant and administrator are integral to achieve a high standard of hospice and palliative care as members 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 ADMINISTRATION

The NBCHPN® Examination is delivered by computer at over 170 AMP Assessment Centers geographically 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. Evening and Saturday appointments may be scheduled based on availability. Candidates are scheduled on a first-come, first-served basis. The examination is not offered on holidays during the four offered windows (Labor Day, Christmas Eve and Christmas Day).

## EXAMINATION WINDOWS AND APPLICATION DEADLINES

Applications that are received before the application "Start Date" or after the application "Deadlines" as posted below will be returned to the applicant **unprocessed**.

Applications are processed for the corresponding testing window **ONLY** as indicated in the chart below.

TESTING WINDOW	Application Start Date	Paper Application Deadline	Online Application Deadline
March 1 – March 31	December 1	January 15	February 15
June 1 – June 30	March 1	April 15	May 15
September 1 – September 30	June 1	July 15	August 15
December 1 – December 31	September 1	October 15	November 15

To apply for an NBCHPN® examination, complete the application online or mail the application included with this handbook to Applied Measurement Professionals, Inc. (AMP). All applications must be **RECEIVED** at AMP by the application deadline.

Advanced Practice Nurses applying for initial Certification **MUST apply by MAIL** using the paper application due to the additional required documentation. Transcripts **MUST** accompany the application.

## ASSESSMENT CENTER LOCATIONS

A current list of Assessment Centers with specific address information can be viewed at [www.goAMP.com](http://www.goAMP.com).

## APPLYING FOR AN EXAMINATION

### THE APPLICATION PROCESS

There are two ways to apply for the NBCHPN® Certification Examination. Candidates may access the application process through the NBCHPN® at [www.nbchpn.org](http://www.nbchpn.org). **FAXED APPLICATIONS ARE NOT ACCEPTED.**

1. **Online Application and Scheduling:** The candidate may complete the application and scheduling process in one online session by visiting [www.nbchpn.org](http://www.nbchpn.org). The computer screens will guide the candidate through the application/scheduling process. After the application information and payment using a credit card (VISA, MasterCard, Discover) have been submitted, eligibility will be confirmed or denied and the applicant will be prompted to schedule an examination appointment or supply additional eligibility information.

OR

2. **Paper Application and Scheduling:** Complete and mail to AMP the paper application included in this handbook and appropriate fee (credit card, cashier's check or money order). A paper application is considered complete only if all information requested is complete, legible and accurate; if the candidate is eligible for the examination; and if the appropriate fee accompanies the application. **A paper application that is incomplete or late will be returned, unprocessed.**

AMP will process the paper application and within approximately two weeks will send a confirmation notice including a website address and toll-free telephone number to contact AMP to schedule an examination appointment (see following table). If eligibility cannot be confirmed, notification why the application is incomplete will be sent. If a confirmation of eligibility notice is not received within 4 weeks, contact AMP at 888/519-9901.

If you contact AMP by 3:00 p.m. Central Time on...	Your examination may be scheduled as early as...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday (Saturday if available)
Thursday	Monday
Friday	Tuesday

Be prepared to confirm a location and a preferred date and time for testing and to provide your Social Security number as a unique identification number. When you call to schedule an appointment for examination, you will be notified of the time to report to the Assessment Center. Please make a note of it because you will **NOT** receive an admission letter with appointment confirmation.



A candidate is allowed to take only the examination scheduled. **Unscheduled candidates (walk-ins) are not tested.**

## EXAMINATION APPOINTMENT CHANGES

A candidate may reschedule an appointment for examination at no charge **once** by calling AMP at 888/519-9901 **AT LEAST TWO BUSINESS DAYS** prior to the scheduled examination session (see following table). Appointments **MUST** be rescheduled within the **SAME TESTING WINDOW**.

If the Examination is scheduled on...	AMP must be contacted by 3:00 p.m. Central Time to reschedule the Examination by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday
Saturday	Wednesday

## 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 written application 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 your handbook. This form must be signed by an appropriate professional and submitted to AMP with this application.

## 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 **PRIOR** to applying for the NBCHPN® examination are entitled to the HPNA member discounted examination fee as a membership benefit. See "Examination Fees" section for the applicable examination. Candidates **MUST** include their HPNA membership number on their exam application in order to receive the discounted fee.

## FORFEITURE OF FEE

A candidate who:

1. does not schedule an examination appointment within the selected testing window;
2. fails to reschedule an examination within two business days prior to the scheduled testing session;
3. fails to report for an examination appointment;
4. arrives more than 15 minutes late for the examination appointment; or
5. fails to provide proper identification at the Assessment Center

will forfeit the examination fee and must reapply for the examination by submitting a new application, documentation and full examination fee.

## REFUNDS AND TRANSFERS

Due to the nature of computer based testing and the ability to reschedule your appointment within the testing window, no refund or transfer requests will be honored.

## ON THE DAY OF YOUR EXAMINATION

On the day of your examination appointment, report to the Assessment Center no later than your scheduled testing time. Once you enter the H&R Block office, look for the signs indicating AMP Assessment Center check-in. **IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME YOU WILL NOT BE ADMITTED.**

To gain admission to the Assessment Center, you must present **two forms of identification, one with a current photograph.** Both forms of identification must be current and include your current name and signature. You will also be required to sign a roster for verification of identity.

Acceptable forms of identification include a current:

1. Driver's license with photograph
2. State identification card with photograph
3. Passport
4. Military identification card with photograph
5. Social security card (secondary form)

Employment ID cards, student ID cards and any type of temporary identification are **NOT** acceptable as primary identification, but may be used as secondary identification. Candidates are prohibited from misrepresenting their identities or falsifying information to obtain admission to the Assessment Center.

After your identification has been confirmed, you will be directed to a testing carrel. You will be prompted on-screen to enter your Social Security number. Your photograph will be taken and it will remain on-screen throughout your examination session. This photograph will also print on your score report.



## SECURITY

AMP maintains examination administration and security standards that are designed to assure that all candidates are provided the same opportunity to demonstrate their abilities. The Assessment 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, Personal Digital Assistants (PDAs), pagers or cellular phones are allowed in the testing room.
- No programmable calculators or calculators with paper-tape printing capability are permitted.
- Use of a computer or a Personal Digital Assistant (PDA) is not permitted.
- No guests, visitors or family members are allowed in the testing room or reception areas.
- No personal items, valuables, or weapons are allowed in the Assessment Center. **Only keys and wallets may be taken into the testing room and AMP is not responsible for items left in the reception area.**

## EXAMINATION RESTRICTIONS

- Pencils will be provided during check-in.
- Use of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- You will be provided with one piece of scratch paper to use at a time during the examination. You must sign and return the scratch paper to the supervisor at the completion of testing, or you will not receive a score report. No documents or notes of any kind may be removed from the examination room. If you need a second piece of scratch paper, you need to ask the test proctor for another piece of paper and turn in the one you used before.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Assessment 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.

## MISCONDUCT

Individuals who engage in any of the following conduct may be dismissed from the examination, their scores will not be reported and examination fees will not be refunded. Examples of misconduct are when a candidate:

- creates a disturbance, is abusive, or otherwise uncooperative;
- displays and/or uses electronic communications equipment such as pagers, cellular phones, PDAs;
- talks or participates in conversation with other examination candidates;
- gives or receives help or is suspected of doing so;
- attempts to record examination questions or make notes;
- attempts to take the examination for someone else; or
- is observed with notes, books or other aids.

## COPYRIGHTED EXAMINATION QUESTIONS

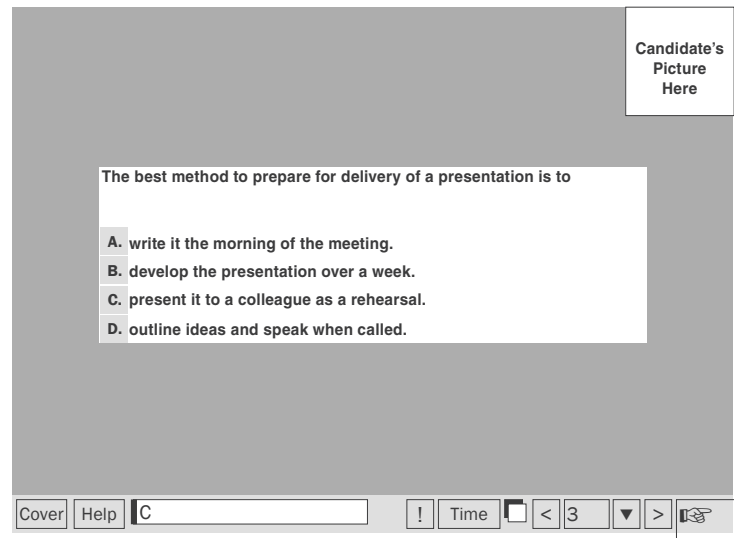
All examination questions are the copyrighted property of NBCHPN®. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

## PRACTICE EXAMINATION

Prior to attempting the timed 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. 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 following is a sample of what the computer screen will look like when candidates are attempting the examination.



The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time limit. You may click on the "Time" button in the lower right portion of the screen or select the TIME key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The time feature may also be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right portion of the screen. The entire examination question appears on-screen (i.e., stem and four options labeled – A, B, C and D). **Indicate your choice by either entering the letter of the option you think is correct (A, B, C or D) or clicking on the option using the mouse.** To change your answer, enter a different option by pressing the A, B, C or D key 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 or select the NEXT key. 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.

The computer-based test (CBT) is set up in a linear format. In a linear format the candidate answers a predetermined number of questions. The exam questions do not become increasingly more difficult based on answers to previous questions. Answer selections may be changed as many times as necessary during the allotted time.

A 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 hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key. When the examination is completed, the number of 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 answer each question before ending the examination. **There is no penalty for guessing.**

## CANDIDATE COMMENTS

You may provide comments for any test questions during the computerized examination **by clicking on the button displaying an exclamation point (!)** to the left of the TIME button. This opens a dialogue box to enter comments. Because of test security considerations, you will not receive individual replies about the content of test questions, nor will you be permitted to review test questions after completing the examination. At conclusion of the examination, you will also be asked to complete a brief survey about the test administration conditions.

## INCLEMENT WEATHER OR EMERGENCY

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. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center.

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

If power to an Assessment 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.

## REPORT OF RESULTS

After completing the examination, you are asked to complete a short evaluation of your examination experience. Then, you are instructed to report to the examination proctor to receive your score report. Scores are reported in written form only, in person or by U.S. mail. **Scores are not reported over the telephone, by electronic mail or by facsimile.**

Your score report will indicate a "pass" or "fail." Additional detail is provided in the form of raw scores by major content category. 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.



## DUPLICATE SCORE REPORT

You may purchase additional copies of your score reports at a cost of \$25 per copy. Requests must be submitted to AMP, in writing, within 12 months after the examination. The request must include your name, Social Security number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to AMP. Duplicate score reports will be mailed within approximately two weeks after receipt of the request and fee.

## 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™**
- **Certified Hospice and Palliative Care Administrator Examination: CHPCA**

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, nursing assistants and administrators 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.

## RENEWAL OF CERTIFICATION

Attaining certification is an indication of a well-defined body of knowledge. Renewal of the certification is required every four years to maintain certified status. Initial certification or renewal of certification is valid for four years.

*Individuals who do not renew before the expiration date of their credential will not be able to use the credential after that date. They will need to pay the same initial certification fee when they retake the examination as other applicants for initial certification.*

Please refer to the designated exam section of the handbook for specific information regarding renewal of certification.

## MISUSE OF CERTIFICATION CREDENTIALS

Please be advised that once certified, the designated credential may only be used by the certified individual during the four-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®", "CHPNA™", or "CHPCA" 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.

## GROUND 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.

### REVOCAION 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.

### QUESTIONS AND APPEALS

NBCHPN® provides an opportunity for candidates to question any aspect of the certification program. NBCHPN® will respond to any question as quickly as possible, generally within a few days. Candidates are invited to call 412-787-1057 or send an e-mail message to [nbchpn@hpna.org](mailto:nbchpn@hpna.org) for any questions. In addition, NBCHPN® has an appeals policy to provide a review mechanism for challenging an adverse decision, such as denial of eligibility for the examination or revocation of certification. It is the responsibility of the individual to initiate the appeal process by written request to the NBCHPN® President, 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.

### RE-EXAMINATION

The NBCHPN® certification examinations may be **taken every other window 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. 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.
3. Book mark unanswered questions for return and review.

A list of suggested references is provided at the end of each examination section in this candidate handbook.



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

### ACCREDITATION OF THE CERTIFICATION EXAMINATION

In February 2007, the Accreditation Council of the American Board of Nursing Specialties certified that NBCHPN® fulfilled the accreditation requirements for the Certification Examination for Advanced Practice Hospice and Palliative Nurses until the year 2012.

CMS (Centers for Medicare & Medicaid Services) has added the National Board for certification of Hospice and Palliative Nurses (NBCHPN®) to the list of recognized national certifying bodies for NPs and CNSs at the advanced practice level.

**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.

### EXAMINATION

The Certification Examination for Hospice and Palliative Advanced Practice Nurses consists of a 175 question multiple-choice examination, 150 scored and 25 non-scored (pre-test). 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 and one-half 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**.

The NBCHPN®, with the advice and assistance of AMP, prepares the examinations. Individuals with expertise in hospice and palliative advanced 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 in the year prior to applying to take the examination, or

- b. Post-master's certificate in nursing with a minimum of 500 hours of supervised advanced clinical practice specifically in palliative care in the year prior to applying to take the examination, 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.

Transcripts for APN applications **MUST BE RECEIVED WITH THE PAPER APPLICATION BY THE DEADLINE DATE.**

If a candidate has questions regarding eligibility requirements, please contact the NBCHPN® National Office at 412-787-1057 **PRIOR** to submission of application.

### RENEWAL OF CERTIFICATION

The Advanced Certified Hospice and Palliative Nurse certificant (Nurse Practitioner or Clinical Nurse Specialist) **must** submit the Advanced Practice Registered Nurse Hospice and Palliative Accrual for Recertification (APRN HPAR) application for renewal of certification. The APRN HPAR, requires renewal of certification by fulfilling practice hour requirements and by accumulating required points through various professional development activities. Included in these activities will be a required online Situational Judgment Exam. APRN HPAR applications must be received in the NBCHPN® National Office between January 1 and March 1 of the year your certification will expire.

If the candidate is unable to meet the practice hour requirements outlined in the APRN HPAR application, the APRN must renew certification using the APRN HPAR accumulated points AND sit for the examination. For more information, contact the National Office at 412-787-1057 or visit the website ([www.nbchpn.org](http://www.nbchpn.org)) for details and necessary forms.



### EXAMINATION FEES

#### Applicants Applying for INITIAL Certification

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

#### Applicants Applying for Renewal of Certification (Renewal through APRN HPAR only)

HPNA members prior to submitting application	\$310
Non-HPNA members	\$410

\*See "HPNA Membership Benefit" on page 3.

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 national 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 (RE): The ability to recall or recognize specific information is required. Approximately 20 percent of the examination requires recall on the part of the candidate.
2. Application (AP): The ability to comprehend, relate or apply knowledge to new or changing situations is required. Approximately 60 percent of the examination requires the candidate to apply knowledge.
3. Analysis (AN): 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) at the advanced practice level 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 questions distributed across five domains of practice as shown in the detailed content outline that follows.

### DETAILED CONTENT OUTLINE

The Detailed Content Outline lists each task that **MAY** be tested by content area and performance level. Each and every task listed for a given content area is not tested on any one form of the examination. Rather, these tasks are representatively sampled such that the test specifications for performance levels are met (i.e., appropriate number of recall, application and analysis performance level items).

### 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 54%

#### 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
5. Obtain a history of present illnesses
6. Obtain medical/surgical history
7. Obtain family history
8. Obtain social history
9. Obtain a history of allergies and drug interactions
10. Obtain a history of pharmacologic and nonpharmacologic therapies
11. Obtain a history of non-traditional therapies (e.g., complementary, alternative)
12. Conduct a comprehensive, problem focused review of systems
13. Perform a comprehensive and/or focused physical examination, including a mental status evaluation
14. Determine patient/family functional status
15. Identify past and present goals of care as stated by patient, surrogate, or health care proxy, or documented through advance care planning
16. Identify health beliefs, values, and practices
17. Assess nutritional issues of patient within the context of advanced illness
18. Assess patient/family knowledge of and response to advanced illness
19. Assess emotional status of patients and families
20. Identify patient/family past/present coping patterns
21. Assess patient/family support systems
22. Assess environmental factors
23. Analyze risks/benefits/burdens related to treatment within the context of goals and care
24. Determine patient/family financial resources/needs
25. Determine patient/family expectations
26. 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. Nonpharmacologic 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 13%**
- A. Ethical Principles**
1. Promote the following ethical principle: autonomy
  2. Promote the following ethical principle: beneficence
  3. Promote the following ethical principle: veracity
  4. Promote the following ethical principle: nonmaleficence
  5. Promote the following ethical principle: confidentiality
- B. Ethical Issues / Conflicts Related to Progressive Illness, Dying and Death**
1. Address issues related to informed consent
  2. Address issues related to truth telling
  3. Address issues related to withholding or withdrawing treatment
  4. Address issues related to suicide, assisted suicide, or euthanasia
  5. Address issues related to sedation
  6. Address issues related to decision making (e.g., capacity, surrogate, advance directives)
  7. Address issues related to 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 10%**
- 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**
1. Incorporate the following role of advanced practice nursing into own practice: Practice
  2. Incorporate the following role of advanced practice nursing into own practice: Education
  3. Incorporate the following role of advanced practice nursing into own practice: Consultation
  4. Incorporate the following role of advanced practice nursing into own practice: Research
  5. Incorporate the following role of advanced practice nursing into own practice: 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 17%**
  - A. Care Team Models
    - 1. Distinguish among varying models of care (e.g., interdisciplinary, multidisciplinary, 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
- 5. Cultural and Spiritual Competence 7%**
  - 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
  - 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
  - B. 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, bereavement, grief 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. Which of the following is the most frequent source of situational anxiety in a patient with a life-threatening illness?
  - A. Concerns about pain, isolation, shortness of breath or dependence.
  - B. Functional decline and 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

**SUGGESTED REFERENCES**

The NBCHPN® has prepared a list of references that may be helpful in preparing for the Certification Examination for Hospice and Palliative Advanced Practice 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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*Gerontologist*  
*International Journal of Palliative Nursing*  
*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*  
*Pain Management Nursing*



## 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® fulfilled the accreditation requirements for the Certification Examination for Hospice and Palliative Nurses. Reaccreditation has been achieved until the year 2012.

### EXAMINATION

The Certification Examination for Hospice and Palliative Nurses consists of a 150 question multiple-choice examination, 135 scored and 15 non-scored (pre-test). 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.

### RENEWAL OF CERTIFICATION

The Certified Hospice and Palliative Nurse (CHPN®) certificant may renew their certification by successfully passing the computer based examination in any of the four windows available (March, June, September, December) during the year in which the current certification will expire OR by completing the alternative method for renewal called the Registered Nurse Hospice and Palliative Alternative Recertification (RN HPAR) method.

### ALTERNATIVE OPTION FOR RENEWAL OF CERTIFICATION

As of 2010 the Certified Hospice and Palliative Nurse (CHPN®) may renew certification by examination or may choose to use the Registered Nurse Hospice and Palliative Alternative Recertification (RN HPAR) method for every renewal cycle.

The alternative method, RN HPAR, allows renewal of certification by accumulating points through various professional development activities. RN HPAR application must be received in the NBCHPN® National Office between January 1 and March 1 of the year your certification will expire. For more information contact the National Office at 412-787-1057 or visit the website ([www.nbchpn.org](http://www.nbchpn.org)) for details and necessary forms.

### 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 3.

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 national 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 (RE): 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 (AP): 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 (AN): 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 questions distributed across seven domains of practice as shown in the detailed content outline that follows.

## DETAILED CONTENT OUTLINE

The Detailed Content Outline lists each task that **MAY** be tested by content area and performance level. Each and every task listed for a given content area is not tested on any one form of the examination. Rather, these tasks are representatively sampled such that the test specifications for performance levels are met (i.e., appropriate number of recall, application and analysis performance level items).

## 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: Life-Limiting Conditions in Adult Patients 14%

- A. Identify and respond to indicators of imminent death
- B. Identify specific patterns of progression, complications, and treatment for:
  - 1. hematologic, oncologic, and paraneoplastic conditions (e.g., cancer and associated complications)
  - 2. neurological conditions
  - 3. cardiac conditions
  - 4. pulmonary conditions
  - 5. renal conditions
  - 6. gastrointestinal and hepatic conditions
  - 7. general debility
  - 8. dementia

2. Patient Care: Pain Management 25%

- 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 (e.g., fear, depression, cultural issues)
- B. Pharmacologic Interventions
  - 1. Identify medications appropriate to severity and specific type of pain (e.g., routes, initiation, scheduling)
  - 2. Titrate medication to effect using baseline and breakthrough doses
  - 3. Administer analgesic medications
  - 4. Identify dosage equivalents when changing analgesics or route of administration
  - 5. Administer adjuvant medications (e.g., NSAIDs, corticosteroids, anticonvulsants, tricyclic antidepressants)
  - 6. Respond to medication side effects, interactions, or complications
  - 7. Perform or manage palliative sedation
- C. Nonpharmacologic and Complementary Interventions
  - 1. Respond to psychosocial, cultural, and spiritual issues related to pain
  - 2. Implement nonpharmacologic interventions (e.g., ice, heat)
  - 3. Facilitate complementary therapies (e.g., Reiki, hypnosis, acupressure, music therapy)

D. Evaluation

- 1. Assess for side effects, interactions, or complications of pain management
- 2. Evaluate efficacy of pain relief interventions

3. Patient Care: Symptom Management 27%

- A. Neurological
  - Apply the nursing process to the following actual or potential symptoms or conditions*
    - 1. aphasia
    - 2. dysphagia (difficulty swallowing)
    - 3. level of consciousness
    - 4. myoclonus (spasms of a muscle or group of muscles)
    - 5. paraesthesia or neuropathies
    - 6. seizures
    - 7. extrapyramidal symptoms
    - 8. paralysis
    - 9. spinal cord compression
- B. Cardiovascular
  - Apply the nursing process to the following actual or potential symptoms or conditions*
    - 1. coagulation problems (e.g., DIC)
    - 2. edema
    - 3. syncope
    - 4. angina
    - 5. superior vena cava syndrome
    - 6. hemorrhage
    - 7. cardiac tamponade
- C. Respiratory
  - Apply the nursing process to the following actual or potential symptoms or conditions*
    - 1. congestion
    - 2. cough
    - 3. dyspnea
    - 4. pleural effusions
    - 5. pneumothorax
- D. Gastrointestinal
  - Apply the nursing process to the following actual or potential symptoms or conditions*
    - 1. constipation
    - 2. diarrhea
    - 3. bowel incontinence
    - 4. ascites
    - 5. hiccoughs
    - 6. nausea or vomiting
    - 7. bowel obstruction
    - 8. bleeding

- E. Genitourinary
  - Apply the nursing process to the following actual or potential symptoms or conditions*
    - 1. bladder spasms
    - 2. urinary incontinence
    - 3. urinary retention
    - 4. bleeding
- F. Musculoskeletal
  - Apply the nursing process to the following actual or potential symptoms or conditions*
    - 1. impaired mobility or complications of immobility
    - 2. pathological fractures
    - 3. deconditioning or activity intolerance
- G. Skin and Mucous Membrane
  - Apply the nursing process to the following actual or potential symptoms or conditions*
    - 1. dry mouth
    - 2. oral and esophageal lesions
    - 3. pruritis
    - 4. wounds, including pressure ulcers
- H. Psychosocial, Emotional, and Spiritual
  - Apply the nursing process to the following actual or potential symptoms or conditions*
    - 1. anger or hostility
    - 2. anxiety
    - 3. denial
    - 4. depression
    - 5. fear
    - 6. grief
    - 7. guilt
    - 8. loss of hope or meaning
    - 9. near death awareness
    - 10. sleep disturbances
    - 11. suicidal or homicidal ideation
- I. Nutritional and Metabolic
  - Apply the nursing process to the following actual or potential symptoms or conditions*
    - 1. anorexia
    - 2. cachexia or wasting
    - 3. dehydration
    - 4. electrolyte imbalance (e.g., hypercalcemia, hyperkalemia)
    - 5. fatigue
- J. Immune/Lymphatic System
  - Apply the nursing process to the following actual or potential symptoms or conditions*
    - 1. infection or fever
    - 2. myelosuppression (i.e., anemia, neutropenia, thrombocytopenia)
    - 3. lymphedema



**K. Mental Status Changes**

*Apply the nursing process to the following actual or potential symptoms or conditions*

1. agitation or terminal restlessness
2. confusion
3. delirium
4. dementia
5. hallucinations

**4. Care of Patient and Family 11%**

**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 services, medications, supplies, and durable medical equipment (DME)
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 environment for safety
7. Monitor controlled substances (e.g., use, abuse, destroy at time of death)
8. Identify available community resources

**B. Psychosocial, Spiritual, and Cultural**

1. Assess and respond to psychosocial, spiritual, and cultural needs
2. Assess and respond to family systems and dynamics
3. Identify unresolved interpersonal matters
4. Facilitate effective communication

**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. Provide comfort and dignity at time of death
7. Visit at time of death to facilitate pronouncement notification and transportation
8. Facilitate transition into bereavement services
9. Participate in formal closure activity (e.g., visit, call, send card)

**5. Education and Advocacy 9%**

**A. Caregiver Support**

1. Monitor primary caregivers' ability and confidence to provide care
2. Monitor care for neglect and abuse
3. Promote family self-care activities

**B. Education**

1. Assess knowledge base and learning style
2. Identify and respond to barriers to ability to learn
3. Teach and evaluate primary caregivers' specific skills for patient care (e.g., colostomy)
4. Teach the signs and symptoms of imminent death
5. Teach end-stage disease process
6. Teach pain and symptom management
7. Discuss benefit versus burden of treatment options
8. Teach medication management
9. Educate patients and caregivers regarding disposal of supplies/equipment (e.g., syringes, needles)

**C. Advocacy**

1. Monitor needs for changes in levels of care
2. Identify barriers to communication
3. Facilitate effective communication between patient, family, and care providers
4. Make referrals to interdisciplinary team (IDT)
5. Support advance care planning (e.g., advance directives, life support, DNR status)
6. Assist the patient to maintain optimal function and quality of life
7. Facilitate self-determined life closure

**6. Interdisciplinary/Collaborative Practice 8%**

**A. Coordination and Supervision**

1. Coordinate patient care with other health care providers
2. Supervise assistive personnel (e.g., home health aide, CNA)
3. Coordinate transfer to a different level of care within the Medicare or Medicaid (State) Hospice Benefit
4. Coordinate transfer to a different care setting

**B. Collaboration**

1. Collaborate with patient's attending/primary care provider
2. Utilize effective techniques of group process

3. Evaluate appropriateness for hospice/palliative care admission and hospice recertification
4. Encourage patient/family participation in IDT discussions
5. Participate in development of an individualized, interdisciplinary plan of care for patient/family

**7. Professional Issues 6%**

**A. Practice Issues**

1. Incorporate standards into practice (e.g., HPNA Standards of Nursing, NHPCO, ANA)
2. Incorporate guidelines into practice (e.g., National Consensus Project, AHRQ, NHPCO)
3. Incorporate legal regulations into practice (e.g., OSHA, CMS)
4. Educate the public on end-of-life issues and palliative care
5. Evaluate educational materials for patients and family
6. Access educational resources from multimedia sources (e.g., Internet)
7. Identify techniques of conflict management
8. Utilize principles of evidence-based practice
9. Educate health care providers regarding hospice benefits under Medicare/Medicaid
10. Participate in quality assurance and performance improvement activities

**B. Professional Development**

1. Contribute to professional development of peers, colleagues, students, and others as preceptor, educator, or mentor
2. Identify strategies to resolve ethical concerns related to the end-of-life
3. Participate in peer review
4. Maintain professional boundaries between patient/family and staff
5. Participate in self-care (e.g., stress management)
6. Read medical or nursing journals to remain current
7. Participate in professional nursing organization activities
8. Maintain personal continuing education plan to update knowledge

*Keywords (which may be used to classify items) include:*

- central venous access device
- peripherally inserted central catheter (PICC) care
- respiratory therapy
- urinary drainage systems



SAMPLE QUESTIONS

1. In which of the following types of family systems would the most difficult adjustments to the death of a family member be expected?

- A. open
B. enmeshed
C. disengaged
D. differentiated

2. A pain assessment scale is used to

- A. measure pain intensity.
B. evaluate character of pain.
C. graph compliance with medication regimen.
D. measure cultural differences in perceiving pain.

3. 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

- A. the increased morphine indicates death is approaching.
B. the doctor should be contacted to discuss a medication change.
C. addiction is unavoidable, but not harmful for the terminal patient.
D. increased dosage is related to tolerance or disease progression not addiction.

4. The grief process can best be described as

- A. an abnormal condition requiring extensive counseling.
B. a time-limiting process occurring through specific stages.
C. an internal process unique to each person with variable time frames.
D. a universal experience involving shock, confusion, and reinvesting in life.

5. 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?

- A. "You can stop taking your diuretic now that you are bed bound."
B. "You should increase your vitamins with minerals to keep your strength up."
C. "You should continue your steroids and theophylline as long as you can swallow."
D. "You can discontinue all your medications because they are no longer necessary."

6. The home health aide is responsible for all of the following EXCEPT

- A. light housekeeping.
B. personal care of the patient.
C. arranging ambulance transfer.
D. participation in the plan of care.

7. In a terminally ill patient, dysphagia is most likely to indicate

- A. starvation.
B. impending death.
C. poor pain control.
D. temporomandibular joint dysfunction.

8. For a hospice patient, palliative radiation therapy is most likely to be used to treat

- A. hypercalcemia.
B. bowel obstruction.
C. spinal cord compression.
D. malignant cardiac tamponade.

9. If a patient with a history of breast cancer experiences pain between the shoulder blades, it is most likely to indicate metastases to the

- A. bone.
B. liver.
C. brain.
D. pancreas.

10. 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?

- A. flu symptoms
B. bowel obstruction
C. morphine withdrawal
D. adverse reaction to the nonsteroidal anti-inflammatory

ANSWER KEY

Table with 4 columns: Question, Answer, Content Area, Cognitive Level. Rows 1-10.





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



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

### ACCREDITATION OF THE CERTIFICATION EXAMINATION

In December 2007, the National Commission for Certifying Agencies (NCCA) certified that NBCHPN® has fulfilled the accreditation requirements for the Certification Examination for Hospice and Palliative Practical/Vocational Nurses until the year 2010.

### EXAMINATION

The Certification Examination for Hospice and Palliative LP/VNs consists of a 150 question multiple-choice examination, 135 scored and 15 non-scored (pre-test). 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.

### RENEWAL OF CERTIFICATION

The Certified Hospice and Palliative Licensed Practical/Vocational Nurse (CHPLN®) certificant must renew their certification by successfully passing the computer based examination in any of the four windows available (March, June, September, December) during the year in which the current certification will expire.

### EXAMINATION FEES

#### Applicants Applying for Certification

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

#### Applicants Applying for Renewal of Certification

HPNA members prior to submitting application	\$180
Non-HPNA members	\$255

\*See "HPNA Membership Benefit" on page 3.

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 national job analysis that identified the activities performed by hospice and palliative LP/VN nurses. Only those activities that were judged by hospice and palliative LP/VN 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 (RE): 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 (AP): 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 (AN):** 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 questions distributed across eight domains of practice as shown in the detailed content outline that follows.

## DETAILED CONTENT OUTLINE

The Detailed Content Outline lists each task that **MAY** be tested by content area and performance level. Each and every task listed for a given content area is not tested on any one form of the examination. Rather, these tasks are representatively sampled such that the test specifications for performance levels are met (i.e., appropriate number of recall, application and analysis performance level items).

## 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 12%

- A. Identify specific patterns of disease progression, complications, and treatment for:
  - 1. Neoplastic conditions
  - 2. Neurological conditions
  - 3. Cardiac conditions
  - 4. Pulmonary conditions
  - 5. Renal conditions
  - 6. Gastrointestinal conditions
  - 7. Debility/decline in health status
  - 8. Dementia
  - 9. Hepatic conditions
  - 10. Hematologic conditions
- B. Identify and respond to indicators of imminent death

### 2. Patient Care: Pain and Comfort Management 17%

- A. Data Gathering
  - 1. Identifying 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 (e.g., massage, music, and pet therapy)
  - 3. Respond to psychosocial and spiritual issues related to pain and other distressing symptoms
- D. Evaluation
  - 1. Identify medication side effects, interactions, or complications
  - 2. Respond to medication side effects, interactions, or complications
  - 3. Evaluate efficacy of relief interventions (pharmacologic and nonpharmacologic)

- 4. Identify side effects of interventional therapy (e.g., antineoplastic, radiological, surgical)

### 3. Patient Care: Symptom Management 32%

- A. Manage symptoms related to Neurological conditions:
  - 1. Aphasia
  - 2. Dysphagia
  - 3. Lethargy or sedation
  - 4. Myoclonus
  - 5. Paraesthesia or neuropathies
  - 6. Seizures
  - 7. Extrapyrmidal symptoms
  - 8. Spinal cord compression
- B. Manage symptoms related to Cardiovascular conditions:
  - 1. Edema (including pulmonary)
  - 2. Syncope
- C. Manage symptoms related to Respiratory conditions:
  - 1. Congestion
  - 2. Cough
  - 3. Dyspnea
  - 4. Pleural effusions
- D. Manage symptoms related to Gastrointestinal conditions:
  - 1. Constipation
  - 2. Diarrhea or bowel incontinence
  - 3. Ascites
  - 4. Hiccoughs
  - 5. Nausea or vomiting
  - 6. Bowel obstruction
- E. Manage symptoms related to Genitourinary conditions:
  - 1. Bladder spasms
  - 2. Urinary incontinence
  - 3. Urinary retention
  - 4. Infections
- F. Manage symptoms related to Musculoskeletal conditions:
  - 1. Impaired mobility
  - 2. Complications of immobility
  - 3. Pathological fractures
  - 4. Weakness or activity intolerance
- G. Manage alterations in Skin and Mucous Membrane
  - 1. Dry mouth
  - 2. Oral lesions
  - 3. Pruritis
  - 4. Wounds, including pressure ulcers
  - 5. Excessive secretions

- H. Manage symptoms related to Psychosocial and Emotional conditions:

- 1. Anxiety
- 2. Stages of grief (e.g., anger, denial)
- 3. Depression
- 4. Impaired communication
- 5. Sleep disturbances

- I. Manage symptoms related to Nutritional and Metabolic conditions:

- 1. Anorexia
- 2. Cachexia or wasting
- 3. Dehydration
- 4. Electrolyte imbalance
- 5. Fatigue

- J. Manage symptoms related to the Immune System

- 1. Fever

- K. Manage symptoms related to Mental Status Changes

- 1. Agitation (including terminal restlessness)
- 2. Confusion
- 3. Delirium
- 4. Dementia
- 5. Hallucinations

- L. Manage symptoms related to Lymphedema

### 4. Patient Care: Treatments and Procedures 7%

- A. Perform the following treatments or procedures:

- 1. Wound care (including incision, injury, metastatic disease, pressure ulcer)
- 2. Respiratory therapy (e.g., oxygen, suction, inhalation treatments, tracheostomy care)
- 3. Surgical alterations (e.g., ileostomy, colostomy)

- 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, nephrostomy)

- C. Maintain infection control procedures related to:

- 1. Pathogens (e.g., bloodborne, airborne)



- 2. Precautions
- 3. Chain of infection
- 5. Care of Patient, Family, and Other Caregivers 14%**
  - A. Resource Management
    - 1. Identify and respond to socioeconomic factors
    - 2. Identify and respond to environmental and safety risks
    - 3. Monitor disposal of supplies/equipment
    - 4. Monitor controlled substances (i.e., use, abuse, destroy at time of death)
    - 5. Monitor health status of family caregiver
    - 6. Recommend appropriate DME for patient well-being
    - 7. Explain Medicare hospice benefits
    - 8. 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. Identify and respond to sexual/intimacy issues
    - 4. Respond to stages of grief
    - 5. Respond to loss of hope or meaning
    - 6. Facilitate nearing death awareness
    - 7. Respond to spiritual distress or unresolved spiritual issues
    - 8. Identify suicidal or homicidal ideation
    - 9. Identify unresolved interpersonal matters
    - 10. Respond to family dynamics
  - C. Grief and Loss
    - 1. Participate in advance care planning
    - 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 care and support at time of death
    - 7. Facilitate transition into bereavement services
- 8. Participate in formal closure activity (e.g., visit, call, card)
- 9. Facilitate self-determined life closure
- 6. Patient and Family Education and Advocacy 9%**
  - A. Caregiver Support
    - 1. Teach family and other caregivers techniques for patient care (e.g., positioning, ostomy care)
    - 2. Monitor family and other caregiver's ability to provide care
    - 3. Monitor and respond to caregiver burnout
    - 4. Identify and respond to neglect and abuse
  - B. Education
    - 1. Identify and respond to barriers to learning (e.g., 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. Teach about self care methods
  - C. Advocacy
    - 1. Monitor needs for levels of care or increased services
    - 2. Facilitate effective communication between patient, family, and health care providers
    - 3. Encourage patient and family to participate in decision-making regarding treatment options
    - 4. Access appropriate interdisciplinary team (IDT) members and other resources to meet the needs of patient and family
- 7. Interdisciplinary and Collaborative Practice Issues 9%**
  - A. Coordinate and Monitor
    - 1. Coordinate patient care with other health care providers
    - 2. Monitor activities of unlicensed personnel (e.g., hospice aide)
    - 3. Arrange for equipment, supplies, or medications
    - 4. 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
  - C. Practice Issues
    - 1. Identify and incorporate standards into practice (e.g., HPNA standards, ANA standards, NHPCO standards) and guidelines (e.g., National Consensus Project, WHO ladder, CDC)
    - 2. Identify and incorporate legal regulations into practice (e.g., OSHA, Hospice Medicare Conditions of Participation, HIPAA)
    - 3. Adhere to documentation standards for Levels of Care
    - 4. Participate in evaluating educational materials for patients and family
    - 5. Participate in quality assurance, performance improvement processes
    - 6. Educate the public on end-of-life issues and hospice and palliative care
    - 7. Participate in peer review
    - 8. Demonstrate awareness and knowledge of LP/VN scope of practice
  - D. Professional Development
    - 1. Maintain boundaries between patient/family and staff
    - 2. Contribute to development of peers, colleagues, and others as preceptor, educator, or mentor
    - 3. Participate in self-care (e.g., stress management)
    - 4. Read professional journals to remain current in practice
    - 5. Participate in professional organization activities
    - 6. Maintain personal continuing education plan to update knowledge
    - 7. Identify ethical concerns related to the end-of-life



### SAMPLE QUESTIONS

1. Based on the Hospice Medicare Benefit, one of the requirements of a person who elects and receives hospice care is
  - A. a physician's order.
  - B. a DNR order in the home.
  - C. a 24 hr. caregiver.
  - D. to stop all but comfort medications.
2. The role of the registered nurse/case manager includes
  - A. doing the psychosocial assessment.
  - B. creating the home health aide plan of care.
  - C. preparing volunteers for patient care.
  - D. prescribing medications for symptom control problems.
3. The most important feature of an advanced health care directive is
  - A. determination of a terminal diagnosis.
  - B. consent for diagnostic testing.
  - C. designation of a primary physician.
  - D. selecting a proxy decision maker.
4. The Medicare Hospice Benefit coverage includes
  - A. payment for the primary physician's visits.
  - B. services of a spiritual care provider.
  - C. secondary chemotherapy options.
  - D. additional diagnostic testing.
5. The guidelines for admission of an end-stage cardiac patient to a hospice program includes
  - A. peripheral edema responsive to daily diuretics.
  - B. ejection fraction of <20%.
  - C. persistent decrease in the level of consciousness.
  - D. PTT>5 seconds above the control.
6. A key pain management principle for frequently occurring pain in an end-stage patient is
  - A. provision of pain medication around the clock.
  - B. changing to parenteral route during induction.
  - C. use of combination analgesics.
  - D. rotation of opioids to reduce physical dependence.

7. A dying patient will usually exhibit
  - A. steady respirations.
  - B. a need for increased conversation.
  - C. signs of infection.
  - D. anorexia.
8. Relief of dyspnea related to end-stage disease weakness is often obtained by
  - A. inhalation therapy.
  - B. high flow oxygen.
  - C. increased ADL support.
  - D. use of an anxiolytic medication.
9. Ascities is a common complication for which type of cancer?
  - A. primary liver
  - B. glioblastoma
  - C. myeloma
  - D. prostate
10. The most common side effect of opioid use is
  - A. pruritis.
  - B. tachypnea.
  - C. constipation.
  - D. vertigo.

ANSWER KEY			
<u>Question</u>	<u>Answer</u>	<u>Content Area</u>	<u>Cognitive Level</u>
1.	A	7C1	AP
2.	B	7B4	AP
3.	D	5C1	RE
4.	B	5A7	RE
5.	B	1A3	RE
6.	A	2D3	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 Hospice and Palliative 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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*Clinical Journal of Oncology Nursing*  
*Gerontologist*  
*International Journal of Palliative Nursing*  
*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*  
*Pain Management Nursing*



# 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 110 question multiple-choice examination, 100 scored and 10 non-scored (pre-test). 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.

## RENEWAL OF CERTIFICATION

The Certified Hospice and Palliative Nursing Assistant (CHPNA™) certificant must renew their certification by successfully passing the computer based examination in any of the four windows available (March, June, September, December) during the year in which the current certification will expire.

## EXAMINATION FEES

### Applicants Applying for INITIAL 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 3.

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 national 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 (RE): The ability to recall or recognize specific information is required. Approximately 20 percent of the examination requires recall on the part of the candidate.
2. Application (AP): 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. Approximately 60 percent of the examination requires the candidate to apply knowledge.
3. Analysis (AN): 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® 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 questions distributed across four domains of practice as shown in the detailed content outline that follows.

## DETAILED CONTENT OUTLINE

The Detailed Content Outline lists each task that **MAY** be tested by content area and performance level. Each and every task listed for a given content area is not tested on any one form of the examination. Rather, these tasks are representatively sampled such that the test specifications for performance levels are met (i.e., appropriate number of recall, application and analysis performance level items).



DETAILED CONTENT OUTLINE

1. Patient and Family Care 49%

- A. Assist with Activities of Daily Living
  - 1. Hygiene
    - a. routine personal care
    - b. oral care
    - c. personal odor control (e.g., colostomy, perineal, wounds)
  - 2. Ambulation/Mobility
    - a. foster/maintain independence
    - b. use of durable medical equipment (DME) equipment
    - c. positioning
    - d. exercise and range of motion
    - e. transfers
    - f. prevention of falls
  - 3. Nutrition/Hydration
    - a. support patient decision not to eat/drink
    - b. help patient/family cope with appetite and weight changes
    - c. feed patient
    - d. offer fluids
    - e. provide foods of patient choice
    - f. care of feeding tube sites
    - g. observe IV/SQ sites
  - 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. ostomy care
    - d. adaptive equipment (e.g., raised toilet seat)
- B. Provide and Maintain Best Possible Patient/Family Environment to Support Patient
  - 1. Infection Control
    - a. universal precautions
    - b. biohazardous disposal
    - c. isolation techniques
  - 2. Environment
    - a. personal environment (e.g., familiar objects, pictures)

- b. calming environment (e.g., lighting, important things within reach)
  - c. homelike environment (when not possible to be home)
  - d. strive to assure that patient dies in place of choice (e.g., not ER, hospital)
  - e. schedule tasks to meet patient/family needs
  - f. safety (including prevention of hazards, oxygen storage and use)
  - g. odor control
  - h. laundry, linen changes
- C. Observe and Report on Patient Condition
- 1. Report Patient Status in Relation to the Documented Diagnosis
  - 2. Pain
    - a. level of pain (e.g., on a 0-10 scale)
    - b. changes in pain
    - c. nonverbal cues
    - d. type and location of pain
  - 3. Use of Medications
    - a. report effectiveness of medications
    - b. observe for side effects of medications
  - 4. Effectiveness of Non-Drug Treatment for Pain or Other Symptoms
    - a. relaxation
    - b. music
    - c. deep breathing
    - d. aroma therapy
    - e. pet therapy
    - f. diversional/recreational activities
    - g. massage
    - h. energy/touch therapy
    - i. hot/cold compresses
    - j. repositioning
- D. Identify Changes in Physical Status
- 1. activity level
  - 2. vital signs
  - 3. skin impairment (e.g., breakdown, rash, itching)
  - 4. injury
  - 5. bowel habits
  - 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
  - 5. terminal restlessness
  - 6. 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. air circulation (including use of fans)
  - 2. Respiratory Concerns
    - a. change in breathing patterns
    - b. increased secretions
2. Psychosocial/Spiritual Care of the Patient and Family 29%
- 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. provide spiritual support
  - 6. give patient permission to die
- B. Respect Differences and Maintain Neutral 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 circumstance)
  - 8. treatment choices (e.g., advance directives)



- C. Assist with Identifying Patient and Family Support Needs and Make Appropriate Referrals (While Considering Diverse Cultural Practices and Other Factors)
    - 1. Education
      - a. information about impending death
      - b. agency/community services
      - c. grief and loss
      - d. energy saving techniques
      - e. universal precautions
      - f. isolation procedures
      - g. nutrition/hydration (including unique needs as the patient declines)
      - h. personal care techniques and comfort measures
    - 2. Patient and Family Support
      - a. respite (including volunteer support)
      - b. companionship and compassion
      - c. advocacy
      - d. reframing hope
      - e. presence (companionship) during the final hours
  - D. Assure Dignity and Honor Patient/Family Choices at the Time of Death
    - 1. invite the 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. condolence cards or letters
  - F. Facilitate Effective Communication Between Patient, Family, and Care Providers
    - 1. use of interpreters
    - 2. identify communication barriers
    - 3. active listening
    - 4. reading
    - 5. life reviews
    - 6. clarify goals of care
    - 7. seek answers for patient/family questions
    - 8. use adaptive communication devices (e.g., word boards)
  - G. Provide Support for Changes in Body Image
    - 1. weight loss
    - 2. amputation
    - 3. mastectomy
    - 4. ostomies
    - 5. physical appearance
  - H. Offer Opportunities to Enhance Socialization and Growth
    - 1. journaling/story telling
  - I. Observe and Report Threats to Patient/Family Safety
    - 1. physical abuse
    - 2. neglect
    - 3. substance abuse
    - 4. caregiver's inability to provide care
- 3. Interdisciplinary Collaboration 10%**
- 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. provide input to care planning during team meetings
    - 5. work with the team to carry out the care plan
    - 6. communicate patient/family goals and wishes
- B. Other Collaborative Issues**
- 1. report signs of impending death (e.g., nearing death awareness, and physical signs)
  - 2. provide support and communication during changes in levels of care and across care settings (e.g., assisted living, hospitalization, respite)
  - 3. recognize and report change in family status
  - 4. review death with the team
- 4. Professional Practice 12%**
- A. Ethics, Roles, and Responsibilities
    - 1. identify and respond to ethical issues (e.g., assisted suicide, patients at risk)
    - 2. maintain boundaries within job description
    - 3. maintain personal boundaries with patient/family
    - 4. assist in resolving work-related conflicts
    - 5. maintain documentation according to the care plan
    - 6. identify risks to personal safety (e.g., firearms in the home)
    - 7. serve as a mentor/preceptor for new staff
    - 8. assist with orientation of volunteers and staff
    - 9. participate on committees
    - 10. maintain continuing education
    - 11. Participate In:
      - a. professional organizations for nursing assistants
      - b. peer review
      - c. quality improvement activities
      - d. research activities (e.g., surveys)
    - 12. practice self care (e.g., stress management)
    - 13. provide education outside of your care setting



**SAMPLE QUESTIONS**

1. As defined by Kubler Ross, the five stages of death and dying are
  - a. denial, anger, bargaining, depression, acceptance.
  - b. anger, bargaining, depression, psychosis, resistance.
  - c. anger, bargaining, sadness, denial, acceptance.
  - d. denial, anger, bargaining, sadness, resistance.
2. The most common disorder associated with pain in the elderly is
  - a. cancer.
  - b. osteoarthritis.
  - c. fractured bones.
  - d. osteoporosis.
3. A nursing assistant asks a patient to give a rating of his/her pain for which of the following reasons?
  - a. It gives the nursing assistant something to write in the chart.
  - b. It provides the nursing assistant with something to report.
  - c. It provides an objective rating of the persons discomfort.
  - d. It is done because it is required by JCAHO.
4. Which of the following is an example of objective data?
  - a. The patient feels warm to the touch.
  - b. The patient's temperature is 98.6°F.
  - c. The patient says he is warm.
  - d. The patient's family declares the patient has a fever.
5. Which statement about hospice care is FALSE?
  - a. Hospice care provides comfort when cure is not possible.
  - b. Hospice care focuses on the whole person and their family.
  - c. Hospice care continues after the patient dies.
  - d. Hospice care is provided only in the patient's home.
6. 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?
  - a. Tell the patient that her husband is not there.
  - b. Tell the patient to relax and try to sleep.
  - c. Tell the family that this is normal.
  - d. Tell the family that the nurse will medicate the patient.
7. 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?
  - a. the patient's family
  - b. the patient's doctor
  - c. the patient's roommate
  - d. the patient's nurse
8. 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?
  - a. Talk to her and apply arm restraints.
  - b. Call her sister and ask her to return.
  - c. Sit with her and stroke her gently.
  - d. Tell her to relax and close her door.
9. Advance directives provide what kind of information?
  - a. The patient's medical treatment wishes if the patient is unable to speak.
  - b. The patient's medical insurance coverage if the patient is confused.
  - c. The patient's private financial information if the patient is unable to write checks.
  - d. Surgical consent for emergency surgery if the patient is unable to speak.
10. 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?
  - a. autonomy
  - b. nonmaleficence
  - c. justice
  - d. beneficence

ANSWER KEY			
<u>Question</u>	<u>Answer</u>	<u>Content Area</u>	<u>Cognitive Level</u>
1.	A	2C1a	RE
2.	B	1C2b	RE
3.	C	1C2a	AP
4.	B	1D2	AP
5.	D	4A13	AP
6.	C	2F7	AP
7.	D	3A5	AP
8.	C	1B2b	AN
9.	A	2B8	RE
10.	B	4A2	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.

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*Clinical Journal of Oncology Nursing*

*Gerontologist*

*International Journal of Palliative Nursing*

*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*

*Pain Management Nursing*







# SECTION 6: CERTIFICATION EXAMINATION FOR HOSPICE AND PALLIATIVE CARE ADMINISTRATOR

## EXAMINATION

The Certification Examination for Hospice and Palliative Care Administrators consists of a 150 question multiple-choice examination, 135 scored and 15 non-scored (pre-test). 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 Care Administrator (CHPCA) credential**.

The NBCHPN®, with the advice and assistance of AMP, prepares the examinations. Individuals with expertise in hospice and palliative administration 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.

The candidate has the equivalent of two years of full time experience in the past three years in an administrative role that covers the content in the test content outline. Verification of experience is documented on the application form by the provision of the name and contact information for the candidate’s immediate supervisor with the exception of a CEO who self-verifies their experience.

## RENEWAL OF CERTIFICATION

The Certified Hospice and Palliative Care Administrator (CHPCA) certificant may renew their certification by successfully passing the computer based examination in any of the four windows available (March, June, September, December) during the year in which the current certification will expire.

## EXAMINATION FEES

### Applicants Applying for INITIAL Certification

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

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 national job analysis that identified the activities performed by hospice and palliative care administrators. Only those activities that were judged by hospice and palliative care administrators to be important to practice for an administrator with three 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 (RE): The ability to recall or recognize specific information is required. Approximately 25 percent of the examination requires recall on the part of the candidate.
2. Application (AP): 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 (AN): The ability to analyze and synthesize information, determine solutions and/or to evaluate the usefulness of a solution is required. Approximately 25 percent of the examination requires analysis on the part of the candidate.

The NBCHPN® administrator examination requires the ability to manage the proper allocation of available resources to assure quality outcomes, job satisfaction and professional development. It involves a leadership role in planning, organizing, implementing and evaluating their organization’s activities. Hospice and Palliative Care Administrators use a comprehensive approach in the management and coordination of the interdisciplinary team to provide efficient and effective hospice and palliative care across the spectrum of health care settings. The examination includes questions distributed across eight domains of practice as shown in the detailed content outline that follows.

## DETAILED CONTENT OUTLINE

The Detailed Content Outline lists each task that **MAY** be tested by content area and performance level. Each and every task listed for a given content area is not tested on any one form of the examination. Rather, these tasks are representatively sampled such that the test specifications for performance levels are met (i.e., appropriate number of recall, application and analysis performance level items).



### DETAILED CONTENT OUTLINE

#### 1. Leadership 20%

- A. Design an organizational culture to support the hospice and palliative care philosophy and core values
- B. Foster a positive work environment which enhances the organizational culture, mission and values
- C. Ensure a system to promote access to quality hospice and palliative care
- D. Demonstrate effective leadership and serve as a role model
- E. Monitor emerging trends that could impact hospice and palliative care operations, programs, practices, and services
- F. Facilitate management of change within the organization
- G. Promote service and performance excellence
- H. Participate in establishing and implementing a code of ethical conduct
- I. Follow the code of ethical conduct
- J. Establish a process to resolve ethical dilemmas

#### 2. Planning 12%

- A. Develop a long term strategic plan utilizing strategic management principles
- B. Collaborate to ensure consistency in planning and decision making
- C. Develop and implement effective project management plans
- D. Provide input to the development of emergency preparedness plans
- E. Provide input to facilitate succession planning

#### 3. Operations 22%

- A. Assure implementation of best practices in all areas of hospice and palliative care operation
- B. Resolve conflicts, solve problems, and manage crises
- C. Assist with development of policies and procedures
- D. Recommend an operating structure to ensure achievement of organizational goals
- E. Establish and implement an effective internal communication plan
- F. Establish workflow systems (e.g., flow of information, maintenance of records, delivery of medications)

- G. Ensure staffing to meet the needs of the organization
- H. Provide regular and effective communication with staff members
- I. Direct and manage day-to-day business operations
- J. Conduct meetings to meet organizational goals
- K. Establish appropriate delegation of operational decisions
- L. Provide direct supervision and mentorship to staff members
- M. Ensure the effectiveness of customer service
- N. Maintain current knowledge and interpretation of the Medicare Hospice Benefit and Conditions of Participation
- O. Maintain knowledge of the Medicare Hospice Benefit including levels of care (e.g., eligibility, coverage and LCDs, certification, recertification, billable versus non-billable, contract versus free standing GIP units)
- P. Assure the hospice retains professional management of the patient's terminal illness
- Q. Provide bereavement services through an organized program for the required period of time
- R. Ensure volunteer programs meet all regulatory requirements
- S. Maintain knowledge of various models of palliative care delivery systems
- T. Maintain knowledge of Fiscal Intermediary requirements and practices (e.g., elements of admission/discharge, process meets requirements, documentation)
- U. Implement processes to assure compliance with Conditions of Participation, Fiscal Intermediary and other regulatory agencies
- V. Ensure Interdisciplinary Team care planning meets regulatory requirements
- W. Operate in a manner that ensures survey readiness

#### 4. Fiscal Management 13%

- A. Develop and provide input for the development of the budget
- B. Assist with establishing policies, procedures, and processes for grants, gifts and other donations

- C. Assist in negotiating with vendors
- D. Manage resources efficiently within the allocated budget
- E. Approve financial expenditures
- F. Monitor and address budget variances
- G. Maintain responsibility of financial areas and cost controls
- H. Ensure that the organization's assets are protected
- I. Maintain a healthy top and bottom line (i.e., accounts payable, accounts receivable)
- J. Manage issues related to reimbursement
- K. Conduct routine audit and assessment
- L. Monitor Medicare length of stay and revenue to minimize risk for entering a CAP situation
- M. Maintain knowledge of cost reporting requirements, issues, and practices, and participate in cost reporting activities

#### 5. Human Resource Management 10%

- A. Evaluate the workforce marketplace to ensure workforce excellence
- B. Participate in recruitment activities for Interdisciplinary Team members including volunteers
- C. Evaluate staff needs (e.g. resources, tools)
- D. Participate in staff retention activities
- E. Provide mechanisms to obtain employee feedback
- F. Conduct performance appraisals and provide feedback to employees
- G. Participate in salary and benefits administration
- H. Ensure compliance with employment laws (e.g., EEOC, OSHA, practice acts, worker's compensation)
- I. Interview and recommend the hiring, promotion, termination and related status changes of staff members
- J. Ensure compliance with human resources policies
- K. Ensure compliance with licensing and credentialing of staff
- L. Strive to achieve hospice and palliative care certified staff



- M. Assure industry guidelines for all members of Interdisciplinary Team (core and non-core) are instituted and followed (qualifications, visit and ratio guidelines, roles and responsibilities, assessment, planning, intervention and evaluation, employees versus contract, paid versus volunteer)
- N. Ensure regulatory requirements regarding all key personnel are followed
- O. Assess staff educational needs
- P. Create an education plan based on needs assessment
- Q. Lead staff development initiatives
- R. Evaluate effectiveness of staff development
- S. Ensure orientation of new staff and ongoing in-service training
- T. Provide opportunities for professional development of staff
- U. Incorporate new research findings and technological advances into educational design and content

**6. Quality Management 11%**

- A. Implement auditing process to monitor and ensure that regulatory standards are being met
- B. Ensure compliance with accreditation standards (e.g., The Joint Commission, CHAP)
- C. Ensure compliance with other industry standards and guidelines (e.g., NHPCO Standards for Hospice Programs, National Consensus Project Clinical Practice Guidelines for Quality Palliative Care, Quality Partners, discipline specific guidelines)
- D. Participate in the strategic and tactical review of the organization's performance to the governing body

- E. Participate in the development, implementation, and evaluation of a continuous quality improvement program
- F. Identify inefficient and ineffective processes
- G. Redesign inefficient or ineffective processes
- H. Maintain knowledge of laws, legislation, and legal issues which currently or potentially impact the organization's program goals and objectives
- I. Measure satisfaction of internal and external customers
- J. Oversee development, implementation, and evaluation of standards of practice in hospice and palliative care clinical areas
- K. Participate in the development and integration of a compliance program with specific attention to risk areas
- L. Participate in the development and integration of a risk management program
- M. Oversee development, implementation, and evaluation of standards of practice in non-clinical areas
- N. Develop, implement, and evaluate a service excellence plan

**7. Marketing and Public Relations 6%**

- A. Participate in the development of sales and marketing strategies
- B. Establish and maintain ongoing public relations efforts
- C. Participate in community outreach activities
- D. Participate in governmental activities to influence public policy
- E. Represent the organization in providing education to the community

- F. Participate in establishing and implementing an effective external crisis communication plan
- G. Assure development and maintenance of a referral source and customer database
- H. Determine market penetration and areas for development

**8. Ethics 5%**

- A. Ensure compliance with NHPCO Ethical Principles and the National Consensus Project (NCP) Practice Guideline Domains
- B. Develop a methodology of monitoring and addressing ethical issues including but not limited to advance directives, assisted suicide, withholding and withdrawing life support or life sustaining procedures/treatments, informed consent, sales and marketing practices
- C. Ensure adherence to an organizational code of conduct
- D. Honor and observe related Federal Laws (e.g., Patient Self Determination Act, HIPAA)



SAMPLE QUESTIONS

1. A Palliative Care Administrator is seeking a qualified physician to lead a new hospital-based palliative care consult service. An experienced hospice physician expresses interest; however, the staff who have previously worked with the physician reports serious concerns about the physician’s ability to communicate with patients. The hospital CEO supports hiring the physician because patients and families need the palliative care service. The BEST approach for the palliative care Administrator is to
  - A. hire the physician and assign a mentor.
  - B. continue to search for additional candidates.
  - C. ask a colleague to talk with the physician about communication styles.
  - D. register the physician in a seminar related to communication.
  
2. A hospice Administrator anticipates retirement in 2 years. After meeting with the governing body, which of the following should the Administrator do FIRST?
  - A. Review the organizational chart.
  - B. Search for a potential in-house replacement.
  - C. Begin advertising for a replacement.
  - D. Appoint a candidate Search Committee.
  
3. Which of the following is the primary objective of a state survey of a hospice program?
  - A. maintaining compliance with licensure regulations
  - B. ensuring patient safety programs are in place
  - C. conducting a review of the fiduciary status of the program
  - D. reviewing quality management plans
  
4. A hospice program is reaching its reimbursement CAP. Financial analysis should include evaluating
  - A. patient lengths of stay over 180 days.
  - B. average cost per patient day.
  - C. the number of palliative care patients
  - D. the percentage of non-Medicare patients.
  
5. Which of the following is an example of workforce excellence?
  - A. Staff regularly attend national conferences.
  - B. The diversity of staff and volunteers are reflective of the community.
  - C. Cost of certification is reimbursed by hospice.
  - D. Program has high staff retention rate.
  
6. A new Administrator plans to reorganize a hospice to lower labor costs and increase the bottom line. Some department leaders may have to apply for open positions. The greatest impact on the organization is likely to be
  - A. a decrease in patient satisfaction.
  - B. a chance to streamline the agency to profitability.
  - C. an opportunity to retrain key staff.
  - D. an increase in morale due to restructuring.

7. The MOST important element of an external crisis communication plan is to
  - A. identify a company spokesperson to address the media.
  - B. educate the governing board on media requests and policies.
  - C. create a crisis communication committee for media requests.
  - D. hire an advertising agency for media communication.
  
8. A patient with a terminal diagnosis is unable to sign a DNR and has no Advance Directive. The patient’s wife refuses to sign the DNR. The patient ceases to breathe, and the wife implores, “Do something, he’s dying!” Under the Code of Ethics, the nurse should
  - A. begin basic life support.
  - B. explain that resuscitation efforts will be futile.
  - C. encourage the wife to sign the DNR.
  - D. immediately notify the attending physician.

ANSWER KEY			
Question	Answer	Content Area	Cognitive Level
1.	B	1G	AN
2.	B	2E	AP
3.	A	3W	RE
4.	A	4L	AP
5.	B	5A	RE
6.	B	6G	AN
7.	A	7F	AP
8.	A	8D	AN



## SUGGESTED REFERENCES

The NBCHPN® has prepared a list of references that may be helpful in preparing for the Certification Examination for Hospice and Palliative Care Administrators. This reference list contains materials that include information of significance to hospice and palliative care. 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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# 2010 NBCHPN® Examination Application

To apply online, visit [www.nbchpn.org](http://www.nbchpn.org).

To apply using this form, provide the requested information and mail it to be **RECEIVED** by AMP by the paper application deadline. Applications received after the deadline or postmarked on the deadline will be returned unprocessed. **FAXED APPLICATIONS ARE NOT ACCEPTED.** 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, 18000 W. 105th Street, Olathe, KS 66061-7543.

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

Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Middle Initial:	<input type="text"/>
Credentials:	<input type="text"/>
Social Security Number:	<input type="text"/>
E-mail Address:	<input type="text"/>

## Your HOME Information

Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
City:	<input type="text"/>
State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
Country:	<input type="text"/>
Home Phone:	<input type="text"/>
Home Fax:	<input type="text"/>

## 2. Examination Information

- I am applying for the Hospice and Palliative:  Advanced Practice Nurse Examination  
 Registered Nurse Examination  
 Licensed Practical/Vocational Nurse Examination  
 Nursing Assistant Examination  
 Administrator Examination

I am a:  New Applicant (not currently certified at this level)  Reapplicant  Applicant for Renewal

I am including a Special Examination Accommodations Request. Please include completed form (page 51).

### 3. Eligibility and Examination Fees

Persons applying for a certification examination who are current HPNA members **PRIOR** to applying for the Certification Examination are entitled to the HPNA member discounted examination fee as a membership benefit. Must include HPNA membership to receive discount. HPNA membership number \_\_\_\_\_.

**Payment Information:** Please indicate your method of payment.

- Check or money order (personal or cashier's check payable to NBCHPN®)
- Credit card: If payment is made by credit card, please provide the following information.
  - 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 \_\_\_\_\_

**Advanced Practice Nurse Examination**

I am currently licensed as a registered nurse in the United States, its territories or the equivalent in Canada.

I am a  Clinical Nurse Specialist  Nurse Practitioner

**Initial Certification**

HPNA Member \$345  Non-HPNA Member \$445

**Renewal of Certification**

APRN HPAR (refer to page 8)

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 in nursing 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 47), **and/or**
- Practice hours verification form. Please include completed form (page 49).

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, its territories or the equivalent in Canada.

**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 or its territories.

**Initial Certification**

HPNA Member \$205     Non-HPNA Member \$280

**Renewal of Certification**

HPNA Member \$180     Non-HPNA Member \$255

 **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: \_\_\_\_\_

 **Administrator Examination****Initial Certification**

HPNA Member \$345     Non-HPNA Member \$445

**Verification of Experience (required)**

My direct supervisor whose contact information is provided below confirms that I have fulfilled the eligibility requirement of the equivalent of two years of full time hospice and palliative administrative work in the past three years that encompasses the content in the Administrator test content outline.

I am a CEO and self verifying my experience.

Supervisor's Name or CEO (if self verifying): \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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 66 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 within the past year (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

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 within the past year (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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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:

- |  |  |
|--|--|
| <input type="checkbox"/> Supervisor              | <input type="checkbox"/> Collaborating Advanced Practice Nurse   |
| <input type="checkbox"/> Collaborating Physician | <input type="checkbox"/> Collaborating Clinical Nurse Specialist |
|  | <input type="checkbox"/> 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.)

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---



---

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

Verification of Certification (First is Free, \$10 for each additional) – **(Complete only if requesting a letter to be sent)**

1. \_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Address of Employer

2. \_\_\_\_\_  
Name of State Board of Nursing

\_\_\_\_\_  
Address of State Board of Nursing

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 examination below:

- Advanced Practice Nurse
- Registered Nurse
- Licensed Practical/Vocational Nurse
- Nursing Assistant

Please provide (check all that apply):

- \_\_\_\_\_ Special seating or other physical accommodation
- \_\_\_\_\_ Reader
- \_\_\_\_\_ Extended examination time (time and a half)
- \_\_\_\_\_ Reduced distraction environment
- \_\_\_\_\_ 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, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543.  
If you have questions, call the Candidate Support Center at 888-519-9901.**

—over—



## 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_ License # (if applicable): \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Return this form with your examination application to:  
Examination Services, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543.  
If you have questions, call the Candidate Support Center at 888-519-9901.