



Certified Foundational Perioperative Nurse

Candidate Handbook

Presented by:





Candidate Handbook

All information is subject to change without notice, including test content, exam fees and policies. Last updated: 5-6-2021. Version 2021-1.



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Purpose of the Candidate Handbook

How Do I Use This Handbook?

The CFPN Candidate Handbook provides essential information on policies and procedures pertaining to the CFPN credential. It is your responsibility to familiarize yourself with the contents of this handbook.

If you have questions about this handbook, please contact CCI at info@cc-institute.org, 303-369-9566, or 888-257-2667. The CCI Credentialing team typically responds Monday-Friday between 8 AM and 4 PM Mountain Time.

Introduction to Certification

What Is Certification?

Certification, as defined by the American Board of Specialty Nursing Certification (ABSNC), is the formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes.

What Are the Purposes of Certification?

- Demonstrates commitment to accountability to the public for safe nursing practice
- Enhances quality patient care
- Identifies registered nurses who have demonstrated professional achievement in providing perioperative nursing leadership and management
- Provides employing agencies a means of identifying professional achievement of an individual nurse
- Provides personal satisfaction for practitioners

What Are the Objectives of Certification?

- Recognizes the individual professional nurse who is proficient in practice.
- Strengthens use of evidence-based theory in assessing, planning, implementing and evaluating patient care.
- Enhances professional growth through continued learning that results in greater depth of knowledge and expanded skills.

What Is the Rationale for Certification?

The CFPN certification documents the validation of the professional achievement of identified standards of practice by an individual registered nurse who provides nursing care for the patient during the perioperative period, defined as pre-, intra-, and postoperative. This recognition program acknowledges the professional achievement demonstrated by an individual nurse's performance required for competent practice in the perioperative setting.

About the Certification

The CFPN certification exam requires:

- Having a thorough and sound foundation of the knowledge and skills required for competent perioperative clinical practice. Knowledge can be obtained through work experiences and independent learning, as well as through formal educational programs. The CFPN exam is based on what a registered nurse in the perioperative setting is expected to know upon completion of their orientation period. The exam assesses a combination of experiential and cognitive knowledge, combined to form the foundation of competent clinical practice.
- Understanding the high-stakes test-taking process applicable to the Knowledge-Based Test (KBT). There is a definite skill in answering multiple-choice questions. Becoming familiar with techniques for responding to multiple-choice questions will improve your chances of successful performance on the CFPN KBT. A detailed tutorial on answering multiple-choice questions is provided at the beginning of the CFPN KBT exam. Ultimately, your competence is demonstrated by successfully having the knowledge and applying that knowledge in the perioperative environment.
- Basic computer knowledge sufficient to take online self-assessment surveys.
- An understanding of the reflective learning process and a willingness to engage in and document self-reflection activities.

How Is the CFPN Credential Developed?

CCI periodically conducts test development activities to capture the current knowledge and skill set required of perioperative nurses upon completion of their orientation period. This is done in collaboration with subject matter experts and our testing partner, PSI. A full list of test development committees is presented in Appendix A. Task and knowledge statements are developed using results of the job analysis and constitute the blueprint for the CFPN Knowledge-Based Test (KBT) and learning activities which must be completed to earn the credential (see Appendix B for a complete list of CFPN task and knowledge statements). It is recognized that the task and knowledge statements may not reflect all specific tasks performed by an individual functioning in this role, especially in niche or highly specialized environments.

Cultural bias occurs in testing materials when test items assess knowledge or experiences that are specific to a certain culture.¹ To address the issue of cultural bias, all questions on the CFPN KBT are screened for cultural bias by a diverse panel of nurses holding the CFPN credential. This review is conducted under the supervision of test development experts from our testing partner, PSI.

¹ Leaders Project. Understanding Assessment: Effects of Cultural Bias on Childhood Development. March 1, 2013. Accessed July 20, 2020 at: <https://www.leadersproject.org/2013/03/01/effects-of-cultural-bias-on-childhood-development/>

Certification: Earning Your Credential

To earn the CFPN credential, candidates must meet eligibility requirements at the time of application and complete all 4 required sections of the credential.

Who Is Eligible to Apply for CFPN?

Eligibility requirements for sitting for the exam include:

1. **RN License:** current, unrestricted RN license in state or country of practice
2. **Perioperative Orientation Program:** certificate of completion from a perioperative nursing orientation program.
 - The program must have both a didactic (classroom) and a clinical component.
 - If audited, the applicant will be required to submit the course syllabus as part of the application process.
3. **Experience:** Application must occur within 23 months after initial hire date in the OR. Credential must be earned before reaching 24 months (2 years) experience.
4. **Role and Status:** Currently working full- or part-time in perioperative nursing, including nursing education, administration, research or clinical practice.

There are no waivers for eligibility requirements.

Although a specific title or position is not required as part of the eligibility criteria for the CFPN credential, it is targeted to the early stage of the career path. This credential is a first step in the professional development journey of a nurse as they complete their orientation to perioperative nursing. Once the nurse meets eligibility criteria for the CNOR or CNAMB credential they are no longer eligible for CFPN. The CFPN credential is a unique opportunity that is available only within a short, defined window during a career.

CCI leadership, management and governing bodies jointly support the fair treatment and dignity of all human beings. The certifying organization does not discriminate among candidates as to age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, and gender identity.

What Are the Components of the CFPN Credential?

There are **four** mandatory components which must be completed to earn the credential. There are no waivers for any component(s). The nurse may begin work on the CFPN credential immediately upon receipt of their certificate of completion from their perioperative nursing orientation program.

The applicant must pass the Knowledge-Based Test (KBT) first to move onto the other activities. After passing the KBT, the nurse will move on to the Perceived Perioperative Competence Scale – Revised (PPCS-R) and 16pf® segments. The reflective learning exercise can only be completed after the other three activities.

All activities must be completed **within two years of start date in the OR**. All activities required to earn the CFPN credential must be completed within this 2-year window. Once eligible for CNOR or CNAMB, the nurse can no longer earn CFPN.

The four mandatory components of the CFPN credential:

Knowledge-Based Test

- 120 multiple choice questions; 100 items are scored.
- 2 ½ hour test administered by Remote Secure Proctored Exam.
- 3-month testing window.
- Results are pass or fail. If fail results are received, the nurse must re-apply to continue pursuing CFPN.
- The nurse may re-apply and re-take the test in a new testing window until they become eligible for the CNOR or CNAMB certification.
- Once the nurse reaches eligibility for CNOR or CNAMB, their eligibility for CFPN ends.

Perceived Perioperative Competence Scale – Revised (PPCS-R)

A self-assessed measurement of competency using the PPCS-R instrument. The characteristics of the PPCS-R are:

- A 40 item self-assessment of perioperative specific competency.
- The PPCS-R is accessed through your CCI account.
 - Click the link in your invitation email or select the “My Classroom” link after log-in.
 - The PPCS-R is hosted in the CCI’s learning management system, LearnUpon.
- Not a graded activity.
- Must be completed to advance to next component.

Nurses will receive a feedback report upon completion of the survey including context for their scores in relation to other perioperative nurses.

16pf® Questionnaire & Competency Report

The PSI 16pf® Sixth Edition survey instrument is a comprehensive measure of normal adult personality that assesses [16 Personality Factors \(16pf\) and 5 global factors](#) to measure skills and traits nurses will need to be successful throughout their careers. This assessment can help paint a complete picture of the whole person and better predict continued professional development and on-the-job success. The 16pf® leverages the latest in emerging technologies and data science to enhance the user experience and insight accuracy with a mobile-friendly assessment, secure global cloud-based delivery, and the implementation of Computer Adaptive Testing (CAT). Characteristics of the 16pf®:

- Identifies key personality characteristics that contribute to on-the-job success.
- Recognizes a candidate’s potential for leadership and preferred leadership style.
- Addresses the soft skills essential that contribute to competency in perioperative nursing practice.
- This assessment is online and does not require in person testing at a PSI testing center.
- 155 attitudinal/behavioral statements and a [computer-adaptive \(CAT\)](#) reasoning section.
- Estimated 30-40 minutes to complete.
- Testers receive PSI’s 16pf® Competency Report with interpretive information and professional development tips.

- Must be completed to advance to next component.

Reflective Learning Exercise

The fourth and final component of the credential. The nurse will complete a reflective learning exercise to develop a personal development plan for the next two years of their career – The duration of the CFPN credential.

- Results are pass or fail.
- Graded with a scoring rubric.
- The reflective learning exercise is accessed through your CCI account.
 - Click the link in your invitation email or select the “My Classroom” link after log-in.
 - The PPCS-R is hosted in the CCI’s learning management system, LearnUpon.
- This activity requires the nurse to write out their plan to earn their next CCI credential – CNOR or CNAMB

What Are the Subject Areas on the Knowledge-Based Test?

The CFPN Knowledge-Based Test (KBT) is comprised of the following subjects. For a complete list of task and knowledge statements for the CFPN KBT, see Appendix B.

CFPN KBT Subject Area	Percent of Exam	Number of Test Questions
1. Pre/postoperative Patient Assessment and Diagnosis	15%	28
2. Individualized Plan of Care Development and Expected Outcome Identification	8%	15
3. Management of Intraoperative Activities		
a. Patient care and safety	25%	46
b. Management of Personnel, Services and Materials	9%	17
4. Communication and Documentation	11%	20
5. Infection Prevention and Control of Environment, Instrumentation and Supplies	16%	30
6. Emergency Situations	10%	18
7. Professional Accountabilities	6%	11
Total	100%	185

Applying for the CFPN Credential

How Do I Apply?

Applicants may apply for CFPN by [creating an account or logging in to their existing account](#). To complete the online application, the following information is required. The application will take approximately 15 minutes.

- Personal contact information: address, e-mail (please make sure you are using an e-mail that you plan to use long-term and will allow you to receive communications from CCI), home and work phone numbers. Your e-mail will also be your login ID.
- Please use your legal name as it appears on your original, valid (unexpired), government-issued photo ID bearing a signature.
- RN license information: RN license expiration date and number, state(s) licensed to practice
 - Perioperative work history: date began working in the OR, current position, and current practice area
 - Employer contact information: facility name, address, and phone number
 - Supervisor contact information: name, address, e-mail, phone number
 - Perioperative orientation course
 - Dated certificate of completion
 - Course syllabus which includes details of the clinical and classroom components
 - Payment information

How Much Does the CFPN Application Cost?

Applications cannot be processed without payment. All fees and/or outstanding debts to CCI must be paid in full.

CFPN Certification Fee	Price
CFPN Application Fee	\$195

When Is the Knowledge-Based Test Offered?

Candidates may take the Knowledge-Based Test (KBT) 24 hours a day, year-round, as permitted by PSI appointment availability. Once your application has been approved, you have a 3-month window in which to sit for your test. A candidate's 3-month testing window opens the month immediately following approval of the application, as illustrated below. It is the candidate's responsibility to schedule an appointment and ensure their appointment is completed before the end of their testing window. Applicants may test only **once** during any testing window.

Application Approved	Testing Months	Application Approved	Testing Months
January	February, March, April	July	August, September, October
February	March, April, May	August	September, October, November
March	April, May, June	September	October, November, December
April	May, June, July	October	November, December, January
May	June, July, August	November	December, January, February
June	July, August, September	December	January, February, March

Does CCI Verify My Application Information?

Information on applications may be verified. If there is any reason to believe that any applicant might not have met eligibility requirements, or if an outside party informs CCI that an individual has not met certain requirements, the application may be flagged for audit. In addition, a minimum percentage of certification applications are randomly selected for audit. The Credentialing Department will begin the audit by contacting the individual in writing to obtain documentation to substantiate the information in question. Information may be verified by telephone, e-mail message and/or letter by the Credentialing Department. All information gained through verification procedures will be confidential, except in instances where the law demands disclosure of facts. Under no circumstances will the reporting party be disclosed. Verification may include but is not limited to the following information:

- An employee verification form that must be completed by a current manager, supervisor, or HR.
- Verification of applicant’s RN license through NURSYS.
- Verification of professional nursing history through contact with past employers if needed.
- Review of perioperative orientation program documentation.

It is the responsibility of the applicant to furnish any information missing from the application. Should any information on the application be found false, the applicant will be notified and declared ineligible to continue in the certification process. Delayed submission of documents and/or submitting incomplete documentation may result in a shortened testing window. An e-mail will be sent to the applicant detailing the results of the audit after the documents have been reviewed.

Preparing for the Knowledge-Based Test (KBT)

As a certification organization, CCI’s role is in developing and administering certification examinations to determine the qualifications of candidates for certification. CCI does not require or endorse any specific study guides, review products, and/or training courses. Candidates may prepare for certification examinations with any educational materials they choose. Purchase of CCI review materials is not a requirement for testing, nor does use of any review materials (CCI or otherwise) imply successful performance on the certification examinations. CCI offers various study resources for the certification examinations such as an online practice

exam, sample questions, and flashcards. No study resources are prerequisites for the certification examinations.

Reference Materials

Four primary references are recommended in preparing for the CFPN KBT:

- *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; current edition.
- Phillips N. *Berry and Kohn's Operating Room Technique*. 14th ed. St. Louis, MO: Elsevier; 2021.
- Rothrock JC, ed. *Alexander's Care of the Patient in Surgery*. 16th ed. St. Louis, MO: Elsevier; 2019.
- Odom-Forren, J. *Drains' Perianesthesia Nursing: A Critical Approach*. 7th ed. St. Louis, MO: Elsevier; (2018).

The CFPN KBT is republished annually to reflect updated content in the primary references listed above.

How Long Should I Study for the Knowledge-Based Test?

The recommended study period to prepare for the KBT is three months. Reviewing the task and knowledge statements for each subject will aid in identifying areas of strengths and possible weaknesses. Align these identified areas for additional study or experience with the [CFPN KBT Study Plan](#). Keep in mind how many questions or what percentage of the exam is contained within each of the subject areas being studied. Be realistic about the time commitment. Use experiences at work to gain additional knowledge and skills in unfamiliar areas. Using a variety of preparation aids, studying in 20- to 45-minute segments, and frequent review, have been found to increase comprehension and retention of information.

Taking the Knowledge-Based Test

How Many Questions Are on the Test?

The CFPN exam consists of 120 multiple-choice questions. Of the 120 questions, 100 questions are used to calculate your test score. The remaining 20 questions serve as pre-test questions, and do not affect your score. Pre-test questions are dispersed throughout the exam and cannot be identified by an examinee. Sample exam questions can be found in Appendix C.

How Much Time Do I Have to Complete the Test?

The CFPN exam is a timed test and must be completed in 2 hours and 30 minutes. The computer used to take the Knowledge-Based Test (KBT) will keep the official time.

How Much Computer Experience Do I Need to Take the Test?

The computerized format of the test requires no previous computer experience. An optional pre-exam tutorial will provide instructions on how to take the test on the computer. It will also provide examples on how to select answers, and how to mark any questions you may want to return to and review before finishing the exam. The time allotted for completing the tutorial is separate from the actual exam time.

How Do I Schedule My Test Appointment?

CFPN is delivered online as a remote secure proctored exam. The option to schedule will be available in your [CCI account](#) once you submit your application and make payment. You are responsible for scheduling an appointment to take the exam. You are strongly encouraged to schedule your appointment as soon as you are

able, as availability is on a first-come, first-serve basis. PSI administers exams by appointment only. Appointment times vary by proctor availability.

If you are randomly selected for audit, the option to schedule will be available **after** submission and approval of required documentation.

Internet scheduling is available 24 hours a day, 7 days a week. To schedule online, click the “PSI Exam Scheduling” button in your CCI account. This will direct you to PSI’s scheduling system.

To schedule an examination by phone, please call PSI at **855-834-8752**. Live operators are available at the following times:

Time Zone	Monday-Friday	Saturday-Sunday
Eastern	7:30am - 10:00pm	9:00am - 5:30pm
Central	6:30am - 9:00pm	8:00am - 4:30pm
Mountain	5:30am - 8:00pm	7:00am - 3:30pm
Pacific	4:30am - 7:00pm	6:00am - 2:30pm

Are There Testing Center Guidelines I Should Know?

There are extensive check-in and security measures enforced during remote secure proctored exams administered online. Take time to review material on the [PSI website](#) to understand all day-of-testing requirements.

Identification

You must present an original, valid (unexpired), government-issued photo ID bearing a signature. No form of temporary identification will be accepted.

- Examples of valid forms of identification are: driver’s license with photograph; state identification card with photograph; passport; or military identification card with photograph (on site examinations only). **Military identification cannot be used for remote proctored exams.**
- If your name on your registration is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order).

PSI may ask for a secondary form of identification (credit card bearing name and signature).

If there is any concern about the validity of your identification, **PSI has the right to refuse your admittance to the exam.** Failure to provide appropriate identification at the time of the examination is considered a missed appointment and will result in forfeiture of your exam fees. Please contact PSI if you have any questions about acceptable forms of identification.

Monitoring

Several security measures will be enforced during the test administration. PSI administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their

abilities. Be aware that you will be observed at all times while taking the test. This observation may include direct observation by test center staff or a remote proctor, as well as audio and video recording of your testing session.

Examinations are proprietary. No cameras, calculators, tape recorders, pagers or cellular/smart phones are allowed while testing. Possession of a cellular/smart phone or other electronic devices is strictly prohibited and will result in dismissal from the examination without refund.

Exams cannot be viewed, copied, or studied by any individual. Copying or retaining test questions or transmitting the test questions in any form to other individuals, organizations, or study groups will result in forfeiting your right to have your exam scored and may result in civil prosecution and disciplinary action by CCI.

Dismissal from a Test Session

The testing proctor is authorized to dismiss a candidate from a test session, including but not limited to the following reasons:

- Failure to follow the test center administrator's directions.
- Creating a disturbance of any kind.
- Possession of unauthorized personal belongings.
- Talking to or participating in conversation with other examination candidates.
- Giving or receiving assistance of any kind.
- Using prohibited aids, such as reference materials, mechanical listening devices, notes, and recording or photographic devices.
- Removing or attempting to remove test questions and/or responses (in any format) from the testing room.
- Removing or attempting to remove scratch paper from the test center.
- Attempting to take the test for someone else.
- Attempting to tamper with the operation of the computer.
- Leaving the testing room without permission.
- Leaving the test center/building at any time.
- Using electronic communications or recording equipment such as cellular phones and like devices.
- Bringing any materials to the test center that may compromise the administration of the exam.
- Sharing information about the test and test questions with any unauthorized person(s).

All do not apply to remotely proctored tests. If a proctor witnesses what they believe to be a security breach, the exam is stopped immediately; all related materials are retained, and an incident report is generated and routed to PSI. The PSI Security Office makes a copy of the video and reviews it for quality and to determine if there was any inappropriate action requiring follow-up with the test center personnel. The copy of the video and any related materials are forwarded to PSI, which would then be delivered to CCI.

If it is believed that an applicant or certificant violates the Misconduct Policy, breaches security, or fails to follow test center directions, CCI may render sanctions against the individual which may include but not be limited to the following:

- Suspension from the exam for an indefinite or specified period of time.
- At the discretion of the CCI Certification Council and as allowable by law, CCI may notify the State Board of Nursing, candidate's employer, insurance company, or other public health agency.

What Happens If I Don't Schedule My Test?

If you fail to schedule an appointment in your 3-month testing window, your entire testing fee is forfeited. To reapply, current eligibility criteria must be met and the fee applicable at that time must be paid.

What If I Am Late or Miss My Test Appointment?

For remote secure proctored exam appointments, if you do not start your exam within 15 minutes of your scheduled appointment time, you will be considered a no-show applicant. Your entire exam fee is forfeited. Candidates may log in for their exam up to 30 minutes prior to the scheduled start time but may not be connected with a proctor until their exam time.

When Do I Receive My Test Results?

You will be shown a pass or fail notification immediately after you complete the exam. A more detailed score report will be e-mailed to you by PSI within a 24 hours of exam completion. Scores will not be reported if the confidentiality of the exam is broken or misconduct during the testing session is reported.

What Is the Passing Score?

For the CFPN Knowledge-Based Test, there is one reported pass/fail decision score. Scores are determined by converting the number of questions answered correctly to a scaled score that ranges from 200 to 800. You need a total scaled score of at least 620 to pass this KBT. Candidates should answer all questions on the exam as any question not answered may count against the final score.

A scaled score is neither the number of questions you answered correctly nor the percentage of questions you answered correctly. A scaled score is transformed from the raw test score (the number of test questions answered correctly). A scaled score allows for consistent scoring across multiple forms of the exam.

How Soon Can I Schedule to Take the Test for the Second Time?

Subsequent applications cannot be submitted in the same testing window as an unsuccessful Knowledge-Based Test attempt. The full exam price must be paid for each exam attempt.

If I Retake the Test, Will I Take the Same Test?

No. Because of CCI's commitment to quality and test security, there are multiple forms of the CFPN Knowledge-Based Test.

Withdrawing, Canceling, Rescheduling or Transferring Your Test

You may withdraw/cancel your application to test, reschedule your test date or time within your original 3-month testing window, or transfer your exam to another 3-month testing window. Please refer to the following definitions of terms and the table below for additional information.

Definitions of Terms

- Withdraw/cancel: You have applied to take the exam and are in your initial exam window but have decided to cancel the event. \$75 of application fee is non-refundable.
- Rescheduling/changing the date for a previously scheduled exam: You have applied for and set a date/time for your exam and now want to move the testing date to another day within the same testing window.
- Transferring a previously scheduled exam to another testing window: You have applied for your exam and now want to move the testing date to a day in the next 3-month testing window.

- A \$75 fee is required for transfers.
- You may only transfer twice per exam application.
- You may not withdraw after completing a transfer.
- If an exam appointment is scheduled with PSI, the appointment must be canceled before a transfer can be processed by CCI.

Important note: If a candidate fails to schedule an exam appointment within the 3-month testing window, the entire exam fee may be forfeited. To reapply, current eligibility criteria must be met and the fee applicable at that time must be paid.

TIME FRAME	At least two business days or more prior to end of testing window or scheduled test date	Less than two business days prior to end of testing window or scheduled test date
WITHDRAW/CANCEL AN EXAM APPOINTMENT	<ol style="list-style-type: none"> Contact PSI and cancel your appointment. Log into CCI account and complete the withdrawal request. \$75 of application fee is non-refundable. <p>Note: you may not withdraw if you have previously transferred your window.</p>	You are unable to withdraw/cancel your exam appointment. You must sit for the exam or all fees will be forfeited.
RESCHEDULE AN EXAM DATE WITHIN THE SAME TEST WINDOW	<ol style="list-style-type: none"> Contact PSI to cancel your exam appointment. Reschedule the new exam date within the 90-day test window. 	You are unable to change or cancel the date for your exam appointment. You must sit for the exam or all fees will be forfeited.
TRANSFER AN EXAM DATE OUTSIDE ORIGINAL TEST WINDOW	<ol style="list-style-type: none"> Contact PSI to cancel your exam appointment. Log into your CCI account and complete the transfer request. A \$75 fee will be charged by CCI. Schedule an appointment in the new exam window. <p>Note: you can only transfer twice within a single application. You may not withdraw after completing a transfer.</p>	You are unable to transfer to a new testing window for your exam. You must sit for the exam or all fees will be forfeited.

For exams scheduled at a testing center impacted by inclement weather, power failure, or other unforeseen emergencies affecting the site on the day of an examination, PSI will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the test center personnel are able to open the test center.

You may visit www.psonline.com/openings prior to the examination to determine if PSI has been advised that any test centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at a test center, all scheduled candidates will receive notification from PSI following the examination regarding rescheduling procedures.

Candidates are responsible for scheduling a new exam appointment following a cancellation made by PSI.

Completing the Four CFPN Components

I Passed the Knowledge-Based Test! Now What?

After passing the Knowledge-Based Test (KBT), the nurse will be enrolled in a learning path through the remaining three components. All activities must be completed **within two years of start date in the OR**. For details on each of the remaining three components, see the section “What Are the Components of the CFPN Credential?”

How Do I Access the PPCS-R, 16pf®, and Reflective Learning Exercise?

Log in to your [CCI account](#) and select “My Classroom” or follow the link in your enrollment email. You will be enrolled in a new “course” that includes four components/modules. The first module is an attestation of completing the KBT successfully. After completing this module, you will automatically be enrolled sequentially in each of the next components after successfully completing each module. You will receive an enrollment email notification following enrollment in each new module. A link in the enrollment email will allow you to access the content. You are required to complete each module in the following order:

1. Knowledge-Based Test attestation
2. Perceived Perioperative Competence Scale – Revised (PPCS-R)
3. 16pf® Questionnaire & Competency Report
4. Reflective Learning Exercise

Will I Receive Digital Badges?

Yes! A digital badge will be issued for each of the four components. A final and fifth badge signifying the full CFPN credential will be issued once all four components are complete.

Using the Credential

The CFPN credential is defined as “the documented validation of the professional achievement of identified standards of practice by an individual registered nurse providing care for patients pre-, intra-, and post-surgery.”

How Do I Receive My CCI Certificate?

Within one week of completing all four required CFPN components, your CCI certificate will be available within your [CCI account](#). You may print, download, or save your certificate.

How Long Is the Credential Active?

Certification is conferred for a period of 2 years. There is no recertification option for the CFPN credential. When the credential lapses, the nurse may no longer use the CFPN designation in their credentials.

When Can I Begin Using My Credential?

After passing the Knowledge-Based Test, you must complete the PPCS-R, 16pf, and self-reflection form. The credential is granted after all four components are complete.

The CFPN credential may be used upon verification of your credential on the [CCI website](#). Certificants will also be able to print a certificate from their [CCI account](#) profile.

How Do I Display My Name and Credential?

In writing, proper usage is as follows: Jane A. Doe, BSN, RN, CFPN®. CCI's "Certification Mark Use Policy" can be found in Appendix D.

General Certificant Data Information

Is My Information Confidential?

The CEO, in consultation with the Senior Manager of Test Development and Certification, Credentialing Department, and Senior Manager of Governance and Accreditation will approve all requests for data and access to certificants.

As an accredited program, CCI is required to make public certain data about its certificants (e.g., demographic breakdown of certificants, number of certificants, number of test-takers, and pass rates for certification exams). All data are de-identified and shared in aggregate only, in accordance with Federal privacy law.

Is My Information Public or Shared with Third Parties?

CCI may process certificant data based on the following grounds, as appropriate: you have provided your consent which can be withdrawn at any time; the processing is necessary for the performance of a contract to which you are a party, including processing of exams, certification or recertification applications; the processing is necessary to meeting legal obligations or to defend or maintain any claims involving us or our applicants and certificants; the processing is required to protect your vital and legal interests or those of another person; or the processing is necessary for the purposes of CCI's operations and mission.

Is Credential Status Verified?

Verification of your credential can be accessed through the [CCI website](#).

ADA Accommodations at Testing Centers

Does CCI Provide ADA Accommodations at Its Testing Centers?

Under the Americans with Disabilities Act ("ADA"), persons with disabilities may be entitled to accommodations if (i) they have a physical or mental impairment (ii) that substantially limits a major life activity (e.g., hearing, seeing, learning, reading, or concentrating), or a major bodily function (e.g., neurological, endocrine, or digestive system). However, CCI is not obligated to provide accommodations that would fundamentally alter the measurement of the skills or knowledge the exam is intended to test, or that would impose an undue burden on CCI.

How Do I Request an Accommodation?

CCI is committed to providing reasonable accommodations in its exam processes to otherwise qualified individuals with physical or mental disabilities in accordance with the ADA. CCI will make every reasonable attempt to comply with Federal regulations concerning the test administration for qualified persons who are temporarily or permanently disabled, or who request accommodations for religious reasons at the time of the scheduled exam, in accordance with the following policies:

- A disability requires written documentation and validation. The documentation provided should include correspondence from a healthcare provider who has firsthand knowledge of the disability,

that describes the nature of the disability, and specific recommendations regarding the type of accommodation required to address the disability. The letter should be on that professional's letterhead stationery and include his or her title, address, phone number, and original signature.

- The candidate must notify CCI headquarters of their temporary or permanent disability at least 90 days prior to the date scheduled for testing and provide supporting documentation.
- The candidate must notify CCI of a request for accommodations for religious reasons at the time of application.
- The content and validity of the exam shall not be compromised by these accommodations.
- All determinations for accommodations will be made by CCI at its sole discretion. All reasonable attempts will be made to accommodate the needs of the disabled person. If no feasible solution can be reached, the applicant will be notified in writing and a refund (less applicable administrative fees) will be issued.

Examples of requests for special testing accommodations that may be granted include, but are not limited to:

- modification of seating or other physical arrangements in the exam facility,
- providing for the exam to be taken in an accessible location, or
- providing for a reasonable extension of testing time.

Examples of requests for special testing accommodations that may be denied include:

- modification of the content of an objective multiple-choice exam,
- providing for unlimited testing time, or
- permitting a reader to paraphrase test material or translate the material into another language.

Exam Irregularities at Testing Centers

What Is a Group Testing Irregularity?

Unlike cases of individual candidate misconduct, occasionally testing irregularities occur that affect a group of test takers. Such problems include, without limitation, administrative errors, defective equipment or materials, improper access to test content and/or the unauthorized general availability of test content, as well as other disruptions of test administrations (e.g., natural disasters and other emergencies).

When group testing irregularities occur, PSI will conduct an investigation to provide information to CCI. Based on this information, CCI may direct PSI either not to score the exam or to cancel the exam score. When it is appropriate to do so, the Board will arrange with PSI to give affected test takers the opportunity to take the test again as soon as possible, without charge. Affected exam takers will be notified of the reasons for the cancellation and their options for retaking the test. The appeal process does not apply to group testing irregularities.

Misuse or Misrepresentation of Certification

What Happens If I Misuse or Misrepresent the Credential?

Any misuse or misrepresentation of the CFPN credential by those not currently holding the credential shall be subject to legal action by CCI. Misrepresentation includes use of the CFPN credential once the credential has lapsed.

Revocation of Credential

Can My Credential Be Revoked?

CCI may deny, suspend, or revoke certification for cause, including but not limited to the following:

- failing to complete or provide evidence of completion of the requirements for initial certification and certification renewal*;
- failure to maintain the required professional licensure
- determination that initial certification or certification renewal was improperly granted
- falsification or misstatement of information on any certification-related document;
- providing false or misleading information;
- misrepresentation regarding credentialing status;
- cheating or assisting others to cheat;
- causing, creating or participating in an examination irregularity;
- assisting others to wrongfully obtain initial certification or certification renewal;
- failure to comply with the scope and standards of practice in an area in which the certification is held;
- misuse of or misrepresentation with respect to the CCI credential;
- commission of a crime or gross negligence in the practice of nursing;
- violation of CCI policy or procedure;
- failure of audit processes;
- failure to comply with the American Nurses Association's Code of Ethics for Nurses with Interpretive Statements;
- conduct unbecoming of the nursing profession; and
- has not paid all outstanding debts to CCI.

*Certified nurses will be informed by letter of CCI's decision to revoke the CFPN status. There will be no refund if the CFPN status is revoked for any reason.

CCI Complaint, Disciplinary, and Appeals Processes

Does CCI Have an Appeals or Complaint Process?

Yes. Please see Appendix E for more information.

Lapsed Credential Status

What Happens if My Credential Lapses?

You are not eligible to use the CFPN credential after it has lapsed. Once your CFPN credential has lapsed, you may be eligible to pursue CNOR or CNAMB. Please contact CCI or consult the CNOR or CNAMB handbooks for more information.

Appendix A: Test Development Process

Test Development Process

The Competency and Credentialing Institute (CCI) collaborates with our testing partner, PSI, in the test development process. Development and maintenance of the certification examination is the product of a scientifically rigorous process subject to accreditation agency oversight and approval.

Test Development Committees

In addition to the contributions of our testing partner, the participation of nurses providing clinical care is essential to maintain an accredited certification examination. Nurses holding a current certification may apply to serve on test development committees described below.

In response to COVID-19 driven restrictions, all 2021 test development committees will be hosted **remotely** and jointly facilitated by CCI and PSI staff.

Job Analysis

A job analysis is designed to obtain descriptive information about the tasks performed in a job and the knowledge/skills needed to support the performance. The purpose of the job analysis is to review and revise the list of the tasks and knowledge related to work performed by perioperative registered nurses and to develop test specifications (a “blueprint”) for the certification examination. The Job Analysis defines the exam content areas along with the tasks performed and the knowledge needed for competent performance. A full survey-based job analysis requires the committees outlined below.

Task Force Committee (in-person)

The purpose of this committee is to determine a set of competencies and skills essential to current perioperative nursing. Participants on this committee will analyze work associated with the perioperative nurse and establish the scope of knowledge to be measured through examination for the credential. This committee requires an extended commitment to ensure continuity throughout the process. A combination of 2 in-person meetings, completion of 2 online surveys, and participation in 3-5 remote phone conferences will be required during a period of 6 months, possibly inclusive of the Test Specifications Committee work as outlined below. CCI provides airfare, meals, and hotel accommodations. Time commitment is 2 days + travel per in-person meeting and 3 hours per remote call.

Survey Completion (remote)

The goal of this activity is to complete and evaluate the first draft of the online Job Analysis survey. This survey is designed to capture knowledge and skills needed by perioperative nurses. The survey is based on work completed by the Task Force Committee, so volunteers who served on this committee are asked to participate. Estimated time commitment is 1-3 hours. This activity is the first step in an extensive survey review and revision process that includes the Survey Review Call, Pilot Survey Review Call, and Subgroup Analysis Call.

Survey Review Call (remote)

This conference call follows online Job Analysis survey completion and requires Task Force Committee volunteers to analyze and discuss survey content, format, and ideas for improvement. Estimated time commitment is 1-3 hours. A second draft of the survey that incorporates this feedback is composed by CCI’s testing partner following this call. The updated survey is then distributed to a group of peer pilot reviewers nominated by Task Force Committee volunteers.

Pilot Survey Review Call (remote)

Task Force Committee volunteers review feedback on the online Job Analysis survey provided by the pilot candidate group. Volunteers are tasked with recommending revisions and updates to ensure the final survey will capture all important elements of the perioperative nursing profession. Estimated time commitment is 1-3 hours. A final draft of the survey is then composed by CCI's testing partner and widely distributed to perioperative nurses for data collection.

Subgroup Analysis Call (remote)

The purpose of this activity is to review demographic results from the Job Analysis survey. Task Force Committee volunteers will decide how these results inform the overall data set. Estimated time commitment is 1-3 hours.

Test Specifications Committee (in-person)

This committee concludes the Job Analysis process. Members include volunteers from the Job Analysis Task Force Committee and new volunteers. Notably, individuals may sign up for this committee even if they are not able to participate in the Job Analysis activities occurring in previous months. The goal of this committee is to review the job analysis survey results and create content outlines for the exam blueprint. CCI provides airfare, meals, and hotel accommodations. Time commitment is 2 days + travel.

Crosswalk Call (remote)

Participants in this activity will compare the updated exam content outline with the previous outline. Knowledge and task statements may need to be relocated or "crosswalked" between the prior blueprint and an appropriate section on the new blueprint. Estimated time commitment is 3 hours.

Item Writing Committee

Writers develop items (commonly referred to as exam questions) according to test plan specifications with provided references. Individuals selected for writing items will receive training and materials on how to write a valid, defensible test question. This committee will meet either in person or remotely via webinar. Remote writers will be given a deadline by which to return all questions written and any loaned reference textbooks. Time commitment is informed by results of proceeding activities and is typically between 5-20 hours.

Item Review Committee

The goal of this committee is to review, and potentially edit, newly written items (i.e., exam questions). Reviewers evaluate an item's relevance to the exam content outline, content accuracy, correctness of answers, potential geographic bias, and language clarity. This committee will meet either in person or remotely via webinar. Time commitment is informed by results of proceeding activities. If remote, this activity ranges from 5-20 hours. If in person, time commitment is 2 days + travel with CCI providing airfare, meals, and hotel accommodations.

Standard Setting Committee

Members of this committee critically evaluate new forms of the exam to determine different cut scores that will be used to measure a candidate's performance on the exam. Part of this process entails taking the new form of the exam just as an examinee would. CCI provides all airfare, meals, and hotel accommodations. Time commitment is 2 days + travel.

Pool Review Committee

This committee reviews categorization of all items (i.e., exam questions) in each exam's subject areas. The goal of this committee is to reassign items and/or assign newly written items to appropriate subject areas. Time commitment is informed by results of proceeding activities; if remote, this activity is typically 3 hours. If in person, time commitment is 2 days + travel with CCI providing airfare, meals, and hotel accommodations.

Form Review Committee

Committee members meet to review all items (i.e., exam questions) selected for the examination form. Such matters as correctness of answers, prevention of geographic bias, language clarity and appropriateness of items are considered during the form review process. References are also reviewed and updated to new editions. This committee review constitutes an ultimate check and balance to validate the final versions of the examination forms. CCI provides airfare, meals, and hotel accommodations. Time commitment is 2 days + travel.

Problem Item Notification (PIN) Call Committee

The purpose of this committee is to review items (i.e., exam questions) that performed outside expected parameters and were flagged for review by CCI's test development partner. Committee members identify the reason for abnormal performance and recommend edits for these items. These committees will meet remotely via web conference. Time commitment is 3 hours.

Alternates

Alternates are selected for both in-person and remote committee meetings. These volunteers should be available to attend a meeting or complete an activity on short notice in the event another volunteer becomes unavailable due to unforeseen circumstances. By serving in a standby capacity, alternates ensure test development committees will not be postponed or cancelled due to insufficient participant numbers. Alternates are awarded points even if not called upon.

Appendix B: CFPN Task & Knowledge Statements

Subject Area 1: Pre/postoperative Patient Assessment and Diagnosis

1. Confirm patient identity with two patient identifiers
2. Universal protocol
3. Confirm correct procedure, operative site, side/site marking with a completed appropriate consent (e.g., surgery, anesthesia, blood)
4. Universal protocol
5. Surgical consent
6. Review relevant patient data (e.g., allergies, lab/diagnostic studies, medical history, surgical history, NPO status, H&P)
7. Pathophysiology
8. Diagnostic procedures and results
9. Age-appropriate health assessment physical and psychosocial techniques
10. Pharmacology
11. Use age and culturally appropriate health assessment techniques (e.g., interview, observation)
12. Age-appropriate health assessment physical and psychosocial techniques
13. Cultural competence, including physical and psychosocial accommodations
14. Review medication reconciliation (e.g., preoperative meds, home meds, alternative and herbal supplements, medical marijuana, alcohol use, recreational drug use)
15. Age-appropriate health assessment physical and psychosocial techniques
16. Cultural competence, including physical and psychosocial accommodations
17. Pharmacology
18. Pain measurement techniques, including multi-model and alternative therapies
19. Conduct an individualized physical and psychosocial assessment (e.g., skin integrity, mobility, nutrition, body piercings, cognitive level, family support, socioeconomic factors, spiritual)
20. Anatomy and physiology
21. Pathophysiology
22. Age-appropriate health assessment physical and psychosocial techniques
23. Cultural competence, including physical and psychosocial accommodations
24. Advance directives and DNR
25. Pain measurement techniques, including multi-model and alternative therapies
26. Obtain a focused assessment relevant to the procedure (e.g., Aldrete score, neurological assessment, any required preoperative preparation/procedures)
27. Anatomy and physiology
28. Pathophysiology
29. Age-appropriate health assessment physical and psychosocial techniques
30. Cultural competence, including physical and psychosocial accommodations
31. Pain measurement techniques, including multi-model and alternative therapies
32. Perform a pain assessment
33. Age-appropriate health assessment physical and psychosocial techniques
34. Cultural competence, including physical and psychosocial accommodations
35. Pharmacology
36. Pain measurement techniques, including multi-model and alternative therapies

37. Identify nursing diagnoses
38. Anatomy and physiology
39. NANDA International, Inc; PNDS (Perioperative Nursing Data Set)
40. Cultural competence, including physical and psychosocial accommodations
41. Confirm advanced directive status and/or DNR status
42. Advance directives and DNR
43. Conduct patient and family teaching as appropriate for procedure
44. Age-appropriate health assessment physical and psychosocial techniques
45. Cultural competence, including physical and psychosocial accommodations
46. Teaching and learning theories

Subject Area 2: Individualized Plan of Care Development and Expected Outcome Identification

1. Identify measurable patient outcomes across the continuum of care
 - a. Nursing process
 - b. NANDA International, Inc; PNDS (Perioperative Nursing Data Set)
 - c. Physiological responses
 - d. Disease process
 - e. Behavioral and emotional responses to the surgical experience
 - f. Age specific needs and patient centered care
 - g. Transcultural nursing theory (e.g., cultural and ethnic influences, family patterns, spirituality and related practices, gender identity)
 - h. Critical thinking
2. Identify specific interventions for each nursing diagnosis to achieve expected outcomes
 - a. Nursing process
 - b. Perioperative safety based upon individual patient assessment, e.g., existing implants, pacemakers, AICD
 - c. Age specific needs and patient centered care
 - d. Patient rights and responsibilities
 - e. Transcultural nursing theory (e.g., cultural and ethnic influences, family patterns, spirituality and related practices, gender identity)
 - f. Theories of and resources for patient/family education (e.g., community and institutional resources)
 - g. Critical thinking
3. Ensure care plan addresses specific patient considerations, including physiological and behavioral responses, perioperative safety, age considerations, diversity, legal and ethical guidelines
 - a. Physiological responses
 - b. Disease processes
 - c. Behavioral and emotional responses to the surgical experience
 - d. Age specific needs and patient centered care
 - e. Perioperative safety based upon individual patient assessment, e.g., existing implants, pacemakers, AICD
 - f. Patient rights and responsibilities
 - g. Transcultural nursing theory (e.g., cultural and ethnic influences, family patterns, spirituality and related practices, gender identity)

- h. Theories of and resources for patient/family education (e.g., community and institutional resources)
 - i. Legal and ethical responsibilities and implications for patient care
 - j. Critical thinking
4. Evaluate patient responses to plan of care
 - a. Nursing process
 - b. Physiological responses
 - c. Disease processes
 - d. Behavioral and emotional responses to the surgical experience
 - e. Perioperative safety based upon individual patient assessment, e.g., existing implants, pacemakers, AICD
 - f. Legal and ethical responsibilities and implications for patient care
 5. Update plan of care as needed
 - a. Nursing process
 - b. NANDA International, Inc; PNDS (Perioperative Nursing Data Set)
 - c. Communication skills
 - d. Physiological responses
 - e. Behavioral and emotional responses to the surgical experience
 - f. Perioperative safety based upon individual patient assessment, e.g., existing implants, pacemakers, AICD
 - g. Critical thinking
 6. Utilize critical thinking skills to facilitate patient care
 - a. Critical thinking

Subject Area 3: Management of Intraoperative Activities

Section 3a: Patient Care and Safety

1. Maintain patient and personnel safety by monitoring environmental hazards (e.g., chemical, fire, smoke plumes, radiation, electrical, laser)
 - a. Professional standards of care
 - b. Critical thinking skills
 - c. Universal protocol
 - d. Regulatory guidelines
 - e. Role as a patient advocate
 - f. Principles of patient/personnel safety, e.g., surgery smoke safety, hazardous waste management, chemical, fire, laser, radiation
 - g. Environmental factors (e.g., temperature, humidity, air exchange, noise, traffic patterns)
2. Provide comfort measures to optimize behavioral responses to the surgical procedure (e.g., physiological, psychological, spiritual)
 - a. Physiologic responses to the surgical experience
 - b. Preoperative patient preparation activities
 - c. Patient's rights
 - d. Role as a patient advocate
 - e. Pain/comfort measures

- f. Environmental factors (e.g., temperature, humidity, air exchange, noise, traffic patterns)
3. Prepare the surgical site per procedure and surgeon preference
 - a. Anatomy and physiology
 - b. Surgical procedures
 - c. Principles of infection control prevention
 - d. Aseptic technique
 - e. Skin antisepsis
 - f. Universal protocol
 - g. Principles of patient/personnel safety, e.g., surgery smoke safety, hazardous waste management, chemical, fire, laser, radiation
 - h. Ergonomics and body mechanics
 - i. Principles of positioning including risk factors for pressure and nerve injury
 4. Ensure the selection of appropriate procedure-specific protective barrier materials (e.g., lead aprons and drapes, eye goggles, laser shields)
 - a. Anatomy and physiology
 - b. Surgical procedures
 - c. Regulatory guidelines
 - d. Principles of patient/personnel safety, e.g., surgery smoke safety, hazardous waste management, chemical, fire, laser, radiation
 - e. Instruments, supplies, and equipment related to surgical procedure
 5. Evaluate patient response to pharmacological agents, e.g. pain management
 - a. Physiological responses to the surgical experience
 - b. Expected outcomes related to identified interventions
 - c. Pharmacology
 - d. Anesthesia management and anesthetic agents
 - e. Pain/comfort management
 - f. Medication management (e.g., medication rights, labeling)
 6. Assist with anesthesia management (e.g. intubation, extubation, applying monitors, applying cricoid pressure)
 - a. Anatomy and physiology
 - b. Physiological responses to the surgical experience
 - c. Expected outcomes related to identified interventions
 - d. Principles of positioning including risk factors for pressure and nerve injury
 - e. Anesthesia management and anesthetic agents
 7. Control environmental factors (e.g., noise, temperature, humidity, positive pressure, traffic)
 - a. Professional standards of care
 - b. Regulatory guidelines
 - c. Role as a patient advocate
 - d. Principles of patient/personnel safety, e.g., surgery smoke safety, hazardous waste management, chemical, fire, laser, radiation
 - e. Environmental factors (e.g., temperature, humidity, air exchange, noise, traffic patterns)
 8. Maintain a sterile field utilizing aseptic technique
 - a. Professional standards of care
 - b. Principles of infection control prevention
 - c. Aseptic technique

- d. Role as a patient advocate
 - e. Instruments, supplies, and equipment related to surgical procedure
 - f. Environmental factors (e.g., temperature, humidity, air exchange, noise, traffic patterns)
 - g. Conflict management
9. Utilize equipment according to manufacturer's recommendations
 - a. Role as a patient advocate
 - b. Principles of patient/personnel safety, e.g., surgery smoke safety, hazardous waste management, chemical, fire, laser, radiation
 - c. Instruments, supplies, and equipment related to surgical procedure
 - d. Equipment use per manufacturer's instructions
 10. Maintain the dignity and privacy of the patient
 - a. Professional standards of care
 - b. Patient's rights
 - c. Role as a patient advocate
 11. Protect patients' rights through advocacy
 - a. Professional standards of care
 - b. Patient's rights
 - c. Role as a patient advocate
 - d. Conflict management
 12. Verify that specimens are prepared, labeled and transported correctly
 - a. Professional standards of care
 - b. Principles of infection control prevention
 - c. Standard and transmission-based precautions
 - d. Requirements for handling specimens
 13. Verify that the correct implants are available
 - a. Surgical procedures
 - b. Preoperative patient preparation activities
 - c. Critical thinking skills
 - d. Universal protocol
 - e. Instruments, supplies, and equipment related to surgical procedure
 - f. Implants and explants (e.g., handling, tracking, sterilization)
 14. Verify that the implants are correctly prepared
 - a. Aseptic technique
 - b. Regulatory guidelines
 - c. Instruments, supplies, and equipment related to surgical procedure
 - d. Implants and explants (e.g., handling, tracking, sterilization)
 - e. Equipment use per manufacturer's instructions
 15. Prepare explants for final disposition
 - a. Standard and transmission-based precautions
 - b. Regulatory guidelines
 - c. Patient's rights
 - d. Principles of patient/personnel safety, e.g., surgery smoke safety, hazardous waste management, chemical, fire, laser, radiation
 - e. Implants and explants (e.g., handling, tracking, sterilization)
 16. Label solutions, medications, and medication containers

- a. Professional standards of care
 - b. Regulatory guidelines
 - c. Patient's rights
 - d. Pharmacology
 - e. Medication management (e.g., medication rights, labeling)
17. Perform appropriate surgical counts
- a. Surgical procedures
 - b. Professional standards of care
 - c. Expected outcomes related to identified interventions
 - d. Role as a patient advocate
 - e. Surgical counts
 - f. Conflict management
18. Perform universal protocol (e.g., time outs, pre-procedure identification and verification, site marking, post procedure debrief)
- a. Professional standards of care
 - b. Regulatory guidelines
 - c. Patient's rights
 - d. Preoperative patient preparation activities
 - e. Universal protocol
 - f. Role as a patient advocate
 - g. Implants and explants (e.g., handling, tracking, sterilization)
 - h. Intraoperative blood transfusion/salvage
19. Anticipate the need for intraoperative blood transfusion/salvage
- a. Surgical procedures
 - b. Physiologic responses to the surgical experience
 - c. Critical thinking skills
 - d. Universal protocol
 - e. Regulatory guidelines
 - f. Intraoperative blood transfusion/salvage
20. Utilize proper body mechanics
- a. Anatomy and physiology
 - b. Critical thinking skills
 - c. Ergonomics and body mechanics
21. Perform proper patient positioning appropriate for procedure
- a. Anatomy and physiology
 - b. Surgical procedures
 - c. Critical thinking skills
 - d. Expected outcomes related to identified interventions
 - e. Preoperative patient preparation activities
 - f. Principles of patient/personnel safety, e.g., surgery smoke safety, hazardous waste management, chemical, fire, laser, radiation
 - g. Principles of positioning including risk factors for pressure and nerve injury
 - h. Instruments, supplies, and equipment related to surgical procedure
 - i. Equipment use per manufacturer's instructions

22. Intervene with impaired/disruptive behavior in patients, family members and/or the perioperative team in accordance with facility/institutional policy
 - a. Professional standards of care
 - b. Critical thinking skills
 - c. Role as a patient advocate
 - d. Conflict management
23. Identify wound classifications
 - a. Anatomy and physiology
 - b. Surgical procedures
 - c. Principles of infection control prevention
 - d. Regulatory guidelines
 - e. Principles of wound healing, including management of tubes, lines and drains
 - f. Wound classification
24. Maintain wound dressings, including tubes, lines and drains
 - a. Principles of infection control prevention
 - b. Aseptic technique
 - c. Skin antisepsis
 - d. Wound classification

Section 3b: Management of Personnel, Services and Materials

1. Acquire needed equipment, supplies and personnel
 - a. Acquiring equipment, supplies, and personnel for proper room preparation
2. Assess expiration date and package integrity of products
 - a. Principles of packaging and sterilizing
3. Implement cost-containment measures
 - a. Principles of product evaluation and cost containment
 - b. Environmental stewardship (e.g., go green)
4. Participate in product evaluation/selection
 - a. Principles of product evaluation and cost containment
5. Provide supervision of and education to healthcare team members
 - a. Scope of practice for the interdisciplinary team
 - b. Basic management techniques and delegation, e.g., chain of command
 - c. Role of the Healthcare Industry Representative (HCIR)
 - d. Role of non-OR personnel in the OR
6. Delegate tasks to appropriate personnel according to regulatory agencies and facility policy and procedures
 - a. Scope of practice for the interdisciplinary team
 - b. Basic management techniques and delegation, e.g., chain of command
 - c. Role of non-OR personnel in the OR
7. Supervise visitors (e.g., students, family, non-OR personnel)
 - a. Basic management techniques and delegation, e.g., chain of command
 - b. Role of the Healthcare Industry Representative (HCIR)
 - c. Role of non-OR personnel in the OR
8. Manage Healthcare Industry Representative (HCIR) presence in the OR

- a. Basic management techniques and delegation, e.g., chain of command
 - b. Role of the Healthcare Industry Representative (HCIR)
9. Practice environmental stewardship (e.g., go green, minimize waste)
- a. Principles of product evaluation and cost containment
 - b. Environmental stewardship (e.g., go green)

Subject Area 4: Communication and Documentation

1. Maintain accurate patient records/documentation of all care provided (e.g., relevant facts, data elements, unusual occurrences, specimens, medications)
 - a. Documentation of all nursing interventions, including patient education
 - b. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)
 - c. Regulatory guidelines (e.g., confidentiality)
 - d. Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)
 - e. Documentation of the transfer of care
2. Collaborate with the interdisciplinary healthcare team (e.g., nutrition, wound care, social work, visiting nurse, referrals, transportation)
 - a. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)
 - b. Interdisciplinary plan of care, medication reconciliation, universal protocol
 - c. Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)
 - d. Interdisciplinary services for care coordination
3. Communicate current patient status to the interdisciplinary healthcare providers (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, specimen results)
 - a. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)
 - b. Interdisciplinary plan of care, medication reconciliation, universal protocol
 - c. Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)
 - d. Interdisciplinary services for care coordination
 - e. Regulatory guidelines (e.g., confidentiality)
4. Communicate measurable patient outcomes across the continuum of care (e.g., hand offs)
 - a. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)
 - b. Postoperative complications
 - c. Transfer of care criteria
5. Document perioperative education provided to patient and advocate where applicable

- a. Documentation of all nursing interventions, including patient education
 - b. Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)
 - c. Perioperative patient education techniques
 - d. Patient postoperative follow-up communication within regulatory guidelines
6. Document post discharge follow up communication provided to patient
- a. Documentation of all nursing interventions, including patient education
 - b. Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)
 - c. Patient postoperative follow-up communication within regulatory guidelines
7. Document preoperative and postoperative assessment (e.g., skin, neuro status, site-surgery checklist)
- a. Documentation of all nursing interventions, including patient education
 - b. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)
 - c. Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)
8. Document transfer of care
- a. Documentation of all nursing interventions, including patient education
 - b. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)
 - c. Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)
 - d. Transfer of care criteria
 - e. Documentation of the transfer of care
9. Document appropriate measures taken to prepare and track implantable tissue and other trackable items
- a. Documentation of all nursing interventions, including patient education
 - b. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)
 - c. Regulatory guidelines (e.g., confidentiality)
 - d. Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)
10. Evaluate patient status to facilitate transfer to the next level of care (e.g., PACU, ICU, home)
- a. Documentation of all nursing interventions, including patient education
 - b. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)
 - c. Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)
 - d. Transfer of care criteria
 - e. Documentation of the transfer of care
 - f. Patient postoperative follow-up communication within regulatory guidelines

11. Implement effective solutions to identified patient communication barriers (e.g., translation services, hearing aids, assistive devices)
 - a. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)
 - b. Interviewing techniques
12. Provide information about the patient according to HIPAA guidelines (e.g., status, updates)
 - a. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)
 - b. Regulatory guidelines (e.g., confidentiality)
 - c. Postoperative complications
 - d. Patient postoperative follow-up communication within regulatory guidelines
13. Utilize read back for verbal orders
 - a. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)
 - b. Regulatory guidelines (e.g., confidentiality)
 - c. Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)
14. Document surgical wound classification
 - a. Documentation of all nursing interventions, including patient education
 - b. Communication techniques, (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, hand off, read back verbal orders, communication barriers, adverse events)
 - c. Regulatory guidelines (e.g., confidentiality)
 - d. Proper use of documentation tools (e.g. Electronic Health Record (EHR), downtime forms, implant records, incident/adverse events reports)
 - e. Wound classification

Subject Area 5: Infection Prevention and Control of Environment, Instrumentation and Supplies

1. Ensure proper environmental cleaning for spills, room turnover and/or terminal cleaning
 - a. Environmental cleaning (e.g., spills, room turnover, terminal cleaning)
 - b. Microbiology and infection control
 - c. Standard and transmission-based precautions, including PPE and hand hygiene
 - d. Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)
 - e. Handling and disposition of hazardous materials (e.g., chemo drugs, radioactive materials)
 - f. Handling and disposition of biohazard materials (e.g., blood, CJD)
2. Ensure appropriate methods for cleaning, disinfecting, packaging, sterilizing, transporting and/or storage of instruments and reusable goods
 - a. Microbiology and infection control
 - b. Standard and transmission-based precautions, including PPE and hand hygiene

- c. Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)
 - d. Principles of cleaning and disinfection of instruments and reusable goods
 - e. Principles of packaging and sterilizing of instruments and reusable goods
 - f. Principles of transporting and storage of instruments, reusable goods and single use supplies
 - g. Handling and disposition of hazardous materials (e.g., chemo drugs, radioactive materials)
 - h. Handling and disposition of biohazard materials (e.g., blood, CJD)
 - i. Environmental conditions of sterilization and storage areas
 - j. Spaulding classification
3. Ensure appropriate methods for transporting and storage of single-use items
 - a. Microbiology and infection control
 - b. Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)
 - c. Principles of transporting and storage of instruments, reusable goods and single use supplies
 - d. Handling and disposition of biohazard materials (e.g., blood, CJD)
 4. Maintain appropriate documentation for sterilization and disinfection
 - a. Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)
 - b. Documentation requirements for sterilization, biological and chemical monitoring
 - c. Regulatory requirements for tracking of materials and instruments brought in from outside the facility
 5. Ensure proper handling and disposition of hazardous materials (e.g., chemo drugs, radioactive materials)
 - a. Environmental cleaning (e.g., spills, room turnover, terminal cleaning)
 - b. Standard and transmission-based precautions, including PPE and hand hygiene
 - c. Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)
 - d. Handling and disposition of hazardous materials (e.g., chemo drugs, radioactive materials)
 6. Ensure proper handling and disposition of biohazard materials (e.g., blood, CJD)
 - a. Environmental cleaning (e.g., spills, room turnover, terminal cleaning)
 - b. Standard and transmission-based precautions, including PPE and hand hygiene
 - c. Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)
 - d. Handling and disposition of biohazard materials (e.g., blood, CJD)
 7. Utilize appropriate Personal Protective Equipment (PPE)
 - a. Standard and transmission-based precautions, including PPE and hand hygiene
 - b. Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)
 - c. Handling and disposition of hazardous materials (e.g., chemo drugs, radioactive materials)

- d. Handling and disposition of biohazard materials (e.g., blood, CJD)
 - e. Surgical attire based on surgical/perioperative zones
8. Adhere to appropriate procedures for sterilization, biological monitoring and chemical monitoring
 - a. Standard and transmission-based precautions, including PPE and hand hygiene
 - b. Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)
 - c. Principles of cleaning and disinfection of instruments and reusable goods
 - d. Principles of packaging and sterilizing of instruments and reusable goods
 - e. Documentation requirements for sterilization, biological and chemical monitoring
 - f. Spaulding classification
 9. Monitor environmental conditions of sterilization and storage areas
 - a. Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)
 - b. Principles of packaging and sterilizing of instruments and reusable goods
 - c. Principles of transporting and storage of instruments, reusable goods and single use supplies
 - d. Environmental conditions of sterilization and storage areas
 10. Track materials and instruments brought in from outside the facility
 - a. Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)
 - b. Principles of transporting and storage of instruments, reusable goods and single use supplies
 - c. Regulatory requirements for tracking of materials and instruments brought in from outside the facility
 11. Adhere to guidelines regarding proper surgical attire based on restricted, semi-restricted, or non-restricted zone
 - a. Microbiology and infection control
 - b. Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)
 - c. Surgical attire based on surgical/perioperative zones
 12. Adhere to proper hand hygiene guidelines, including surgical hand scrubbing
 - a. Microbiology and infection control
 - b. Standard and transmission-based precautions, including PPE and hand hygiene
 - c. Professional and regulatory standards (e.g., AORN Standards, Recommended Practices, and Guidelines, OSHA, Association for the Advancement of Medical Instrumentation (AAMI), APIC Association for Professionals in Infection Control)

Subject Area 6: Emergency Situations

1. Identify emergency situations, including difficult airway, robotic
 - a. Pathophysiology of malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST
 - b. Emergency management and roles of the interdisciplinary healthcare team members
2. Perform nursing interventions for malignant hyperthermia (MH)
 - a. Pathophysiology of malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST
 - b. Interventions for malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST
 - c. Emergency management and roles of the interdisciplinary healthcare team members
3. Perform nursing interventions for anaphylaxis
 - a. Pathophysiology of malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST
 - b. Interventions for malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST
 - c. Emergency management and roles of the interdisciplinary healthcare team members
4. Perform nursing interventions for cardiac arrest
 - a. Pathophysiology of malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST
 - b. Interventions for malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST
 - c. Emergency management and roles of the interdisciplinary healthcare team members
5. Perform nursing interventions for trauma
 - a. Pathophysiology of malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST
 - b. Interventions for malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST
 - c. Emergency management and roles of the interdisciplinary healthcare team members
6. Perform nursing interventions for hemorrhage
 - a. Pathophysiology of malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST
 - b. Interventions for malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST
 - c. Emergency management and roles of the interdisciplinary healthcare team members
7. Perform nursing interventions for local anesthetic systemic toxicity (LAST)
 - a. Pathophysiology of malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST
 - b. Interventions for malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage and LAST
 - c. Emergency management and roles of the interdisciplinary healthcare team members
8. Function as a member of the interdisciplinary healthcare team
 - a. Emergency management and roles of the interdisciplinary healthcare team members

9. Safeguard patients and members of the healthcare team from environmental hazards and during disasters (e.g., fire, toxic fumes, natural disasters, terrorism, active shooter)
 - a. Environmental hazards
 - b. Natural disasters
 - c. Terrorism and mass casualties
 - d. Fire and laser safety
 - e. Emergency management and roles of the interdisciplinary healthcare team members

Subject Area 7: Professional Accountabilities

1. Function within Scope of Practice
 - a. Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines, OSHA, ANA Code of Ethics for Nurses with Explications for Perioperative Nurses, state Nurse Practice Act)
 - b. Scope of practice
 - c. Resources for professional growth and personal accountability
2. Seek assistance for recognized personal limitations
 - a. Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines, OSHA, ANA Code of Ethics for Nurses with Explications for Perioperative Nurses, state Nurse Practice Act)
 - b. Scope of practice
 - c. Resources for professional growth and personal accountability
3. Report impaired/disruptive behavior in interdisciplinary healthcare team
 - a. Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines, OSHA, ANA Code of Ethics for Nurses with Explications for Perioperative Nurses, state Nurse Practice Act)
 - b. Responsibilities regarding impaired and/or disruptive behavior (e.g., patient/family, interdisciplinary healthcare team members)
4. Uphold ethical and professional standards
 - a. Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines, OSHA, ANA Code of Ethics for Nurses with Explications for Perioperative Nurses, state Nurse Practice Act)
 - b. Scope of practice
 - c. Patient's rights
5. Utilize resources for professional growth
 - a. Regulatory standards and voluntary guidelines (e.g., AORN Standards, Recommended Practices and Guidelines, OSHA, ANA Code of Ethics for Nurses with Explications for Perioperative Nurses, state Nurse Practice Act)
 - b. Scope of practice
 - c. Resources for professional growth and personal accountability
 - d. Principles of evidence-based practice
6. Participate in quality improvement activities (e.g., research, evidence-based practice, performance improvement)
 - a. Research principles
 - b. Performance improvement

- c. Principles of evidence-based practice
- 7. Participate in interdisciplinary teams (e.g. shared governance activities, staff education, committees)
 - a. Principles of shared governance
- 8. Participate in professional organizations
 - a. Resources for professional growth and personal accountability

Appendix C: Sample Knowledge-Based Test Questions

The following sample questions are representative of actual test content and question format. Only one answer is correct for each question. An answer key is provided below.

Sample Exam Questions

1. Which of the following statements is true regarding Surgical Site Infections (SSI)?
 - a. Only 10% of Surgical Site Infections are preventable.
 - b. 2% to 5% of all surgeries will develop a Surgical Site Infection.
 - c. Non-Modifiable patient factors contributing to SSIs include obesity.
 - d. Surgical Site Infections are no longer a major issue with modern surgery.
2. Which of the following is the highest priority for the circulating nurse at the beginning of a surgery?
 - a. Performing the initial surgical count.
 - b. Assisting the anesthesia provider during intubation.
 - c. Verifying that all the items on the surgeon preference card are in the room.
 - d. Answering the urgent incoming call from the Central Processing Department.
3. Who has primary responsibility to ensure informed consent is obtained prior to surgery?
 - a. The surgeon.
 - b. The circulating nurse
 - c. The anesthesia provider
 - d. Hospital administrative staff.
4. Which of the following is optimal for placement of the dispersive electrode in the use of electrosurgical units (ESU)?
 - a. A well-vascularized area.
 - b. An area of adipose tissue.
 - c. A freshly shaved site near the ESU.
 - d. A bony prominence distant from the ESU.
5. What is the normal range for a Serum Potassium?
 - a. 1.5 – 3.0 mEq/L
 - b. 96 – 106 mEq/L
 - c. 70 – 115 mEq/L
 - d. 3.5 - 5.0 mEq/L

Answer Key

1. Answer b is correct. Rationale: Even with all advances in sterile technique and use of antibiotics 2% to 5% of all surgeries performed in this country will result in an SSI. Reference: Rothrock JC, ed. *Alexander's Care of the Patient in Surgery*. 16th ed. (p. 54-55). St. Louis, MO: Elsevier; 2019.

2. Answer b is correct. Rationale: All of these actions are the responsibility of a circulator, but the induction of anesthesia poses the highest risk to the patient and would be the first priority for the nurse. Phillips N. & Hornacky, A. *Berry and Kohn's Operating Room Technique* 14th ed. (pp. 475-476). St. Louis, MO: Elsevier; 2021.

3. Answer c is correct. While a diversity of team members may check or ensure a surgical consent form is present prior to surgery the surgeon has primary responsibility to ensure informed consent is obtained. Phillips N. & Hornacky, A. *Berry and Kohn's Operating Room Technique* 14th ed. (pp. 475-476). St. Louis, MO: Elsevier; 2021.

4. Answer a is correct. Rationale: A well vascularized area, such as a muscle mass is optimal for placement of the dispersive electrode. A bony prominence and areas with excessive body hair are not desirable for placement. The distance from the ESU is not the first consideration. Reference: Rothrock JC, ed. *Alexander's Care of the Patient in Surgery*. 16th ed. (p. 224). St. Louis, MO: Elsevier; 2019.

5. Answer d is correct. Rationale: A Serum Potassium level often appears in pre-operative laboratory values. Perioperative nurses should have ready reference to the normal lab values which are often used in surgical care. Reference: Rothrock JC, ed. *Alexander's Care of the Patient in Surgery*. 16th ed. (p. 1164). St. Louis, MO: Elsevier; 2019.

Appendix D: Certification Mark Use Policy

The Competency and Credentialing Institute (“CCI”) owns several certification marks (the “Certification Marks”) related to CCI’s perioperative nursing certification programs (E.g. CNOR, CSSM, CNS-CP and CNAMB). These Certification Marks represent that authorized individuals performing perioperative nursing services have satisfied applicable requirements established by CCI. This Policy establishes the rules and requirements for use of the Certification Marks, including proper use on occupational and business materials by individuals that have been certified by CCI. All CCI authorized individuals should review this Policy carefully to ensure that all uses of the Certification Marks conform to the Policy requirements.

This Certification Mark Use Policy states the terms and conditions under which CCI certificants may use the Certification Marks.

1. CCI retains all intellectual property and other ownership rights concerning the Certification Marks. CCI may create and use additional certification marks, as it deems appropriate.
2. CCI grants limited permission to use the Certification Marks to qualified individuals who satisfy all applicable CCI certification requirements. Consistent with applicable law and organizational policies, CCI will ensure that the Certification Marks are displayed and otherwise used properly, as such use represents CCI certification to the public.
3. Permission by CCI to use a CCI Certification Mark does not include authorization to use any CCI trademarks.
4. Use of the Certification Marks is limited strictly to those individuals who are CCI certificants in good standing. Each CCI certificant accepts and assumes sole responsibility for understanding and satisfying all CCI organizational and legal requirements related to the use and display of the Certification Marks. CCI will not be liable or otherwise responsible for any claims, complaints, suits, or damages whatsoever, relating to a certificant’s use or display of a Certification Mark.

Among other requirements, each certificant is responsible for ensuring that the use of any Certification Mark on occupational and business-related materials (e.g., business cards, stationery and/or letterhead, email signatures, advertisements, brochures, or Internet websites) is consistent with this Policy, and is not in conflict with applicable laws. CCI assumes no responsibility concerning the interpretation or application of such legal requirements.

CCI certificants are prohibited from making any public statement or representation related to the CCI certification programs that brings CCI into disrepute, that is materially false, or that is otherwise contrary to the interests of CCI.

5. Permission to use the CCI Certification Marks is limited to CCI certificants, and may not be transferred to, assigned to, or otherwise used by, any other individual, organization, business, or entity.
6. Each individual CCI certificant must use the Certification Marks only in conjunction with his/her name, and in connection with the services related to the certification, i.e., perioperative nursing services. The Certification Marks may not be positioned, displayed, or used in a manner which may lead the public to believe that a company or organization is certified or otherwise endorsed by CCI.

Certification Marks must be associated only with the certified individual that is authorized. Certificants are prohibited from using the Certification Marks to expressly or implicitly suggest an affiliation or other relationship with CCI that is untruthful or inaccurate. Additionally, Certification Marks should always be

used in their entirety. If a Certification Mark is protected by federal registration, the registration notice (“®”) must appear at least once in advertising copy.

With respect to other affiliation marks and/or logos, the CCI Certification Marks may be located near such other marks or logos, but must remain separate and distinct so as to avoid confusion concerning the source of the certification, and to avoid the appearance that other marks, certifications, credentials, designations, or organizations are associated with, or endorsed by, CCI. Furthermore, the Certification Marks may not be modified in any manner, except only as authorized by CCI.

The Certification Marks denote more than merely a title; they confirm that the individual certificant has met CCI’s high standards of excellence. Thus, proper use of a Certification Mark must specifically note such certification, such as through use of a term such as “professional,” “practitioner,” “certificant,” or “certification.” Examples of proper use are noted below. Other proper uses include listing the particular certification on a “CERTIFICATIONS” portion of a resume or social media profile. Use solely of a Certification Mark itself at the end of the certificant’s name, with nothing more, is not proper use of a Certification Mark.

Examples of proper uses and appearance of a CCI Certification Mark include, but are not limited to:

Jane C. Doe
CNOR® Certificant

John A. Smith
a CCI CSSM® Professional

Jane B. Thomas
CNS-CP® Nursing Professional

John D. Doe holds a
CNAMB™ certification from CCI

7. A CCI certificant may not prohibit, restrict, or otherwise limit the authorized and appropriate use of a CCI Certification Mark by another certificant.

8. Each CCI certificant has the responsibility to report the unauthorized use, misuse, or other violation of this Policy to CCI in a timely manner. This reporting responsibility includes any circumstance where the use of a CCI Certification Mark is related to an individual or organization that is not a CCI certificant, or where a Certification Mark is used improperly by a CCI certificant.

9. All mark misuse complaints and other matters concerning potential violations of this Policy will be reviewed and resolved by the CCI’s designee. If, after notice and a fair opportunity to respond, the designee determines that there has been a violation of the terms of this Policy, CCI reserves the right to take any action consistent with CCI policies or applicable law, including but not limited to: certification suspension or revocation.

In addition, CCI may refer cases of Certification Mark misuse, infringement, or other similar matters to appropriate agencies and other organizations, or may initiate appropriate legal action.

Appendix E: Complaint, Disciplinary, and Appeals Processes

Appeals Regarding Non-Disciplinary Matters

Candidates who are deemed ineligible to take the exam or submit a portfolio may appeal that decision as a non-disciplinary matter not subject to the disciplinary appeals process. Eligibility is determined by the CCI Credentialing Team.

All appeals regarding eligibility decisions shall be referred to the Senior Manager of Test Development and Certification for further review. The candidate may be asked for additional information to substantiate his or her claim of eligibility. The Senior Manager of Test Development and Certification may uphold or overturn the previous decision. If upheld, the candidate may request a final determination from CCI.

Candidates who experience alleged disruptive and/or inappropriate exam administration conditions may petition to reschedule and re-take the exam without waiting the required 30 days and/or without additional charge. Any such petition may be granted by CCI at its sole discretion.

There can be no appeal for failure to achieve a passing score on the examination, non-approval of a portfolio submission for initial certification, lack of current RN license, or failure to register for the exam by the deadline.

Appeals Regarding Disciplinary Matters

There shall be a Board of Appeals, consisting of individuals not involved in the original disciplinary action, and appointed by the CCI Certification Council, as needed, for any certificant seeking appeal of a decision made by the CCI Disciplinary Committee, as under the Disciplinary Procedures set forth in CCI policy Section 9.10 et seq (found below under the title “Disciplinary Procedures/Sanctions”). Such Board of Appeals will be composed of a subset of the Certification Council not involved in the initial review and determination. The Chair of the Certification Council shall serve as Chair of the Appeals Committee. The committee will review and decide the appeal. Appointment of alternates will be made by the Chair in the event of a conflict of interest or unavailability of any members.

The Appeals Committee will review and determine any appeals solely on the basis of material errors of fact by the Disciplinary Committee in review and determination of any disciplinary action, or if CCI failed to follow published criteria, policies, or procedures during such process. Only facts and conditions up to and including the time of the CCI Disciplinary Committee’s decision under CCI policy Section 9.10 et seq (found below under the title “Disciplinary Procedures/Sanctions”) will be considered during appeal.

A written request for appeal, including supporting documentation, must be submitted by the certificant to the Appeals Committee Chair and CCI CEO, at 400 Inverness Parkway, Suite 265, Englewood, CO 80112, within 30 days following the certificant’s receipt of the Disciplinary Committee’s decision and include reasons why the appeal should be granted. If a request for appeal is not received within that 30-day period, the matter will be considered closed. Acknowledgement of receipt of the request for appeal shall be sent by the Chair of the Appeals Committee to the certificant within 30 days of receipt by the Chair, along with a scheduled date for consideration of the appeal.

The Appeals Committee may affirm, reject, or modify the decision of the CCI Disciplinary Committee. At its sole discretion, the Appeals Committee may consider the appeal at a meeting in person or by conference call. The Appeals Committee shall limit its activities to review of the written record; it will not conduct a hearing and the rules of evidence, discovery, etc., will not apply. The written request for appeal, supporting documentation,

and information related to the Disciplinary Committee's decision will be considered by the Appeals Committee according to the criteria and policies in effect at the time the determination was made.

The Appeals Committee will notify the certificant and Certification Council in writing within 30 days following its decision. The decision of the Appeals Committee, including a statement of the reasons for this decision, shall also be reported by the Certification Council to the individual who filed the complaint, if appropriate, and to relevant licensing boards. The Certification Council may decide also to make this information available to the certificant's employer, or other persons or organizations with a material interest in the matter.

The decision of the Appeals Committee shall be final and binding. There will be no refund of any fees if disciplinary action is imposed.

Disciplinary Procedures/Sanctions

Certificants are required to continue to meet all applicable legal, ethical, and policy requirements of CCI during the time that they hold any CCI credential. Disciplinary action, including sanctions of public or private reprimand, censure, or suspensions or revocation of certification, may be taken by CCI for failing to meet or otherwise violating these requirements. Candidates and certificants shall be made aware of the basis for which certification can be revoked, or other disciplinary action taken. Certification can be denied, suspended or revoked for cause, including but not limited to the following:

- failure to complete or provide evidence of completion of the requirements for initial certification or certification renewal;
- failure to maintain the required professional licensure;
- determination that initial certification or certification renewal was improperly granted;
- falsification or mis-statement of information on any certification-related document;
- providing false or misleading information;
- misrepresentation regarding credentialing status;
- cheating or assisting others to cheat;
- causing, creating, or participating in an examination irregularity;
- assisting others to wrongfully obtain initial certification or to renew certification;
- failure to comply with the scope and standards of practice in an area in which the certification is held;
- misuse of or misrepresentation with respect to the CCI credential;
- commission of a crime or gross negligence in the practice of nursing;
- violation of CCI policy or procedure;
- failure of audit processes;
- failure to comply with the American Nurses Association's Code of Ethics for Nurses with Interpretive Statements;
- conduct unbecoming of the nursing profession; and
- has not paid all outstanding debts to CCI.

Any individual may submit information to CCI alleging violation of one of the standards listed above. In certain cases, CCI may refer complaints to the applicable state licensing board or other legal enforcement authority. The following procedures describe the process CCI uses to consider all complaints and take appropriate disciplinary action. CCI takes all reasonable measures to ensure that any materials regarding a complaint or disciplinary action process are kept confidential and discloses only that information which is required to resolve the complaint. This information is disclosed only to designated staff, legal counsel, and/or other such

authorities (e.g., state licensing boards, human resources personnel, etc.) whose role is deemed to be material to resolution. The information and materials related to the complaint may also be provided to the candidate or certificant who is the subject of the complaint if necessary, to meet due process requirements.

Complaints or other information regarding certificants must be submitted in writing to the attention of the Senior Manager of Test Development and Certification at the following address: Competency and Credentialing Institute, 400 Inverness Parkway, Suite 265, [Englewood, CO 80112](#) Only written complaints will be considered. At its discretion, CCI may itself initiate complaints and investigate actions based on information obtained by or known to CCI (e.g., a certificant has falsified application information or CCI learns of information from newspaper, internet, state nursing boards or other sources).

All formal complaints must include the following:

- the name and contact information of the person initiating the complaint,
- a statement of the certificant's alleged misconduct,
- reasons why that misconduct warrants disciplinary action, and
- supporting documentation if available.

If the CCI Credentialing Team, Senior Manager of Test Development and Certification, and Certification Council Chair determine that a complaint does not have merit, the complaint will be dismissed and the complainant so notified. A complaint will be dismissed if it is determined by the CCI Credentialing Coordinator, Senior Manager of Test Development and Certification, and Certification Council Chair to be frivolous, inconsequential, unreliable, or does not constitute a matter for which disciplinary action may be taken. At the discretion of CCI, the complaint may also be referred to the CEO and/or legal counsel for review and input prior to the initial determination.

If the CCI Credentialing Team and Senior Manager of Test Development and Certification determine that the complaint has merit, the certificant accused of misconduct will be notified in writing that a complaint has been filed against them. The notice will include the facts of the complaint, identify the alleged violation, provide a copy of the procedures, identify the potential disciplinary action, and request any specific information that should be provided. In addition, the notice will state:

- that the certificant may submit a written response and supporting documentation within 30 days of receiving the notice from CCI;
- that the certificant may request the opportunity to appear by teleconference before the CCI Disciplinary Committee. The Disciplinary Committee is appointed by the CCI Certification Council, and is comprised of the Certification Council Vice Chair, and two other members of the Certification Council. Appearance may be granted at the sole discretion of the CCI Disciplinary Committee; and
- the date of the next Disciplinary Committee meeting or conference call at which the matter will be considered.

The CCI Disciplinary Committee, CCI staff, and legal counsel, as appropriate, will investigate the complaint and seek additional information. If the response to the notification is considered by the CCI Disciplinary Committee to be satisfactory and to adequately resolve the complaint, the matter will be considered closed and the certificant and complainant will be so notified. If the response is not considered satisfactory, the CCI Disciplinary Committee may request additional information and proceed as outlined below.

The CCI Disciplinary Committee will consider the matter at a regularly scheduled or special meeting. Review of the matter will not be a trial-type proceeding, and rules of evidence, discovery, etc., will not apply; instead, the CCI Disciplinary Committee will review the written record, may investigate the matter at its discretion, and may provide the certificant an opportunity to appear by teleconference to make a presentation and allow the CCI Disciplinary Committee to ask questions. It is not expected that the certificant be represented by counsel at their appearance, although the CCI Disciplinary Committee may consult counsel at any time. The CCI Disciplinary Committee will deliberate and issue a determination and course of disciplinary action, if any. Such action must be approved by the Certification Council at the next regularly scheduled or special meeting.

Written notification stating the CCI Disciplinary Committee's decision, including the reasons for its decision, and if the matter involves disciplinary action, will be sent to the certificant within 30 days following the meeting at which the matter was heard. The certificant will have the opportunity to appeal the decision in accordance with the CCI Appeals procedures under CCI policy Section 9.30 et seq (found below under the title "Appeals Regarding Disciplinary Matters" above).

If the decision is not appealed, and if appropriate, notice will also be sent to the individual who initiated the complaint to notify them the Council has issued a determination for this matter. To comply with privacy laws, details about the issued sanction will not be shared with the individual who filed the complaint. The CCI Disciplinary Committee and/or Certification Council may provide notice of the decision to relevant licensing boards. In accordance with Federal, State, and Local privacy laws, the CCI Disciplinary Committee and/or Certification Council may decide also, to make the information about the decision available, in accordance or as required by applicable law, and to permissible third parties or organizations with a material interest in the matter (e.g., employers and relevant state licensing boards). To comply with Federal privacy laws, the individual must be notified of any such action.