



Certification & Recertification Candidate Handbook

Presented by:





Candidate Handbook

All information is subject to change without notice, including test content, exam fees and policies. Last updated: 3-1-2021. Version 2021-1.



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Purpose of the Candidate Handbook

How Do I Use This Handbook?

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

If you have questions about this handbook, please feel free to 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 general public for safe nursing practice.
- Enhances quality patient care.
- Identifies registered nurses who have demonstrated professional achievement in providing perioperative nursing care in the ambulatory setting.
- Provides employing agencies a means of identifying professional achievement of an individual nurse.
- Provides personal satisfaction for practitioners.
- Contributes to a career path for perioperative nurses who work in ambulatory surgery.

What Are the Objectives of Certification?

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

What Is the Rationale for Certification?

The CNAMB credential, as administered by CCI, validates that a certificant displaying the certification mark has met established eligibility criteria and standards of competence in the field of perioperative nursing in the ambulatory surgery setting.

About the Exam

The CNAMB certification exam requires:

- Having a thorough and sound foundation of the knowledge and skills required for competent perioperative nursing practice in the ambulatory setting. Knowledge can be obtained through work experiences and independent learning, as well as through formal educational programs.
- Understanding of the test-taking process. 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 CNAMB exam. A detailed tutorial on answering multiple-choice questions is provided at the beginning of the CNAMB exam.

How Is the Exam Developed?

CCI periodically conducts test development activities to develop and maintain the CNAMB exam consistent with accreditation standards. A full list of test development committees is presented in Appendix A. Key among these is the Job Analysis study. This is designed to capture the current knowledge and skill set required of perioperative nurses with 2 years and 2,400 hours of experience. Test development work is done in collaboration with subject matter experts and our testing partner, PSI. Task and knowledge statements are developed using results of the job analysis and constitute the blueprint for the CNAMB exam (see Appendix B for a complete list of CNAMB 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 CNAMB exam are screened for cultural bias by a diverse panel of nurses. This review is conducted under the supervision of test development experts from our testing partner, PSI.

Certification: Earning Your Credential

To earn the CNAMB credential, candidates must meet eligibility requirements at the time of application and pass the CNAMB certification exam. Candidates must take one of two eligibility paths to qualify to take the CNAMB certification examination. All requirements for the applicable path must be met.

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/>

Who Is Eligible to Apply for the Exam?

Eligibility requirements for sitting for the CNAMB exam include:

- RN License: current, unrestricted RN license in state or country of practice
- Academic Degree: pre-licensure degree (diploma in nursing, associate degree in nursing [ADN], or the global equivalent) or higher
- Experience: Current full- or part-time employment in an ambulatory surgery setting and a minimum of 2 years and 2,400 hours experience in an eligible role with a minimum of 500 hours in the intraoperative setting
 - Employment setting may be hospital based, free standing, or physician owned.
 - Role may be clinical, administrative, educational, or research.
 - Experience in a non-paid, volunteer capacity is acceptable.
 - Experience required depends on certification (e.g., CNOR certified) and education status
 - If CNOR certified (active status), experience requirements are met; current employment in an ambulatory surgery setting still required.
 - See chart below for summary.
- Continued Professional Development (CPD): learning activities in one or more of the CNAMB exam subject areas totaling 50 points.
 - Points may be attained through the following:
 - 25 accredited CEs and/or category 1 CMEs (1 CE or 1 CME = 2 points)
 - Academic coursework of 2 semester courses worth 3 credits each (1 semester hour/credit = 15 points, 1 quarter hour/credit = 10 points)
 - Points activities must be in one or more of the CNAMB exam subject areas.
 - Points activities should be completed in the 2 years prior to application.
 - CPD required depends on certification (e.g., CNOR certified) and education status (see chart below):
 - While not required, a BSN, BN, or advanced nursing degree will fulfill CPD requirements.
 - If CNOR certified (active status), CPD requirements are met.
 - If certified with a different accredited perioperative-related credential (examples include but are not limited to CNOR, CSSM, CNS-CP, CAPA, CPAN and CGRN credentials), CPD requirements are met.
 - Accredited credentials (active status) not on CCI's curated list may be accepted on a case-by-case basis at the discretion of CCI's credentialing team.

Eligibility requirements for sitting for the CNAMB certification examination are summarized below:

Education and Certification Status	RN License and Diploma, ADN, or Global Equivalent	RN License and BSN, BN, or Higher
No accredited perioperative-related credential	<p>Current employment in an ambulatory surgery setting</p> <p>2 years and 2,400 hours* experience</p> <p>Learning activities totaling 50 points</p>	<p>Current employment in an ambulatory surgery setting</p> <p>2 years and 2,400 hours* experience</p>
Current accredited perioperative-related credential**	<p>Current employment in an ambulatory surgery setting</p>	<p>Current employment in an ambulatory surgery setting</p>

*A minimum of 500 hours must be in the intraoperative setting.

**Examples include CNOR®, CAPA®, CPAN®, CSSM®, and CNS-CP®

Regarding evaluation of eligibility requirements, 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 Subject Areas on the Exam?

The CNAMB exam is comprised of the following subjects. For a complete list of task and knowledge statements for the CNAMB exam, see Appendix B.

CNAMB Exam Subject Area	Percent of Exam
Preoperative Patient Assessment and Diagnosis	14%
Preoperative Plan of Care	12%
Intraoperative Care	20%
Communication	12%
Postoperative/Transfer of Care	10%
Instrument Processing and Supply Management	8%
Emergency Situations	5%
Management of Personnel, Services, and Materials	9%
Professional Accountability	10%
Total	100%

Applying for the CNAMB Exam

How Do I Apply for the Exam?

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

- Personal contact information: address, e-mail (please make sure you are using an e-mail that 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: past 2 years, 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
- Payment information

How Much Does the Exam Cost?

Following is a listing of current exam fees and available discounts. Applications cannot be processed without payment. All fees and/or outstanding debts to CCI must be paid in full.

CNAMB Certification Options	Price
CNAMB Exam Application Fee	\$350
CNAMB Take 2 Application Fee	\$395

When Is the Exam Offered?

Candidates may take the exam Monday through Saturday, excluding holidays, year-round at a PSI testing center. You may also take the CNAMB certification examination via a Remote Secure Proctored Exam (RSPE) on your personal computer. The use of RSPE allows more flexibility for the test taker to include appointments outside normal business hours. Once your application has been approved, you have a 3-month window in which to schedule your test at either a PSI testing center or via RSPE. A candidate's 3-month testing window opens the month immediately following approval of the application, as illustrated below. 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

What Is the Take 2 Program?

Individual Take 2

The CNAMB Exam Take 2 program allows a CNAMB-eligible nurse to take the exam twice within a 12-month period if the first attempt is unsuccessful. Participants who pass the CNAMB Exam on the first attempt will not receive another exam attempt. The second attempt cannot be transferred to another person and is non-refundable.

Who May Participate in the CNAMB Exam Take 2 Program?

Perioperative nurses who meet CNAMB eligibility requirements at the time of application may participate in the program.

When Can I Apply to take My First CNAMB Exam?

You may apply at any time and take the exam twice before your 12-month period ends.

Individual Take 2 participants can withdraw only if they are in their first exam window attempt. Withdrawals will not be granted during the second take. Participants must sit for the second attempt or forfeit all fees. To receive two attempts within the application, participants need to apply for their first exam no later than month 5 of the term and their second attempt no later than month 9.

What if I Do Not Pass the Exam on My First Attempt?

You may take the exam twice before your 12-month period ends; however, you may not reapply to take the second exam until your first 3-month testing window closes. You will apply for the exam as before; however, payment is not required.

Can I Transfer My Exam Window?

You are allowed to transfer your initial exam window only. A transfer requires a \$75 fee. For more information, please refer to the “Withdrawing, Canceling, Rescheduling or Transferring Your Exam” section in this handbook.

Can I Extend My 12-Month Period?

Extensions to the original 12-month term will not be granted. Once enrolled, participants are unable to transfer their eligibility ID to other participants.

Please note: CCI may amend the Take 2 program at any time with or without notice.

Facility Take 2

For information about the Facility Take 2 program, please see Appendix F.

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.

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 Exam

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

The following are recommended references for the CNAMB certification examination:

- *Guidelines for Perioperative Practice*. Denver, CO: AORN, Inc; current edition.
- Odom-Forren, J. *Drain's Perianesthesia Nursing: A Critical Care Approach*. 7th ed. St. Louis, MO: Elsevier; 2018.
- Phillips N. and Hornack A. *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.

How Long Should I Study for the Exam?

The recommended study period to prepare for the CNAMB certification exam 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 CNAMB 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 Exam

How Many Questions Are on the Exam?

The CNAMB exam consists of 200 multiple-choice questions. Of the 200 questions, 185 questions are used to calculate your test score. The remaining 15 questions serve as pre-test questions, and do not affect your score. Pre-test questions are dispersed throughout the exam and cannot be identified. Sample exam questions can be found in Appendix C.

How Much Time Do I Have to Complete the Exam?

The CNAMB exam is a timed test and must be completed in 3 hours and 45 minutes. The computer used to take the exam will keep the official time.

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

The computerized format of the exam requires no previous computer experience. If you elect to take your exam with the Remote Secure Proctored Exam option you must do a systems check of your computer prior to scheduling the examination. An optional pre-exam tutorial will provide instructions on how to take the exam 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 Exam Appointment?

CNAMB is delivered at PSI testing centers and 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, Monday through Saturday. Appointment starting times may vary by location.

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 at testing sites and 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. CCI recommends bringing a second form of ID as well. 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 request a second form of ID bearing your name and signature (e.g. a credit card).

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 exam 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 exam. 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.

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

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

Personal Belongings

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

- Watches
- Hats
- Wallets
- Keys

Once you have placed everything into the soft locker, you will be asked to pull out your pockets to ensure they are empty. The proctor may also ask candidates to lift up the ends of their sleeves and the bottoms of their pant legs to ensure that notes or recording devices are not being hidden there. Proctors will also carefully inspect eyeglass frames, tie tacks, or any other apparel that could be used to harbor a recording device.

If all personal items will not fit in the soft locker you will not be able to test. The site will not store any personal belongings. Personal belongings include, but are not limited to, the following items:

- Electronic devices of any type, including cellular / mobile phones, recording devices, electronic watches, cameras, pagers, laptop computers, tablet computers (e.g., iPads), music players (e.g., iPods), smart watches, radios, or electronic games.
- Bulky or loose clothing or coats that could be used to conceal recording devices or notes. For security purposes outerwear such as, but not limited to: open sweaters, cardigans, shawls, scarves, hoodies, vests, jackets and coats are not permitted in the testing room. In the event you are asked to remove the outerwear, appropriate attire, such as a shirt or blouse should be worn underneath.
- Hats or headgear not worn for religious reasons or as religious apparel, including hats, baseball caps, or visors.
- Other personal items, including purses, notebooks, reference or reading material, briefcases, backpacks, wallets, pens, pencils, other writing devices, food, drinks, and good luck items.

If any personal items are observed in the testing room after the examination is started, the administration will be forfeited.

Please visit the [PSI website](#) for additional test center regulations.

Dismissal from a Test Session

The test center administrator 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).

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 test center 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 Exam?

If you fail to schedule an exam 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 Exam Appointment?

For testing center appointments, if you are late by more than 15 minutes, or miss your scheduled appointment time, you will be considered a no-show applicant. Your entire exam fee is forfeited.

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 Exam 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 24 hours of exam completion. Scores will not be reported if the confidentiality of the exam is broken or misconduct at the testing center is reported.

How Do I Receive My CCI Certificate?

Within one week of passing, your CCI certificate will be available within your CCI account. You may print, download, or save your certificate.

What Is the Passing Score?

For the CNAMB certification exam, 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 examination. Candidates should answer all questions on the exam as any question not answered may count against the final score.

Please note: 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 an Exam for the Second Time?

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

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

No. Because of CCI's commitment to quality and test security, there are multiple forms of the CNAMB exam.

Withdrawing, Canceling, Rescheduling or Transferring Your Exam

You may withdraw/cancel your application to test, reschedule your exam 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. For information related to Take 2 programs, please review "What Is the Take 2 Program?" in this handbook.

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.
 - Take 2 program participants may transfer their initial exam window only.
 - 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"> 1. Contact PSI and cancel your appointment. 2. 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"> 1. Contact PSI to cancel your exam appointment. 2. 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"> 1. Contact PSI to cancel your exam appointment. 2. Log into your CCI account and complete the transfer request. A \$75 fee will be charged by CCI. 3. 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.

Using the Credential

CNAMB is the official designation recognizing the nurse who has been certified in perioperative ambulatory nursing. The CNAMB certification documents the validation of the professional achievement of identified standards of practice by a perioperative registered nurse working in the ambulatory setting.

Who Can Use the Credential?

The CNAMB mark is federally registered with the U.S. Patent and Trademark Office and may only be used in accordance with CCI policy by those who have achieved and actively maintain the credential. See Appendix H for CCI's "Certification Mark Use Policy."

How Long Is the Credential Active?

Certification is conferred for a period of 3 years, with recertification available after that 3-year earning period. When the credential lapses, the nurse may no longer use the CNAMB designation in their credentials.

When Can I Begin Using My Credential?

The CNAMB 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, CNAMB™. See Appendix H for CCI's "Certification Mark Use Policy."

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 Manager will approve all requests for data and access to certificants.

In accordance with accreditation requirements, 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 CNAMB credential by those not currently holding the credential shall be subject to legal action by CCI. This includes use of the CNAMB 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 CNAMB status. There will be no refund if the CNAMB status is revoked for any reason.

CCI Complaint, Disciplinary, and Appeals Processes

Does CCI Have an Appeals or Complaint Process?

Yes. Please see Appendix G for more information.

Introduction to Recertification

What Is Recertification?

Recertification of the CNAMB credential recognizes the professional achievement of a certified nurse who chooses to maintain proficiency in the ambulatory role in the perioperative setting. All activities undertaken in the process of renewal of certification are designed to enhance the knowledge of the CNAMB certificant and improve the nurse's ability to function in the perioperative setting.

What Are the Purposes of Recertification?

- Recognizes the individual perioperative nurse who is proficient in practice in the ambulatory setting.
- Enhances professional growth through continued learning through acquisition of current evidence to expand perioperative nursing skill sets.

Why Should I Recertify?

Certification is recognized for a period of 3 years, with recertification required at the conclusion of that period to retain the credential. The rapid pace of change and increased complexity of technology in healthcare require a conscious effort to maintain competency. The required CNAMB recertification activities align with the task and knowledge statements of the most current Job Analysis. Recertification requirements guide professional development activities to provide parameters for acceptable practice, and to maintain a link to the most current body of knowledge. Correlating the certification period with the Job Analysis cycle ensures certificants are engaged in activities pertinent to their professional development. CCI conducts a CNAMB Job Analysis every 3 or 5 years as required to maintain accreditation to ensure the certification program reflects current best practices.

Competency consists of the knowledge, skills, and attitudes necessary to safely and independently function in a given situation. The CNAMB recertification process acknowledges the need for active work in the maintenance of continued competency. The practice and professional activity requirements facilitate maintenance of current skills, and the acquisition of new ones, through exposure to the practice setting and planned, purposeful learning activities guided by reflective learning.

Initial Recertification Cycle

For your first recertification cycle you will receive a score report after the certification examination which will detail your competency levels for each of the CNAMB subject areas. You will then complete a reflective learning exercise in which you outline your plan to earn the required 200 professional development points during your accrual period. You will choose the focus and type of learning activities for your professional development based, in part, on your score report. You will document your personalized professional development plan based on your individual learning needs. You are required to enter that information into your CCI account.

Subsequent Recertification Cycle

For the second and subsequent recertification cycles you will draw up a professional development plan based on your individual learning needs. You will enter that information into your CCI account.

See the below section, “What Must I Do to Recertify?” for a summary of the steps involved.

Recertification: Maintaining Your Credential

When Do I Recertify?

The certified status of an individual RN is conferred by CCI for a period of 3 years, at which time a CNAMB may seek recertification. The recertification process requires a CNAMB to complete recertification activities during the accrual period, meet recertification eligibility requirements, and apply during the recertification year.

What Is an Accrual Period?

The accrual period is the time period in which the certificant must complete professional development activities.

When Are the Accrual Deadlines?

Year Certified	Recertification Year	Recertification Accrual Period	Recertification Applications Accepted	Recertification Application Deadline
2020*	2024	Jan 1, 2020 – Dec 31, 2023	Jan 1 – Dec 31, 2024	December 31, 2024
2021	2024	Jan 1, 2021 – Dec 31, 2023	Jan 1 – Dec 31, 2024	December 31, 2024
2022	2025	Jan 1, 2022 – Dec 31, 2024	Jan 1 – Dec 31, 2025	December 31, 2025

*This timeframe applies only to the initial recertification cycle of CNAMB certificants who passed the CNAMB certification examination in Sept 2020 and received delayed scoring results in Dec 2020. The typical 3-year accrual period will begin for those nurses who earn the CNAMB credential in 2021.

What Must I Do to Recertify?

To recertify your credential, you must do the following:

- Meet the recertification eligibility requirements at the time of application (these differ from requirements for first-time certification).
- Complete CCI’s recertification application during your recertification year.
- Complete the reflective learning assignment to outline your recertification plan for the next accrual period.
- Pay the application fee.

What Are the Eligibility Requirements to Recertify?

All the following requirements must be met at the time of application for CNAMB recertification:

- Current full- or part-time employment in an ambulatory surgery setting with a minimum of 500 hours experience per year in an eligible role in the perioperative setting. This is a total of 1500 hours during your 3-year accrual cycle. Once you hold the CNAMB credential there is no requirement for hours worked in intraoperative care.

- Employment setting may be hospital based, free standing, or physician owned.
- Role may be clinical, administrative, educational, or research.
- Experience in a non-paid, volunteer capacity is acceptable.
- Hold an active CNAMB credential.
- Hold a current, unrestricted RN license.

What Are the Fees for Recertification?

Please see below for current list of recertification fees, options, and available discounts. Applications cannot be processed without payment. All fees and/or outstanding debts to CCI must be paid by December 31 of your recertification year.

The only option for recertification for the CNAMB credential is the use of Professional Activity Points. There is no option for recertification for this credential using only CE. You cannot recertify by taking the CNAMB certification exam again.

CNAMB Recertification Method	Standard Fee
Recertification by Professional Activity Points	\$250*
CNAMB Extension Year	\$195
CNAMB Emeritus Status	\$125

How Do I Submit My CNAMB Recertification Application?

Recertification by contact hours or points requires an online application via your [CCI account](#).

You will need your e-mail address associated with your account and password to log into your CCI profile.

If you are unable to access your account, do not create a duplicate account. A new account will not have your credential associated with it. Contact the CCI Credentialing Team for assistance at 888-257-2667 or info@cc-institute.org.

A complete application includes:

- Application, including RN license, and current employment information
- Logged points activities obtained during your 3-year accrual period. See Appendix D for a complete list of points activities.
- Completed reflective learning form
- Acknowledgement of understanding of CCI’s terms and conditions
- Application fee

What Happens if I Am Audited?

A percentage of recertification applications are randomly selected by CCI for audit. Additionally, if there is reason to believe there has been a breach in the integrity of the process by an individual seeking recertification, CCI may also select those individuals for audit.

Applicants selected for audit will be notified by CCI and required to electronically submit additional documentation (see Appendix E) within 30 days of notification. An e-mail will be sent to the applicant detailing the results of the audit after the documents have been reviewed.

Alternatives to Recertification

What Can I Do if I Am Not Eligible to Recertify?

There are three options if you are not eligible to recertify:

- File for an Extension Year by logging into your [CCI account](#) to complete the online application.
- File for Emeritus status by logging into your [CCI account](#) to complete the online application.
- Allow the credential to lapse.

How Does the Extension Year Process Work?

An extension year will allow an additional year to accrue the necessary points activities or contact hours for recertification, as well as meet other eligibility requirements (e.g., current employment). Your CNAMB credential will remain active during this time. Please contact CCI's Credentialing Team toll free at 1-888-257-2667 or info@cc-institute.org for more information.

Below are key points regarding the Extension Year process:

- The process is only available once every 10 years or 2 recertification cycles for the CNAMB certification.
- You must apply in the year that you are due to recertify.
- The Extension Year lasts one calendar year from your original accrual end date and there are no extensions to that time period.
- Your current recertification options remain unchanged for the extension year.

What Is the Fee for Applying for the Extension Year?

The fee is \$195. No discounts apply. No refunds are given. The full recertification fee will be due when the recertification application is submitted.

What Requirements Do I Need to Fulfill for the Extension Year?

All fields (e.g., RN license and work information) in the certificant's account must be updated. To recertify your CNAMB credential following your Extension Year, you must meet all the recertification requirements in effect at the time of application and pay the recertification fee.

When Can I Apply for Recertification Following My Extension Year?

You may apply for recertification at any time during your new recertification year. Log in to your [CCI account](#) to complete your recertification application available from your CCI account. See the table below for Extension Year accrual periods and recertification dates.

Year Certified	Recertification Year	Last Date to File for Extension Year	New Accrual Period	Last Date to Recertify
2020*	2024	Dec. 31, 2024	Jan. 1, 2020 – Dec. 31, 2024	Dec. 31, 2025
2021	2024	Dec. 31, 2024	Jan. 1, 2021 – Dec. 31, 2024	Dec. 31, 2025
2022	2025	Dec. 31, 2025	Jan. 1, 2022 – Dec. 31, 2025	Dec. 31, 2026

*This timeframe applies only to the initial recertification cycle of CNAMB certificants who passed the CNAMB certification examination in Sept 2020 and received delayed scoring results in Dec 2020. The typical 3-year accrual period will begin for those nurses who earn the CNAMB credential in 2021.

Emeritus and Lapsed Status Credential Status

How Do I Obtain Emeritus Status of the Credential?

CCI offers CNAMBs who are retiring from professional perioperative nursing, changing professional direction, etc., the option to maintain their credential in an Emeritus capacity with the CNAMB Emeritus status or CNAMB(E). CCI established the Emeritus status to recognize retired CNAMBs' service and commitment to the perioperative profession, as well as their achievement and maintenance of the CNAMB credential.

You must currently hold the CNAMB credential in active status to apply for CNAMB Emeritus status. The CNAMB Emeritus credential is not available if your CNAMB credential has lapsed.

Emeritus candidates apply by logging in to their [CCI account](#) and to complete the online application. The one-time fee for Emeritus status is \$125.

CNAMB(E) members may be considered for CCI Board and committee appointments.

What Happens if I Let My Credential Lapse?

You are not eligible to use the CNAMB credential after it has lapsed. Once your CNAMB credential has lapsed, you must again pass the exam to achieve certification.

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 CNAMB 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: CNAMB Task & Knowledge Statements

Subject Area 1: Preoperative Patient Assessment and Diagnosis

Task - Confirm patient identity using two patient identifiers

Knowledge Needed

- a. universal protocol

Task - Verify procedure, surgical consent, operative site, anesthesia plan, and side/site marking

Knowledge Needed

- universal protocol
- informed consent(s) or waivers (e.g., surgical, anesthesia, blood, photographs, visitors)

Task - Assess Health Status of the Patient: Collect, analyze and prioritize patient data (e.g., vital signs, pain assessment, allergies, lab values, other medical conditions; medical conditions for which they would need clearance, previous relevant surgical history, chart review, NPO status; family history of anesthesia problems)

Knowledge Needed

- anatomy and physiology
- pathophysiology
- pharmacology
- diagnostic procedures and results
- health assessment techniques (e.g., vital signs, pain assessment, allergies, lab values, chart review, NPO status) nursing process
- criteria (e.g., BMI, ASA, sleep apnea, infectious disease, age)
- pre-surgery risk assessment (e.g., medications, previous surgeries, special needs,
- comorbidities, preop instructions)
- pain management (e.g., ERAS; multi-modal, regional blocks)

Task - Assess Health Status of the Patient - Use age and sociocultural appropriate health assessment techniques to evaluate patient status (e.g., interview, observation; communication barriers)

Knowledge Needed

- a. anatomy and physiology
- b. health assessment techniques (e.g., vital signs, pain assessment, allergies, lab values, chart review, NPO status)
- c. review, NPO status)
- d. advanced directives, DNR and AND (Allow Natural Death) processes
- e. nursing process
- f. selection criteria (e.g., BMI, ASA, sleep apnea, infectious disease, age)
- g. pre-surgery risk assessment (e.g., medications, previous surgeries, special needs,
- h. comorbidities, preop instructions)

Task - Assess Health Status of the Patient - Conduct medication reconciliation (e.g., preoperative medications, home medications, alternative and herbal supplements, medical marijuana, alcohol use, recreational drug use).

Knowledge Needed

- a. pharmacology
- b. pre-surgery risk assessment (e.g., medications, previous surgeries, special needs, comorbidities, preop instructions)
- c. antibiotic stewardship

- d. pain management (e.g., ERAS; multi-modal, regional blocks)
- e. Conduct a physical assessment (e.g., skin integrity, mobility, body piercings, implants/foreign objects)
- f. anatomy and physiology
- g. pathophysiology
- h. health assessment techniques (e.g., vital signs, pain assessment, allergies, lab values, chart review, NPO status)
- i. selection criteria (e.g., BMI, ASA, sleep apnea, infectious disease, age)
- j. pain management (e.g., ERAS; multi-modal, regional blocks)

Task - Assess patient appropriateness for ambulatory setting (e.g., facility guidelines and protocols)

Knowledge Needed

- a. anatomy and physiology
- b. pharmacology
- c. diagnostic procedures and results
- d. advanced directives, DNR status, AND (Allow Natural Death) processes
- e. selection criteria (e.g., BMI, ASA, sleep apnea, infectious disease, age)
- f. discharge needs (e.g., home care, durable medical equipment, transportation, care giver, medications, rehab)
- g. pre-surgery risk assessment (e.g., medications, previous surgeries, special needs, comorbidities, preop instructions)

Task - Formulate nursing diagnoses

Knowledge Needed

- a. pathophysiology
- b. diagnostic procedures and results
- c. approved nursing diagnoses (e.g., North American Nursing Diagnosis Administration, Perioperative Nursing Data Set)
- d. nursing process
- e. pre-surgery risk assessment (e.g., medications, previous surgeries, special needs, comorbidities, preop instructions)
- f. pain management (e.g., ERAS; multi-modal, regional blocks)

Task - Document preoperative assessment

Knowledge Needed

- a. anatomy and physiology
- b. health assessment techniques (e.g., vital signs, pain assessment, allergies, lab values, chart review, NPO status)
- c. informed consent(s) or waivers (e.g., surgical, anesthesia, blood, photographs, visitors)
- d. advanced directives and DNR
- e. pain management (e.g., ERAS; multi-modal, regional blocks)

Subject Area 2: Preoperative Plan of Care

Task - Develop plan of care - Anticipate physiological responses

Knowledge Needed

- a. physiological responses (e.g., risk of infection, altered tissue perfusion, thermal regulation)
- b. disease processes
- c. age specific needs

- d. patient rights and responsibilities
- e. patient outcomes
- f. Universal protocol and transmission-based Precautions
- g. preoperative patient preparation interventions (e.g., IV, removal of jewelry, hair removal)

Task - Develop plan of care - Implement CMS quality measures (e.g., patient falls, patient burns)

Knowledge Needed

- a. physiological responses (e.g., risk of infection, altered tissue perfusion, thermal regulation)
- b. age specific needs
- c. patient outcomes

Task - Develop plan of care - Anticipate perioperative safety needs (e.g., chemical, radiation, fire, laser, positioning)

Knowledge Needed

- a. physiological responses (e.g., risk of infection, altered tissue perfusion, thermal regulation)
- b. age specific needs
- c. perioperative safety
- d. Universal protocol and transmission-based precautions

Task - Develop plan of care - Identify behavioral responses of patient and family (e.g., comfort, anxiety, medication, pain management, sociocultural)

Knowledge Needed

- a. behavioral responses
- b. age specific needs
- c. transcultural nursing theory (e.g., cultural and ethnic influences, family patterns, spirituality and related practices)
- d. patient rights and responsibilities
- e. resources for patient/family education
- f. legal responsibilities and implications for patient care
- g. patient outcomes

Task - Develop plan of care - Evaluate age-specific needs (e.g., temperature of room, size of instruments)

Knowledge Needed

- a. physiological responses (e.g., risk of infection, altered tissue perfusion, thermal regulation)
- b. behavioral responses
- c. age specific needs
- d. perioperative safety
- e. resources for patient/family education
- f. community networking and institutional resources (e.g., supplies, equipment, patient transfer agreements, courier service; emergency services)
- g. preoperative patient preparation interventions (e.g., IV, removal of jewelry, hair removal)

Task - Develop plan of care - Evaluate sociocultural diversity needs and requirements (e.g., communication barriers, attire)

Knowledge Needed

- a. behavioral responses
- b. transcultural nursing theory (e.g., cultural and ethnic influences, family patterns, spirituality and related practices)
- c. patient rights and responsibilities

- d. resources for patient/family education

Task - Develop plan of care - Adhere to legal and ethical guidelines

Knowledge Needed

- a. transcultural nursing theory (e.g., cultural and ethnic influences, family patterns, spirituality and related practices)
- b. patient rights and responsibilities
- c. resources for patient/family education
- d. legal responsibilities and implications for patient care
- e. patient outcomes

Task - Develop plan of care - Collaborate and coordinate with the interdisciplinary healthcare team (e.g., radiology, pathology; neuromonitoring)

Knowledge Needed

- a. physiological responses (e.g., risk of infection, altered tissue perfusion, thermal regulation)
- b. perioperative safety
- c. legal responsibilities and implications for patient care
- d. community networking and institutional resources (e.g., supplies, equipment, patient transfer agreements, courier service; emergency services)
- e. Universal protocol and transmission-based precautions

Task - Develop plan of care - Use a patient-centered model (e.g., patient, family, and care giver involvement)

Knowledge Needed

- a. behavioral responses
- b. age specific needs
- c. transcultural nursing theory (e.g., cultural and ethnic influences, family patterns, spirituality and related practices)
- d. patient rights and responsibilities
- e. resources for patient/family education
- f. patient outcomes

Task - Identify and plan for expected patient outcomes/postoperative needs (e.g., responsible supervision; transportation; obstructive sleep apnea)

Knowledge Needed

- a. disease processes
- b. age specific needs
- c. transcultural nursing theory (e.g., cultural and ethnic influences, family patterns, spirituality and related practices)
- d. patient rights and responsibilities
- e. community networking and institutional resources (e.g., supplies, equipment, patient transfer agreements, courier service; emergency services)
- f. patient outcomes

Task - Adhere to Universal Protocol

Knowledge Needed

- a. age specific needs
- b. perioperative safety
- c. patient rights and responsibilities
- d. legal responsibilities and implications for patient care

- e. Universal protocol and transmission-based Precautions

Task - Conduct site preparation (e.g., hair removal; skin antisepsis)

Knowledge Needed

- a. physiological responses (e.g., risk of infection, altered tissue perfusion, thermal regulation)
- b. perioperative safety
- c. patient outcomes
- d. Universal protocol and transmission-based Precautions
- e. preoperative patient preparation interventions (e.g., IV, removal of jewelry, hair removal)

Task - Confirm availability of implant(s), supplies, and equipment

Knowledge Needed

- a. perioperative safety
- b. legal responsibilities and implications for patient care
- c. community networking and institutional resources (e.g., supplies, equipment, patient transfer agreements, courier service; emergency services)
- c. preoperative patient preparation interventions (e.g., IV, removal of jewelry, hair removal)

Subject Area 3: Intraoperative Care

Task - Optimize physiological responses of the patient (e.g., normothermia, infection control, perfusion)

Knowledge Needed

- a. surgical procedure
- b. infection prevention and control
- c. aseptic technique and surgical conscience
- d. skin prep antisepsis
- e. potential complications
- f. positioning
- g. wound healing
- h. wound classification
- i. pain management
- j. medication management (e.g., timing, labeling, redosing)
- k. environmental factors (e.g., temperature, humidity, air exchange, noise, traffic patterns)
- l. hemodynamic needs
- m. equipment use per manufacturer's instructions for use (IFU)

Task - Monitor and maintain patient and personnel safety (e.g., chemical, fire, radiation, energy generating devices, positioning)

Knowledge Needed

- a. patient/personnel safety
- b. ergonomics and body mechanics
- c. positioning
- d. anesthesia management and anesthetic agents (e.g., airway maintenance; reversal agents and antagonists)
- f. moderate and local sedation/analgesia with appropriate monitoring
- g. medication management (e.g., timing, labeling, redosing)
- h. surgical counts
- i. hazardous materials
- j. smoke plumes

- k. environmental factors (e.g., temperature, humidity, air exchange, noise, traffic patterns)
- l. equipment use per manufacturer's instructions for use (IFU)

Task - Optimize patient care based on behavioral responses (e.g., comfort, anxiety, pain management; sociocultural, and/or ethical issues)

Knowledge Needed

- a. surgical procedure
- b. patient/personnel safety
- c. positioning
- d. pain management

Task - Prepare the surgical site

Knowledge Needed

- a. surgical procedure
- b. infection prevention and control
- c. aseptic technique and surgical conscience
- d. skin prep antisepsis
- e. potential complications
- f. positioning
- g. wound healing
- h. wound classification
- i. medication management (e.g., timing, labeling, redosing)
- j. environmental factors (e.g., temperature, humidity, air exchange, noise, traffic patterns)

Task - Select procedure-specific protective materials and equipment (e.g., lead aprons, laser goggles, smoke evacuators; extinguishers)

Knowledge Needed

- a. surgical procedure
- b. infection prevention and control
- c. aseptic technique and surgical conscience
- d. patient/personnel safety
- e. potential complications
- f. positioning
- g. anesthesia management and anesthetic agents (e.g., airway maintenance; reversal agents and antagonists)
- h. instruments, supplies, and equipment
- i. hazardous materials
- j. smoke plumes
- k. equipment use per manufacturer's instructions for use (IFU)

Task - Monitor and evaluate the effects of pharmacological and anesthetic agents

Knowledge Needed

- a. anesthesia management and anesthetic agents (e.g., airway maintenance; reversal agents and antagonists)
- b. moderate and local sedation/analgesia with appropriate monitoring
- c. pain management
- d. medication management (e.g., timing, labeling, redosing)
- e. hemodynamic needs

Task - Assist with anesthesia management (e.g., induction, airway protection, extubation; cricoid pressure)

Knowledge Needed

- a. surgical procedure
- b. patient/personnel safety
- c. potential complications
- d. positioning
- e. anesthesia management and anesthetic agents (e.g., airway maintenance; reversal agents and antagonists)
- f. moderate and local sedation/analgesia with appropriate monitoring
- g. pain management
- h. medication management (e.g., timing, labeling, redosing)
- i. hemodynamic needs

Task - Identify and control environmental factors (e.g., humidity, noise, temperature, traffic)

Knowledge Needed

- a. infection prevention and control
- b. aseptic technique and surgical conscience
- c. patient/personnel safety
- d. potential complications
- e. wound healing
- f. hazardous materials
- g. smoke plumes
- h. environmental factors (e.g., temperature, humidity, air exchange, noise, traffic patterns)

Task - Maintain a sterile field utilizing aseptic technique

Knowledge Needed

- a. surgical procedure
- b. infection prevention and control
- c. aseptic technique and surgical conscience
- d. skin prep antisepsis
- e. potential complications
- f. instruments, supplies, and equipment
- g. environmental factors (e.g., temperature, humidity, air exchange, noise, traffic patterns)

Task - Ensure the sterility of surgical products and instrumentation (e.g., expiration date, package integrity)

Knowledge Needed

- a. infection prevention and control
- b. aseptic technique and surgical conscience
- c. potential complications
- d. instruments, supplies, and equipment
- e. implants, preparation, explants
- f. environmental factors (e.g., temperature, humidity, air exchange, noise, traffic patterns)
- g. equipment use per manufacturer's instructions for use (IFU)

Task - Test and use equipment according to manufacturer's recommendations

Knowledge Needed

- a. surgical procedure
- b. patient/personnel safety
- c. instruments, supplies, and equipment

- d. implants, preparation, explants
- e. environmental factors (e.g., temperature, humidity, air exchange, noise, traffic patterns)
- f. equipment use per manufacturer's instructions for use (IFU)

Task - Maintain the dignity, modesty, and privacy of the patient

Knowledge Needed

- a. surgical procedure
- b. patient/personnel safety
- c. positioning
- d. environmental factors (e.g., temperature, humidity, air exchange, noise, traffic patterns)

Task - Verify and document specimens with surgical team (e.g., name, type, suture tags)

Knowledge Needed

- a. surgical procedure
- b. perioperative documentation (e.g., indications)
- c. patient/personnel safety
- d. positioning

Task - Prepare, label, and transport specimens

Knowledge Needed

- a. surgical procedure
- b. perioperative documentation (e.g., indications)
- c. aseptic technique and surgical conscience
- d. patient/personnel safety
- e. positioning

Task - Confirm, present, and prepare implants

Knowledge Needed

- a. surgical procedure
- b. perioperative documentation (e.g., indications)
- c. infection prevention and control
- d. aseptic technique and surgical conscience
- e. potential complications
- f. implants, preparation, explants
- g. equipment use per manufacturer's instructions for use (IFU)

Task - Prepare explants for final disposition

Knowledge Needed

- a. perioperative documentation (e.g., indications)
- b. infection prevention and control
- c. patient/personnel safety
- d. implants, preparation, explants
- e. specimen management
- f. hazardous materials
- g. equipment use per manufacturer's instructions for use (IFU)

Task - Prepare and label solutions, medications, and medication containers

Knowledge Needed

- a. perioperative documentation (e.g., indications)

- b. aseptic technique and surgical conscience
- c. patient/personnel safety
- d. potential complications
- e. pain management
- f. medication management (e.g., timing, labeling, redosing)
- g. hazardous materials

Task - Perform counts

Knowledge Needed

- a. surgical procedure
- b. perioperative documentation (e.g., indications)
- c. patient/personnel safety
- d. potential complications
- e. surgical counts

Task - Adhere to universal protocol (e.g., time out, WHO Checklist, National Patient Safety Goals)

Knowledge Needed

- a. surgical procedure
- b. perioperative documentation (e.g., indications)
- c. infection prevention and control
- d. aseptic technique and surgical conscience
- e. skin prep antisepsis
- f. patient/personnel safety
- g. potential complications
- h. positioning
- i. surgical counts
- j. environmental factors (e.g., temperature, humidity, air exchange, noise, traffic patterns)

Task - Maintain accurate patient records/documentation (e.g., relevant facts and data elements, positioning, solutions and medications, counts; wound classification)

Knowledge Needed

- a. surgical procedure
- b. perioperative documentation (e.g., indications)
- c. positioning
- d. wound classification
- e. medication management (e.g., timing, labeling, redosing)
- f. implants, preparation, explants
- g. surgical counts
- h. specimen management

Task - Manage patient hemodynamic needs (e.g., fluid replacement)

Knowledge Needed

- a. surgical procedure
- b. infection prevention and control
- c. patient/personnel safety
- d. potential complications
- e. wound healing
- f. anesthesia management and anesthetic agents (e.g., airway maintenance; reversal agents and antagonists)

- g. hemodynamic needs

Task - Utilize ergonomics and proper body mechanics in performing patient care

Knowledge Needed

- a. surgical procedure
- b. patient/personnel safety
- c. ergonomics and body mechanics
- d. potential complications
- e. positioning

Task - Prepare, label, and administer moderate and local sedation/analgesia with appropriate monitoring (e.g., capnography; pulse oximeter)

Knowledge Needed

- a. surgical procedure
- b. perioperative documentation (e.g., indications)
- c. patient/personnel safety
- d. anesthesia management and anesthetic agents (e.g., airway maintenance; reversal agents and antagonists)
- e. moderate and local sedation/analgesia with appropriate monitoring
- f. pain management
- g. medication management (e.g., timing, labeling, redosing)

Subject Area 4: Communication

Task - Communicate patient status and changes to the interdisciplinary healthcare providers

Knowledge Needed

- a. communication techniques (e.g., patient, family, team, chain of command)
- b. methods and requirements for reporting to interdisciplinary healthcare providers (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, read back verbal orders)
- c. hand-offs
- d. barriers to communication (e.g., patient, family, team, chain of command)
- e. information technology (e.g., software applications, security rules, HIPAA)

Task - Utilize effective communication for continuity of patient care (e.g., hand-off, debrief)

Knowledge Needed

- a. communication techniques (e.g., patient, family, team, chain of command)
- b. methods and requirements for reporting to interdisciplinary healthcare providers (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, read back verbal orders)
- c. hand-offs
- d. barriers to communication (e.g., patient, family, team, chain of command)
- e. perioperative patient education techniques

Task - Provide information to the patient/family according to HIPAA guidelines (e.g., status, updates)

Knowledge Needed

- a. communication techniques (e.g., patient, family, team, chain of command)
- b. hand-offs
- c. barriers to communication (e.g., patient, family, team, chain of command)

- d. information technology (e.g., software applications, security rules, HIPAA)

Task - Identify barriers to sociocultural communication and participate in implementing effective solutions

Knowledge Needed

- a. communication techniques (e.g., patient, family, team, chain of command)
- b. interviewing techniques
- c. hand-offs
- d. barriers to communication (e.g., patient, family, team, chain of command)
- e. perioperative patient education techniques

Task - Provide and document perioperative education

Knowledge Needed

- a. communication techniques (e.g., patient, family, team, chain of command)
- b. interviewing techniques
- c. hand-offs
- d. barriers to communication (e.g., patient, family, team, chain of command)
- e. perioperative patient education techniques
- f. information technology (e.g., software applications, security rules, HIPAA)

Task - Promote culture of safety through workplace civility and team communication

Knowledge Needed

- a. communication techniques (e.g., patient, family, team, chain of command)
- b. methods and requirements for reporting to interdisciplinary healthcare providers (e.g., critical lab values, medical condition, medications, allergies, implants/implantable devices, read back verbal orders)
- c. hand-offs
- d. barriers to communication (e.g., patient, family, team, chain of command)
- e. information technology (e.g., software applications, security rules, HIPAA)

Subject Area 5: Postoperative/Transfer of Care

Task - Collaborate with interdisciplinary services

Knowledge Needed

- a. interdisciplinary services for care coordination (e.g., nutrition, wound care, social work, referrals, transportation, convalescent center, physical therapy)
- b. community based resources (e.g., visiting nurse; physical therapy)
- c. transfer of care (e.g., home, hospital, rehab)
- d. pain management (e.g., ERAS; multi-modal, regional blocks)

Task - Evaluate patient status to facilitate transfer to the next level of care (e.g., PACU, home, rehab facility, hospital; 23-hour-observation)

Knowledge Needed

- a. interdisciplinary services for care coordination (e.g., nutrition, wound care, social work, referrals, transportation, convalescent center, physical therapy)
- b. community based resources (e.g., visiting nurse; physical therapy)
- c. transfer of care (e.g., home, hospital, rehab)
- d. discharge criteria (e.g., Aldrete; medication reconciliation)
- e. pain management (e.g., ERAS; multi-modal, regional blocks)

Task - Document patient care

Knowledge Needed

- a. interdisciplinary services for care coordination (e.g., nutrition, wound care, social work, referrals, transportation, convalescent center, physical therapy)
- b. transfer of care (e.g., home, hospital, rehab)
- c. discharge criteria (e.g., Aldrete; medication reconciliation)
- d. regulatory guidelines concerning postoperative follow up (e.g., phone calls, appointments)
- e. pain management (e.g., ERAS; multi-modal, regional blocks)

Task - Provide and document post discharge follow up communication according to regulatory guidelines

Knowledge Needed

- a. interdisciplinary services for care coordination (e.g., nutrition, wound care, social work, referrals, transportation, convalescent center, physical therapy)
- b. regulatory guidelines concerning post-operative follow up (e.g., phone calls, appointments)
- c. pain management (e.g., ERAS; multi-modal, regional blocks)

Task - Assist with management of airway, pain, and hemodynamic monitoring

Knowledge Needed

- a. airway management
- b. hemodynamic monitoring
- c. pain management (e.g., ERAS; multi-modal, regional blocks)

Task - Maintain intake and output as expected for discharge criteria

Knowledge Needed

- a. interdisciplinary services for care coordination (e.g., nutrition, wound care, social work, referrals, transportation, convalescent center, physical therapy)
- b. transfer of care (e.g., home, hospital, rehab)
- c. discharge criteria (e.g., Aldrete; medication reconciliation)
- d. hemodynamic monitoring

Subject Area 6: Instrument Processing and Supply Management

Task - Select appropriate methods and products for processing (e.g., cleaning, disinfecting, packaging, sterilizing, transportation, storage)

Knowledge Needed

- a. cleaning products and techniques (e.g., manual washing, ultrasonic)
- b. disinfecting techniques (e.g., high-level)
- c. packaging techniques (e.g., crates, peel packs, wraps)
- d. sterilization techniques (e.g., immediate use (IUSS), load parameters, steam sterilization, low-temperature sterilization)
- e. transportation of equipment, instruments, and supplies
- f. storage of equipment, instruments, and supplies
- g. hazardous materials exposure
- h. biohazardous materials (e.g., blood)
- i. documentation requirements for instrument sterilization including biological and chemical monitoring
- j. regulatory requirements for tracking of equipment, instruments, and supplies provided by external sources
- k. quality assurance testing (e.g., washer disinfectant, sterilizer)

Task - Perform and document disinfection procedures (e.g., high level disinfection and decontamination)

Knowledge Needed

- a. disinfecting techniques (e.g., high-level)
- b. sterilization techniques (e.g., immediate use (IUSS), load parameters, steam sterilization, low-temperature sterilization)
- b. documentation requirements for instrument sterilization including biological and chemical monitoring
- c. regulatory requirements for tracking of equipment, instruments, and supplies provided by external sources
- d. quality assurance testing (e.g., washer disinfectant, sterilizer)

Task - Handle and dispose of hazardous materials (e.g., chemo drugs, radioactive materials)

Knowledge Needed

- a. cleaning products and techniques (e.g., manual washing, ultrasonic)
- b. disinfecting techniques (e.g., high-level)
- c. hazardous materials exposure
- d. biohazardous materials (e.g., blood)

Task - Handle and dispose of biohazard materials (e.g., blood, tissue)

Knowledge Needed

- a. cleaning products and techniques (e.g., manual washing, ultrasonic)
- b. disinfecting techniques (e.g., high-level)
- c. hazardous materials exposure
- d. biohazardous materials (e.g., blood)

Task - Perform and document sterilization procedures including biological and chemical monitoring (e.g., load parameters, steam sterilization, low-temperature sterilization)

Knowledge Needed

- a. cleaning products and techniques (e.g., manual washing, ultrasonic)
- b. sterilization techniques (e.g., immediate use (IUSS), load parameters, steam sterilization, low-temperature sterilization)
- b. documentation requirements for instrument sterilization including biological and chemical monitoring
- c. regulatory requirements for tracking of equipment, instruments, and supplies provided by external sources
- d. quality assurance testing (e.g., washer disinfectant, sterilizer)

Task - Monitor environmental conditions of sterilization and storage areas

Knowledge Needed

- a. packaging techniques (e.g., crates, peel packs, wraps)
- b. storage of equipment, instruments, and supplies
- c. regulatory requirements for tracking of equipment, instruments, and supplies provided by external sources
- d. quality assurance testing (e.g., washer disinfectant, sterilizer)

Task - Coordinate materials and instruments provided by external sources (e.g., loaner instruments)

Knowledge Needed

- a. transportation of equipment, instruments, and supplies
- b. storage of equipment, instruments, and supplies
- c. documentation requirements for instrument sterilization including biological and chemical monitoring
- e. regulatory requirements for tracking of equipment, instruments, and supplies provided by external sources

Task - Perform and document immediate use steam sterilization (IUSS)

Knowledge Needed

- a. sterilization techniques (e.g., immediate use (IUSS), load parameters, steam sterilization, low-temperature sterilization)
- b. documentation requirements for instrument sterilization including biological and chemical monitoring
- c. quality assurance testing (e.g., washer disinfectant, sterilizer)

Subject Area 7: Emergency Situations

Task - Perform nursing interventions based on age-specific needs

Knowledge Needed

- a. preparations for and management of medical emergencies (e.g., Malignant Hyperthermia (MH), anaphylaxis, cardiac arrest, hemorrhage)
- b. roles of the interdisciplinary healthcare team members during internal/external emergency situations (e.g., triage, FEMA, EMS, community resources)

Task - Coordinate members of the interdisciplinary healthcare team during internal/external emergency situations

Knowledge Needed

- a. preparations for and management of medical emergencies (e.g., Malignant Hyperthermia (MH), anaphylaxis, cardiac arrest, hemorrhage)
- b. preparations for and management of environmental hazards and natural disasters (e.g., fire, toxic fumes, natural disasters, terrorism, power outage, active shooter)
- c. roles of the interdisciplinary healthcare team members during internal/external emergency situations (e.g., triage, FEMA, EMS, community resources)

Task - Protect patient and resources from environmental hazards and during disasters

Knowledge Needed

- a. preparations for and management of medical emergencies (e.g., Malignant Hyperthermia (MH), anaphylaxis, cardiac arrest, hemorrhage)
- b. preparations for and management of environmental hazards and natural disasters (e.g., fire, toxic fumes, natural disasters, terrorism, power outage, active shooter)
- c. roles of the interdisciplinary healthcare team members during internal/external emergency situations (e.g., triage, FEMA, EMS, community resources)

Subject Area 8: Management of Personnel, Services, and Materials

Task - Acquire equipment, supplies, and personnel

Knowledge Needed

- a. product evaluation processes (e.g., cost benefit analysis)
- b. perioperative resource management (e.g., equipment, supplies, staffing)
- c. implant management (e.g., regulatory and manufacturers' instructions for use)

- d. adjunct roles, assigned staff, and responsibilities (e.g., medication safety, laser safety, employee health, Privacy officer, Facility officer; Risk Manager; infection prevention)

Task - Monitor and assist with implementation of cost-containment measures

Knowledge Needed

- a. product evaluation processes (e.g., cost benefit analysis)
- b. waste management (e.g., reprocessing to include single-use devices, supply standardization)
- c. perioperative resource management (e.g., equipment, supplies, staffing)
- d. role of non-perioperative personnel (e.g., vendor, students, visitors, family; medical records, admissions)
- d. implant management (e.g., regulatory and manufacturers' instructions for use)

Task - Participate in product evaluation, selection, and recall

Knowledge Needed

- a. product evaluation processes (e.g., cost benefit analysis)
- b. waste management (e.g., reprocessing to include single-use devices, supply standardization)
- c. perioperative resource management (e.g., equipment, supplies, staffing)
- d. adjunct roles, assigned staff, and responsibilities (e.g., medication safety, laser safety, employee health, Privacy officer, Facility officer; Risk Manager; infection prevention)

Task - Supervise, educate, and mentor healthcare team members

Knowledge Needed

- a. scope of practice for the interdisciplinary team per regulatory agencies (e.g., Nurse Practice Act)
- b. perioperative resource management (e.g., equipment, supplies, staffing)
- c. role of non-perioperative personnel (e.g., vendor, students, visitors, family; medical records, admissions)
- d. personal protective equipment (PPE)
- e. radiation safety (e.g., dosimetry badges, time, distance, shielding, lead protection)
- f. adjunct roles, assigned staff, and responsibilities (e.g., medication safety, laser safety, employee health, Privacy officer, Facility officer; Risk Manager; infection prevention)

Task - Delegate perioperative tasks to appropriate personnel within their scope of practice

Knowledge Needed

- a. scope of practice for the interdisciplinary team per regulatory agencies (e.g., Nurse Practice Act)
- b. perioperative resource management (e.g., equipment, supplies, staffing)
- c. personal protective equipment (PPE)
- e. radiation safety (e.g., dosimetry badges, time, distance, shielding, lead protection)
- e. adjunct roles, assigned staff, and responsibilities (e.g., medication safety, laser safety, employee health, Privacy officer, Facility officer; Risk Manager; infection prevention)

Task - Supervise non-OR personnel (e.g., vendors, students, visitors, family)

Knowledge Needed

- a. scope of practice for the interdisciplinary team per regulatory agencies (e.g., Nurse Practice Act)
- b. product evaluation processes (e.g., cost benefit analysis)

- c. perioperative resource management (e.g., equipment, supplies, staffing)
- d. role of non-perioperative personnel (e.g., vendor, students, visitors, family; medical records, admissions)
- e. personal protective equipment (PPE)
- f. radiation safety (e.g., dosimetry badges, time, distance, shielding, lead protection)
- g. adjunct roles, assigned staff, and responsibilities (e.g., medication safety, laser safety, employee health, Privacy officer, Facility officer; Risk Manager; infection prevention)

Task - Implement environmental sustainability practices (e.g., reprocessing, recycling)

Knowledge Needed

- a. product evaluation processes (e.g., cost benefit analysis)
- b. waste management (e.g., reprocessing to include single-use devices, supply standardization)
- c. perioperative resource management (e.g., equipment, supplies, staffing)
- d. environmental management (e.g., spills, room turnover, terminal cleaning, physical plant)
- e. implant management (e.g., regulatory and manufacturers' instructions for use)

Task - Ensure use of Personal Protective Equipment (PPE)

Knowledge Needed

- a. environmental management (e.g., spills, room turnover, terminal cleaning, physical plant)
- b. personal protective equipment (PPE)
- c. adjunct roles, assigned staff, and responsibilities (e.g., medication safety, laser safety, employee health, Privacy officer, Facility officer; Risk Manager; infection prevention)

Task - Oversee environmental cleaning (e.g., spills, room turnover, terminal cleaning)

Knowledge Needed

- a. perioperative resource management (e.g., equipment, supplies, staffing)
- b. environmental management (e.g., spills, room turnover, terminal cleaning, physical plant)
- c. personal protective equipment (PPE)
- d. adjunct roles, assigned staff, and responsibilities (e.g., medication safety, laser safety, employee health, Privacy officer, Facility officer; Risk Manager; infection prevention)

Task - Coordinate and document preventive maintenance of equipment

Knowledge Needed

- a. perioperative resource management (e.g., equipment, supplies, staffing)
- b. role of non-perioperative personnel (e.g., vendor, students, visitors, family; medical records, admissions)
- c. radiation safety (e.g., dosimetry badges, time, distance, shielding, lead protection)
- d. adjunct roles, assigned staff, and responsibilities (e.g., medication safety, laser safety, employee health, Privacy officer, Facility officer; Risk Manager; infection prevention)

Task - Track biological implants (e.g., order, reconstitute, storage, use/waste)

Knowledge Needed

- a. implant management (e.g., regulatory and manufacturers' instructions for use)
- b. radiation safety (e.g., dosimetry badges, time, distance, shielding, lead protection)
- c. adjunct roles, assigned staff, and responsibilities (e.g., medication safety, laser safety, employee health, Privacy officer, Facility officer; Risk Manager; infection prevention)

Task - Monitor availability and sterility of supplies

Knowledge Needed

- a. product evaluation processes (e.g., cost benefit analysis)
- b. waste management (e.g., reprocessing to include single-use devices, supply standardization)
- c. perioperative resource management (e.g., equipment, supplies, staffing)
- d. implant management (e.g., regulatory and manufacturers' instructions for use)
- e. personal protective equipment (PPE)

Task - Monitor radiation safety

Knowledge Needed

- a. scope of practice for the interdisciplinary team per regulatory agencies (e.g., Nurse Practice Act)
- b. radiation safety (e.g., dosimetry badges, time, distance, shielding, lead protection)
- c. adjunct roles, assigned staff, and responsibilities (e.g., medication safety, laser safety, employee health, Privacy officer, Facility officer; Risk Manager; infection prevention)

Subject Area 9: Professional Accountability

Task - Protect patient confidentiality

Knowledge Needed

- a. accreditation standards and organization guidelines (e.g., AORN Guidelines for Perioperative Nursing, Perioperative Explications for the ANA Code of Ethics for Nurses, ASPAN, APIC, AAMI)
- b. local, state, and federal regulatory requirements (FDA, CDC, CMS, OSHA, DEA)
- c. patient's rights and advocacy

Task - Advocate for and protect patients' rights

Knowledge Needed

- a. accreditation standards and organization guidelines (e.g., AORN Guidelines for Perioperative Nursing, Perioperative Explications for the ANA Code of Ethics for Nurses, ASPAN, APIC, AAMI)
- b. local, state, and federal regulatory requirements (FDA, CDC, CMS, OSHA, DEA)
- c. patient's rights and advocacy
- d. risk management (e.g., event reporting, good catch, disclosure of unanticipated events, recalls, Safe Medical Device Act)
- e. maintaining required competencies

Task - perform functions within scope of practice

Knowledge Needed

- a. accreditation standards and organization guidelines (e.g., AORN Guidelines for Perioperative Nursing, Perioperative Explications for the ANA Code of Ethics for Nurses, ASPAN, APIC, AAMI)
- b. local, state, and federal regulatory requirements (FDA, CDC, CMS, OSHA, DEA)
- c. responsibilities regarding behaviors that undermine a culture of safety
- d. patient's rights and advocacy
- e. principles of delegation
- f. risk management (e.g., event reporting, good catch, disclosure of unanticipated events, recalls, Safe Medical Device Act)

Task - Demonstrate competency in perioperative nursing practice

Knowledge Needed

- a. accreditation standards and organization guidelines (e.g., AORN Guidelines for Perioperative Nursing, Perioperative Explications for the ANA Code of Ethics for Nurses, ASPAN, APIC, AAMI)
- b. local, state, and federal regulatory requirements (FDA, CDC, CMS, OSHA, DEA)
- c. professional development resources
- d. quality improvement processes (e.g., research, data collection, evidence-based practice, performance improvement; CMS quality measures; reimbursements)
- e. maintaining required competencies

Task - Acknowledge personal bias and limitations and seek assistance as needed

Knowledge Needed

- a. accreditation standards and organization guidelines (e.g., AORN Guidelines for Perioperative Nursing, Perioperative Explications for the ANA Code of Ethics for Nurses, ASPAN, APIC, AAMI)
- b. local, state, and federal regulatory requirements (FDA, CDC, CMS, OSHA, DEA)
- c. professional development resources
- d. responsibilities regarding behaviors that undermine a culture of safety
- e. risk management (e.g., event reporting, good catch, disclosure of unanticipated events, recalls, Safe Medical Device Act)

Task - Identify and take appropriate action regarding behaviors that undermine a culture of safety (e.g., disruptive behavior)

Knowledge Needed

- a. accreditation standards and organization guidelines (e.g., AORN Guidelines for Perioperative Nursing, Perioperative Explications for the ANA Code of Ethics for Nurses, ASPAN, APIC, AAMI)
- b. responsibilities regarding behaviors that undermine a culture of safety
- c. patient's rights and advocacy

Task - Participate in professional development activities (e.g., shared governance activities, staff education, committees, certification, advanced degrees, professional organizations)

Knowledge Needed

- a. professional development resources
- b. quality improvement processes (e.g., research, data collection, evidence-based practice, performance improvement; CMS quality measures; reimbursements)
- c. maintaining required competencies

Task - Participate in quality improvement activities

Knowledge Needed

- a. local, state, and federal regulatory requirements (FDA, CDC, CMS, OSHA, DEA)
- b. professional development resources
- c. quality improvement processes (e.g., research, data collection, evidence-based practice, performance improvement; CMS quality measures; reimbursements)
- d. risk management (e.g., event reporting, good catch, disclosure of unanticipated events, recalls, Safe Medical Device Act)

Task - Utilize standards and recommended practices (e.g., AORN, APIC, AAMI, IAHCMM, ASPAN)

Knowledge Needed

- a. accreditation standards and organization guidelines (e.g., AORN Guidelines for

Perioperative Nursing, Perioperative Explications for the ANA Code of Ethics for Nurses, ASPAN, APIC, AAMI)

- b. local, state, and federal regulatory requirements (FDA, CDC, CMS, OSHA, DEA)
- c. professional development resources
- d. quality improvement processes (e.g., research, data collection, evidence-based practice, performance improvement; CMS quality measures; reimbursements)
- e. maintaining required competencies

Task - Report unanticipated events and good catches

Knowledge Needed

- a. accreditation standards and organization guidelines (e.g., AORN Guidelines for Perioperative Nursing, Perioperative Explications for the ANA Code of Ethics for Nurses, ASPAN, APIC, AAMI)
- b. local, state, and federal regulatory requirements (FDA, CDC, CMS, OSHA, DEA)
- c. quality improvement processes (e.g., research, data collection, evidence-based practice, performance improvement; CMS quality measures; reimbursements)
- d. responsibilities regarding behaviors that undermine a culture of safety
- e. patient's rights and advocacy
- f. risk management (e.g., event reporting, good catch, disclosure of unanticipated events, recalls, Safe Medical Device Act)

Task - Comply with regulatory and accreditation guidelines (e.g., life safety)

Knowledge Needed

- a. accreditation standards and organization guidelines (e.g., AORN Guidelines for Perioperative Nursing, Perioperative Explications for the ANA Code of Ethics for Nurses, ASPAN, APIC, AAMI)
- b. local, state, and federal regulatory requirements (FDA, CDC, CMS, OSHA, DEA)
- c. responsibilities regarding behaviors that undermine a culture of safety
- d. risk management (e.g., event reporting, good catch, disclosure of unanticipated events, recalls, Safe Medical Device Act)
- f. maintaining required competencies

Task - Demonstrate evidence-based practice (e.g., hand hygiene; safe injection practices; surgical attire)

Knowledge Needed

- a. accreditation standards and organization guidelines (e.g., AORN Guidelines for Perioperative Nursing, Perioperative Explications for the ANA Code of Ethics for Nurses, ASPAN, APIC, AAMI)
- b. local, state, and federal regulatory requirements (FDA, CDC, CMS, OSHA, DEA)
- c. quality improvement processes (e.g., research, data collection, evidence-based practice, performance improvement; CMS quality measures; reimbursements)
- d. patient's rights and advocacy
- e. risk management (e.g., event reporting, good catch, disclosure of unanticipated events, recalls, Safe Medical Device Act)
- f. maintaining required competencies

Appendix C: Sample Exam 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. The use of evidence-based practice to guide patient outcomes in the operating room
 - a. is an expectation of the healthcare consumer.
 - b. improves processes such as on-time starts.
 - c. relies on clinical judgment.
 - d. involves only surgeons.

2. Shelf life is calculated for sterile packages based on
 - a. practices that alter integrity of the package.
 - b. 30 days after date of processing.
 - c. type of wrapping material.
 - d. type of sterilant.

3. What is the first priority in patient care upon transfer into the Post Anesthesia Care Unit (PACU)?
 - a. A full systems assessment.
 - b. A comprehensive hand-off report.
 - c. Communication of the ASA Classification.
 - d. The Airway-Breathing-Circulation (ABC) Assessment.

4. A positioning injury originating in the brachial plexus would be assessed by examining the function of which nerve?
 - a. Sural
 - b. Radial.
 - c. Sciatic.
 - d. Common Peroneal

5. 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. Responding to the voice mail from the surgical resident.
 - d. Obtaining the single pack instrument requested by the surgical technologist.

Answer Key

1. Answer a is correct. Rationale: The public increasingly wants to know what is best and what is improved regarding their care. Reference: Melnyk, BM & Fineout-Overholt, E. (2021). *Evidence-based practice in nursing & healthcare: A guide to best practice*. (4th Edition) Wolters-Kluwer. (pp. 219 – 221).
2. Answer a is correct. Rationale: The sterility of an item is not affected by the passage of time, but may be affected by an event, such as the amount of handling or humidity levels, that could compromise the integrity of the wrapper. Reference: Phillips N. & Hornacky, A. *Berry and Kohn's Operating Room Technique* 14th ed. (pp. 263 – 264). St. Louis, MO: Elsevier; 2021
3. Answer d is correct. Rationale: An immediate determination of airway and circulatory adequacy is the most critical need upon arrival to the PACU. Reference: Rothrock JC, ed. *Alexander's Care of the Patient in Surgery*. 16th ed. (p. 261). St. Louis, MO: Elsevier; 2019.
4. Answer b is correct. Rationale: The radial nerve is found in the upper extremities and may be injured if the upper extremities are improperly positioned during surgery. All the other answer choices are nerves located in the lower extremities. Reference: Rothrock JC, ed. *Alexander's Care of the Patient in Surgery*. 16th ed. (pp. 150-155). St. Louis, MO: Elsevier; 2019.
5. 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.

Appendix D: Recertification by Points

The following is a list of eligible activities which may be used to recertify your CNAMB credential. You must earn **150 points** during your accrual period. You do not have to choose every activity. Please see Appendix E for a list of documents which must be supplied if the certificant is audited. There is a maximum number of points allowed for each activity except for academic study, in which you may earn unlimited points.

- Continuing Education
- Academic Study
- Teaching in Academic Setting
- Publishing
- Presentations
- Service on a Board or Committee
- Precepting/Mentoring
- CCI Volunteer Committee
- Earning another accredited perioperative certification
- Clinical Inquiry (Research, Evidence-based practice, Quality Assurance/Quality Improvement)
- Professional perioperative-related volunteer service
- Professional Organization Activities
- Training Certificate
- Reflection
- Games
- Case Study
- Additional Points Activities

Continuing Education

A maximum of 100 points (50 contact hours) may be earned from Continuing Education activities or Category 1 CME credits through an approved provider. Category 2 CME may not be used towards recertification.

1 contact hour = 2 points

1 CME Category 1 credit = 1 contact hour = 2 points

Accredited, Approved Providers

- Contact hours approved by any of the following groups are acceptable:
- Accreditation Council for Cont. Medical Education (ACCME)
- American Nurses Credentialing Center (ANCC)
- An agency, organization, or educational institution accredited by ANCC
- Any State Board of Nursing
- Any state nurses' association
- Association of periOperative Registered Nurses (AORN)
- Association for Healthcare Resource and Materials Management (AHRMM)
- American Association of Critical-Care Nurses (AACN)
- American Association of Neuroscience Nurses (AANN)
- American Association of Nurse Anesthetists (AANA)
- Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN, formerly NAACOG)
- American Academy of Family Practitioners (AAFP)
- American Academy of Nurse Practitioners (AANP)

- American Academy of Physicians Assistants (AAPA)
- American College of Nurse Midwives (ACNM)
- National Association of Nurse Practitioners in Women’s Health (NPWH)
- National Association of Pediatric Nurse Associates and Practitioners (NAPNAP)

Certificates from other groups deemed equivalent to those listed above may be accepted. This decision will be approved by the CEO in consultation with the Sr. Manager of Test Development and Certification.

The candidate must maintain a copy of the certificate of attendance for each approved program attended and submit the certificate to CCI if audited. Again, every certificate of attendance must have an accreditation statement and/or provider number.

The certificant is responsible for providing the certificates of attendance.

The following DO NOT meet the criteria for recertification and therefore are not acceptable:

- Handwritten accreditation statements or provider numbers.
- Certificates of attendance without an appropriate accreditation statement and/or acceptable provider number.
- Contact hours earned prior to January 1 of the year certified.
- Provider numbers that do not state Board of Registered Nursing.

Academic Study

Unlimited points may be earned in the Academic Study category. The course must be part of a degree completion program, such as a healthcare degree (BSN, MSN, DNP, etc.), or a degree where the knowledge attained is used to advance your perioperative nursing career (including MBA).

1 semester hour/credit = 15 points

1 quarter hour = 10 points

Teaching a Perioperative-Related Course for College Credit

A maximum of 150 points is allowed in the Teaching category. Each perioperative class taught = 30 points

Publishing

A maximum of 150 points may be earned in the Publishing category.

Material	Point Value
Doctoral Dissertation	100 points
DNP Capstone Project	75 points
Primary Author, Book Chapter	50 points
Guest Editor, Peer-Reviewed Journal Issue	50 points
Primary Author, Peer-Reviewed Journal Article	50 points
Secondary Author, Book Chapter	30 points
Editorial, Peer-Reviewed Journal	30 points
Secondary Author, Peer-Reviewed Journal Article	30 points
Subject Matter Expert (SME) or Reviewer for Journal Article or Book Chapter	20 points
Author, Book Review	20 points
Developer/Author of a Patient Education or Healthcare Professional Resource	20 points
Poster Presentation at a Professional Meeting	20 points

Professional Presentations

A maximum of 150 points can be earned. A presentation may be repeated if presented to another audience. The presentation must be on a healthcare-related topic.

- Podium presentation (must be minimum 30 minutes in length) = 30 points
- In-service (must be minimum of 30 minutes in length) = 30 points
- Poster presentation = 20 points
- Presentations for non-CE credit (60 minutes in length) = 10 points

Service as a Board or Committee Member

A maximum of 150 points may be earned in the Service as a Board or Committee Member category.

- International, National or State Board Member = 30 points per year
- Local or facility level = 15 points per year
- CCI Board of Directors = 50 points per year
- CCI Certification Council = 50 points per year

Precepting/Mentoring

A maximum of 100 points may be earned in the Precepting/Mentoring Category. Examples include mentoring a new employee, orienting a new employee, and teaching practicum students. A minimum of 80 hours must have been spent with each employee or student. A maximum of four (4) different employees and/or students is allowed. Each precepted employee or practicum student = 25 points

CCI Volunteer Committee

Volunteer, CCI Test Development Committee

A CNAMB who serves as a subject matter expert for CCI exam test development committees may earn points for recertification. Up to a maximum of 100 points may be earned per recertification cycle.

In response to COVID-19 driven restrictions, all 2021 test development committees will be hosted remotely and jointly facilitated by CCI and PSI staff. This does not change the point values offered below.

Committee	Point Value
Job Analysis	100 points
Task Force (in-person)	25 points
Survey Completion (remote)	5 points
Survey Review Call	10 points
Pilot Survey Review Call	10 points
Subgroup Analysis Call	15 points
Test Specs (in-person)	25 points
Crosswalk Call	10 points
Item Writer (in-person)	30 points
Item Writer (remote)	0.5 points/item
Cut Score/Standard Setting	30 points/appointment
Item Review (in person)	25 points
Item Review (remote)	15 points
Form Review (in-person)	25 points
Problem Identification Notification (PIN)	10 points
Alternate	5 points
Other: Ad Hoc Committee (specify)	15 points

Recertification Committee

A maximum of 100 points may be earned as a volunteer on the recertification committee per accrual period.

Role	Point Value
Chairperson or Team Leader	3.3/month or 40/year
Committee Member	2.5/month or 30/year

Educational Product Volunteer

A maximum of 80 points may be earned as a volunteer on the educational product Ad-Hoc committee. A volunteer writing and submitting 20 questions per assignment will earn 20 points.

CNOR Coach Volunteer

CNOR coaches may earn 20 points per year of service. This is applicable towards the 100 points maximum allowed for CCI volunteer work per recertification cycle.

Attain/Maintain Perioperative-Related Certification

A maximum of 100 points may be earned for earning an accredited perioperative-related certification or completing the recertification process for an accredited perioperative-related certification. Examples of accredited perioperative-related certifications include NEA-BC, CAPA, CPAN, CRCST, or ABCGN. Accreditation

by ANSI, ABSNC, or NCCA will meet these criteria. The list is not intended to be all-inclusive. Other accredited certification deemed equivalent by the CEO of CCI in consultation with the CCI Credentialing Team may be accepted. Other CCI credentials (CSSM, CNS-CP, CNAMB) do not qualify for additional points in this category.

Attain/Maintain an Accredited Perioperative Certification	
Initial Certification	30 points
Renewal of Certification	20 points

Clinical Inquiry

A maximum of 100 points may be earned in the Clinical Inquiry category. Quality Improvement (QI), Quality Assurance (QA), Evidence-Based Practice (EBP) and Research projects are accepted under this heading. To receive points under this heading you must have primary responsibility for developing, implementing, and/or evaluating projects in these categories. The activity must show evidence of the participation in or application of clinical inquiry that improves current practice and/or patient outcomes.

Role	Point Value
Primary Investigator or Primary Project Leader	50 points/project
Co-Investigator or Project Lead	30 points/project

Professional Perioperative-Related Volunteer Service

A maximum of 100 points may be earned for medically-related volunteer service activities. Any combination of perioperative volunteer service may be used toward the 100 point maximum. Examples of local events include Red Cross volunteer activities, hospice programs, community wellness clinics, and Handy Helper visits. Project Cure is an example of a regional organization. A surgical mission trip outside the country would qualify as an international event.

Event Type	Point Value
Local	5 points/activity
Regional	5 points/activity
State	15 points/activity
National	20 points/activity
International	Participant = 25 points/activity Leadership role = 50 points/activity

Professional Organization Activities

A maximum of 100 points may be earned for activities related to course work from our collaborative partners.

- 10-question activity = 10 points
- 20-question activity = 20 points

Training Certificates

A maximum of 30 points may be earned for certificates of training by an approved provider (e.g., American Heart Association, American Red Cross, or Military Training Network) including initial and renewal certificates within the accrual period. One initial training and one renewal per certificate type may be reported within one accrual period.

- BLS = 5 points
- ACLS = 10 points
- PALS = 10 points
- NRP = 10 points
- Non-CE, live taught perioperative training program = 10 points
 - Examples include laser training, Da Vinci Robotics training, and informatics training.
- Other training may be approved by CCI on a case-by-case basis. Documentation must be provided to CCI for review.

Reflection

A maximum of 50 points may be earned for reflective activities. Each reflective activity is worth 25 points.

Games

A maximum of 30 points may be earned for games activities. Each activity is worth 2 points.

Case Studies

A maximum of 100 points may be earned for completing a case study activity. Each case study activity is worth 50 points.

Additional Points Activities

A maximum of 50 points may be earned for additional points activities as determined by the Recertification Committee. Each activity is worth 10-20 points. Recently approved activities include the following:

Role	Point Value
True North Award Packet Writer	15 points/packet
Journal Club Attendee*	15 points/year

*Minimum of 4 meetings per year.

Appendix E: Recertification Audit Documentation

A percentage of recertification applications will be randomly selected for audit. If you are selected, you will be notified after you have submitted your recertification application. Applicants chosen for audit will be required to submit copies of specific documentation, as outlined below.

1. CONTINUING EDUCATION
 - a. Copies of certificate(s) of attendance from an accepted provider. The certificant is responsible for providing the certificates of attendance. Transcript may be accepted in lieu of certificates but must include accredited provider name and number. Transcripts that do not include accrediting provider information will not be accepted.
2. ACADEMIC STUDY TOWARD HEALTHCARE-RELATED DEGREE COMPLETION
 - a. Copy of official or unofficial transcript.
3. PUBLISHING
 - a. Copy of the title page, table of contents, or abstract indicating you are the author, co-author or contributor.
4. SERVICE AS A BOARD OR COMMITTEE MEMBER
 - a. Board summary, minutes, or committee report (minimum of four meetings per year required).
5. PRESENTATIONS
 - a. Program brochure, activity documentation form (ADF), or completed course evaluation. Each document must include title, presentation, date, and objectives of presentation.
6. TEACHING A PERIOPERATIVE-RELATED COURSE IN ACADEMIC SETTING
 - a. Syllabus, course description, or other documentation that verifies name and role as instructor.
7. PRECEPTING / MENTORING IN THE PERIOPERATIVE NURSE ROLE
 - a. Letter from applicant's supervisor confirming precepting/mentoring experience.
 - b. Practicums: copy of agreement between organization and university.
8. CCI VOLUNTEER COMMITTEE TEST DEVELOPMENT COMMITTEE
 - a. Certificate of completion from each committee assignment
 - b. Letter of participation
9. EDUCATIONAL PRODUCTS RECERTIFICATION COMMITTEE
 - a. Certificate of completion
 - b. Letter of participation
10. CCI VOLUNTEER EDUCATION DEVELOPMENT PRODUCT COMMITTEE
 - a. Copy of points certificate
11. CNOR COACH
 - a. Certificate of achievement
12. ATTAIN/MAINTAIN PERIOPERATIVE-RELATED CERTIFICATION
 - a. Copy of certificate or wallet card.
13. CLINICAL INQUIRY
 - a. A final report which summarizes evidence of participation in a QA, QI, EBP, or research project, including its impact on current practice and/or patient outcomes.
14. PROFESSIONAL PERIOPERATIVE-RELATED VOLUNTEER SERVICE

- a. Letter from supervisor or mission director on organization letterhead attesting to dates and contributions of volunteer
15. PROFESSIONAL ORGANIZATION ACTIVITIES
- a. Copy of points certificate.
16. TRAINING CERTIFICATES
- a. Copy of training certificate by an approved provider (BLS, ACLS, PALS, etc.)
17. REFLECTION
- a. Copy of points certificate.
18. GAMES
- a. Copy of points certificate.
19. CASE Studies
- a. Copy of points certificate
20. ADDITIONAL POINTS ACTIVITIES
- a. True North: submission confirmation page showing author's name
 - b. Journal club: club summary, minutes, or committee report (minimum of four meetings per year required).
 - c. Other: copy of points certificate.

Appendix F: Facility Take 2 Program

The CNAMB Exam Take 2 Facility Program is available to hospitals and health systems interested in bulk purchase of exams for nursing staff.

Participants who pass the CNAMB Exam on the first attempt will not receive another exam attempt. The second attempt cannot be transferred to another person and is non-refundable. Please refer to the “What Is the Take 2 Program” section in this handbook for more information about individual CNAMB Take 2.

What Is the CNAMB Exam Facility Take 2 Fee?

Facilities may register multiple nurses at a reduced rate. Fee for facilities who register a minimum of five (5) CNAMB-eligible nurses is \$350 per participant. All participants must be employed at the same facility. Payment must be made in a single transaction by facility check or credit card; individuals may not make payment on behalf of the facility.

When Can Individuals Apply to Take Their First CNAMB Exam?

A Facility Take 2 term will commence as determined by the date CCI approves the [CNAMB Exam Take 2 Facility Order Form](#) and notifies the Administrator via e-mail. If the approval is between the first (1st) and fifteenth (15th) of the month, the Term will begin on the first (1st) of the calendar month of order approval. If the approval is between the sixteenth (16th) and end of the month, the Term will begin on the first (1st) of the following month.

In order to receive two attempts within the application, participants need to apply for their first exam no later than month 5 of the term and their second attempt no later than month 9.

A facility may add participants to its original term until the end of month 5 of the term. The original term will not be extended or modified for new participants. A [CNAMB Exam Take 2 Facility Participant Addendum](#) is required. Substitutions may be granted on a case-by-case basis at CCI’s sole discretion.

My Facility Is Interested in This Program. What Is the Next Step?

If you are a facility registering five or more CNAMB-eligible nurses, download our [CNAMB Exam Take 2 Facility Order Form](#), which includes complete details on the Terms and Conditions of the CNAMB Exam Take 2 Facility program.

If you are a facility adding Participants to your original term, download the CNAMB Exam Take 2 Facility Participant Addendum.

Please note: CCI may amend the CNAMB Facility Take 2 program at any time with or without notice.

Appendix G: 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, 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.

Appendix H: 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 a “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.