CNOR®

Certified Perioperative Nurse

Certification & Recertification Candidate Handbook

Presented by:

CCI® The Leader in Perioperative Certification

Candidate Handbook

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Purpose of the Candidate Handbook

How Do I Use This Handbook?

The CNOR Candidate Handbook provides essential information on policies and procedures pertaining to certification and recertification of the CNOR 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.
- Provides employing agencies a means of identifying professional achievement of an individual practitioner.
- Provides personal satisfaction for practitioners.

What Are the Objectives of Certification?

The objectives of certification are to:

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

What Is the Rationale?

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

About the Exam

The CNOR certification exam requires:

- Having a thorough and sound foundation of the knowledge and skills required for competent clinical practice (see CNOR Exam Subject Areas below). Knowledge can be obtained through work experiences and independent learning, as well as through formal educational programs. The CNOR exam is based on what a registered nurse (RN) with 2 years and 2,400 hours of practice in the perioperative setting is expected to know. The exam assesses a combination of experiential and cognitive knowledge, combined to form the foundation of competent clinical practice.
- Understanding of the test-taking process. The exam is composed of 200 multiple-choice questions. Becoming familiar with the format of multiple-choice questions is important. Ultimately, your competency is demonstrated by successfully having the knowledge and applying that knowledge in the perioperative environment.

How Is the Exam Developed?

CCI periodically conducts test development activities to develop and maintain the CNOR 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 CNOR-certified 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 CNOR exam (see Appendix B for a complete list of CNOR 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 CNOR exam are screened for cultural bias by a diverse panel of nurses holding the CNOR credential. This review is conducted under the supervision of test development experts from our testing partner, PSI.

Certification: Earning Your Credential

To earn the CNOR credential, candidates must meet eligibility requirements at the time of application and pass the certification exam.

[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 CNOR exam include:

- A current, unrestricted RN license in the state or country where current practice occurs.
- Currently working full- or part-time in perioperative nursing, including nursing education, administration, research or clinical practice.
- A minimum of 2 years and 2,400 hours of experience as a perioperative registered nurse (RN). A minimum of 50% (1,200 hours) of those hours must be in the intraoperative setting.

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

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

Applying for the Exam

How Do I Apply for the Exam?

Applicants may apply for the CNOR exam by creating an account or logging into their existing account. To complete the online application, the following information is required. The application will take approximately 15 minutes.

- Personal contact information: address, e-mail (please make sure you are using an e-mail that 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. Applications cannot be processed without payment. All fees and/or outstanding debts to CCI must be paid in full.

CNOR Certification Options	Price
CNOR Exam Application Fee	$395
CNOR Take 2 Application Fee	$445

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 CSSM 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 CNOR Exam Take 2 program allows a CNOR-eligible nurse to take the CNOR exam twice within a 12-month period if the first attempt is unsuccessful. The program is only available for the CNOR credential. Participants who pass the CNOR 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 CNOR Exam Take 2 Program?

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

When Can I Apply to take My First CNOR 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 G.

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

Four primary references are recommended in preparing for the CNOR exam:

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

The CNOR certification exam is republished annually to prevent overexposure of material and reflect updated content in the primary references.

How Long Should I Study for the Exam?

The recommended study period to prepare for the CNOR 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 CNOR 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 CNOR 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 by an examinee.

How Much Time Do I Have to Complete the Exam?

The CNOR exam is a timed test and must be completed in 3 hours and 45 minutes. The computer hosting 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. 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?

CNOR 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. 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).

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 will 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 CNOR 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 exam window as an unsuccessful exam attempt. The full exam price must be paid for each testing attempt, unless the applicant participates in the Take 2 Program (see "What Is the Take 2 Program?" that appears earlier in this handbook).

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 versions of the CNOR 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	1. Contact PSI and cancel your appointment. 2. Log into CCI account and complete the withdrawal request. $75 of application fee is non-refundable. Note: you may not withdraw if you have previously transferred your window.	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	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	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. Note: you can only transfer twice within a single application. You may not withdraw after completing a transfer.	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.psionline.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

CNOR is not an acronym, in that the letters do not in themselves stand for specific words or a title. CNOR certification is defined as "the documented validation of the professional achievement of identified standards of practice by an individual registered nurse providing care for patients pre-, intra-, and post-surgery."

Who Can Use the Credential?

The CNOR 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 I for CCI's "Certification Mark Use Policy."

How Long Is the Credential Active?

Certification is conferred for a period of 5 years, with recertification available after that 5-year earning period. When the credential lapses, the nurse may no longer use the CNOR designation in their credentials.

When Can I Begin Using My Credential?

The CNOR 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, CNOR®. CCI's "Certification Mark Use Policy" can be found in Appendix I.

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.

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

Is My Information Public or Shared with Third Parties?

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

Is Credential Status Verified?

Verification of your credential can be accessed through the CCI website.

ADA Accommodations at Testing Centers

Does CCI Provide ADA Accommodations at Its Testing Centers?

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

How Do I Request an Accommodation?

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

- A disability requires written documentation and validation. The documentation provided should include correspondence from a healthcare provider who has firsthand knowledge of the disability, that describes the nature of the disability, and specific recommendations regarding the type of

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

- The candidate must notify CCI headquarters of their temporary or permanent disability at least 90 days prior to the date scheduled for testing and provide supporting documentation.
- The candidate must notify CCI of a request for accommodations for religious reasons at the time of registration.
- 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 CNOR credential by those not currently holding the credential shall be subject to legal action by CCI. Misrepresentation includes use of the CNOR 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 CNOR status. There will be no refund if the CNOR status is revoked for any reason*.

CCI Complaint, Disciplinary, and Appeals Processes

Does CCI Have an Appeals or Complaint Process?

Yes. Please see Appendix H for more information.

Introduction to Recertification

What Is Recertification?

The continued documented validation of professional achievement of identified standards of practice by an individual registered nurse providing perioperative nursing care.

What Are the Purposes of Recertification?

- Recognizes the individual professional nurse who demonstrates continued competency in perioperative nursing practice.
- Strengthens conscious use of theory in assessing, planning, implementing and evaluating perioperative patient care.

- Enhances professional development through life-long learning. that results in acquisition of current knowledge and expanded skills and practice.

Why Should I Recertify?

The rapid pace of change and the prevalence of technology in the modern perioperative setting require a conscious effort to maintain competency. Certification is recognized for a period of 5 years, at which time a CNOR may seek recertification. The required CNOR recertification activities flow from, and are consistent with, the knowledge statements of the Job Analysis, which is performed on a 5-year cycle. The recertification requirements guide professional development activities in providing parameters for acceptable activity, and in maintaining a link to the most current body of knowledge. Linking the certification period to the Job Analysis cycle ensures that certificants are engaged in activities pertinent to their professional development.

Competency is the actual performance in a situation, and consists of three components: knowledge, skills and attitude. Each of these components is a necessary element. The CNOR recertification process acknowledges the need for active work in the maintenance of continuing competency by directly addressing 2 of the 3 components. The practice requirement facilitates the maintenance of current skills, and also promotes the acquisition of new skills, through exposure to the practice setting. Other professional development activities (e.g., continuing education) facilitate the acquisition of knowledge, which is the second essential component of competency. It is assumed that ongoing professional development and engagement guided by the recertification process will also indirectly influence the certificant and thus effect positive change in attitude, the third component of competency.

Recertification: Maintaining Your Credential

When Do I Recertify?

The certified status of an individual RN is conferred by CCI for a period of 5 years, at which time a CNOR may seek recertification. The recertification process requires a CNOR to choose a method of recertification, complete recertification activities during the 5-year 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 continuing education or professional development activities.

When Are the Accrual Deadlines?

Year Certified	Recertification Year	Recertification Earning Period	Recertification Applications Accepted	Recertification Application Deadline
2016	2021	2016-2020	Jan 1 – Dec 31, 2021	December 31, 2021
2017	2022	2017-2021	Jan 1-Dec 31, 2022	December 31, 2022
2018	2023	2018-2022	Jan 1-Dec 31, 2023	December 31, 2023
2019	2024	2019-2023	Jan 1-Dec 31, 2024	December 31, 2024
2020	2025	2020-2024	Jan 1-Dec 31, 2025	December 31, 2025
2021	2026	2021-2026	Jan 1-Dec 31, 2026	December 31, 2026

What Must I Do to Recertify?

To recertify your credential, you must do the following:

- Choose recertification methods available based on certification date (see table below).
- Complete recertification activities during your accrual period.
- Meet the recertification eligibility requirements at the time of application.
- Complete CCI's application during your recertification year.
- Pay the application fee.

What Are the Eligibility Requirements to Recertify?

CNOR recertification candidates must meet the following eligibility requirements at the time of application:

- Hold an active CNOR credential.
- Hold a current, unrestricted RN license.
- Be currently working full time or part time in perioperative nursing in the area of clinical practice, nursing education, administration, perioperative quality assurance/improvement, or research.
- Have worked a minimum of 500 hours in perioperative nursing within the 5-year recertification cycle.
- Of those 500 hours, 250 hours must be in the area of education, administration, research, or clinical practice that impacts patient care in the intraoperative setting.
- Practice hours earned in a volunteer status while working in a CNOR role may be utilized in fulfillment of this requirement.

The CNOR credential is not tied or linked to other CCI certifications. For example, a nurse may hold both the CNOR and CSSM certifications, but there is no requirement to do so.

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 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.

CNOR Recertification Method or Alternative	Standard Fee
Recertification by Professional Activity Points	$375*
Recertification by Continuing Education Contact Hours	$375*
CNOR Extension Year	$195
CNOR Emeritus Status	$125

` *Early Bird Discount: Receive $50 off the standard recertification fee from January 1 to July 1.

Recertification Methods

To recertify the CNOR credential, certificants choose a recertification method, which includes a prescribed plan for continued professional development. Certificants have up to 5 years to complete their recertification activities and apply for recertification the following year.

As of January 1, 2019, new certificants will be required to complete recertification using professional points activities.

As of January 1, 2021, the option to complete recertification by passing the CNOR exam is no longer available.

What Are the Recertification Methods?

CNOR certificants may choose one of the following methods to recertify the credential based on the year of initial certification.

CNOR-Certified in 2018 and Prior			
Accrual Period	**Recertification Method**	**Recertification Year**	**Next Recertification Method**
2016-2020	CE, Points or Exam	2021	Points
2017-2021	CE or Points	2022	Points
2018-2022	CE or Points	2023	Points
2019-2023	CE or Points	2024	Points
2020-2024	CE or Points	2025	Points
2021-2025	Points	2026	Points
2022-2026	Points	2027	Points

Recertification by Contact Hours

Recertification by continuing education contact hours requires 125 contact hours offered by approved providers, accrued within the 5-year accrual period. Of the 125 contact hours, 75 must be related to perioperative nursing. If audited, the certificant is responsible for providing certificates of attendance from accredited providers. Appendix D outlines the specific requirements of recertification by contact hours and lists approved providers.

Recertification by Points

Recertification by points recognizes that professional development and competency maintenance may be accomplished in a variety of ways, including successful participation in various professional activities. To recertify by points, you are required to earn 300 points within your 5-year accrual period. Appendix E outlines the specific requirements of recertification by points.

Recertification with CRNFA

CCI has partnered with the National Assistant at Surgery Certification (NASC) team to offer recertification of a certificant's existing, active CNOR when the CRNFA credential is either initially earned or recertified. This dual credential benefit will align your CNOR's five year cycle with that of your CRNFA.

For CRNFA/CNOR dual credential holders who earned their CRNFA **prior to 1/1/2021**, by either exam or portfolio, CCI will charge no fee to recertify your CNOR when your CRNFA recertification is completed through NASC.

For CRNFA/CNOR dual credential holders who earn their CRNFA **after 1/1/2021**, CCI will charge no fee to recertify and synchronize your CNOR alongside a newly earned CRNFA. Once recertification occurs in 2026 and thereafter, a fee of $100 must be paid to CCI to recertify your CNOR as a dual credential with CRNFA.

For more information about NASC and the CRNFA credential, including certification and recertification requirements, visit the NASC website.

How Do I Submit My 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 contact hours or points activities obtained during your accrual period
- 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 submit additional documentation (see Appendix F) 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.

What Is an Extension Year and How Does It 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 CNOR credential will remain active during this time. Please contact CCI's Credentialing Team 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 CNOR 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 CNOR 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.

Date to Recertify	Last Date to File for Extension Year	New Accrual Period	Last Date to Recertify
2020	Dec. 31, 2020	Jan. 1, 2015 – Dec. 31, 2020	Dec. 31, 2021
2021	Dec. 31, 2021	Jan. 1, 2016 – Dec. 31, 2021	Dec. 31, 2022
2022	Dec. 31, 2022	Jan. 1, 2017 – Dec. 31, 2022	Dec. 31, 2023

Emeritus and Lapsed Status Credential Status

How Do I Obtain Emeritus Status of the Credential?

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

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. Once your application and fee have been received, your Emeritus status certificate will be available to print immediately from your CCI account.

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

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

What Happens if My Credential Lapses?

You are not eligible to use the CNOR credential after it has lapsed. Once your CNOR credential has lapsed, you will need to pass the exam to achieve certification and be eligible to use it.

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 CNOR 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 CNOR or CSSM 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 CNOR or CSSM 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 CNOR or CSSM 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: CNOR Task and Knowledge Statements

Subject Area 1: Pre/postoperative Patient Assessment and Diagnosis

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

37. Pain measurement techniques, including multi-model and alternative therapies
38. Identify nursing diagnoses
39. Anatomy and physiology
40. NANDA International, Inc; PNDS (Perioperative Nursing Data Set)
41. Cultural competence, including physical and psychosocial accommodations
42. Confirm advanced directive status and/or DNR status
43. Advance directives and DNR
44. Conduct patient and family teaching as appropriate for procedure
45. Age-appropriate health assessment physical and psychosocial techniques
46. Cultural competence, including physical and psychosocial accommodations
47. Teaching and learning theories
48.
49.
50. Subject Area 2: Individualized Plan of Care Development and Expected Outcome Identification
51.

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

g. Transcultural nursing theory (e.g., cultural and ethnic influences, family patterns, spirituality and related practices, gender identity)
h. Theories of and resources for patient/family education (e.g., community and institutional resources)
i. Legal and ethical responsibilities and implications for patient care
j. Critical thinking

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

52.

Subject Area 3: Management of Intraoperative Activities

Section 3a: Patient Care and Safety

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

e. Pain/comfort measures
f. Environmental factors (e.g., temperature, humidity, air exchange, noise, traffic patterns)

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

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

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

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

Subject Area 3: Management of Intraoperative Activities

Section 3b: Management of Personnel, Services and Materials

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

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

Subject Area 4: Communication and Documentation

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

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

f. Patient postoperative follow-up communication within regulatory guidelines

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

53.

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

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

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

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

Subject Area 6: Emergency Situations

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

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

Subject Area 7: Professional Accountabilities

54.

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

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

Appendix C: Sample 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 on the next page.

Sample Exam Questions

1. A local anesthetic containing epinephrine should not be injected into areas of compromised circulation because the epinephrine causes
    a. vasodilation.
    b. vasoconstriction.
    c. a decrease in blood pressure.
    d. increased rate of absorption of the local anesthetic agent.
2. Delegation of a nursing task to unlicensed assistive personnel (UAL) involves knowledge of the
    a. perioperative department's nurse/patient ratio.
    b. age of the patient.
    c. results of latest regulatory survey.
    d. competency of the UAL to safely complete the task.
3. Unless contraindicated for surgical reasons, the optimal method of positioning a patient's arms in the supine position is to
    a. place the arms on arm boards, palms up, at a 110-degree angle.
    b. place the arms, palms up, on arm boards at an 85-degree angle.
    c. tuck the arms at the sides with the draw sheet between the patient and the bed's mattress.
    d. tuck the arms at the sides with the draw sheet under the bed's mattress.
4. The circulating nurse and scrub person have just completed setting up the room for an abdominal hysterectomy when the charge person notifies them that the surgeon has been called to another hospital for an emergency Cesarean section and will not be available to begin their case for at least 2 hours. The appropriate response to maintain sterility of the instrumentation and supplies is to
    a. seal the OR doors with three-inch cloth tape and a sign that says, "Do Not Enter."
    b. tear down the back table and run the instruments through an immediate use sterilization cycle when the surgeon notifies them that he is on the way to their hospital.
    c. cover the sterile field with two drapes using the appropriate technique and assign a staff member to monitor the room.
    d. assist with lunch reliefs in other rooms and if the surgeon is still not available in 2 hours, tear down the sterile field.
5. Which of the following actions will reduce the risk of fire during a laser tonsillectomy?
    a. Placing the laser in "standby" mode when not in use.
    b. Having a carbon dioxide fire extinguisher in the room.
    c. Filling the cuff of a polyvinylchloride endotracheal tube with dye-tinted saline.
    d. Keeping a bottle of sterile water on top of the laser machine for quick access.

Answer Key

1. Answer B is correct. Rationale: Epinephrine may be added to a local medication for its vasoconstricting properties. Decreased blood flow to an already compromised area may cause tissue ischemia. Reference: Campbell BD. Anesthesia. In: Rothrock JC, ed. *Alexander's Care of the Patient in Surgery*. St Louis, MO: Elsevier; 2019:134.
2. Answer D is correct. Rationale: Delegation transfers the authority to complete a task to a competent person. The perioperative nurse remains responsible for supervising the care of the patient and must assess the competency of the person, regardless of job title, before assigning the task. Reference: Cuming RG. Concepts basic to perioperative nursing. In: Rothrock JC, ed. *Alexander's Care of the Patient in Surgery*. St Louis, MO: Elsevier; 2019:7-8.
3. Answer B is correct. Rationale: To avoid injury to the brachial plexus, arms should be placed on arm boards attached at less than a 90-degree angle. Placing the hands palm-up decreases pressure on the ulnar nerve. Reference: Guideline for positioning the patient. Reference: AORN (2021). *Guidelines for Perioperative Practice*. *Positioning the Patient, Supine Position, Recommendation 9.3.2.* Denver, CO.
4. Answer C is correct. Rationale: When there is an unanticipated delay, it is appropriate to cover a sterile field with sterile drapes in a manner that allows the sterile drapes to be removed without contaminating the field. Reference: *Guidelines for Perioperative Practice. Sterile Technique. Covering the Sterile Field.* Accessed December 31st, 2020 at: https://aornguidelines.org/guidelines/content?sectionid=173717350&view=quick Denver, CO: AORN, Inc; 2021.
5. Answer A is correct. Rationale: To decrease the risk for injury due to inadvertent firing of the laser, the laser should be placed in standby mode when not in use. Reference: AORN (2021). *Guidelines for Perioperative Practice. Laser Safety, Recommendation 1.4*. Denver, CO.

Appendix D: Recertification by Contact Hours

Requirements

Certificants must maintain a copy of the certificate of attendance for each approved program attended and submit such records if audited. If the applicant has an official log from the provider with the same information as that on a certificate, as well as the information on the acceptable accredited provider, it may be used in lieu of certificates. The certificant is responsible for providing the certificates of attendance. Each certificate of attendance must have an accreditation statement and/or provider number. An activity with the same course information (name, content, etc.) may only be reported once a year.

Accredited, Approved Providers

Contact hours approved by any of the following groups are acceptable:

- 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)
- 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.

Approved Topics

To ensure the validity of this credential and its consistency with industry standards, CCI requires 75 contact hours earned for CNOR recertification to be related to the specialty of perioperative nursing. Although the following is not an all-inclusive list, it provides a broad range of perioperative-related subjects.

- Anatomy and Physiology
- Critical thinking skills
- Communication
- Disease management (HIV, hepatitis, diabetes, etc.)
- Discharge planning
- Ethics
- Infection control
- Leadership/supervisory skills
- Legal issues
- Nursing process

- Pain management
- Perioperative scope of practice
- Pharmacology
- Pre-, intra-, and postoperative patient care (patient assessment)
- Precepting
- Professional development
- Professional guidelines
- Research posters
- Surgical procedures
- Technology
- Research
- Evidence-Based Practice
- Quality Improvement/Quality Assurance

The candidate must maintain a copy of the certificate of attendance for each approved program attended and submit, 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 Credit

CNORs may use academic credits in partial fulfillment of the requirements for recertification through the contact hour method. No more than 50% (or 62.5 contact hours) of the 125 contact hours required for recertification may be earned through academic credits. All academic credits must meet the following criteria for them to be acceptable for use toward CNOR recertification.

Courses must be those that are required for a baccalaureate or higher degree. Although courses must be taken for credit, CNORs do not need to be enrolled in a formal degree program at the time the course is taken. To be acceptable, a grade of C or better must be achieved for each course, and courses must be sponsored by an accredited educational institution.

Academic credits will be converted to contact hours using the following calculation:

1 semester hour = 15 contact hours
1 quarter hour = 10 contact hours

CME Credits

CNORs may submit **Category 1 CME** (continuing medical education) credits in fulfillment of the contact hour requirements. Category 2 CME may not be used towards recertification. You are responsible for converting CME credits into contact hours using the ANCC conversion of:

1 CME credit = 1 contact hour

Appendix E: Recertification by Points

The following is a list of eligible activities which may be used to recertify your CNOR credential by points. You do not have to choose every activity. Please see Appendix F for a list of documents which must be supplied if the certificant is audited.

- 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

There is a maximum number of points allowed for each activity except for academic study, in which you may earn unlimited points. You must earn a total of 300 points to recertify your CNOR credential.

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 (see Appendix D):

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

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 CNOR 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 F: 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
55. 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 G: Facility Take 2 Program

The CNOR 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 CNOR 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 CNOR Take 2.

What Is the CNOR Exam Facility Take 2 Fee?

Facilities may register multiple nurses at a reduced rate. Fee for facilities who register a minimum of five (5) CNOR-eligible nurses is $395 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 CNOR Exam?

A Facility Take 2 term will commence as determined by the date CCI approves the CNOR 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 CNOR 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 CNOR-eligible nurses, download our CNOR Exam Take 2 Facility Order Form, which includes complete details on the Terms and Conditions of the CNOR Exam Take 2 Facility program.

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

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

Appendix H: 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 I: 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.