



ANCC proudly offers certification for

Nurse Executive, Advanced

The Nurse Executive Advanced board certification reflects the practice of graduate prepared nurses who are responsible for managing organized nursing services, and are accountable for the environment in which clinical nursing is practiced. This individual collaborates with other health care organization executives to make decisions about health care services and organizational priorities. The nurse executive ensures that standards of nursing practice are established and implemented, and are consistent with standards of professional organizations and regulatory agencies. Their major objective are the evaluation of care delivery models and of services provided to individuals and aggregates, and to foster a climate for practice that enhances productivity, job satisfaction, and professional development.

eligibility criteria

- > Hold a current, active RN license within a state or territory of the United States or the professional, legally recognized equivalent in another country.
- > Hold a master's or higher degree in nursing, or hold a bachelor's degree in nursing and a master's in another field.
- > Have held an administrative position at the nurse executive level, or a faculty position teaching graduate students executive level nursing administration, for at least 24 months full time equivalent in the last five years.
- > Have completed 30 hours of continuing education in nursing administration within the last three years. This requirement is waived if you hold a master's degree in nursing administration.

**All requirements must be completed prior to application for the examination.
An incomplete application affects a candidate's ability to test.**

For more information: www.nursecredentialing.org



Nurse Executive, Advanced

Overview of test content outline

I. Quality Management/Care Management

A. Health care outcomes

1. Knowledge of:
 - a. types of health care outcomes and applicable benchmarks
 - b. implications of health care outcomes on organizational systems
 - c. evidence-based practice
2. Ability to:
 - a. measure, analyze, and monitor outcomes
 - b. develop and manage a health care outcome structure
 - c. engage staff

B. Stakeholder satisfaction

1. Knowledge of:
 - a. factors impacting stakeholder satisfaction
 - b. stakeholder satisfaction assessment tools and techniques
2. Ability to:
 - a. measure and prioritize stakeholder satisfaction
 - b. implement change based on stakeholder satisfaction data
 - c. create a culture to affect stakeholder satisfaction

C. Patient safety

1. Knowledge of: patient safety issues, standards, and guidelines
2. Ability to:
 - a. evaluate the patient environment
 - b. identify potential patient safety issues
 - c. measure patient safety outcomes
 - d. prioritize patient safety initiatives
 - e. establish and maintain a safe patient environment

- f. implement change based on patient safety data
- g. educate, engage, and empower staff in ensuring patient safety
- h. implement patient safety standards guidelines
- i. manage conflict

D. Employee safety

1. Knowledge of: employee safety issues, standards, and guidelines
2. Ability to: evaluate the work environment, establish and maintain a safe employee environment, manage conflict

E. Risk management

1. Knowledge of: risk management concepts, techniques, and processes
 2. Skill in: media management
 3. Ability to:
 - a. identify potential risks
 - b. develop programs
 - c. gather data related to known high risk areas
 - d. analyze incidents
 - e. manage sentinel events
- #### F. Credentialing/privileging

1. Knowledge of:
 - a. scopes and standards, nurse practice acts, and other regulations
 - b. credentialing/privileging of all appropriate health care providers
2. Skill in: verifying credentials/privileges
3. Ability to:
 - a. develop systems to ensure compliance with credentialing
 - b. establish systems for credentialing, privileging, and evaluation of specialized skills & competencies

- c. establish systems for the credentialing, privileging, and evaluation of advanced practice nurses

G. Continuous performance improvement methodology

1. Knowledge of: concepts of and techniques used continuous performance improvement
2. Ability to:
 - a. create a culture of continuous performance improvement
 - b. develop, implement, and evaluated continuous performance improvement programs

II. Professional Practice Environment

A. Ethics

1. Knowledge of: general ethical principles and standards, the American Nurses Association's Code of Ethics for Nurses; and business regulations governing ethical practice
2. Ability to: apply ethical standards; identify ethical issues; develop mechanisms to address ethical issues; establish systems for the identification, reporting, and management of violations of patient/client/resident/staff's rights

B. Clinical practice

1. Knowledge of: laws, regulations, and accrediting bodies governing clinical practice
2. Ability to:
 - a. comply with regulatory and professional standards
 - b. establish a framework or vision for clinical practice
 - c. identify, secure, and allocate appropriate resources
 - d. create effective interdisciplinary teams

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Overview of test content outline Continued

- e. create systems to evaluate new technologies and processes
- f. create systems that implement evidence-based practice
- g. create and maintain systems that promote staff involvement/participation in professional practice

C. Nursing research/scholarly activities

1. Knowledge of:
 - a. research methodology
 - b. legislation, regulations, and standards related to research
 - c. programs that promote research
 - d. distinguishing between quality-based improvement or research activities

D. Personal professional development

1. Knowledge of: self-assessment concepts and tools, professional development opportunities, continuing education requirements
2. Ability to: seek constructive feedback

E. Staff autonomy and accountability

1. Knowledge of: concepts of autonomy and professionalism, professional practice standards as related to accountability
2. Ability to: integrate professional practice standards into systems of staff accountability and create an environment that promotes staff autonomy and accountability in decision-making

III. Organizational Leadership

A. Change management

1. Knowledge of: change management processes and pitfalls
2. Skill in: envisioning and implementing change

3. Ability to: lead organizational change and sustain change within an organization

B. Strategic visioning and planning

1. Knowledge of: organizational structure, culture, and systems, market and needs, strategic planning principles, power structures, and political environment
2. Skill in: leveraging resources, negotiating strategic vision and goals
3. Ability to: influence decision-makers; identify the implication of trends in social, political, economic, and technological environments; build coalitions

C. Leveraging diversity

1. Knowledge of: cultural competency concepts and cultural sensitivity
2. Skill in: leveraging individual differences to improve patient services
3. Ability to: create a non-discriminatory environment

D. Intellectual capital development and retention

1. Knowledge of: talent assessment tools and techniques
2. Ability to:
 - a. identify existing skill sets and recruit individuals with complementary skill sets
 - b. create an environment that fosters the development of intellectual capital
 - c. identify and forecast future workforce resources
 - d. create leadership development programs

- e. identify trends in the workforce and adapt employment practices accordingly

E. Leadership style

1. Knowledge of: leadership styles
2. Ability to:
 - a. exercise power and influence external to the organization
 - b. apply the appropriate leadership style as required

F. Organizational culture

1. Knowledge of:
 - a. tools for assessing values, attitudes, and beliefs
 - b. concepts of organizational transparency, creativity, innovation, and appreciative inquiry
2. Ability to:
 - a. evaluate the capacity of the existing culture to achieve organizational vision
 - b. identify existing values, attitudes, and beliefs

G. Systems thinking

1. Knowledge of: systems theories, complexity theories
2. Ability to: design management systems, select decision support systems

IV. Organizational Systems Management

A. Human resource management and labor relations

1. Knowledge of: labor laws, collective bargaining, personnel policies, recruitment and retention strategies, personal management liability issues, compensation, laws and regulations that protect employee, performance review and appraisals, horizontal and vertical communications

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Overview of test content outline Continued

2. Ability to:
 - a. create and implement policies and procedures to ensure workplace civility
 - b. create and implement policies and procedures to ensure compliance

B. Fiscal planning and management

1. Knowledge of: basic accounting principles; return on Investment strategies
2. Ability to: forecast and obtain appropriate financial resources to implement strategic plan, develop performance standards for fiscal management, develop and manage operating and capital budgets, perform variance analysis

C. Knowledge management

1. Knowledge of: data mining processes
2. Ability to: develop specifications for purchasing and utilizing systems to record and access information, select systems to record and access information, create processes to evaluate systems to record and access information

D. Technology planning and management

1. Knowledge of:
 - a. clinical bedside and point-of-care technologies
 - b. information management systems, communication systems
 - c. timing and attendance systems
 - d. clinical informatics roles within organizations
 - e. project management tools
2. Ability to:
 - a. develop specifications for purchasing and utilizing technologies

- b. link technology with workflow processes
- c. create processes to evaluate technologies

E. Marketing

1. Knowledge of: marketing principles, primary and secondary service areas for the organization, niche marketing, market research techniques
2. Ability to: apply marketing principles to recruitment and retention, and apply marketing principles to program development

F. Patient care delivery systems

1. Knowledge of: various patient care delivery systems
2. Ability to: design models of care and patient care delivery systems, implement appropriate delivery systems

G. Decision-making and problem-solving

1. Knowledge of: decision-making principles
2. Ability to: solve problems and set priorities

H. Systems of accountability

1. Knowledge of: management control functions
2. Skill in: delegation
3. Ability to: establish an environment that supports a culture of accountability, implement appropriate consequences to identified violations

I. Crisis management

1. Ability to: plan for contingencies and respond timely and appropriately to a designated crisis

V. Communication/Collaboration

A. Negotiation, conflict management, and relationship building

1. Knowledge of: negotiation principles and concepts, relationship building principles and conflict management strategies
2. Skill in trust building
3. Ability to facilitate interdisciplinary conversations and establish positive relationships

B. Community relations

1. Knowledge of: cultural diversity
2. Ability to:
 - a. define epidemiological characteristics and trends of a community
 - b. obtain community buy-in; identify and address community needs
 - c. establish and maintain community and academic partnerships

C. Political navigation

1. Knowledge of: process of policy development; power and influence

D. Communication skills

1. Knowledge of: emotional intelligence and group processes
2. Skill in: active listening
3. Ability to: present to various audiences; appropriately give and respond to feedback, establish networks within the community and professional organizations

Nurse Executive, Advanced

2008-2009 Application Fees

ANA Member*	\$270	Required Attachment: A copy of your American Nurses Association membership card
Non-Member	\$390	

Additional Special Fees:

International Testing	\$125	See www.nursecredentialing.org for details.
Special Test Site (U.S.)	\$480	Paid by the facility. See www.nursecredentialing.org for details.

*Full and Direct ANA members only. Individual Affiliate members excluded from this offer.

Preparing for the Exam

This exam is a computer-based test. This means you can apply all year and test during a 90-day window at a time and location convenient to you. Applications for this certification will be accepted at any time.

Detailed information about the application and testing process, withdrawing an application, ineligible to test, and other frequently asked questions is in the General Testing and Renewal Handbook available at www.nursecredentialing.org. From this website, you can type into, save, and print your application. Please sign, attach required documents, and mail the complete application. ANCC will review it to determine whether your application meets eligibility criteria.

Information to prepare for the exam, such as review courses, detailed test content outline, references, and sample questions, is available at www.nursecredentialing.org or call our Customer Care Center at 1.800.284.2378.

If you require a verification of exam eligibility and/or certification, visit www.nursecredentialing.org or call 1.800.284.2378.

Mailing Instructions

Print legibly using either black or blue ink. Submit an application, copy of RN license, all official transcripts with degree(s) conferred, and payment. Remember to attach all required supporting documents and mail to:

**American Nurses Credentialing Center
P.O. Box 791333
Baltimore, MD 21279-1333**

Nurse Executive, Advanced

General Information

1

Use your legal name on the application. This name must match photo identification used for examination entry and will be the name printed on your certificate.

Last Name First Name MI

Maiden or Other Past Legal Names Social Security Number

Home Address

City State Zip/Postal Country

Home Phone Home Fax Personal E-Mail

Employer Name

Employer Address

City State Zip/Postal

Work Phone Work Fax Work E-Mail

I am applying for the computer-based exam. (Regular method)

I am applying for the special administration of this exam being held at the following conference:

Conference or Location Name: _____ Exam Date: _____

Type of primary position:

- | | | |
|---|--|--|
| <input type="checkbox"/> Nurse Manager | <input type="checkbox"/> Associate/Assistant Administrator | <input type="checkbox"/> Clinical/Staff Nurse |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Educator | <input type="checkbox"/> Clinical Nurse Specialist |
| <input type="checkbox"/> Administrator/DON/CNO/VP Nursing | <input type="checkbox"/> Researcher | <input type="checkbox"/> Consultant |
| | | <input type="checkbox"/> Other: _____ |

Payment

2

Personal Check/Money Order (payable to ANCC) Amount Enclosed: _____

Charge Card (MasterCard or VISA only) Amount to be charged: _____

Check here if this is an ATM/Debit card. See authorization below.* Promotional Code (if applicable): _____

Account Number Exp. Date

Print Name on Card Signature

* ATM/Debit Card users only: I understand and agree that, by using an ATM/Debit card, I am authorizing ANCC to debit my account for the amount specified above. Further, I understand and agree that, if the ATM/Debit transaction fails or is declined, I am authorizing ANCC to complete the transaction as a credit card charge, if possible.

Special Accommodations/Americans with Disabilities Act

3



- Check here if you have a disability as defined by the Americans with Disabilities Act (ADA) and require a special accommodation. Please call 1.800.284.2378 for instructions or visit www.nursecredentialing.org

Education

Check all that apply:

- Diploma
 Associate Degree in Nursing
 Associate Degree in Other Field
 Baccalaureate in Nursing
 Baccalaureate in Other Field
 Master's in Nursing
 Master's in Other Field
 PhD in Nursing
 PhD in Other Field
 EdD
 DNP
 DNSc
 ND
 Other: _____

Check one of the following:

- I have requested my school send transcripts directly to ANCC.
 I have obtained transcripts in a sealed envelope directly from my school and have attached these transcripts to this application.

Please list all degrees you have been awarded (do not include high school).

Please attach additional page if necessary.

Required attachment: All official advanced degree transcripts. If your graduate degree is not in nursing, then you must include transcripts from your nursing baccalaureate degree program. The following are not accepted: photocopies, faxes, attached transcripts that are not in a sealed envelope from the school.

School Name	School Code
Major/Area of Study	Date and Degree Conferred
School Name	School Code
Major/Area of Study	Date and Degree Conferred

School codes:

Available on-line at www.nursecredentialing.org/certapp/schoolcodes.cfm

Licensure Information

All candidates must complete this section in its entirety.

Required attachment: Attach a copy of license Check this box if your state does not issue a paper license

Current RN License Number

State

Expiration Date (month/date/year)

Statement of Understanding

I hereby apply for certification offered by the American Nurses Credentialing Center (ANCC). I have read the eligibility criteria for certification. I understand that I am subject to all eligibility requirements for certification as described in this application and that eligibility for certification depends on successfully completing specified certification program requirements. If certified, my name will be included in the official listing of certified nurses.

By signing below, I authorize ANCC staff and the Commission on Certification to make whatever inquiries and investigations that they, in their sole discretion, deem necessary to verify my credentials, education preparation, practice, professional standing, and any other information included in, submitted with, or necessary for review of this application.

I expressly acknowledge and agree that information accumulated by ANCC through the certification process may be used for statistical, research, and evaluation purposes and that ANCC may enter into agreements to release anonymous and aggregate data to schools or external researchers. Otherwise, subject to the mailing list authorization, all information will be kept confidential and shall not be used for any other purposes without my permission.

I hereby certify that the information provided on and with this application is true, complete, and correct. I further attest, by my signature, that I will maintain an active registered nurse license throughout the entire certification period, including all renewal periods. I understand that any misstatement of material fact submitted on, with, or in furtherance of this application for certification shall be sufficient cause for ANCC to: bar me from taking this and future ANCC certification examinations; invalidate the results of my examination; withhold this or other ANCC certifications; revoke this or other ANCC certifications; and take other action against me, including but not limited to notifying licensing authorities, law enforcement agencies, and employers.

I further understand that if my certification record is audited, I will be required to submit documentation to support the information in my application. I further understand that if I fail to timely submit supporting documentation, ANCC can: bar me from taking this and future ANCC certification examinations; invalidate the results of my examination; revoke this or other ANCC certifications; and take other action against me, including but not limited to notifying licensing authorities, law enforcement agencies, and employers.

(Applications received without a signature incur a delay in processing which will cause a delay in the review of your application and ability to take a certification examination.)

Required Signature

Print Name

Date

MAILING LIST REFUSAL

ANCC may release mailing lists from its certification database to organizations or individuals who have information to distribute that would be beneficial to nurses or to nursing and credentialing research. If you do not wish your name and mailing address to be released for marketing purposes, please mark the decline option below.

- I do not wish my name and mailing address to be released for any marketing purposes.

Demographic and Employment Information

1. Location of facility:
 Urban
 Rural
 Suburban
 Outside the U.S.
2. Average number of patient encounters/visits per year at your primary place of employment:
 ≤1,000
 1,001–5,000
 5,001–10,000
 10,001–20,000
 20,001–40,000
 40,001–60,000
 60,001–80,000
 80,001–100,000
 >100,000
3. Will you receive a monetary reward/compensation from your employer for certification?
 Yes No
 If yes:
 \$ _____ per hour
 \$ _____ per year
 \$ _____ one time
4. Number of individuals you supervise:

5. Years of experience as a registered nurse/licensed practitioner (round to nearest whole year): _____
6. Total years of experience in the field in which certification is desired (round to nearest whole year): _____
7. Primary place of employment (check one):
 Ambulatory care
 Physician-managed group practice
 Home health
 Hospice
 Hospital
 Managed care
 Nurse-managed group practice
 Nursing home/long-term care
 Occupational health/environmental health
 Office nursing
 Public health/community health
 School health
 School of nursing/university/college
 Federal/military
 Other: _____
8. Patient population/conditions representative of your practice (check all that apply):
 Medical-Surgical
 Cardiac
 Endocrine/Diabetes
 Pulmonary
 Neurology
 Renal/Urology
 Orthopedics
 Rehabilitation
 Gerontology/Long Term Care
 Perinatal
 Post-partum
 Labor & Delivery
 Pediatrics
 ER
 Trauma
 Critical Care
 Other: _____
9. Age range of your primary patient population:
 0–1
 2–21
 22–65
 66+
10. Average number of hours worked per week:
 8 or fewer
 9–16
 17–24
 25–32
 33–40
 >40
11. Size of facility (total number of beds):
 N/A
 1–100
 101–250
 251–500
 >500
12. Is certification part of your employer's job performance/clinical ladder rating criteria?
 Yes No
13. How did you obtain this application?
 From ANCC website
 Mailed from ANCC
 From my school
 From my workplace
 At a tradeshow
 Other: _____
14. Please check the professional organizations in which you are a member (check all that apply):
- | | |
|---|---|
| <input type="checkbox"/> AACVPR American Association of Cardiovascular and Pulmonary Rehabilitation | <input type="checkbox"/> ANA American Nurses Association |
| <input type="checkbox"/> AADE American Association of Diabetes Educators | <input type="checkbox"/> ASPMN American Society for Pain Management Nursing |
| <input type="checkbox"/> AAACN American Academy of Ambulatory Care Nursing | <input type="checkbox"/> ISPN International Society of Psychiatric-Mental Health Nurses |
| <input type="checkbox"/> ACNP American College of Nurse Practitioners | <input type="checkbox"/> GAPNA Gerontological Advanced Practice Nurses Association |
| <input type="checkbox"/> ADA American Diabetes Association | <input type="checkbox"/> NACNS National Association of Clinical Nurse Specialists |
| <input type="checkbox"/> ADA American Dietetic Association | <input type="checkbox"/> NGNA National Gerontological Nursing Association |
| <input type="checkbox"/> ANI Alliance for Nursing Informatics | <input type="checkbox"/> NNSDO National Nursing Staff Development Organization |
| <input type="checkbox"/> APhA American Pharmacists Association | <input type="checkbox"/> PCNA Preventive Cardiovascular Nurses Association |
| <input type="checkbox"/> APNA American Psychiatric Nurses Association | <input type="checkbox"/> SVN Society for Vascular Nursing |
| <input type="checkbox"/> APHA American Public Health Association (Public Health Nursing Section) | <input type="checkbox"/> Other: _____ |

Other Demographic Information

Note: Providing the following information is strictly voluntary. It will be used for statistical purposes only.

Sex: M F

Date of Birth: _____
 month/date/year

Race/Ethnic Group

- | | |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hispanic | |

To Do List

Date completed:

Read this entire application, front to back.

Determine whether you are/when you will be eligible to take the exam.

Complete any missing requirements such as practice hours or continuing education hours.

Download the full length Test Content Outline and Reference List for this exam at the ANCC website: **www.nursecredentialing.org** These documents are used to create the exam.

Download and read the General Testing and Renewal Handbook from **www.nursecredentialing.org** for a comprehensive listing of policies and critical certification candidate information.

STUDY PLAN

Approximately six months before you plan to take your exam, develop a study plan. This could include self study, finding a study buddy or group, taking a review course, taking an on-line narrated course, reviewing current textbooks and articles, or other methods. The key is to have a study plan and follow through with it. For ANCC exam preparation resources, refer to the back cover of this brochure.

Review the sample test questions on the ANCC website at **www.nursecredentialing.org**

FILL OUT THE APPLICATION

At least four months before you plan to take the exam, fill out the application, attaching all required documents.

Required attachments: (Please mail everything together in one envelope. Transcripts may be mailed separately by the university directly to the P.O. Box below)

- Photocopy of nursing license

- Photocopy of membership card (if you are claiming a discount)

- All official transcripts with degree(s) conferred

- Payment (if you are paying by check)

Attachments for special circumstances:

Those requesting special accommodations under the Americans with Disabilities Act (ADA) must submit a physician's letter that addresses specific required information. Please go to **www.nursecredentialing.org** or call 1.800.284.2378 for full instructions.

MAIL APPLICATION

Mail your application and attachments to:

American Nurses Credentialing Center

P.O. Box 791333 • Baltimore, MD 21279-1333

Within two weeks from the date you mailed your application, you will receive a Receipt of Application Notice in the mail. If you do not, call 1.800.284.2378.

Within eight weeks from the date you mailed your application, you will receive either an Eligibility Notice or a letter requesting additional information. Your Eligibility Notice will give you 90 days during which to schedule and take your exam. Read it carefully and follow directions.

RESULTS

After you have taken your exam, you will receive results instantly at the test site. If you passed, you will receive a certificate and pin within two months. Certifications are good for 5 years.

Request your one free verification of certification at **www.nursecredentialing.org** ANCC does not automatically send verification to your state board of nursing or employer. You must request a verification if your state board or employer requires it.

After you pass the exam, download the Certification Renewal materials from the ANCC website at **www.nursecredentialing.org** and begin planning for your certification renewal.

Exam Preparation Resources

Review Seminars

Review Seminars for certification exams are available for fifteen different nursing specialties at various hospitals and schools of nursing across the country. Participants receive contact hours. Seminar schedule and registration at: www.nursecredentialing.org

Study Groups

Using the content from the seminars, the faculty lecture on the material during several telephone conference calls scheduled during a specific time period. Look for the "Study Group" courses in the seminar schedule. Participants receive contact hours. Study Group schedule and registration at: www.nursecredentialing.org

On-Line Narrated Review Courses

Our On-Line Narrated Review Courses contain the same content as our popular Review Seminars, with the voice over of an instructor talking the student through the material. After you register for the course, you will have three months in which to complete the materials. Participants receive contact hours. For more information and to register: www.nursecredentialing.org

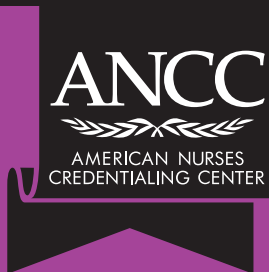
Review and Resource Manuals

Written by nursing experts in each specialty, these manuals help candidates prepare for a variety of certification exams by enhancing your critical thinking skills and identifying strengths and weaknesses. Contact hours available on-line for an additional fee. Order manuals at: www.nursecredentialing.org

Certified Nurse Products

Once you have passed your exam, celebrate your accomplishment with pins, plaques, and other recognition items. www.nursecredentialing.org

The American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA), provides individuals and organizations throughout the nursing profession with the resources they need to achieve practice excellence. ANCC's internationally renowned credentialing programs certify nurses in specialty practice areas; recognize healthcare organizations for promoting safe, healthy work environments through the Magnet Recognition Program® and the Pathway to Excellence Program™; and accredit providers of continuing nursing education. In addition, ANCC provides leading-edge information and education services and products to support its core credentialing programs. All programs of the ANCC are administered without discrimination on the basis of age, color, creed, disability, gender, health status, lifestyle, nationality, race, religion, or sexual orientation. ANA is accredited as a provider of continuing nursing education by ANCC's Commission on Accreditation. ANA is approved as a provider by the California Board of Registered Nursing, Provider number 6178.



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