



An ETS Company

Job Analysis Report

National Certification Corporation (NCC)

Neonatal Intensive Care Nursing (RNC-NIC®)

July 2024

Submitted to:



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Executive Summary

This report describes the methodology and procedures used to conduct a job analysis and develop the exam specifications for the National Certification Corporation (NCC) Neonatal Intensive Care Nursing (RNC-NIC®) certification examination.

The three major activities that comprise the job analysis process described in this report are as follows:

1. **Job Analysis Committee Meeting** – A gathering of subject matter experts (SMEs) to discuss and develop a description of the scope of practice
2. **Job Analysis Survey** – A large-scale survey of practitioners not involved with the SME panel to validate the task and knowledge statements developed by the committee
3. **Development of Examination Specifications** – The development of an Examination Content Outline by the committee based on the results of the survey

Several practitioners were assembled by the NCC to serve as subject matter experts (SMEs). The individuals selected represent a wide variety of work-related characteristics such as years of experience, work setting, geographic location, and areas of specialty. This helps in developing a scope of practice that is reflective of the roles and responsibilities of the job role and is relatively free from bias. By analyzing the experiences and expertise of current practitioners, the results from the job analysis become the basis of a validated assessment that reflects the competencies required for competent job performance.

The job analysis process utilized in this study yields exam specifications that accurately reflect the scope of practice, allowing for the development of fair, accurate, and realistic assessments of candidates' readiness for certification. The resultant Examination Content Outline (Appendix E) indicates a 150-item examination with content distribution requirements at the competency area (content domain) level as well as topic (content subdomain) level. The five competency areas are:

1. General Assessment
2. General Management
3. Assess and Manage Pathophysiologic States
4. Psychosocial Support
5. Professional Issues

Introduction

This report describes the methodology and procedures used to conduct a job analysis and develop the exam specifications for the National Certification Corporation (NCC) Neonatal Intensive Care Nursing (RNC-NIC®) certification examination.

The job analysis was conducted in accordance with principles and practices outlined in the *Standards for Educational and Psychological Testing*¹, which describe principles and guidelines for all aspects of test development, including content validation.

A job analysis (sometimes referred to as a practice analysis, job task analysis, role delineation study, work analysis, or competency profiling) is a scientific inquiry conducted to identify the tasks and work activities conducted, the context in which those tasks and activities are carried out, and the competencies (knowledge areas, skills, and abilities) required to perform a job role successfully². Different methods can be used which may differ in the levels of specificity in analyzing and describing different work elements, with the choice of method largely dependent on the intended purpose and use of the results. The methodology of the current analysis was tailored to the creation of exam specifications for test development.

When completed, the job analysis process utilized in this study yields exam specifications that accurately reflect the scope of practice, allowing for the development of fair, accurate, and realistic assessments of candidates' readiness for certification. The job analysis is typically performed every 5 to 7 years so that the content outline represents the current scope of practice. Because it serves as the primary basis for content validity evidence, as required by the aforementioned standards, the job analysis is a primary mechanism by which a certifying body or regulatory board can ensure the accuracy and defensibility of an exam. It serves as the foundation of the certification exam and is critical to the success of the entire exam development process. All necessary documentation verifying that the validation process has been implemented in accordance with professional standards is included in this report.

This report is divided into the major activities of the job analysis process, which are:

1. **Job Analysis Committee Meeting** – A gathering of subject matter experts (SMEs) to discuss and develop a description of the scope of practice
2. **Job Analysis Survey** – A large-scale survey to practitioners not involved with the SME panel to validate the task and knowledge statements developed by the committee
3. **Development of Examination Specifications** – The development of an Examination Content Outline by the committee based on the results of the survey

¹ American Educational Research Association, American Psychological Association, National Council on Measurement in Education (2014). *Standards for Educational and Psychological Testing*. AERA.

² Sackett, P.R., Walmsley, P.T., Laczko, R.M. (2012). *Job and work analysis: Industrial and Organizational Psychology*. In N. Schmitt, S. Highhouse (Eds.), *Comprehensive Handbook of Psychology*, Volume 12. John Wiley and Sons.



Job Analysis Committee Meeting

National Certification Corporation (NCC) selected subject matter experts (SMEs) to represent a wide variety of work-related characteristics such as years of experience, work setting, geographic location, and areas of specialty to develop a scope of practice that is reflective of the roles and responsibilities of the job and is relatively free from bias. See Appendix A for a complete list of the SMEs and their qualifications.

Prior to the job analysis committee meeting, seven SMEs were interviewed to help provide background information on the job role, the history of the credential, and the anticipated future of the job role. These interviews were conducted between March 4, 2024, and March 18, 2024.

PSI Services LLC (PSI) conducted a job analysis committee meeting on March 22, 2024 with SMEs to discuss the scope of practice and develop a list of tasks and knowledge areas that reflect the job role. PSI led the SMEs in refining task and knowledge statements, and organizing them into a domain and subdomain structure. The outgoing exam content outline was used as a resource when developing the knowledge and tasks. See Appendix B for the presentation used to orient the job analysis committee at the beginning of the meeting.

The job analysis committee developed ten task statements, as follows:

1. Identify antepartum and intrapartum indicators of neonatal risk and their potential significance.
2. Systematically assess all body systems utilizing physical examination, gestational age assessment and neurobehavioral assessment.
3. Apply knowledge of anatomy and physiology (maternal, fetal, transitional, neonatal), pathophysiology, pharmacology, nutrition, and behavioral psychology to assess the neonate and differentiate abnormal from normal and initiate appropriate interventions.
4. Recognize normal values and deviations in clinical laboratory and diagnostic data and identify potential significance and escalate appropriately.
5. Develop an individualized plan of care in collaboration with other health care providers and the family and modify the plan of care as indicated for the restoration, maintenance and promotion of health for the high- risk neonate and family unit during hospitalization, discharge planning, and follow-up.
6. Implement diagnostic, therapeutic, and educational plans in collaboration with other health care providers to provide direct care for the neonate and family unit
7. Assess the neonate's family, community, and environment to identify areas of risk and provide education in collaboration with other health care provider to provide family-centered care.
8. Identify emergent clinical changes, need for intervention, and appropriate escalation.
9. Identify professional nursing issues which impact the role of the neonatal nurse.
10. Provide and promote individualized neuroprotective and developmental care for neonates.

The job analysis committee developed 19 knowledge statements across 5 content domains, as follows.

1. General Assessment

- A. Antepartum Risk Factors and Birth History
- B. Physical and Gestational Age Assessment

2. General Management

- A. Resuscitation and Stabilization
- B. Fluids, Electrolytes, and Glucose Homeostasis
- C. Nutrition and Feeding
- D. Oxygenation, Ventilation, and Acid Base Homeostasis
- E. Thermoregulation and Integumentary
- F. Pharmacology, Pharmacokinetics, and Pharmacodynamics
- G. Neuroprotective and Neurodevelopmental Care

3. Assess and Manage Pathophysiologic States

- A. Cardiovascular
- B. Respiratory
- C. Gastrointestinal and Genitourinary
- D. Hematopoietic
- E. Neurological/Neuromuscular/Musculoskeletal
- F. Genetic, Metabolic and Endocrine
- G. Head, Eye, Ear, Nose Throat
- H. Infection and Immunology

4. Psychosocial Support

- A. Discharge Management, Family Centered Care, Grieving, Palliative Care, Mental Health

5. Professional Issues

- A. Evidence-Based Practice, Legal, Ethical, Patient Safety, Quality Improvement

Following the creation of the task and knowledge lists, the committee members were tasked with identifying linkages between the task and knowledge statements. This was done to provide evidence that the knowledge areas were indeed required to perform the tasks identified. This was also done to ensure that each task was covered by at least one relevant knowledge area and that each knowledge area had at least one relevant task identified. Table 1 shows a matrix of knowledge-task linkages identified during the exam content outline meeting.

Table 1.
Linkages Among Knowledge and Task Statements.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|----------|---|---|---|---|---|---|---|---|---|----|
| 1 | | | | | | | | | | |
| A | x | | x | x | x | x | x | | | |
| B | x | x | x | x | x | x | | | | x |
| 2 | | | | | | | | | | |
| A | | | x | x | x | x | | x | | |
| B | x | x | x | x | x | x | | x | | |
| C | | | x | x | x | x | x | x | | |
| D | x | | x | x | x | x | | x | | |
| E | x | | x | x | x | x | | x | | |
| F | x | x | x | x | x | x | | x | | |
| G | | | x | x | x | x | | x | | x |
| 3 | | | | | | | | | | |
| A | x | x | x | x | x | x | | x | | |
| B | x | x | x | x | x | x | | x | | |
| C | x | x | x | x | x | x | | x | | |
| D | x | x | x | x | x | x | | x | | |
| E | x | x | x | x | x | x | | x | | x |
| F | x | x | x | x | x | x | | x | | |
| G | x | x | x | x | x | x | | x | | |
| H | x | x | x | x | x | x | | x | | |
| 4 | | | | | | | | | | |
| A | | | | | x | x | x | | x | |
| 5 | | | | | | | | | | |
| A | | | | | x | x | x | | x | |

Job Analysis Survey

PSI developed, administered, and monitored a survey to validate the tasks and knowledge areas developed by the job analysis committee and to help determine content weighting. To this end, the survey collected respondents' ratings of the importance and frequency for each task and knowledge area. The importance and frequency scale were used to evaluate the appropriateness of the inclusion of each knowledge statement and task.

Importance

How important is this knowledge area in your role?
How important is this task to your role?

- 0 - Not applicable
- 1 - Minimally important
- 2 - Somewhat important
- 3 - Moderately important
- 4 - Very important
- 5 - Critically important

Frequency

How frequently do you use this knowledge in your role?
How frequently do you perform this task in your role?

- 0 - Never
- 1 - Very Rarely
- 2 - Seldom
- 3 - Occasionally
- 4 - Frequently
- 5 - Very Frequently

Between April 17, 2024, and April 28, 2024, a pilot survey was conducted with the job analysis committee, the interviewees, and NCC staff members to ensure that the survey was operating correctly, and any modifications or corrections were made address the pilot survey reviewers' comments. See Appendix C for a copy of the final job analysis survey.

The live survey was sent using online survey software to a list of 24,114 individuals that was obtained from NCC. The list consisted of certified and noncertified neonatal registered nurse providers. The number of individuals that responded to the survey was 1,529 (6%). The survey was opened on May 7, 2024, and closed on June 9, 2024. See Appendix D for the email sent to potential respondents.

Following the close of the survey, the data were analyzed to identify any respondents who did not complete the survey or provided responses lacking any variance (i.e., "straight-lining" or providing the same response to every task or knowledge). Responses from 583 respondents were removed from the data set, yielding a usable number of 946 completed responses. Of those respondents who were removed, 9 declined to participate, 129 were

not involved in the care of hospitalized neonates, 388 were removed due to not completing the survey and 57 were removed due to a lack of variance in their responses.

Table 2 shows the mean ratings provided for frequency and importance of the task statements. Table 3 shows the mean ratings provided for the frequency and importance of the knowledge statements.

Table 2.
Frequency and Importance Ratings for Task Statements.

| Task Statements | | Importance | Frequency |
|-----------------|--|------------|-----------|
| 1 | Identify antepartum and intrapartum indicators of neonatal risk and their potential significance | 3.91 | 3.81 |
| 2 | Systematically assess all body systems utilizing physical examination, gestational age assessment and neurobehavioral assessment | 4.48 | 4.53 |
| 3 | Apply knowledge of anatomy and physiology (maternal, fetal, transitional, neonatal), pathophysiology, pharmacology, nutrition, and behavioral psychology to assess the neonate, differentiate abnormal from normal, and initiate appropriate interventions | 4.53 | 4.54 |
| 4 | Recognize normal values and deviations in clinical laboratory and diagnostic data, identify potential significance, and escalate appropriately | 4.46 | 4.42 |
| 5 | Develop an individualized plan of care in collaboration with other health care providers and the family and modify the plan of care as indicated for the restoration, maintenance and promotion of health for the high- risk neonate and family unit during hospitalization, discharge planning, and follow-up | 4.06 | 4.24 |
| 6 | Implement diagnostic, therapeutic, and educational plans in collaboration with other health care providers to provide direct care for the neonate and family unit | 4.05 | 4.13 |
| 7 | Assess the neonate's family, community, and environment, identifying areas of risk to provide education and family-centered care in collaboration with other health care providers | 3.87 | 3.86 |
| 8 | Identify emergent clinical changes, need for intervention, and appropriate escalation | 4.67 | 4.41 |
| 9 | Identify professional nursing issues which impact the role of the neonatal nurse | 3.54 | 3.40 |
| 10 | Provide and promote individualized neuroprotective and developmental care for neonates | 4.47 | 4.35 |

Table 3.***Frequency and Importance Ratings for Knowledge Statements.***

| Knowledge Statements | | Importance | Frequency |
|----------------------|--|------------|-----------|
| 1 | Antepartum Risk Factors and Birth History | 4.03 | 4.18 |
| 2 | Physical and Gestational Age Assessment | 4.27 | 4.37 |
| 3 | Resuscitation and Stabilization | 4.65 | 4.11 |
| 4 | Fluids, Electrolytes, and Glucose Homeostasis | 4.44 | 4.39 |
| 5 | Nutrition and Feeding | 4.36 | 4.58 |
| 6 | Oxygenation, Ventilation, and Acid Base Homeostasis | 4.62 | 4.51 |
| 7 | Thermoregulation and Integumentary | 4.57 | 4.58 |
| 8 | Pharmacology, Pharmacokinetics and Pharmacodynamics | 4.27 | 4.14 |
| 9 | Neuroprotective and Neurodevelopmental Care | 4.51 | 4.41 |
| 10 | Cardiovascular | 4.39 | 4.28 |
| 11 | Respiratory | 4.65 | 4.66 |
| 12 | Gastrointestinal/Genitourinary | 4.35 | 4.43 |
| 13 | Hematopoietic | 4.06 | 3.91 |
| 14 | Neurological/Neuromuscular/Musculoskeletal | 4.20 | 4.18 |
| 15 | Genetic, Metabolic and Endocrine | 3.96 | 3.78 |
| 16 | Head, Eye, Ear, Nose and Throat | 3.92 | 3.96 |
| 17 | Infection and Immunology | 4.38 | 4.27 |
| 18 | Discharge Management, Family Centered Care, Grieving, Palliative Care, and Mental Health | 4.14 | 4.04 |
| 19 | Evidence-Based Practice, Legal, Ethical, Patient Safety, and Quality Improvement | 4.01 | 3.96 |

The survey included demographic questions regarding professional characteristics relevant to the job role. Table 4 shows a summary of the demographic questions in the survey.

Table 4.***Results of the Demographic Questions in the Job Analysis Survey.***

| 1. How many years of experience do you have working with neonates? (Select one) | <i>n</i> | % |
|--|----------|-----|
| 1-5 years (If less than 1 year experience please select 1-5 years) | 81 | 9% |
| 6-10 years | 181 | 19% |
| 11-15 years | 136 | 14% |
| 16-20 years | 150 | 16% |
| 21 plus years | 397 | 42% |
| No response | 1 | 0% |
| | 946 | |

| 2. What is the highest level hospital/unit designation in which you primarily practice with neonates? | <i>n</i> | % |
|--|-----------------|----------|
| Level I (Basic Care) | 22 | 2% |
| Level II (Specialty care for newborns at 32 weeks gestation or more, weighing 1500 g or more with problems expected to resolve rapidly or who are convalescing from higher level care.) | 78 | 8% |
| Level III (Subspecialty care for high-risk newborns needing continuous life support and comprehensive care for critical illness. Including infants weighing less than 1500 g or less than 32 weeks gestation at birth.) | 425 | 45% |
| Level IV (Includes Level III care as well as on-site pediatric medical and surgical subspecialties to care for infants with complex congenital or acquired conditions, coordinate transport systems and outreach education.) | 418 | 44% |
| Do not know | 1 | 0% |
| Not applicable | 0 | 0% |
| No response | 2 | 0% |
| | 946 | |

| 3. Which of the following best describes your PRIMARY practice setting? | <i>n</i> | % |
|--|-----------------|----------|
| Education/Faculty | 19 | 2% |
| Level 1 (Newborn Nursery) | 34 | 4% |
| NICU - Level 2 (Special Care) | 86 | 9% |
| NICU - Level 3 | 422 | 45% |
| NICU - Level 4 | 304 | 32% |
| Management/Leadership | 43 | 5% |
| Research/Quality Improvement | 7 | 1% |
| Transport/Emergency | 15 | 2% |
| Other (please specify) | 12 | 1% |
| No response | 4 | 0% |
| | 946 | |

| 4. Which of the following BEST describes your professional primary role? | <i>n</i> | % |
|---|-----------------|----------|
| Administrator/Management | 46 | 5% |
| Clinical Nurse Specialist | 46 | 5% |
| Educator | 41 | 4% |
| Nurse Practitioner | 86 | 9% |
| Registered Nurse | 689 | 73% |
| Researcher | 2 | 0% |
| Other | 27 | 3% |
| No response | 9 | 1% |
| | 946 | |

| 5. What is your highest level of education? | <i>n</i> | % |
|--|-----------------|----------|
| Diploma/Certificate | 27 | 3% |
| Associate | 87 | 9% |
| Baccalaureate | 550 | 58% |
| Masters | 211 | 22% |
| Post Masters/Doctorate | 21 | 2% |
| Doctorate - DNP | 30 | 3% |
| Doctorate - PhD | 9 | 1% |
| Other (Please Specify) | 5 | 1% |
| No response | 6 | 1% |
| | 946 | |

6. On average, how many hours per week do you provide care to neonates?
Mean = 31.56 | Standard Deviation = 11.11 | Minimum = 0 | Maximum = 96

| 7. Which of the following best describes your PRIMARY practice location? | <i>n</i> | % |
|--|-----------------|----------|
| Region 1: Northeast (ME, NH, VT, MA, RI, CT, NY, NJ, PA) | 147 | 16% |
| Region 2: Midwest (WI, IL, MI, IN, OH, ND, SD, NE, KS, MN, IA, MO) | 184 | 19% |
| Region 3: South (KY, TN, MS, AL, FL, GA, SC, NC, VA, WV, DC, MD, DE, TX, OK, AR, LA) | 374 | 40% |
| Region 4: West (MT, ID, WY, NV, UT, CO, AZ, NM, WA, OR, CA, AK, HI) | 224 | 24% |
| Canada | 8 | 1% |
| Other | 7 | 1% |
| No response | 2 | 0% |
| | 946 | |

| 8. Is your unit utilizing point of care ultrasounds? | <i>n</i> | % |
|---|-----------------|----------|
| Yes | 458 | 48% |
| No | 432 | 46% |
| No response | 56 | 6% |
| | 946 | |

| 9. Is your unit utilizing a minimally invasive surfactant administration (i.e., other than through an endotracheal tube)? | <i>n</i> | % |
|--|-----------------|----------|
| Yes | 382 | 40% |
| No | 509 | 54% |
| No response | 55 | 6% |
| | 946 | |

Development of Exam Specifications

The Job Analysis Committee met on June 17, 2024, to review the results of the survey, finalize the tasks and knowledge that would comprise the next Examination Content Outline, and finalize the content weighting for the examination.

The committee reviewed the demographic results and confirmed that the results matched expectations and impressions of the practitioner population, suggesting that the respondent sample is reflective of the target population.

The committee then reviewed the draft content weighting, discussing any adjustments necessary to align the number of items per content area for adequate content coverage on the assessment. The draft content weighting was developed by calculating the criticality value (mean importance rating multiplied by the mean frequency rating) and then determining a percentage weight based on the relative weight of the criticality value for each content area.

See Table 5 for a summary of the content weighting determination. The final Examination Content Outline can be found in Appendix E.

Table 5.
Content Weighting Determination.

| Knowledge Statements | | Criticality | Percentage | Initial # Items | Final # Items |
|----------------------|--|-------------|------------|-----------------|---------------|
| 1A | Antepartum Risk Factors and Birth History | 16.85 | 0.05 | 7 | 7 |
| 1B | Physical and Gestational Age Assessment | 18.66 | 0.05 | 8 | 7 |
| 2A | Resuscitation and Stabilization | 19.11 | 0.05 | 8 | 8 |
| 2B | Fluids, Electrolytes, and Glucose Homeostasis | 19.49 | 0.06 | 8 | 9 |
| 2C | Nutrition and Feeding | 19.97 | 0.06 | 9 | 9 |
| 2D | Oxygenation, Ventilation, and Acid Base Homeostasis | 20.84 | 0.06 | 9 | 8 |
| 2E | Thermoregulation and Integumentary | 20.93 | 0.06 | 9 | 8 |
| 2F | Pharmacology, Pharmacokinetics and Pharmacodynamics | 17.68 | 0.05 | 8 | 8 |
| 2G | Neuroprotective and Neurodevelopmental Care | 19.89 | 0.06 | 9 | 8 |
| 3A | Cardiovascular | 18.79 | 0.05 | 8 | 8 |
| 3B | Respiratory | 21.67 | 0.06 | 9 | 12 |
| 3C | Gastrointestinal/Genitourinary | 19.27 | 0.06 | 8 | 9 |
| 3D | Hematopoietic | 15.87 | 0.05 | 7 | 8 |
| 3E | Neurological/Neuromuscular/Musculoskeletal | 17.56 | 0.05 | 8 | 8 |
| 3F | Genetic, Metabolic and Endocrine | 14.97 | 0.04 | 6 | 6 |
| 3G | Head, Eye, Ear, Nose and Throat | 15.52 | 0.04 | 7 | 7 |
| 3H | Infection and Immunology | 18.70 | 0.05 | 8 | 8 |
| 4A | Discharge Management, Family Centered Care, Grieving, Palliative Care, and Mental Health | 16.73 | 0.05 | 7 | 7 |
| 5A | Evidence-Based Practice, Legal, Ethical, Patient Safety, and Quality Improvement | 15.88 | 0.05 | 7 | 5 |

Appendix A.

Subject Matter Experts

Job Analysis Committee

| NAME | RELEVANT CREDENTIALS | YEARS OF EXPERIENCE | EMPLOYER/ AFFILIATION | JOB TITLE | GEOGRAPHIC LOCATION |
|--------------------------------|---|---------------------|---|---|------------------------------|
| Arica Smith | MSN, RNC-NIC | 16 | Baylor Scott & White McLane Children's Medical Center | RN Level IV NICU | Troy, TX |
| Eric Wyatt | BSN, RNC-NIC | 6 | Sharp Mary Birch Hospital | Clinical NICU Nurse and NICU Advanced Clinician | Lemon Grove, CA |
| Jamie Carey | DNP, CRNP, NNP-BC | 15 | University of Pennsylvania, Children's Hospital of Philadelphia, | Faculty/Lecturer, and NNP, Neonatal Surgical Team, Newborn/Infant Intensive Care Unit | Fort Washington, PA Region 1 |
| Jordon Weber | MSN, RNC-NIC, IBCLC | 6 | Carle Foundation Hospital and University of Illinois Chicago-Urbana | NICU/PICU RN and Clinical Instructor | Loda, IL Region 2 |
| Kathlyn Halstead | BSN, RN, RNC-NIC, C-NNIC, C-ELBW, IBCLC | 10 | Family Birth Place, Unity Hospital, | Staff Nurse IV, Postpartum, Lactation, Special Care Nursery | Rochester, NY |
| Patricia Mathews-Landry | MSN, RNC-NIC, C-NNIC, C-ELBW | 25 | Ochsner Medical Center and UF Health ShandsCair | Staff RN/Charge RN and Flight Nurse | Navarre, FL |
| Rachel Haaker | BSN, RNC-NIC | 6 | Advocate Illinois Masonic Medical Center | RN and Unit Council Satisfaction Committee Chair | Chicago, IL |
| Tracy Delacruz | MSN, CNS, RNC-NIC, C-ELBW, C-NNIC | 23 | Kaiser Permanente and Anaheim Medical Center | Clinical Nurse Specialist | Anaheim, CA |

Interviewees

| NAME | RELEVANT CREDENTIALS | YEARS OF EXPERIENCE | EMPLOYER/ AFFILIATION | JOB TITLE | GEOGRAPHIC LOCATION |
|--------------------------------|---|---------------------|--|---|---------------------------------|
| Arica Smith | MSN, RNC-NIC | 16 | Baylor Scott & White McLane Children's Medical Center | RN Level IV NICU | Troy, TX Region 3 |
| Eric Wyatt | BSN, RNC-NIC | 6 | Sharp Mary Birch Hospital | Clinical NICU Nurse and NICU Advanced Clinician | Lemon Grove, CA Region 4 |
| Jamie Carey | DNP, CRNP, NNP-BC | 15 | University of Pennsylvania, Children's Hospital of Philadelphia, | Faculty/Lecturer, and NNP, Neonatal Surgical Team, Newborn/Infant Intensive Care Unit | Fort Washington, PA Region 1 |
| Kathlyn Halstead | BSN, RN, RNC-NIC, C-NNIC, C-ELBW, IBCLC | 10 | Family Birth Place, Unity Hospital | Staff Nurse IV, Postpartum, Lactation, Special Care Nursery | Rochester, NY |
| Patricia Mathews-Landry | MSN, RNC-NIC, C-NNIC, C-ELBW | 25 | Ochsner Medical Center and UF Health ShandsCair | Staff RN/Charge RN and Flight Nurse | Navarre, FL Region 3 |
| Rachel Haaker | BSN, RNC-NIC | 6 | Advocate Illinois Masonic Medical Center | RN and Unit Council Satisfaction Committee Chair | Chicago, IL Region 2 |
| Tracy Delacruz | MSN, CNS, RNC-NIC, C-ELBW, C-NNIC | 23 | Kaiser Permanente and Anaheim Medical Center | Clinical Nurse Specialist | Anaheim, CA Region 4 |

Appendix B.

Job Analysis Presentation



Job Analysis

PSI Certification Psychometrics

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Objectives



Develop a description of the profession

- Define the relevant tasks
- Define the relevant knowledge



Develop all other elements for a survey

- Develop background information questions
- Review rating scales



Establish linkages

- Identify meaningful connections between the task and knowledge lists



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Job Analysis Process

1. Prepare Draft Materials
2. Conduct Job Analysis Meeting
3. Conduct Pilot Survey
4. Conduct Live Survey
5. Perform Data Analysis
6. Create Exam Specifications
7. Develop Summary Report



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Introduction



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Purpose of Credentialing Examinations

- To protect the public from harm caused by incompetent professional practice
- To assess professional competence in terms of the knowledge and skills required to successfully perform the tasks associated with the job role
- To establish and apply a consistent standard that reflects the competency level required of practitioners who meet the eligibility requirements
- To provide a valid and reliable means of identifying those who are competent to practice in the profession



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What is a Job Analysis?

“ Procedure to identify the content of a job in terms of activities involved and attributes or requirements needed to perform the activities. ”

This is the primary source of content validity for a credentialing assessment

This is the process by which the Examination Specifications are created

A representative list of knowledge and tasks associated with the job is developed



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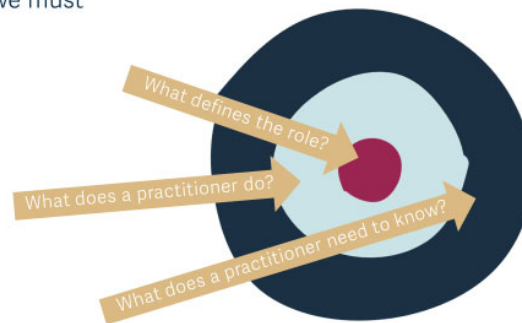


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Multiple Levels of Analysis

To create a comprehensive and accurate representation of the job role, we must identify:

- Target Population
- Tasks Performed
- Knowledge Required



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Terminology

Tasks

Specific work activities performed to fulfill job responsibilities

Knowledge

Information needed to fulfill job responsibilities

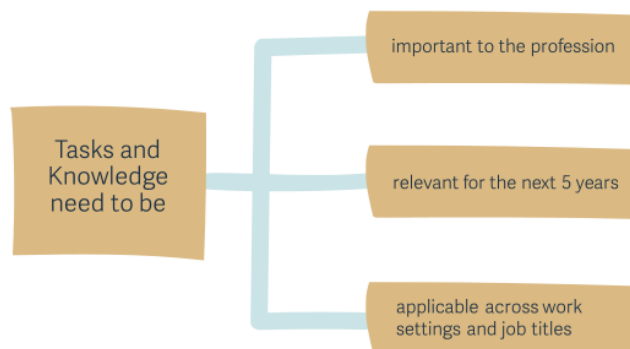
Content Domains (and subdomains)

Grouping of knowledge topics, required to create an outline format



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Requirements for Tasks and Knowledge



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Rating Scales

Importance

How important is this
[task / knowledge]
to the job role?

- 0 - Not Relevant
- 1 - Minimally Important
- 2 - Somewhat Important
- 3 - Moderately Important
- 4 - Very Important
- 5 - Critically Important

Frequency

How frequently is this
[task performed /
knowledge used]
in the job role?

- 0 - Not Relevant
- 1 - Rarely
- 2 - Seldom
- 3 - Occasionally
- 4 - Frequently
- 5 - Very Frequently



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Why Are You Here?

Subject Matter Experts (SMEs)

You are here to provide your content expertise and your professional experience

Facilitators

We are here to guide you through the process

Client Representatives

You are here to provide additional background information and the certifying body's perspective



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Questions?



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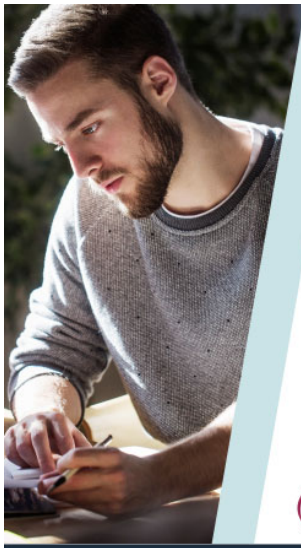


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Linkage Process



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Linkage Analysis

Knowledge vs. Task

- The list of Knowledge areas is used to delineate what content will be directly assessed by the exam
- Tasks provide additional context for the application of those knowledge and skills

Purpose of Linkage Analysis

- To establish evidence that the Knowledge areas are applicable to the Tasks
- To determine any potential gaps in either inventory



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Linkage Matrix

- We will identify connections among tasks and knowledge

The Outcome Looks Something Like This

Each linkage represents that the knowledge is required in order to complete the task

| | T1 | T2 | T3 | T4 | T5 |
|-----|----|----|----|----|----|
| 1A1 | X | | | | |
| 1A2 | | X | | | |
| 1A3 | | X | | X | |
| 1B1 | | | X | | |
| 1B2 | | | X | | X |
| 1C1 | | | | X | |
| 1C2 | | | | X | |
| 2A1 | X | | X | | |
| 2A2 | | X | | | |
| 2B1 | | | X | X | |
| 2B2 | | X | | | |
| 2B3 | | | X | X | X |
| 2B4 | | X | X | | |



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Linkage Thought Process

Doesn't everything apply to everything?
- Not exactly

| | Grilling | Baking |
|------------------|----------|--------|
| Knife Techniques | X | - |

Consider this example:

- I need knowledge of **Knife Techniques** to **Prepare Ingredients For Grilling**
- I don't need knowledge of **Knife Techniques** to **Mix Baking Ingredients**



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Questions?



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Appendix C.

Survey Text



NCC Neonatal Intensive Care (NIC) Job Analysis Survey

Welcome

The purpose of this survey is to identify tasks and knowledge reflective of the nurse who is specializing in caring for neonates. The results of this survey will be used to help develop the specifications for the NIC certification exam. Those who complete it will have a chance to win an Amazon gift card.

The survey will likely require 10 to 15 minutes to complete. You can complete each part of the survey in separate sittings at the same computer. Please be aware that you must completely finish a page before clicking on "Next" to save your responses up to that point. If you need to review your responses, you can use the "Prev" button to move back through the survey. There is no limit on the number of times you can use the link to go back to the survey before clicking on "Done" to submit your survey.

Your individual responses will be kept confidential and will be combined with those of other respondents. Only staff persons from PSI Services and NCC will have access to the data collected. Aggregated data from this survey will be published in a report that summarizes the process used to develop the specifications for the NIC certification exam. For more information about PSI's privacy and data protection policy, please click [here](#).

Please direct all inquiries to: info@nccnet.org

The deadline for completion of the survey is **end of day June 9, 2024**.

Do you agree to participate in the survey?

- Yes
- No



Currently Working

For the purposes of this survey, the role of a registered nurse who is specializing in caring for neonates is defined as follows:

A licensed registered nurse with specialized knowledge and skills who is involved in the care of acutely and critically ill neonates and their families.

Are you currently involved in the care of hospitalized neonates?

- Yes
- No



Demographics

Please answer the following demographic questions before proceeding to the next page to start the survey.

How many years of experience do you have working with neonates? (Select one)

- 1-5 years (If less than 1 year experience please select 1-5 years)
- 6-10 years
- 11-15 years
- 16-20 years
- 21 plus years

What is the highest level hospital/unit designation in which you primarily practice with neonates?

- Level I (Basic Care)
- Level II (Specialty care for newborns at 32 weeks gestation or more, weighing 1500 g or more with problems expected to resolve rapidly or who are convalescing from higher level care.)
- Level III (Subspecialty care for high-risk newborns needing continuous life support and comprehensive care for critical illness. Including infants weighing less than 1500 g or less than 32 weeks gestation at birth.)
- Level IV (Includes Level III care as well as on-site pediatric medical and surgical subspecialties to care for infants with complex congenital or acquired conditions, coordinate transport systems and outreach education.)
- Do not know
- Not applicable

Which of the following best describes your PRIMARY practice setting?

- Education/Faculty
- Level 1 (Newborn Nursery)
- NICU - Level 2 (Special Care)
- NICU - Level 3
- NICU - Level 4
- Management/Leadership
- Research/Quality Improvement
- Transport/Emergency
- Other (please specify)



Which of the following BEST describes your professional primary role?

- Administrator/Management
- Clinical Nurse Specialist
- Educator
- Nurse Practitioner
- Registered Nurse
- Researcher
- Other (please specify)

What is your highest level of education?

- Diploma/Certificate
- Associate
- Baccalaureate
- Masters
- Post Masters/Doctorate
- Doctorate - DNP
- Doctorate - PhD
- Other (please specify)

On average, how many hours per week do you provide care to neonates?

Which of the following best describes your PRIMARY practice location?

- Region 1: Northeast (ME, NH, VT, MA, RI, CT, NY, NJ, PA)
- Region 2: Midwest (WI, IL, MI, IN, OH, ND, SD, NE, KS, MN, IA, MO)
- Region 3: South (KY, TN, MS, AL, FL, GA, SC, NC, VA, WV, DC, MD, DE, TX, OK, AR, LA)
- Region 4: West (MT, ID, WY, NV, UT, CO, AZ, NM, WA, OR, CA, AK, HI)
- Canada
- Other (please specify)



Knowledge

Please use the following rating scales to indicate how frequently you use each knowledge area and how important it is to your professional role providing care for neonates.

Frequency: How frequently do you use this knowledge in your role?

- 0 - Never
- 1 - Very rarely
- 2 - Seldom
- 3 - Occasionally
- 4 - Frequently
- 5 - Very frequently

Importance: How important is this knowledge area to your role?

- 0 - Not applicable
- 1 - Minimally important
- 2 - Somewhat important
- 3 - Moderately important
- 4 - Very important
- 5 - Critically important

General Assessment

| | Frequency | Importance |
|---|----------------------|----------------------|
| Antepartum Risk Factors and Birth History | <input type="text"/> | <input type="text"/> |
| Physical and Gestational Age Assessment | <input type="text"/> | <input type="text"/> |

General Management

| | Frequency | Importance |
|--|----------------------|----------------------|
| Resuscitation and Stabilization | <input type="text"/> | <input type="text"/> |
| Fluids, Electrolytes, and Glucose Homeostasis | <input type="text"/> | <input type="text"/> |
| Nutrition and Feeding | <input type="text"/> | <input type="text"/> |
| Oxygenation, Ventilation, and Acid Base Homeostasis | <input type="text"/> | <input type="text"/> |
| Thermoregulation and Integumentary | <input type="text"/> | <input type="text"/> |
| Pharmacology, Pharmacokinetics, and Pharmacodynamics | <input type="text"/> | <input type="text"/> |
| Neuroprotective and Neurodevelopmental Care | <input type="text"/> | <input type="text"/> |

Assess and Manage Pathophysiologic States

| | Frequency | Importance |
|--|----------------------|----------------------|
| Cardiovascular | <input type="text"/> | <input type="text"/> |
| Respiratory | <input type="text"/> | <input type="text"/> |
| Gastrointestinal and Genitourinary | <input type="text"/> | <input type="text"/> |
| Hematopoietic | <input type="text"/> | <input type="text"/> |
| Neurological/Neuromuscular/Musculoskeletal | <input type="text"/> | <input type="text"/> |
| Genetic, Metabolic and Endocrine | <input type="text"/> | <input type="text"/> |
| Head, Eye, Ear, Nose Throat | <input type="text"/> | <input type="text"/> |
| Infection and Immunology | <input type="text"/> | <input type="text"/> |

Psychosocial Support

| | Frequency | Importance |
|--|----------------------|----------------------|
| Discharge Management, Family Centered Care, Grieving, Palliative Care, Mental Health | <input type="text"/> | <input type="text"/> |

Professional Issues

| | Frequency | Importance |
|--|----------------------|----------------------|
| Evidence-Based Practice, Legal, Ethical, Patient Safety, Quality Improvement | <input type="text"/> | <input type="text"/> |

What critical knowledge area, if any, do you think is missing from this list?



Tasks

Please use the following rating scales to indicate how frequently you perform each task and how important it is to your professional role providing care for neonates.

Frequency: How frequently do you perform this task in your role?

- 0 - Never
- 1 - Very rarely
- 2 - Seldom
- 3 - Occasionally
- 4 - Frequently
- 5 - Very frequently

Importance: How important is this task to your role?

- 0 - Not applicable
- 1 - Minimally important
- 2 - Somewhat important
- 3 - Moderately important
- 4 - Very important
- 5 - Critically important

Task Ratings

| | Frequency | Importance |
|---|----------------------|----------------------|
| Identify antepartum and intrapartum indicators of neonatal risk and their potential significance | <input type="text"/> | <input type="text"/> |
| Systematically assess all body systems utilizing physical examination, gestational age assessment and neurobehavioral assessment | <input type="text"/> | <input type="text"/> |
| Apply knowledge of anatomy and physiology (maternal, fetal, transitional, neonatal), pathophysiology, pharmacology, nutrition, and behavioral psychology to assess the neonate, differentiate abnormal from normal, and initiate appropriate interventions | <input type="text"/> | <input type="text"/> |
| Recognize normal values and deviations in clinical laboratory and diagnostic data, identify potential significance, and escalate appropriately | <input type="text"/> | <input type="text"/> |
| Develop an individualized plan of care in collaboration with other health care providers and the family and modify the plan of care as indicated for the restoration, maintenance and promotion of health for the high-risk neonate and family unit during hospitalization, discharge planning, and follow-up | <input type="text"/> | <input type="text"/> |
| Implement diagnostic, therapeutic, and educational plans in collaboration with other health care providers to provide direct care for the neonate and family unit | <input type="text"/> | <input type="text"/> |
| Assess the neonate's family, community, and environment to identify areas of risk and provide education and family-centered care in collaboration with other health care providers | <input type="text"/> | <input type="text"/> |
| Identify emergent clinical changes, need for intervention, and appropriate escalation | <input type="text"/> | <input type="text"/> |
| Identify professional nursing issues which impact the role of the neonatal nurse | <input type="text"/> | <input type="text"/> |
| Provide and promote individualized neuroprotective and developmental care for neonates | <input type="text"/> | <input type="text"/> |

What critical task, if any, do you think is missing from this list?



Additional Questions

Is your unit utilizing point of care ultrasounds?

- Yes
- No

Is your unit utilizing a minimally invasive surfactant administration (i.e., other than through an endotracheal tube)?

- Yes
- No



Thank You!

Thank you for completing the 2024 NCC NIC Job Analysis Survey!

If you need to review your answers, you can use the "Prev" button below to move back through the survey.

If you would like to join the Content or Item Writing Team, please provide your name and email.

Name

Email

Those who complete the survey can enter a drawing for a chance to win a \$100 Amazon gift card. Your name and email address are requested for this drawing and will be used for this purpose only.

Do you agree to provide your name and email address in order to enter the drawing?

Yes

No

Enter the drawing for a \$100 Amazon gift card.

Name

Email

Please re-enter your email address



Comment Box

Thank you very much for your responses.

Please provide any additional comments in the text box below.

Please click on **Done** to complete the survey and submit your responses.

Please provide any additional comments here.

Appendix D.

Survey Invitation Email

| | |
|----------|---|
| DATE: | May 7, 2024 |
| FROM: | NCC |
| SUBJECT: | NCC: Needs Your Input on Neonatal Intensive Care (NIC)! |
| BODY: | <p>This is your opportunity to be heard about the work YOU do in the care of neurologically impaired neonates!</p> <p>The National Certification Corporation (NCC), together with its certification testing vendor PSI Services, is conducting a job analysis study to identify tasks and knowledge reflective of licensed nurses who specialize in caring for neonates. Your input will shape the exam specifications for the Neonatal Intensive Care (NIC) certification program. It will only take 10-15 minutes to complete and completed entries will be entered in a gift card drawing.</p> <p>Please complete the survey by Sunday, June 9th, 2024.</p> <p>Link: https://www.research.net/r/6JRHZSM</p> <p>Questions about the survey or the certification can be directed to: info@nccnet.org</p> |

Appendix E.

Exam Content Outline

| | | | | |
|--------------|----------|--|-----------|------------|
| 10.00 | 1 | General Assessment | 14 | 9% |
| 10.01 | 1A | Antepartum Risk Factors and Birth History | 7 | |
| 10.02 | 1B | Physical and Gestational Age Assessment | 7 | |
| 11.00 | 2 | General Management | 58 | 39% |
| 11.01 | 2A | Resuscitation and Stabilization | 8 | |
| 11.02 | 2B | Fluids, Electrolytes, and Glucose Homeostasis | 9 | |
| 11.03 | 2C | Nutrition and Feeding | 9 | |
| 11.04 | 2D | Oxygenation, Ventilation, and Acid Base Homeostasis | 8 | |
| 11.05 | 2E | Thermoregulation and Integumentary | 8 | |
| 11.06 | 2F | Pharmacology, Pharmacokinetics and Pharmacodynamics | 8 | |
| 11.07 | 2G | Neuroprotective and Neurodevelopmental Care | 8 | |
| 12.00 | 3 | Assess and Manage Pathophysiologic States | 66 | 44% |
| 12.01 | 3A | Cardiovascular | 8 | |
| 12.02 | 3B | Respiratory | 12 | |
| 12.03 | 3C | Gastrointestinal/Genitourinary | 9 | |
| 12.04 | 3D | Hematopoietic | 8 | |
| 12.05 | 3E | Neurological/Neuromuscular/Musculoskeletal | 8 | |
| 12.06 | 3F | Genetic, Metabolic and Endocrine | 6 | |
| 12.07 | 3G | Head, Eye, Ear, Nose and Throat | 7 | |
| 12.08 | 3H | Infection and Immunology | 8 | |
| 13.00 | 4 | Psychosocial Support | 7 | 5% |
| 13.01 | 4A | Discharge Management, Family Centered Care, Grieving, Palliative Care, and Mental Health | 7 | |
| 14.00 | 5 | Professional Issues | 5 | 3% |
| 14.01 | 5A | Evidence-Based Practice, Legal, Ethical, Patient Safety, and Quality Improvement | 5 | |

Secondary Classifications - Tasks

1. Identify antepartum and intrapartum indicators of neonatal risk and their potential significance.
2. Systematically assess all body systems utilizing physical examination, gestational age assessment and neurobehavioral assessment.
3. Apply knowledge of anatomy and physiology (maternal, fetal, transitional, neonatal), pathophysiology, pharmacology, nutrition, and behavioral psychology to assess the neonate, differentiate abnormal from normal, and initiate appropriate interventions.
4. Recognize normal values and deviations in clinical laboratory and diagnostic data, identify potential significance, and escalate appropriately.
5. Develop an individualized plan of care in collaboration with other health care providers and the family and modify the plan of care as indicated for the restoration, maintenance and promotion of health for the high- risk neonate and family unit during hospitalization, discharge planning, and follow-up.
6. Implement diagnostic, therapeutic, and educational plans in collaboration with other health care providers to provide direct care for the neonate and family unit.
7. Assess the neonate's family, community, and environment, identifying areas of risk to provide education and family-centered care in collaboration with other health care providers.
8. Identify emergent clinical changes, need for intervention, and appropriate escalation.
9. Identify professional nursing issues which impact the role of the neonatal nurse.
10. Provide and promote individualized neuroprotective and developmental care for neonates.



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2024 Neonatal Intensive Care Job Analysis Team

| Name | Credentials | Current Position | State | Years RN Experience | Years in Specialty | Years Certified | Expertise |
|--------------------------|---|---|---------------------------------|----------------------------|---------------------------|-----------------------------------|--|
| Jamie Carey ELBW CT | DNP, CRNP, NNP-BC | Faculty/Lecturer, University of Pennsylvania, Philadelphia, PA and NNP, Neonatal Surgical Team, Newborn/Infant Intensive Care Unit, Children's Hospital of Philadelphia, Philadelphia, PA | Fort Washington, PA Region 1 | 15 | 15 | NIC – 13 NNP - 11 | <ul style="list-style-type: none"> • Neonatal Surgical Team • Mentor • Educator • Research • Quality Improvement |
| Katelyn Halstead | BSN, RN, RNC-NIC, C-NNIC, C-ELBW, IBCLC | Staff Nurse IV, Postpartum, Lactation, Special Care Nursery, Family Birth Place, Unity Hospital, Rochester, NY | Rochester, NY Region 1 | 10 | 10 | NIC – 3 NNIC – 2 ELBW - 2 | <ul style="list-style-type: none"> • Level I, III & IV NICU • Transport • Small Baby • Neonatal Brain Institute • Preceptor • NANN Health Policy and Advocacy Committee • NNIC Item Writing |
| Rachel Haaker | BSN, RNC-NIC | RN and Unit Council Satisfaction Committee Chair, Advocate Illinois Masonic Medical Center, Chicago, IL | Chicago, IL Region 2 | 6 | 6 | NIC - 3 | <ul style="list-style-type: none"> • Level III NICU • NRP Instructor • March of Dimes Lead • Quality Improvement |
| Jordan Weber | MSN, RNC-NIC, IBCLC | NICU/PICU RN, Carle Foundation Hospital, Urbana, IL and Clinical Instructor, University of Illinois Chicago-Urbana | Loda, IL Region 2 | 6 | 6 | NIC – 4 | <ul style="list-style-type: none"> • Educator • Fundamentals clinical • Leadership clinical |
| Patricia Matthews-Landry | MSN, RNC-NIC, C-NNIC, C-ELBW | Staff RN/Charge RN, Ochsner Medical Center, Baton Rouge, LA and Flight Nurse, UF Health ShandsCair, Pensacola, FL | Navarre, FL Region 3 | 25 | 25 | NIC – 18 NNIC – 3 ELBW - 3 | <ul style="list-style-type: none"> • Level II & III NICU • Charge Nurse • Neonatal Transport • Preceptor • NRP Instructor • Staff Educator • NNIC Item Writer |
| Arica Smith | MSN, RNC-NIC | RN Level IV NICU, Baylor Scott & White McLane Children's Medical Center, Temple, TX | Troy, TX Region 3 | 16 | 16 | NIC - 5 | <ul style="list-style-type: none"> • Level IV NICU • Quality Improvement & Safety • Leadership • Lead STABLE Instructor • NICU Morbidity & Mortality |
| Tracy Delacruz | MSN, CNS, RNC-NIC, C-ELBW, C-NNIC | Clinical Nurse Specialist, Kaiser Permanente Orange County, Anaheim Medical Center, Anaheim, CA | Anaheim, CA Region 4 | 23 | 23 | NIC – 15 ELBW – 1 NNIC - <1 | <ul style="list-style-type: none"> • Level III NICU • Staff Education • Quality Improvement • Neuro NICU • Practice and Standards • NRP and STABLE Instructor |
| Eric Wyatt | BSN, RNC-NIC | Clinical NICU Nurse and NICU Advanced Clinician, Sharp Mary Birch Hospital, San Diego, CA | Lemon Grove, CA Region 4 | 6 | 6 | NIC - 3 | <ul style="list-style-type: none"> • Preceptor • Mentor |

2024 Neonatal Intensive Care Job Analysis Team

| Name | Credentials | Current Position | State | Years RN Experience | Years in Specialty | Years Certified | Expertise |
|-------------|--------------------|-------------------------|--------------|----------------------------|---------------------------|------------------------|--|
| | | | | | | | <ul style="list-style-type: none">• Quality Improvement• Research |

| NIC JA Name | Credential | Region | State | Email | Age | Years Cert |
|--------------------------|---|--------|-------|---|-----|-----------------------------------|
| Jamie Carey ELBW CT | DNP, CRNP, NNP-BC | 1 | PA | jsromov84@gmail.com; | 39 | NNP – 11 NIC - 13 |
| Katelyn Halstead | BSN, RN, RNC-NIC, C-NNIC, C-ELBW, IBCLC | 1 | NY | katelyn.m.mccarthy.halstead@gmail.com; | 32 | NIC – 3 NNIC – 2 ELBW - 2 |
| Rachel Haaker | BSN, RNC-NIC | 2 | IL | rachel.haaker@aah.org; | 31 | NIC - 3 |
| Jordan Weber | MSN, RNC-NIC, IBCLC | 2 | IL | jordan.weber@carle.com; | 28 | NIC - 4 |
| Patricia Matthews-Landry | MSN, RNC-NIC, C-NNIC, C-ELBW | 3 | FL | nicurn323@yahoo.com; | 55 | NIC – 18 NNIC – 3 ELBW - 3 |
| Arica Smith | MSN, RNC-NIC | 3 | TX | Arica.Smith@bswhealth.org; | 41 | NIC - 5 |
| Tracy Delacruz | MSN, CNS, RNC-NIC, C-ELBW, C-NNIC | 4 | CA | delacruzta1203@gmail.com; | 46 | NIC – 15 ELBW – 1 NNIC - <1 |
| Eric Wyatt | BSN, RNC-NIC | 4 | CA | mercury.mile@gmail.com; | 33 | NIC - 3 |