2020 CANDIDATE GUIDE
NEONATAL INTENSIVE CARE NURSING
Congratulations on taking the next step in your career—earning your RNC-NIC certification

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ABOUT THIS GUIDE
This guide lists fees, general policies and provides information that will help you prepare for the examination including sample questions to familiarize you with question format, competency statements and examination content in outline form. Study resources are also suggested for your review. It is recommended that you familiarize yourself with the information in this guide.

NCC examinations are offered in several different test administrations options. The NCC publication Guide to Testing Methods will explain the different rules and policies based on how you are taking the examination. Please download this publication from the NCC website and review the exam administration options. It should answer your questions about the NCC examination process.

If you have other questions, please feel free to contact NCC through the NCC website at NCCwebsite.org.

NCC’S PHILOSOPHY OF TESTING
Certification is an evaluative process that provides the opportunity for nurses in the obstetric, gynecologic and/or neonatal specialty to demonstrate publicly what they know and to be recognized for the special knowledge they possess. The NCC certification carries no licensing authority. The ability to practice as a nurse is regulated by the state boards of nursing, and while certification may be required in some states for advanced practice roles, NCC has no regulatory power to require states to recognize NCC certification for this purpose. Practice and educational standards are reflected in the certification process, but the responsibility for development of such standards rests with the professional nursing specialty organizations and the nursing educational community. NCC encourages individual nurses to seek out information about how certification relates to state licensure requirements, program accreditation of the educational institutions attended, the educational and practice standards of national nursing specialty organizations, and employment expectations.

IT IS IMPORTANT TO READ THE INFORMATION IN THIS GUIDE. IT WILL ANSWER YOUR QUESTIONS AND WILL EXPLAIN ALL POLICIES TO WHICH YOU WILL BE SUBJECT.
**EXAMINATION AND RELATED FEES**

**EXAMINATION FEES***
Computer Exam Fees are $325 which includes the non-refundable $50 application fee.

Professional Education Center (PEC) Exam Fees are $275 which includes the non-refundable $50 application fee.

Institutional Certification Program (ICP) Exam Fees are pre-paid by your institution.

*Examination fees are subject to change.*

**CHANGE REQUEST**
Candidates who cannot take their currently scheduled examination, have missed their testing date or need to take a different exam - can request a change for a fee of $125. Details are on the NCC website.

**WITHDRAWAL FEE**
A computer testing candidate who withdraws from testing is subject to a $165 withdrawal fee. The candidate will receive $160 of their $325 payment, minus any outstanding charges. PEC and ICP candidates cannot withdraw.

**RETEST FEE**
Retest candidates must pay full application and examination fees. There are no discounts and they must wait at least 90 days from the day they receive their official exam results before resubmitting an application for testing (this date is provided in the results notification). Certifications exams of the same specialty can only be taken TWICE in a calendar year for the same candidate.

**SUBSTITUTION FEE**
Candidate substitutions are not allowed for any reason.

**THIRD PARTY PAYMENTS**
Applicant fees paid by third parties will be reimbursed to the third party in the event the applicant is determined ineligible or withdraws within the specified time. Reimbursement will be in accordance with stated refund policies.

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**NO REFUNDS WILL BE CONSIDERED FOR ANY CANDIDATE**
- who has taken an examination
- who is not successful in achieving certification
- who failed to take the exam via computer within the 90-day testing window and did not submit a change request within stated time frames
- who is unable to schedule their exam and is beyond the first 30 days of their eligibility window
# Payment Information

- All applications are subject to a nonrefundable application fee.
- All fees are nonrefundable except where otherwise noted.
- Payments can be made by credit card (Visa, American Express and MasterCard only).
- Payments can be made by check: bank routing number and account number required.
- For payments made by third parties, any refund reimbursement will be issued to the third party and not to the applicant.
- All payments must be in US funds.
- NCC does not accept debit cards or split payments (part check and part credit card).
- Exam fees can only be submitted online at the NCC website. Applications will not be accepted by mail, phone or fax.
- NCC will accept group payments for certification exams from institutions. Details are on the NCC website.

# Other Non-refundable Payment Related Fees

## Incomplete Application Fee

All incomplete applications (those applications submitted with missing information, containing incomplete or incorrect information, missing required licensure information and upload, or do not include full fee payment) are subject to a non-refundable $30 reprocessing fee upon the submission of proper documentation.

## License Verification Fee

If licensure information is requested requiring an additional submission the candidate will have 2 weeks to provide the license with all the correct information and pay the non-refundable $30 reprocessing fee. If this is not provided within the two weeks, NCC will attempt to verify the license and a $50 verification fee will be added to your account as arrears. If the candidate is deemed eligible at that point, they may schedule and sit for the exam. However, the exam will not be scored until such arrears are resolved. If NCC is unable to verify the license, you will be found ineligible and you will be refunded your registration fee minus $100 ($50 non-refundable application fee and $50 non-refundable license verification fee).

## Returned Checks and Credit Card Chargeback Fee

A $30 fee will be assessed for any check or e-check returned or a credit card payment disputed for any reason. Remittance thereafter of all fees and applications must be in the form requested by NCC.

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*Certification will be revoked or withheld if a returned check or a chargeback request on a credit card payment results in loss of income to NCC and the monies are not recovered in an alternate payment. Fees received at any time will first be applied to any unpaid prior certification/special fees.*
FEES & GENERAL POLICIES

GENERAL POLICIES

UNSUCCESSFUL CANDIDATES
A candidate who sits for the examination and does not receive a passing score is not eligible for any refund nor for any credit on any later NCC exam.

EXAM CATEGORY CHANGES
You can only request an exam category change by completing a Change Request Form on the NCC website and submitting with non-refundable payment of $125. Candidates are only allowed one change option (e.g. if you reschedule your exam date, you will not be able to change your exam category). All change requests must be approved by NCC. There will be no refund of original or Change Request fees. Eligibility must be re-established for the new exam category, and additional documentation and fees may be required. The time to consider eligibility for the new category will count toward the original 90-day window assigned to take the examination. Examinees must take the exam for which they have been determined eligible. No changes will be permitted on examination day. If a candidate knowingly or unknowingly takes an examination other than the one she/he was found eligible to take, the examination will not be scored. No refunds will be allowed, and all fee policies will apply if the candidate reapplies for an examination.

RETEST POLICY
You may retake the examination if you do not pass. You must reapply, submit all applicable fees and documentation, and re-establish eligibility according to the appropriate deadlines. There is no limit to the number of times you may retake the examination however candidates must wait at least 90 days from the day they receive their official exam results before making application to retake the examination by computer or paper and pencil (this date is provided in the results notification). All submission deadlines for application for paper and pencil testing must be met. No accommodation will be given to those who are retesting via paper and pencil mode if they cannot meet application deadline because of the 90 day wait rule. The maximum number of times a candidate can take the same NCC test in a calendar year is two.

AMERICANS WITH DISABILITIES ACT
Special testing accommodations will be provided pursuant to the Americans with Disabilities Act. Download the special accommodations request form from the website. The request must be signed by a clinician, physician, or another qualified specialist with training and experience appropriate to diagnose and treat the specified disability. The completed form must be submitted with your online certification application.

VERIFICATION OF CERTIFICATION
Third party notification of status will not be released without authorization from the RNC. A $30 fee is required for any third party notification or issuance of duplicates of test results reports. Verification requests can only be submitted after official written results have been received in the mail.

Verification requests can only be made via the online verification system on the NCC website. NCC does not issue verifications via the mail or fax.
**GENERAL POLICIES (CONTINUED)**

**TEST DISCLOSURE**
NCC does not make test questions available for review. Because test questions may be used for more than one examination administration, distributing this information would compromise the security of the test questions and would increase the cost of certification if the questions had to be replaced each year.

**APPEALS PROCEDURE**
Any request to waive any policy of the NCC Board of Directors relative to eligibility, administration, examination content issues, or certification maintenance must be received in writing within 60 days of the dispute. All requests should be sent to the attention of the NCC President at nccpresident@nccnet.org. The correspondence should contain a detailed account as to why the NCC policy should be waived or the candidate’s status should be changed. Such requests are referred to the NCC Policy Review Committee of the Board of Directors. All decisions will be provided in writing. Cases not resolved by the Policy Review Committee will be referred to the full Board of Directors.

**NONDISCRIMINATION**
It is the policy of NCC that no individual will be excluded from the examinations as a result of age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, military status or gender identity.

**REVOCATION**
Your certification may be revoked for falsifying any information submitted to determine eligibility to take the certification examination or for maintaining certification, for losing your license to practice nursing, or for failing to pay designated certification or maintenance fees.

**ANSWER SHEET REVIEW OF PAPER AND PENCIL EXAMINATIONS**
All answer sheets are scored electronically. If you believe there might be a discrepancy in your results, you may request a Hand Score (a review of your answer sheet) for a fee of $55. This request must be submitted online at the NCC website within 60 days of the exam date. The “Submit Hand Scoring Request” link can be found in your account under “failed certification”. You will be notified of the results by email.

**RETENTION OF ANSWER SHEETS AND EXAMINATION BOOKLETS**
All answer sheets are kept for one year from the date of the examination. Examination booklets used by the candidates are kept for six months from the date of the examination. Computer answer strings are kept for at least one year from the date of the examination.
ABOUT THE EXAM

TIMED EXAMINATION
Three (3) hours are allotted to complete the examination.

EXAM FORMAT
The Neonatal Intensive Care Nursing examination consists of up to 175 test questions. 150 are scored and the remainder are embedded in the exam as pretest items. The pretest items do not count toward the examinee’s final results.

- There is one question format used for all NCC examinations.
- Each question has a premise (stem) and three alternative answers.
- The answer options are alphabetized by the first word in each answer option to randomize the answers.
- Computer tests are delivered in a different random order for each candidate.
- Questions will test both basic knowledge and application of knowledge.
- Questions that contain laboratory data will show results in conventional units of measure with international units in parentheses.
- Drugs are listed in both generic and trade names where appropriate.

EXAMINATION CONTENT DEVELOPMENT
The development of NCC certification involves many individuals and involves a meticulous process of review. There are three major groups that contribute to the test development process:

ITEM WRITERS:
RNCs and others identified with special expertise have the responsibility of drafting test items per designated assignment for review by the content team and expert reviewers. Item writers are solicited from the NCC certified population, by recommendations or through the volunteer portal.

REVIEWERS:
Reviewers are RNCs or other designated experts who assist the content teams in review of test items developed by the item writers. Reviewers are responsible for reviewing items for content relevance and confirming that references cited for the questions support the items as written.

CONTENT TEAMS:
Content team members are experienced practitioners and are appointed on an annual basis by the NCC President. Content teams are solicited from the NCC certified population, by recommendations or through the volunteer portal. To see the current membership composition of the Content Team responsible for the Neonatal Intensive Care Nursing examination, please visit the NCC website under the section on NCC Leadership.

Content team members are RNCs or other identified experts who:
- develop and update the test outline and competency statements
- review test items developed by item writers
- review item statistics from exam administrations and pretest examinations
- approve the exam forms to be administered
- review item banks

In addition, NCC uses volunteers for standard setting and content validation studies.
The above chart shows the percentage distribution of questions on the Neonatal Intensive Care Nursing exam across the major content categories covered on the examination. The major focus of the examination is on General Assessment and Management and Assess & Manage Pathophysiologic States having the most emphasis. Lesser emphasis is on Psychosocial Behavioral States and Professional Issues having the least number of questions assigned to this content category.
EXAMINATION CONTENT
FOR TESTS TAKEN BEFORE APRIL 1, 2020

EXAM OUTLINE

This is an outline of topics and areas which may be included in the Neonatal Intensive Care Nursing examination

11.00 General Assessment and Management (48%)
- Maternal History and Risk Factor
- Gestational Age (At Birth)
- Physical Assessment
- Resuscitation and Stabilization
- Fluids and Electrolytes
- Nutrition and Feeding
- Oxygenation and Acid Base Homeostasis
- Thermoregulation
- Pharmacology
- Developmental Care

12.00 Assess & Manage Pathophysiologic States (44%)
- Cardiac
- Respiratory
- Gastrointestinal
- Genitourinary
- Hematopoietic
- Neurological/Neuromuscular
- Infectious Diseases
- Metabolic/Endocrine
- Genetic Disorders
- Head, Eye, Ear, Nose Throat

13.00 Assess and Manage Psychosocial/Behavioral States (5%)
- Discharge Planning and Follow up
- Grieving Process
- Family Integration

14.00 Professional Issues (3%)
including: Evidence Based Practice, Legal/Ethical, Patient Safety
EXAMINATION CONTENT
FOR TESTS TAKEN BEFORE APRIL 1, 2020

ASSOCIATED COMPETENCIES

- Identify antepartal and intrapartal indicators of neonatal risk and their potential significance
- Systematically assess all body systems utilizing physical examination, gestational age assessment and neurobehavioral assessment
- Apply knowledge of anatomy and physiology (maternal, fetal, transitional, newborn), pathophysiology, pharmacology, nutrition, and behavioral psychology to assess the neonate and differentiate abnormal from normal
- Recognize normal values and deviations in clinical laboratory and diagnostic data and identify potential significance
- Utilize biophysical monitoring techniques to identify body system alterations
- Develop an individualized plan of care for the restoration, maintenance and promotion of health for the high risk neonate and family unit during hospitalization and following discharge
- Implement diagnostic, therapeutic and educational plans in collaboration with other health care providers to provide direct care for the high risk neonate and family
- Assess the neonate’s family, community and environment to identify areas of risk
- Identify life-threatening states and initiate appropriate interventions
- Evaluate the plan of care in collaboration with other health care providers and the family and modify the plan of care as indicated
- Identify professional nursing issues which impact on the role of the neonatal nurse
GENERAL ASSESSMENT AND MANAGEMENT

I. Maternal History and Risk Factors
- Effects of maternal medical complications
  hematologic (thrombocytopenia)
  hypertension (chronic, gestational hypertension, HELLP Syndrome)
  infections (CMV, Toxoplasmosis, syphilis, herpes, hepatitis, HIV, gonorrhea, chlamydia)
  renal disease
- Problems associated with amniotic fluid and membranes:
  amniotic bands
  oligohydramnios
  polyhydramnios
  PROM and chorioamnionitis
- Significance of findings:
  alpha-fetoprotein/triple quad/screen
  biophysical profile
  diagnostic ultrasound
- Recognize neonatal significance of fetal heart rate patterns
  altered variability
  decelerations (early, late, variable)
  tachycardia, bradycardia
- Effects of maternal medications on the neonate
  tocolytics
  analgesia, anesthesia
- Problems in labor - impact on the neonate
  breech and other malpresentation
  maternal hemorrhage
  meconium
- Obstetric emergencies (impact on the neonate)
  abruptio placenta
  cord prolapse
  placenta previa
- Impact of methods of delivery on the neonate
  (forceps, vacuum, cesarean)

II. Gestational Age (At Birth)
- Interpretation of growth curves
  (weight, length and head circumference)
  Physical and neuromuscular characteristics
  preterm
  term
  post-term
  AGA
  SGA
  LGA
- Associated risks with
  preterm
  post-term
  SGA/IUGR
  LGA

III. Physical Assessment
- Normal/abnormal findings regarding:
  general appearance
  head
  eyes, ears, nose & throat
  neck
  chest
  cardiovascular
  respiratory
  abdomen
  genitalia
  extremities
  spine/back
  skin
  maintaining skin integrity
  neuromuscular and reflexes

IV. Resuscitation and Stabilization
- Neonatal Cardiopulmonary Resuscitation
  (Per the American Heart Association & the American Academy of Pediatrics)
  initial evaluation (ABC)
  indications for ventilation
  indications for intubation
  indications for cardiac compressions
  medications
- Use of drugs
  epinephrine
  volume expanders
• Resuscitation and stabilization of the neonate with
diaphragmatic hernia
hydrops fetalis
perinatal asphyxia
upper airway obstruction

V. Fluids and Electrolytes
• Normal fluid and electrolyte requirements
• Monitoring fluid and electrolyte status
  electrolytes
  urine output
• Effects of
  humidity
  maturity
  temperature
• Specific problems
  dehydration and overhydration
  gastrointestinal abnormalities
  insensible water loss
  patent ductus arteriosus
  post-asphyxia
  third spacing
• Parenteral fluid therapy

VI. Nutrition and Feeding
• Nutritional requirements and effects of excess & deficiency
  calories
  carbohydrates
  fat
  minerals
  protein
  vitamins
• Enteral feeding
  minimal enteral feedings (gut priming)
• gavage feeding
• bolus vs continuous feedings
• feeding cues
• feeding techniques
• bottle feeding
  formula composition
• breast feeding
  stimulating production
  composition of breast milk
  donor milk
• Parenteral nutrition
  indications
  composition
  complications
• Dietary supplements
  breast milk fortifiers
  glucose polymers
  iron
  MCT
  Vitamins
  probiotics
• Nutritional management for
  bronchopulmonary dysplasia
  prematurity
  short gut syndrome

VII. Oxygenation/Ventilation and
  Acid Base Homeostasis
• Oxygenation: interpretation and management
  hypoxia/hypoxemia
  oxygen saturation
  principles re: increasing/ decreasing FiO₂ levels
  pulse oximeter
• Methods of oxygenation/ ventilation
  (indications, complications)
  noninvasive ventilation
  extracorporeal membrane oxygenation (ECMO)
  high flow nasal cannula
• Mechanical ventilation
  conventional
  high frequency
  other methods of oxygen delivery (hood, nasal cannula)
• Blood gases: interpretation and management
  metabolic acidosis (compensated & uncompensated)
  metabolic alkalosis (compensated & uncompensated)
  respiratory acidosis (compensated & uncompensated)
  respiratory alkalosis (compensated & uncompensated)
  mixed serum lactate
VIII. Thermoregulation
- Mechanisms of heat loss and production
  assessment of thermal state
  responses to hypothermia and cold stress
  responses to hyperthermia
- Maintaining a neutral thermal environment
- Management of thermoregulation problems
  evaporation
  conduction
  convection
  radiation
  hypothermia and cold stress
  hyperthermia
- Equipment
  Incubators and radiant warmers
  Heat mattresses and wraps

IX. Pharmacology
- Principles of neonatal pharmacology
  administration methods/issues
  absorption from GI tract, skin and muscle
  blood drug levels (toxic vs therapeutic)
  drug distribution in the body
  drug excretion
  drug incompatibilities
  drug withdrawal (therapeutic drugs)
  drug resistance
- Dosage calculations
- Common drugs
  anesthetics and analgesia (sedatives)
  antibiotics
  anticonvulsants
  antiviral drugs
  bronchodilators
  cardiovascular agents
  CNS stimulants (caffeine, etc)
  diuretics
  muscle relaxants
- Management of the drug exposed neonate
  Fetal alcohol syndrome
  Neonatal abstinence syndrome and scoring
  Substance use and abuse
- Laboratory drug testing

X. Developmental Care
- Neurobehavioral development
  habituation
  motor organization
  state organization
  sensory/interaction capabilities
- Self regulatory (stability) and stress responses
  autonomic
  motoric
  state/sleep cycles
  attentional
- Impact of the NICU environment
  physical
  light
  sound
  social
caregiver-infants interactions
patterns of caregiving
- Intervention strategies
  reducing noise levels
  reducing light levels/diurnal patterns
  altering care patterns
  handling/positioning
kangaroo care/skin-to-skin
nonnutritive sucking
  provision of sensory experiences
  auditory
  tactile
  visual
  vestibular and proprioceptive
- Pain
  assessment
  non-pharmacologic interventions
**I. Cardiac**
- Transition to Extrauterine Life
- Cyanosis
  - central vs peripheral
  - cardiac vs pulmonary
- **Specific Problems**
  *For all problems: presentation/ assessment causes, management, complications, outcome*
  - arrhythmias
  - cardiac tamponade
  - congestive heart failure
  - congenital heart defects
    - AV canal
    - coarctation of the aorta
    - hypoplastic left heart
    - pulmonary stenosis and atresia
    - tetralogy of fallot
    - transposition of the great vessels
    - total anomalous pulmonary venous return
    - ventricular septal defect
  - cyanotic vs acyanotic disease
  - hypertension
  - patent ductus arteriosus
  - shock
- **Cardiovascular assessment**
  - blood pressure
  - EKG
  - cardiopulmonary monitoring
  - indwelling lines

**II. Respiratory**
- Normal pulmonary function, surfactant
- **Specific respiratory problems**
  *For all problems: presentation/ assessment causes, management, complications, outcome*
  - apnea of prematurity
  - bronchopulmonary dysplasia
  - diaphragmatic hernia/paralysis
  - hypoplastic lungs
  - meconium aspiration
  - persistent pulmonary hypertension
  - pneumothorax/air leaks
  - pulmonary hemorrhage
  - respiratory distress syndrome
  - transient tachypnea of the newborn
- **Specific therapies**
  *For all problems: presentation/ assessment causes, management, complications, outcome*
  - endotracheal intubation
  - suctioning
  - surfactant replacement therapy
  - chest tubes and drainage systems

**III. Gastrointestinal**
- Normal gastrointestinal function
- **Specific GI problems**
  *For all problems: presentation/ assessment causes, management, complications, outcome*
  - GE reflux
  - GI bleeds perforation/peritonitis
  - Hirschsprung’s disease
  - intestinal obstructions (duodenal, jejunal, ileal, imperforate anus)
  - meconium ileus/plug
  - malrotation/volvulus
  - necrotizing enterocolitis
  - omphalocele/gastrochisis
  - short gut syndrome
  - ostomy care
  - colitis
  - bloody stools
  - protein allergies
IV. Genitourinary
- Renal function/urinary output
- Specific genitourinary problems

For all problems: presentation/assessment, causes, management, complications, outcome

Genital
  - ambiguous genitalia
  - inguinal hernia
  - testicular torsion

Urinary tract
  - asphyxial renal damage
  - renal abnormalities
  - renal failure
  - renal vein thrombosis

V. Hematopoietic
- Interpret laboratory values
  - CBC
  - hematocrit, hemoglobin
  - platelets
  - total and direct serum bilirubin
  - direct and indirect antibody test
  - Kleihauer Betke test
- Developmental differences
  - fetal vs adult hemoglobin
  - RBC differences
- Administration of blood and blood products
  - techniques
  - risks
- Hyperbilirubinemia
  - physiologic jaundice
  - causes of direct hyperbilirubinemia
  - causes of indirect hyperbilirubinemia
  - phototherapy
- Specific hematologic problems
  - anemia
  - coagulopathies/DIC
  - polycythemia and hyperviscosity
  - Rh and ABO incompatibility/hydrops fetalis
  - thrombocytopenia

VI. Neurological/Neuromuscular

For all problems: presentation/assessment, causes, management, complications, outcome

- Birth injuries (neuromuscular)
- Hydrocephalus
- Hypoxic ischemic encephalopathy
- Neural tube defects
- Germinal matrix hemorrhage
- Intraventricular hemorrhage
- Periventricular leukomalacia
- Seizures
- Subdural hemorrhage

VII. Infectious Diseases

For all infections: presentation/assessment causes, management, complications, outcome

- Interpret laboratory values
  - WBC and differential cerebrospinal fluid
- Immature host defenses
- Neonatal sepsis/meningitis
- Viral and fungal infections
  - candidiasis
  - cytomegalovirus
  - hepatitis B
  - herpes
  - HIV/AIDS
  - toxoplasmosis
  - varicella
- Specific bacterial infections such as
  - E coli infection
  - Group B Streptococcal infection
  - Early/late onset staphylococcal infection
  - syphilis
  - enterovirus
- Infection control procedures
  - nosocomial infection
VIII. Metabolic/Endocrine
- Interpret laboratory values
calcium, phosphorus magnesium
  glucose
- Metabolic screening
  PKU
  Thyroid
  CAH
  Sickle cell
  Galactosemia
- Glucose homeostasis
- Specific metabolic/endocrine problems
  For all problems: presentation/assessment, causes,
  management, complications, outcome
  hypocalcemia and hypercalcemia
  rickets
  hypoglycemia and hyperglycemia
  infant of diabetic mother
  thyroid disorders
  adrenal disorders

IX. Genetic Disorders
- Mendelian inheritance patterns
  autosomal recessive
  autosomal dominant
  sex-linked
- Chromosomal anomalies and diseases
  Trisomy 13
  Trisomy 18
  Trisomy 21
  Multifactorial diseases
  DiGeorge
  Turners

X. Head, Eyes, Ears, Nose and Throat
- Eye prophylaxis
- Specific problems
  For all problems: presentation/assessment, causes,
  management, complications, outcome
  cephalhematoma
  choanal atresia
  cleft palate/lip
  retinopathy of prematurity
  tracheal stenosis/ataresia
  tracheomalacia
  tracheostomy
  vocal cord paralysis
  subgaleal
  trachea-esophageal atresia (TEF)
  esophageal atresia
  micronathia
ASSess and Manage Psychosocial/Behavioral Adjustment

I. Discharge Planning and Follow-Up
   • General discharge planning and parent teaching
     car seats
     CPR
     CCHD screening
     feeding
     immunizations
     SIDS/safe sleep/plagiocephaly
     Visitors
     Shaken baby
   • Discharge planning and parent teaching
     for infants with special needs
     nutrition
     medications
     special equipment needs
     special care needs
     developmental follow up
     visual screening
     hearing screening
     motor delay (including cerebral palsy)
     cognitive/language delay

II. Grieving Process
   • Anticipatory grief
   • Stages of grieving and common behaviors and interventions
   • Factors which impede/encourage grief process
   • Pathologic responses
   • Maternal/paternal differences
     (incongruent grieving)
   • Specific circumstances
     chronic sorrow
     death of a twin (triplets, etc)
     repeated obstetric loss (recurrent abortion, stillbirth, preterm delivery)
     sibling responses
   • Support systems and referrals
     bereavement groups
     parent support groups

III. Family Integration
   • Parent-infant attachment behaviors
   • Parental stress responses
     high risk birth
     changes in status
     transfer
   • Barriers to parent-infant interaction
   • Specific circumstances
     adolescent parents
     grandparents and other extended family
     long distance nurturing of parent/infant attachment
     sibling responses and interventions
   • Specific interventions with parents
     and extended family
     counseling techniques
     parent teaching
   • Shared decision making
     parent-staff disagreements
     regarding treatment
   • Principles of culturally sensitive care
   • Maternal psychiatric issues
     Post traumatic stress disorder
     Post-partum depression
**Ethical Principles**
- Autonomy
- Beneficence
- Non-maleficence
- Justice

**Professional/Legal Issues**
- Professional Regulation Practice
- Staffing issues
- Legal liability
  - Consent
  - Documentation/medical records
  - Negligence/malpractice

**Evidence based practice**
- Terminology
- Reliability
- Validity
- Significance
- Levels of Evidence

**Quality Improvement**
- Research utilization

**Patient Safety**
- Communication
- Interprofessional practice
The above chart shows the percentage distribution of questions on the Neonatal Intensive Care Nursing exam across the major content categories covered on the examination. The major focus of the examination is on General Management and Assess & Manage Pathophysiologic States. Lesser emphasis is on General Assessment and Psychosocial Support with Professional Issues having the least number of questions assigned to this content category.
**EXAM OUTLINE**

This is an outline of topics and areas which may be included in the Neonatal Intensive Care Nursing examination

<table>
<thead>
<tr>
<th>Section</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.00 General Assessment (9%)</td>
<td>Maternal Risk Factors and Birth History, Physical and Gestational Age Assessment</td>
</tr>
<tr>
<td>11.00 General Management (44%)</td>
<td>Resuscitation and Stabilization, Fluids and Electrolytes and Glucose Homeostasis, Nutrition and Feeding, Oxygenation, Ventilation and Acid Base Homeostasis, Thermoregulation and Integumentary, Pharmacology, Pharmacokinetics and Pharmacodynamics, Neuroprotective and Neurodevelopmental Care, Infection and Immunology</td>
</tr>
<tr>
<td>12.00 Assess &amp; Manage Pathophysiologic States (39%)</td>
<td>Cardiovascular, Respiratory, Gastrointestinal and Gastrourinate, Hematopoietic, Neurological/Neuromuscular, Genetic, Metabolic and Endocrine, Head, Eye, Ear, Nose Throat</td>
</tr>
<tr>
<td>13.00 Psychosocial Support (5%)</td>
<td>Discharge Management, Family Centered Care, Grieving, Palliative Care, Mental Health</td>
</tr>
<tr>
<td>14.00 Professional Issues (3%)</td>
<td><em>including: Evidence Based Practice, Legal/Ethical, Patient Safety, Quality Improvement</em></td>
</tr>
</tbody>
</table>
EXAMINATION CONTENT
FOR TESTS TAKEN ON/AFTER APRIL 1, 2020

ASSOCIATED COMPETENCIES

• Identify antepartal and intrapartal indicators of neonatal risk and their potential significance
• Systematically assess all body systems utilizing physical examination, gestational age assessment and neurobehavioral assessment
• Apply knowledge of anatomy and physiology (maternal, fetal, transitional, newborn), pathophysiology, pharmacology, nutrition, and behavioral psychology to assess the neonate and differentiate abnormal from normal
• Recognize normal values and deviations in clinical laboratory and diagnostic data and identify potential significance
• Utilize biophysical monitoring techniques to identify body system alterations
• Develop an individualized plan of care for the restoration, maintenance and promotion of health for the high risk neonate and family unit during hospitalization and following discharge
• Implement diagnostic, therapeutic and educational plans in collaboration with other health care providers to provide direct care for the high risk neonate and family
• Assess the neonate’s family, community and environment to identify areas of risk
• Identify life-threatening states and initiate appropriate interventions
• Evaluate the plan of care in collaboration with other health care providers and the family and modify the plan of care as indicated
• Identify professional nursing issues which impact on the role of the neonatal nurse
GENERAL ASSESSMENT

I. Maternal Risk Factors and Birth History
• Effects of maternal medical complications
  - hematologic
    thrombocytopenia
  - hypertension
    chronic, gestational hypertension, HELLP Syndrome
  - infections
    CMV, Toxoplasmosis, syphilis, herpes, hepatitis,
    HIV, gonorrhea, chlamydia
  - renal disease
• Problems associated with amniotic fluid and membranes
  - amniotic bands
  - oligohydramnios
  - polyhydramnios
  - PROM and chorioamnionitis
• Significance of findings:
  - alpha-fetoprotein/triple quad/screen
  - biophysical profile
  - diagnostic ultrasound
• Recognize neonatal significance of fetal heart rate patterns
  - altered variability
  - decelerations
    early, late, variable
  - tachycardia, bradycardia
• Effects of maternal medications on the neonate
  - tocolytics
  - analgesia, anesthesia
• Problems in labor - impact on the neonate
  - breech and other malpresentation
  - maternal hemorrhage
  - meconium
• Obstetric emergencies (impact on the neonate)
  - abruptio placenta
  - cord prolapse
  - placenta previa
• Impact of methods of delivery on the neonate
  - forceps, vacuum, cesarean

II. Physical and Gestational Age Assessment
• Interpretation of growth curves
  - weight, length and head circumference
• Physical and neuromuscular characteristics
  - preterm
  - term
  - post-term
  - AGA
  - SGA
  - LGA
• Associated risks with
  - Preterm
  - post-term
  - SGA/IUGR
  - LGA
• Normal/abnormal findings regarding:
  - general appearance
  - head, eyes, ears, nose & throat
  - neck
  - chest
  - cardiovascular
  - respiratory
  - abdomen
  - genitalia
  - extremities
  - spine/back
  - skin
  - maintaining skin integrity
  - neuromuscular and reflexes
### General Management

#### I. Resuscitation and Stabilization

- Neonatal Cardiopulmonary Resuscitation  
  *(Per the American Heart Association & the American Academy of Pediatrics)*
  - initial evaluation (ABC)  
  - indications for ventilation  
  - indications for intubation  
  - indications for cardiac compressions  
  - medications  

- Use of drugs  
  - epinephrine  
  - volume expanders  

- Resuscitation and stabilization of the neonate with  
  - diaphragmatic hernia  
  - hydrops fetalis  
  - perinatal asphyxia  
  - upper airway obstruction  

#### II. Fluids and Electrolytes and Glucose Homeostasis

- Normal fluid and electrolyte requirements  

- Monitoring fluid and electrolyte status  
  - electrolytes  
  - urine output  

- Effects of  
  - humidity  
  - maturity  
  - temperature  

- Specific problems  
  - dehydration and overhydration  
  - gastrointestinal abnormalities  
  - insensible water loss  
  - patent ductus arteriosus  
  - post-asphyxia  
  - third spacing  

- Parenteral fluid therapy  

#### III. Nutrition and Feeding

- Nutritional requirements and effects of excess & deficiency  
  - calories  
  - carbohydrates  
  - fat  
  - minerals  
  - protein  
  - vitamins  

- Enteral feeding  
  - minimal enteral feedings (gut priming)  

- gavage feeding  

- bolus vs continuous feedings  

- feeding cues  

- feeding techniques  

- bottle feeding  
  - formula composition  

- breast feeding  
  - stimulating production  
  - composition of breast milk  
  - donor milk  

- Parenteral nutrition  
  - indications  
  - composition  
  - complications  

- Dietary supplements  
  - breast milk fortifiers  
  - glucose polymers  
  - iron  
  - MCT  
  - Vitamins  
  - probiotics  

- Nutritional management for  
  - bronchopulmonary dysplasia  
  - prematurity  
  - short gut syndrome  
  - short gut syndrome
IV. Oxygenation, Ventilation and Acid Base

Homeostasis
- Oxygenation: interpretation and management
  - hypoxia/hypoxemia
  - oxygen saturation
  - principles re: increasing/decreasing FiO₂ levels
  - pulse oximeter
- Methods of oxygenation/ventilation
  - indications, complications
  - noninvasive ventilation
  - extracorporeal membrane oxygenation (ECMO)
  - high flow nasal cannula
- Mechanical ventilation
  - conventional
  - high frequency
  - other methods of oxygen delivery (hood, nasal cannula)
- Blood gases: interpretation and management
  - metabolic acidosis (compensated & uncompensated)
  - metabolic alkalosis (compensated & uncompensated)
  - respiratory acidosis (compensated & uncompensated)
  - respiratory alkalosis (compensated & uncompensated)
  - mixed
  - serum lactate

V. Thermoregulation and Integumentary
- Mechanisms of heat loss and production
  - assessment of thermal state
  - responses to hypothermia and cold stress
  - responses to hyperthermia
- Maintaining a neutral thermal environment
- Management of thermoregulation problems
  - evaporation
  - conduction
  - convection
  - radiation
  - hypothermia and cold stress
  - hyperthermia

VI. Pharmacology, Pharmacokinetics and Pharmacodynamics
- Principles of neonatal pharmacology
  - administration methods/issues
  - absorption from GI tract, skin and muscle
  - blood drug levels (toxic vs therapeutic)
  - drug distribution in the body
  - drug excretion
  - drug incompatibilities
  - drug withdrawal (therapeutic drugs)
  - drug resistance
- Dosage calculations
- Common drugs
  - anesthetics and analgesia (sedatives)
  - antibiotics
  - anticonvulsants
  - antiviral drugs
  - bronchodilators
  - cardiovascular agents
  - CNS stimulants (caffeine, etc)
  - Diuretics
  - muscle relaxants
- Management of the drug exposed neonate
  - Fetal alcohol syndrome
  - Neonatal abstinence syndrome and scoring
  - Substance use and abuse
- Laboratory drug testing
VII. Neuroprotective and Neurodevelopmental Care
- Neurobehavioral development
  - Habituation
  - motor organization
  - state organization
  - sensory/interaction capabilities
- Self regulatory (stability) and stress responses
  - autonomic
  - motoric
  - state/sleep cycles
  - attentional
- Impact of the NICU environment
  - physical
  - light
  - sound
  - social
  - caregiver-infants interactions
  - patterns of caregiving
- Intervention strategies
  - reducing noise levels
  - reducing light levels/diurnal patterns
  - altering care patterns
  - handling/positioning
  - kangaroo care/skin-to-skin
  - nonnutritive sucking
- Provision of sensory experiences
  - auditory
  - tactile
  - visual
  - vestibular and proprioceptive
- Pain
  - assessment
  - non-pharmacologic interventions

VIII. Infection and Immunology
- Interpret laboratory values
  - WBC and differential
  - cerebrospinal fluid
- Immature host defenses
- Neonatal sepsis/meningitis
- Viral and fungal infections
  - candidiasis
  - cytomegalovirus
  - hepatitis B
  - herpes
  - HIV/AIDS
  - toxoplasmosis
  - varicella
- Specific bacterial infections such as
  - E coli infection
  - Group B Streptococcal infection
  - Early/late onset staphylococcal infection
  - syphilis
  - enterovirus
- Infection control procedures
  - nosocomial infection
STUDY GUIDE
FOR TESTS TAKEN ON/AFTEr APRIL 1, 2020

ASSESS AND MANAGE PATHOPHYSIOLOGIC STATES

I. Cardiovascular
• Transition to Extrauterine Life
• Cyanosis
  central vs peripheral
  cardiac vs pulmonary
• Specific Problems
  For all problems: presentation/assessment causes, management, complications, outcome
  arrhythmias
cardiac tamponade
congestive heart failure
congenital heart defects
  AV canal
coeartation of the aorta
hypoplastic left heart
pulmonary stenosis and atresia
tetralogy of fallot
transposition of the great vessels
total anomalous pulmonary venous return
ventricular septal defect
cyanotic vs acyanotic disease
hypertension
patent ductus arteriosus
shock
• Cardiovascular assessment
  blood pressure
  EKG
cardiopulmonary monitoring
  indwelling lines

II. Respiratory
• Normal pulmonary function, surfactant
• Specific respiratory problems
  For all problems: presentation/assessment causes, management, complications, outcome
  apnea of prematurity
bronchopulmonary dysplasia
diaphragmatic hernia/paralysis
hypoplastic lungs
meconium aspiration
persistent pulmonary hypertension
pneumothorax/air leaks
pulmonary hemorrhage
respiratory distress syndrome
transient tachypnea of the newborn
• Specific therapies
  For all problems: presentation/assessment causes, management, complications, outcome
  endotracheal intubation
suctioning
surfactant replacement therapy
chest tubes and drainage systems

III. Gastrointestinal and Gastrourinate
• Normal gastrointestinal function
• Maturation of GI tract
• Specific GI problems
  For all problems: presentation/assessment, causes, management, complications, outcome
  GE reflux
GI bleeds perforation/peritonitis
Hirschsprung’s disease
intestinal obstructions (duodenal, jejunal, ileal, imperforate anus)
meconium ileus/plug
malrotation/volvulus
necrotizing enterocolitis
omphalocele/gastroschisis
short gut syndrome
ostomy care
colitis
bloody stools
protein allergies
• Renal function/urinary output
• Specific genitourinary problems
  For all problems: presentation/assessment, causes, management, complications, outcome
  Genital
  ambiguous genitalia
inguinal hernia
testicular torsion
Urinary tract
asphyxial renal damage
renal abnormalities
renal failure
renal vein thrombosis
STUDY GUIDE
FOR TESTS TAKEN ON/AFTER APRIL 1, 2020

IV. Hematopoietic
• Interpret laboratory values
  CBC
  hematocrit, hemoglobin
  platelets
  total and direct serum bilirubin
  direct and indirect antibody test
  Kleihauer Betke test
• Developmental differences
  fetal vs adult hemoglobin
  RBC differences
• Administration of blood and blood products
  techniques
  risks
• Hyperbilirubinemia
  physiologic jaundice
  causes of direct hyperbilirubinemia
  causes of indirect hyperbilirubinemia
  phototherapy
• Specific hematologic problems
  anemia
  coagulopathies/DIC
  polycythemia and hyperviscosity
  Rh and ABO incompatibility/ hydrops fetalis
  Thrombocytopenia

V. Neurological/ Neuromuscular
For all problems: presentation/ assessment, causes,
management, complications, outcome
• Birth injuries (neuromuscular)
• Hydrocephalus
• Hypoxic ischemic encephalopathy
• Neural tube defects
• Germinal matrix hemorrhage
• Intraventricular hemorrhage
• Periventricular leukomalacia
• Seizures
• Subdural hemorrhage

VI. Genetic, Metabolic and Endocrine
• Interpret laboratory values
  calcium, phosphorus magnesium
  glucose
• Metabolic screening
  PKU
  Thyroid
  CAH
  Sickle cell
  Galactosemia
• Glucose homeostasis
• Specific metabolic/endocrine problems
For all problems: presentation/ assessment, causes,
management, complications, outcome
  hypocalcemia and hypercalcemia
  rickets
  hypoglycemia and hyperglycemia
  infant of diabetic mother
  thyroid disorders
  adrenal disorders
• Mendelian inheritance patterns
  autosomal recessive
  autosomal dominant
  sex-linked
• Chromosomal anomalies and diseases
  Trisomy 13
  Trisomy 18
  Trisomy 21
  Multifactorial diseases
  DiGeorge
  Turners

VII. Head, Eyes, Ears, Nose and Throat
• Eye prophylaxis
• Specific problems
For all problems: presentation/ assessment, causes,
management, complications, outcome
  cephalhematoma
  choanal atresia
  cleft palate/lip
  retinopathy of prematurity
  tracheal stenosis/atroresia
  tracheomalacia
  tracheostomy
  vocal cord paralysis
  subgaleal
  trachea-esophageal atresia (TEF)
  esophageal atresia
  micronathia
PSYCHOSOCIAL SUPPORT

I. Discharge Management, Family-Centered Care, Grieving, Palliative Care, Mental Health
- General discharge planning and parent teaching
  - car seats
  - CPR
  - CCHD screening
  - feeding
  - immunizations
  - SIDS/safe sleep/plageocephaly
  - Visitors
  - Shaken baby
- Discharge planning and parent teaching
  - for infants with special needs
    - nutrition
    - medications
    - special equipment needs
    - special care needs
    - developmental follow up
    - visual screening
    - hearing screening
    - motor delay (including cerebral palsy)
    - cognitive/language delay
- Anticipatory grief
- Stages of grieving and common behaviors and interventions
- Factors which impede/enhance grief process
- Pathologic responses
- Maternal/paternal differences (incongruent grieving)
- Specific circumstances
  - chronic sorrow
  - death of a twin (triplets, etc)
  - repeated obstetric loss (recurrent abortion, stillbirth, preterm delivery)
- Support systems and referrals
  - bereavement groups
  - parent support groups
  - palliative care
- Parent-infant attachment behaviors
- Parental stress responses
  - high risk birth
  - changes in status
  - transfer
- Barriers to parent infant interaction
- Specific circumstances
  - adolescent parents
  - grandparents and other extended family
  - long distance nurturing of parent/ infant attachment
  - sibling responses and interventions
- Specific interventions with parents and extended family
  - counseling techniques
  - parent teaching
- Shared decision making
  - parent-staff disagreements regarding treatment
- Principles of culturally sensitive care
- Maternal psychiatric issues
  - Post traumatic stress disorder
  - Post-partum depression

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### Professional Issues

<table>
<thead>
<tr>
<th>Ethical Principles</th>
<th>Evidence based practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Autonomy</td>
<td>• Terminology</td>
</tr>
<tr>
<td>• Beneficence</td>
<td>• Reliability</td>
</tr>
<tr>
<td>• Non-maleficence</td>
<td>• Validity</td>
</tr>
<tr>
<td>• Justice</td>
<td>• Significance</td>
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<tr>
<td></td>
<td>• Levels of Evidence</td>
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<table>
<thead>
<tr>
<th>Professional/Legal Issues</th>
<th>Patient Safety</th>
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</thead>
<tbody>
<tr>
<td>• Professional Regulation Practice</td>
<td>• Communication</td>
</tr>
<tr>
<td>• Staffing issues</td>
<td>• Interprofessional practice</td>
</tr>
<tr>
<td>• Legal liability Consent Documentation/medical records Negligence/malpractice</td>
<td></td>
</tr>
<tr>
<td></td>
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</tbody>
</table>
STUDY RESOURCES

- Bissinger, et al., Golden Hours, NCC, 2019.
- Snell, et al., Care of the Well Newborn, Jones & Bartlett, 2017.
Sample Questions

Neonatal Intensive Care Nursing Sample Questions

Listed below are five sample questions to acquaint you with the test question format. These questions do not reflect the scope or the difficulty level of the questions on the actual examination. The reference from which each question is derived is also cited. However, other references might substantiate a different answer, and the answer shown here might be substantiated by other references.

The rigorous review to which actual test questions are subject is not applied to these sample questions. The focus that should be attended to in reviewing these items is format, not content.

1. Functional closure of the ductus arteriosus occurs as a result of
   A. fibrosis of the ductal muscle
   B. increased arterial oxygen tension
   C. increased left atrial pressure

   Answer: B


2. A premature neonate has been consistently engaging in hand-to-mouth movements. The nurse should
   A. provide a time out for care giving activities
   B. recognize these behaviors as a form of self-consolation
   C. swaddle and hold the infant for awhile

   Answer: B


3. After six hours of IV calcium replacement, the serum calcium level of a neonate remains below normal. Which of the following laboratory values should be obtained as the next step in evaluating the neonate’s condition?
   A. Serum magnesium
   B. Serum phosphorus
   C. Urine calcium

   Answer: A


4. The primary etiology of transient tachypnea of the newborn is thought to be
   A. asphyxia at birth
   B. retained lung fluid
   C. surfactant deficiency

   Answer: B


5. A 1300 gm neonate wearing only a diaper is placed in a single walled incubator with an inside temperature of 35°C (95°F). By what method is the neonate most likely to experience heat loss?
   A. Convection
   B. Evaporation
   C. Radiation

   Answer: C

HOW EXAMS ARE SCORED

NCC examinations are criterion-referenced. This means the passing score is based on a predetermined criterion. This criterion is a statistical ability level established by the Content Team based on evaluation of criticality of content and the test questions’ past statistical performance. Questions used to determine pass/fail have proven statistical history that demonstrates the question is appropriate for use to measure an individual’s ability level.

There is no set percentage passing level. An ability level for each candidate is calculated based on the number of questions they answer correctly (there is no penalty for wrong answers). Pass/fail is determined based on this ability level as compared to pass/fail standard which is a predetermined ability criterion. When different forms of the examination are used, a process called equating is initiated. This procedure converts all results to a common scale. So someone who takes a slightly more difficult form of the exam will need to answer fewer questions correctly than someone who takes a slightly easier form of the exam.

NCC utilizes the item response theory of psychometrics for the analysis of its examinations. Item response theory (Rasch analysis) is the study of test and item scores based on assumptions concerning the mathematical relationship between abilities and item responses. This is a commonly used system, and such examinations as the NCLEX and other health related certification examinations utilize this type of psychometric analysis.

Test reports identify pass/fail status, and they give feedback on the various content areas of the examination in the form of word descriptors: very weak, weak, average, strong and very strong. No percentages or standard scores are given. These descriptors are based on the items within a given subtest. The overall pass/fail decisions are based on the full test, and the verbal descriptors are intended to provide suggested feedback on strengths and weaknesses in various content areas. Since this feedback is based on relatively few items, general verbal descriptions are given instead of subtest scores. These word descriptors are for information only, and they should be interpreted cautiously due to the small number of items included in each content area.
SAMPLE TEST REPORT

Whether you take the computer or paper and pencil version of the examination, you will receive an official test results report from NCC. Shown below is a sample test result report for a candidate who has passed the examination.

NEONATAL INTENSIVE CARE NURSING EXAMINATION

Test Results

NAME
ADDRESS

Pass/Fail: PASS

EXAM CONTENT REPORT

The following provides information regarding your performance on the different content areas tested on the examination.

Test reports identify pass/fail status, and they give feedback on the various content areas of the examination in the form of word descriptors: Very weak, weak, average, strong and very strong. No percentages or standard scores are given. These descriptors are based on the items within a given subtest. The overall pass/fail decisions are based on the full test, and the verbal descriptors are intended to provide suggested feedback on strengths and weaknesses in various content areas. Since this feedback is based on relatively few items, general verbal descriptions are given instead of subtest scores. These word descriptors are for information only, and they should be interpreted cautiously due to the small number of items included in each content area.

<table>
<thead>
<tr>
<th>Content Area &amp; Percentage</th>
<th>Your Results:</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Assessment and Management (48%)</td>
<td>AVERAGE</td>
</tr>
<tr>
<td>Assess and Manage Pathophysiologic States (44%)</td>
<td>VERY STRONG</td>
</tr>
<tr>
<td>Assess &amp; Manage Psychosocial/Behavioral States; Professional Issues (8%)</td>
<td>WEAK</td>
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SAMPLE TEST REPORT

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**NEONATAL INTENSIVE CARE NURSING EXAMINATION**

**Test Results**

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Pass/Fail: PASS

**EXAM CONTENT REPORT**

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<tr>
<td><strong>Range of Questions Asked:</strong></td>
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<tr>
<td>General Assessment (9%)</td>
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**TERMS OF CERTIFICATION AND CERTIFICATION MAINTENANCE**

**WHEN YOU PASS THE EXAM**

**CREDENTIAL**
Your NCC certification status entitles you to use the credential RNC-NIC (Registered Nurse Certified – Neonatal Intensive Care Nursing)

**TERMS OF CERTIFICATION**
NCC certification is awarded for a period of three years.

The effective date for certification is the date on the official NCC letter that tells you that you have successfully completed the certification process.

---

**MAINTAINING YOUR CERTIFICATION**

- NCC certification must be maintained every three years.
- Certification that is not maintained will expire
- The NCC certification maintenance program allows you to continue your certification status by obtaining specific hours of continuing education credit as defined in your Education Plan, which is generated by your Continuing Competency Assessment (CCA).
- For continuing education credit to be used for certification maintenance it must be earned *AFTER you have taken your Assessment and in the areas defined by your Education Plan* before your maintenance is due.
- The maintenance process includes submitting a maintenance application prior to your maintenance due date with appropriate fees and requested documentation. Using NCC CE modules does NOT automatically maintain your certification. You must submit a maintenance application and pay a maintenance fee in addition to any CE fees.
- Maintenance applications are subject to random audit. If you are chosen for audit, you will be required to upload CE certificates and course descriptions. These records should be maintained during each maintenance cycle, until your maintenance application has been approved. You can upload these documents in your maintenance application throughout your maintenance cycle.

You may apply for maintenance up to 1 year before your maintenance date. As long as you have obtained the required contact hours of continuing education credit—*you do not need to wait until your maintenance deadline to apply*. Maintenance will be due in the quarter in which you were notified of your certification (*not the date on which you took the examination*). Your maintenance due date can be found by signing into your NCC account. Sign into your account using your email and password.

The NCC website has more detailed information

For more information about the certification maintenance program and the Continuing Competency Assessment (CCA), click the purple "Maintain your Certification" box.
CONTINUING COMPETENCY ASSESSMENT (CCA)

NCC views certification as a process that functions throughout an individual nurse or nurse practitioner's career. It reflects life-long learning, ongoing professional development and is supported by maintaining specialty knowledge competencies.

The standard process for the NCC Certification Maintenance Program makes use of an assessment tool and resulting personal education plan:

• Complete the continuing competency assessment (CCA) that reflects the current knowledge competencies aligned with your certification specialty at the beginning of each new certification maintenance cycle.

• Earn CE as specified by the education plan developed from your assessment. Your education plan outlines the CE needed to maintain your NCC certification. Only CE earned after you have taken your assessment can be used to maintain your certification. It must address the CE needs as outlined by your educational plan.

This program provides continuing validation that NCC certified nurses and nurse practitioners are maintaining their specialty knowledge competencies based on current practice and examination content.

Download Continuing Competency Assessment brochures for details by clicking the links below.

Four Steps to Continuing Competency
https://www.nccwebsite.org/content/documents/cms/cca-steps.pdf

Continuing Competency Assessment - Education Plan Examples
https://www.nccwebsite.org/content/documents/cms/cca-education-plans.pdf