Congratulations on taking the next step in your career—earning your certification and C-NNIC certification!

In 2020 Candidate Guide
Neonatal Neuro-Intensive Care

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This Exam’s Purpose
The purpose of the Neuro-Neonatal Intensive Care Subspecialty Certification is to provide a competency-based examination that tests specialty knowledge and the application of that knowledge for licensed health care professionals in the US and Canada, who provide neurological care to at-risk or impaired neonates within an intensive care environment to improve overall outcomes.

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.

About this Guide
This guide lists fees and provides information that will help you prepare for the examination. It includes the exam content in outline form, competency statements and study guide. It also provides sample exam questions to familiarize you with question format, study resources and lists some of NCC administrative policies & procedures. 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 health care professionals 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 health care professional is regulated by the state, and while certification may be required in some states for specific health care 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 specialty organizations and the educational community. NCC encourages individual to seek out information about how certification relates to licensure requirements, program accreditation of the educational institutions attended, the educational and practice standards of national specialty organizations, and employment expectations.
FEES & GENERAL POLICIES

EXAMINATION AND RELATED FEES

EXAMINATION FEES*
Computer Exam Fees are $210 which includes the non-refundable $50 application fee.

*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 $105 withdrawal fee. The candidate will receive $105 of their $210 payment, minus any outstanding charges.

RETEST FEE
Retest candidates must pay full application and examination fees. There are no discounts and they must complete a 90-day wait period* before resubmitting an application for testing. (*see Retest Policy page 4). 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 refunded to the third party in accordance with stated refund policies, in the event the applicant is determined ineligible or withdraws within the specified time.

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 beyond the first 30 days of their eligibility window and is unable to schedule their exam within 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 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 are subject to a non-refundable $30 reprocessing fee upon the submission of proper documentation. Incomplete applications are those submitted with missing information, (e.g. required licensure information and corroborating uploaded documentation; containing incomplete or incorrect information; or do not include full fee payment).

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.

LICENSE VERIFICATION
If licensure information is requested requiring an additional submission, the candidate will have two 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, the application will be marked ineligible. Ineligible applicants will receive a refund minus the $50.00 non-refundable application fee. There are no refunds or withdrawals for applications using a bulk code.

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.

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.
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.

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.

Americans with Disabilities Act
Special testing accommodations will be provided pursuant to the Americans with Disabilities Act. Any requests for special testing accommodations must be made in writing and submitted with the application. The accommodation request form can be downloaded from the NCC website. Upon receipt of a request for special accommodations, NCC will contact the applicant. Such requests must be signed by a clinician, physician, or other qualified specialist with training and experience appropriate to diagnose and treat the specified disability.

General Policies

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 assigned 90-day computer testing window. 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 they were 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, the maximum number of times a candidate can take the same NCC test in a calendar year is two.

All retest candidates must wait 90 days from the date their exam was scored before they can submit a new application to retest.
• this date is provided in the candidate's results notification
• this 90-day wait period affects all modes of testing

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 the application deadline because of the 90-day wait rule.

Any loss of power or internet during an exam in which there was more than 15 minutes of testing with exposure to more than 10% of the exam requires a retest after 90-days. There is no need to complete a new application but you will need to notify NCC to move your eligibility window so it begins 90-days after the exam attempt. Please notify NCC immediately if this occurs so that a new window can be set.

If a retest application is submitted prior to the 90-day wait period, the application will be returned as ineligible. The applicant will be subject to the $50 non-refundable application fee.
Fees & General Policies

Review Courses and Materials
NCC does not offer or sponsor review courses or review materials for its certification examinations. Examination candidates should view any course of study as being independent of NCC. You should carefully examine the merits of any individual exam preparation offering before you participate.

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.

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.

General Policies (continued)

Internet Disconnections
If you start the exam and are disconnected please use the PSI tech lines if you are testing with LRP or if at a test center please discuss with the proctor to attempt to get reconnected and continue testing.

If you are unable to get reconnected after starting the exam, the timing for a second attempt to take the exam will be based on how much time and how many questions you were exposed to. If you are disconnected and cannot be reconnected and have tested for under 15 minutes and were exposed to less than 10% of the exam you will be rescheduled within your current eligibility window. **You must work directly with PSI that day to reschedule and if you run into any issues you must notify NCC within 3 days of testing.** If you tested for longer than 15 minutes and/or saw more than 10% of the questions on the exam you will have to wait 90 days and will be rescheduled. A decision on the timing of your second attempt will be made after reviewing the test exposure. Please note, you will need to retest at a computer center. Please notify NCC of the internet disconnection issue as soon as you have convenient computer access.

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.

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.

Policies are subject to change without notice.
ABOUT THE EXAM

TIMED EXAMINATION
Two (2) hours are allotted to complete the examination.

EXAM FORMAT
The Neonatal Neuro-Intensive Care examination consists of up to 125 test questions. 100 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:
MDs, RNCs, APRNs, Respiratory Therapists 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 MDs, RNCs, APRNs, Respiratory Therapists 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 Neonatal Neuro-Intensive Care examination, please visit the NCC website under the section on NCC Leadership.

Content team members are MDs, RNCs, APRNs, Respiratory Therapists 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 chart shows the percentage distribution of questions on the Neonatal Neuro-Intensive Care exam across the major content categories covered on the examination.
## EXAM OUTLINE

Areas of knowledge to be tested on the Neonatal Neuro-Intensive Care examination are listed in the following outline. This list is not intended as an all-inclusive review. It is provided only to help candidates evaluate their own practice.

Percentages identified for the topic areas represent the number of test questions assigned to each content area. These percentages do not necessarily reflect the content of future examinations.

<table>
<thead>
<tr>
<th>10.00</th>
<th>Neurologic Development and Evaluation of the Fetus and Newborn (21%)</th>
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<tbody>
<tr>
<td></td>
<td>Normal CNS development in the fetus, risk factors and outcomes</td>
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<td>Antepartum and intrapartum indicators of neurological risks to the</td>
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<td>fetus and neonate</td>
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<td>Comprehensive neurological exam identifying normal and abnormal</td>
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<td>findings</td>
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<tr>
<th>11.00</th>
<th>Neuro-monitoring, Imaging and Diagnostic Tools (17%)</th>
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<tr>
<td></td>
<td>Neurological monitoring, Recognition of and General knowledge of</td>
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<tr>
<td></td>
<td>EEG/aEEG</td>
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<tr>
<td></td>
<td>Use of Neurologic Imaging to assess and modify treatment and</td>
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<tr>
<td></td>
<td>evaluate prognosis</td>
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<tr>
<th>12.00</th>
<th>Assess and Manage Pathophysiologic States specific to the</th>
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<tbody>
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<td></td>
<td>neurologically compromised or at-risk neonates and provide neuro</td>
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<td></td>
<td>protection (34%)</td>
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<tr>
<td></td>
<td>Pathophysiology of neurologic injuries</td>
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<td></td>
<td>Prevention, management and maintenance of health for at risk</td>
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<td>neonates or those with neurologic injury</td>
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<tr>
<th>13.00</th>
<th>Assess and Manage Neuro-development, Psychosocial Behavioral</th>
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<tr>
<td></td>
<td>States, Follow-up and Discharge (23%)</td>
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<tr>
<td></td>
<td>Apply knowledge of Neurosensory environmental experiences</td>
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<td></td>
<td>Describe and manage stress and pain pathways and the impact on</td>
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<td>behavioral and physiological parameters</td>
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<td></td>
<td>Collaborate with health care providers to assess and manage</td>
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<td>psychosocial behavior states and evaluate social determinants of</td>
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<td></td>
<td>health, modify the plan of care and prepare for discharge</td>
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</tbody>
</table>

| 14.00 | Professional Issues (EBP, Professional, Legal, Ethical, Safety) (5%) |
EXAMINATION CONTENT

ASSOCIATED COMPETENCIES

• Identify antepartum and intrapartum indicators of neurological risk and their implications to the fetus and neonate.

• Systematically assess neonatal neurological status utilizing clinical neurological assessment skills and neuroimaging to differentiate abnormal from normal.

• Utilize and interpret bedside neuro-monitoring tools to identify alterations in cerebral function and perfusion and implement appropriate interventions.

• Apply knowledge of the pathophysiology of neurologic injuries in the neonate including risk factors, presentation, and outcomes to implement diagnostic, therapeutic interventions and plan of care.

• Develop an individualized plan of care for the prevention, maintenance and promotion of health for neonates at risk or those with neurological injuries or dysfunction to improve overall outcomes.

• Utilize knowledge of neurosensory development, pain and stress pathways and implement evidence based strategies to minimize adverse outcomes in the at risk neonate.

• Through ongoing communication with the family, evaluate discharge needs, psychosocial behavioral states and the social determinants of health and modify the plan of care in collaboration with other health care providers.

• Identify professional, legal and ethical issues that present when caring for neonates at risk for neurological injury or dysfunction.
I. Physical, Gestational Age, Behavioral and Neurologic Assessment
- Critical periods of fetal CNS and sensory development
  - Synaptogenesis
  - Organization
  - Migration
  - Myelination
  - Pruning
    - Apoptosis
  - Overproduction

II. Antenatal and intrapartum indicators of neurological risk to the fetus and neonate
- Maternal risk factors to fetal CNS development
  - Genetic predisposition
  - Maternal health
  - Placental health
  - Toxin exposure
  - Infection
- Neurological risks to the fetus and neonate during labor and delivery, stabilization and resuscitation and transition
  - Perinatal emergencies
  - Ineffective resuscitations
  - Equipment issues
  - Preterm labor and delivery

III. Comprehensive neurological exam identifying normal and abnormal findings
- Comprehensive neurological exam at all gestational ages
  - Head
    - Size
    - Shape
    - Sutures
  - Cranial Nerves
  - Neonatal reflexes
    - Deep tendon reflex
  - Tone
  - Posture
  - Movement
  - Level of consciousness
- Impact of pharmacological agents on the neonatal neurological exam
  - Benzo Opioids
  - Maternal drugs
    - SSRI
    - Magnesium sulfate
- Abnormal findings
  - Dysmorphic features
  - Hair tufts
  - Dimples
  - Birth marks
  - Head
    - Cephalohematoma
    - Subgaleal hematoma
    - Caput
I. Neuromonitoring, Recognition of and General knowledge of EEG/aEEG

- Cerebral monitoring
  EEG/aEEG/NIRS
  - clinical use
  - limitations
  - artifact

- Clinical Indications and significance of normal and abnormal findings of EEG/aEEG
  Background patterns
  Seizures

- Patient care needs during neurological monitoring
  Skin assessment and protection
  Event marking

III. Use of Neurologic Imaging to assess and modify treatment and evaluate prognosis

- Clinical indications of neuro imaging

- Identification of anatomical structures and recognition of significant neuro-imaging findings
  Intraventricular hemorrhage (IVH)
  Periventricular leukomalacia (PVL)
  Posthemorrhagic Hydrocephalus (PHH)
  Hypoxic Ischemic Encephalopathy (HIE)
  Stroke
  Intracerebral hemorrhage (ICH)
  subdural hemorrhage
  Subgaleal hemorrhage
  Congenital brain malformations

- Patient care needs during neurological imaging
  Skin protection
  Off unit transport
ASSess AND MANAGE PATHOPHYSIOLOGIC STATES SPECIFIC TO NEUROLOGICALLY COMPROMISED OR AT RISK NEONATES AND PROVIDE NEUROPROTECTION

I. Pathophysiology of neurologic Injuries
   For all injuries: incidence, etiology, clinical presentation, diagnostics, lab studies, treatments
   • Hypoxic Ischemic Encephalopathy (HIE)
     Mechanism of injury
     Multisystem organ failure
   • Neonatal stroke
     Arterial
     Cerebral Sino-venous thrombus (CSVT)
   • CNS Malformation
     Anatomical
     Vascular
     Congenital hydrocephalus
     Neural tube defects
   • Cranial deformities
     Plagiocephaly
     Craniosynostosis
   • CNS infection
     Viral
       -HSV
       -CMV
       -Zika
     Bacterial
   • Encephalopathy
     Metabolic/endocrine
       -Hypoglycemia
       -Inborn errors of metabolism
       -bilirubin
     Hepatic
       -Neonatal hemochromatosis
       -Hemophagocytic lymphohistiocytosis (HLH)
     Genetic
   • Neonatal drug exposure
     Neonatal abstinence syndrome (NAS)
     Iatrogenic
   • Neuromuscular disease
     Spinal muscular atrophy (SMA)
     Congenital myopathies
   • Premature neonate
     Intraventricular hemorrhage (IVH)
     Periventricular leukomalacia (PVL)
     Posthemorrhagic Hydrocephalus (PHH)
   • Birth injuries
     Subgaleal hemorrhage
     Brachial plexus

II. Prevention, Management and Maintenance of health for at risk neonates or those with neurologic injury
   • Eligibility, contraindications and interventions to initiate therapeutic hypothermia (passive or active), maintaining treatment and rewarming
     Perinatal risk factors
     Encephalopathy staging
     Interpretation of cord gas
     Fluid and electrolyte and nutrition
     Complications
   • Recognition and management of seizures
     Types
     Subclinical/clinical
     Phenobarbital
   • Recognition and management of apnea
     Prematurity
     Central
   • Interventions to prevent or minimize brain injury
     Positioning
     Delayed cord clamping
     Maternal and neonatal pharmacological agents
     Stabilize and maintain appropriate physiologic parameters
     Optimize ventilatory strategies
     Protected sleep
   • Prevention of infection and systemic inflammation
     Central line-associated bloodstream infection (CLABSI)
     Necrotizing enterocolitis (NEC)
STUDY GUIDE

ASSESS AND MANAGE NEURO-DEVELOPMENT, PSYCHOSOCIAL BEHAVIORAL STATES, FOLLOW-UP AND DISCHARGE

I. Apply knowledge of neurosensory environmental experiences

- Neurosensory environmental experiences
  Auditory
  Visual
  Vestibular
  Olfactory
  Tactile
- Therapeutic positioning
  Neutral body alignment
  Appropriate containment
  Swaddle
  Skin-to-skin
- Protected sleep
  Environment of care
  Maturation of sleep cycles
  Negative effects of sleep deprivation
- Thermoregulation
  Temperature instability
  Consequences of hypo/hyperthermia
- Nutrition
  Special considerations

II. Describe and manage stress and pain pathways and the impact on behavioral and physiological parameters

- Neurobehavioral development
  Habituation
  Motor organization
  State organization
- Pain assessment
  Special considerations for the neurologically compromised
  Pain reassessment
- Neonatal pain management
  Pharmacologic
  Non-pharmacologic
- Stress response
  Hormones and neurotransmitters
  HPA axis
  Stress cues
  Toxic stress

III. Collaborate with health care providers to assess and manage psychosocial behavior states and evaluate social determinants of health, modify the plan of care and prepare for discharge

- Family centered care and integrations
  Partnered care
  Parental-neonatal attachment
  Stress and separation
  Participation in decision making and daily caregiving
  Culturally and spiritually sensitive care
- Discharge/preparation/process
  Developmental follow up
  Specially follow up
  Hearing screening
  Family support
  Teaching
  SIDS prevention
  Motor, cognitive and language delays
- End of life care/ palliative care/ grieving process
  Non-initiation
  Comfort care
  Hospice
I. **Identify professional and ethical issues in the care of neonates at risk or with neurological injury or dysfunction**

- Evidence based research
- Risks and outcomes
- Benchmarking
- QI/process improvement
- Best practice guidelines and bundles
- Translocation science

- Professional practice
  - Communication
  - Teamwork
  - Continuity of care
  - Patient safety
  - Education and training
  - Compassion fatigue
  - Self-care

- Ethical and legal issues that impact the neurologically impaired neonate
  - Life limiting conditions
STUDY RESOURCES

- Blackburn, Maternal, Fetal, & Neonatal Physiology, Elsevier, 2018
- Snell, et al., Care of the Well Newborn, Jones & Batrlett, 2017
SAMPLE QUESTIONS

NEONATAL NEURO-INTENSIVE CARE

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. A very low birth weight neonate is at increased risk for germinal matrix hemorrhage due to
   A. decreased cerebral arterial blood flow
   B. fragility of the germinal matrix
   C. increased blood-brain barrier

   Answer: B


2. What is the preferred imaging technique for the routine follow-up of ventriculomegaly?
   A. computerized tomography
   B. magnetic resonance imaging
   C. ultrasound

   Answer: C


3. A neonate term neonate with hypoxic ischemic encephalopathy developed seizures at 24 hours of life. What is the first line agent for treatment?
   A. Diazepam
   B. Phenobarbital
   C. Phenytoin

   Answer: B


4. A term neonate with prenatal history of polyhydramnios has no suck and no gag after a routine vaginal delivery. What cranial nerves should be evaluated?
   A. III
   B. VII
   C. IX

   Answer: C


5. A 10-day-old 28-week-gestational-age neonate has had repeated heel sticks for labs, and now demonstrates pain behavior when the heel is being touched gently by the mother. The explanation for this response is
   A. conditioning
   B. habituation
   C. hyperalgesia

   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 NEURO-INTENSIVE CARE EXAMINATION

Test Results

NAME

DATE

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.

Content Area & Percentage

Your Results:

Range of Questions Asked:

Neurologic Development and Evaluation of the Fetus and Newborn (21%) VERY STRONG

Neuro-monitoring, Imaging and Diagnostic Tools

Professional Issues (EBP, Professional, Legal, Ethical, Safety) (22%) WEAK

Assess and Manage Pathophysiologic States specific to the neurologically compromised or at-risk neonates and provide neuro protection (34%) AVERAGE

Assess and Manage Neuro-development, Psychosocial Behavioral States, Follow-up and Discharge (23%) AVERAGE
**TERMS OF CERTIFICATION AND CERTIFICATION MAINTENANCE**

**WHEN YOU PASS THE EXAM**

**CREDENTIAL**
Your NCC certification status entitles you to use the credential C- NNIC (Certified – Neonatal Neuro-Intensive Care).

**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.

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**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 15 hours of continuing education credit.
- For continuing education credit to be used for certification maintenance it must be earned between the date of your notification of certification and the date your maintenance is due.
- The maintenance process includes submitting a maintenance application prior to your maintenance due date with appropriate fees and requested documentation. All CE must be in Neonatal Neuro-Intensive Care. 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, click the purple "Maintain your Certification" box.