2020 CANDIDATE GUIDE
NEONATAL NURSE PRACTITIONER

Congratulations on taking the next step in your career – earning your NNP-BC 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 advanced practice 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 an advanced practice 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 advanced practice 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.

THIS EXAM’S PURPOSE
The purpose of the Neonatal Nurse Practitioner Core Certification is to provide an entry level, competency-based examination that tests specialty knowledge and the application of that knowledge for licensed registered nurses in the US and Canada who have completed a US accredited nurse practitioner program in the role of a Neonatal Nurse Practitioner to provide care to acutely and critically ill neonatal patients and their families within hospitals or outpatient settings.

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.

NCC core and subspecialty programs are accredited by the National Commission for Certifying Agencies
FEES & GENERAL POLICIES

EXAMINATION AND RELATED FEES

EXAMINATION FEES*
Computer Exam Fees are $325 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.

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

Computer exam candidates can change their scheduled testing date to another date within their window once for free.

Candidates must handle this directly with PSI/AMP.

Refer to the NCC testing guide for details.
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.

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.
VERIFICATION OF CERTIFICATION
Third party notification of status will not be released without authorization from the NNP-BC. 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 no longer issues verifications via the mail or fax.

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.
FEES & GENERAL POLICIES

**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 Nurse Practitioner 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:
NPs 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 NPs 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 Nurse Practitioner examination, please visit the NCC website under the section on NCC Leadership.

Content team members are NPs 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 Nurse Practitioner exam across the major content categories covered on the examination. The major focus of the examination is on The Disease Process and the General Management. Less emphasis is on general assessment and the professional issues category has the lowest percentage of content covered on the exam.
EXAMINATION CONTENT
FOR TESTS TAKEN BEFORE APRIL 1, 2020

EXAM OUTLINE

Areas of knowledge to be tested on the Neonatal Nurse Practitioner examination are listed in the following outline. This list is not intended as an all-inclusive review of the role and scope of knowledge of the neonatal nurse practitioner. It is provided only to help certification candidates evaluate their own nursing practice.

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

| 11.00 General Assessment (21%) | Maternal History Affecting the Newborn  |
| | - Antepartum  |
| | - Intrapartum  |
| | Neonatal  |
| | - Physical Examination & Gestational Age/Behavioral Assessment  |
| | - Clinical Laboratory Tests  |
| | - Diagnostic Procedures, Techniques and Equipment  |
| | Family Integration  |
| | - Family Integration and Communication  |
| | - Grieving Process  |
| | Discharge Planning and Follow Up  |

| 12.00 General Management (22%) | Thermoregulation  |
| | Resuscitation & Stabilization  |
| | Nutrition  |
| | Fluids and Electrolytes  |
| | Pharmacology  |
| | - Principles of Pharmacology  |
| | - Drug Therapies  |

| 13.00 The Disease Process (55%) | (Embryology, Physiology and Pathophysiology)  |
| | Cardiac  |
| | Pulmonary  |
| | Gastrointestinal  |
| | Renal/Genitourinary  |
| | Metabolic/Endocrine  |
| | Hematopoietic  |
| | Infectious Diseases  |
| | Musculoskeletal  |
| | Integumentary  |
| | Genetics  |
| | Neurological  |
| | Ears, Eyes, Nose & Mouth/Throat  |
| | Intrauterine Drug Exposure  |

| 14.00 Professional Issues (2%) | including: Evidence Based Practice, Legal/Ethical Principles, Quality Improvement, Patient Safety  |
EXAMINATION CONTENT
FOR TESTS TAKEN BEFORE APRIL 1, 2020

ASSOCIATED COMPETENCIES

• Demonstrate the knowledge inherent in the role and scope of NNP practice
• Apply knowledge of basic sciences to the provision of neonatal health care
• Obtain and interpret a comprehensive perinatal history and a systematic assessment of all body systems
• Obtain clinical laboratory information and interpret the resultant data
• Institute diagnostic procedures and techniques and interpret the resultant data
• Apply critical thinking to diagnose reasoning and clinical decision make with the care giver and family
• Evaluate the benefits and risks of diagnostic and therapeutic intervention
• Use adult learning principles when teaching about the care, growth and development of the high risk infant up to 2 years of age
• Formulate a diagnosis and a plan of care in collaboration with physicians, other health care professionals and family.
• Initiate appropriate therapeutic and educational interventions including consultations and referral
• Evaluate and document responses to interventions and modify the plan of care as indicated
• Maintain current knowledge regarding advances in neonatal health care
• Apply knowledge of basic research principles to practice
• Integrate legal and ethical principles into neonatal health care
STUDY GUIDE
FOR TESTS TAKEN BEFORE APRIL 1, 2020

GENERAL ASSESSMENT

I. Maternal History Affecting the Newborn

Antepartum
• Neonatal complications: maternal risk factors & complications
  - gestational hypertension
  - cardiac/pulmonary disease
  - diabetes
  - common infectious diseases
  - common hematologic diseases
  - placental insufficiency
  - substance abuse
  - medication effects
    common prescription or non-prescription drugs
• Fetal assessment
  - fetal fibronectin
  - nonstress test
  - biophysical profile
  - ultrasound/doppler flow
  - amniocentesis
  - antenatal screening/quad screen
• Fetal procedures

Intrapartum
• Fetal Heart Rate (FHR) Patterns
• Effects on the Fetus/Neonate
  - tocolysis/inductics
  - analgesia
  - anesthesia
  - neuroprotective agents
• Intrapartum Complications
  - amniotic fluid volume
  - oligohydramnios
  - polyhydramnios
• Rupture of Membranes
  - premature
  - prolonged

II. Neonatal Physical Examination & Gestational Age/Behavioral Assessment Identify Normal, Normal Variants and Abnormal Findings

• General appearance
• Head, eyes, nose, ears and mouth
• Neck and throat
• Chest
• Abdomen
• Spine/back
• Extremities
• Genitalia
• Musculoskeletal
• Skin
• Vital signs
• Gestational age assessment physical Characteristics of
  - preterm
  - term
  - post-term
  - AGA
  - SGA
  - LGA
• Associated risks/Complications of variations in gestational age
• Abnormalities of intrauterine parameters
• Behavioral assessment
  - state
• Muscle movement/tone/reflexes
• Autonomic control/responses
• Neurosensory capabilities
• Neurological assessment
Clinical Laboratory Tests
• Microbiological
• Biochemical
• Hematological
• Endocrine
• Immunologic
• Genetic

Diagnostic Studies, Techniques and Equipment
*Diagnostic studies*
• Ultrasound/Doppler
• CT scan
• MRI
• X-ray/fluoroscopy
• EKG
• EEG
• Echocardiogram
• Voiding Cystourethrogram

*Techniques & Equipment*
• Procedures
  - Bag and mask ventilation and T-piece
  - LMA’s
  - Endotracheal intubation
  - Umbilical vessel and peripheral catheterization
  - Chest tube insertion/removal
  - Needle aspiration
  - Spinal/lumbar tap
  - Intraosseous access
  - Intravenous line placement (central/peripheral)
  - Blood sampling
  - Circumcisions - complications/contraindications

• Equipment
  - Cardiopulmonary monitors
  - Oxygenation equipment/end tidal CO2 monitoring
  - Invasive/non-invasive blood gas monitoring
  - Indwelling catheters
  - Incubators/radiant warmers
  - Ventilators
  - Phototherapy

III. Family Integration
Communication
• Family centered care
• Barriers to parent/infant interaction

Grieving Process
• Stages of grieving and common behaviors
• Factors influencing enhancement or impediment of grief process
• Palliative care/End of life
• Parental depression

IV. Discharge Planning and Follow Up
• Anticipatory guidance
• Follow up screening
• Hearing
• Vision - ROP
• Developmental
• Health risks
• Discharge preparation
• Follow-up care
I. Thermoregulation
- Mechanisms and management of heat transfer
  - evaporation
  - conduction
  - convection
  - radiation
- Rewarming techniques
- Mechanisms of heat production
- Temperature assessment
- Neutral thermal environment

II. Resuscitation and Stabilization
- Transition to extraterine life
- Delivery room assessment
- Techniques of resuscitation
- Indications for interventions
- Cord blood gas interpretation
- Neonatal transport

III. Growth and Nutrition
- Physiology of Digestion and Absorption
- Nutritional Requirements
- Enteral Feeding
- Parenteral Nutrition
- Composition of Breast Milk/Formulas/Donor milk
- Dietary Supplementation

IV. Fluids and Electrolytes
- Common problems and conditions
- Fluid & Electrolyte requirements
- Insensible water loss/gain
- Central & peripheral infusion
- Acid base balance
- Fish oil emulsion (Omegaven) SMOF

V. Pharmacology
Principles of Pharmacology (Pharmacokinetics & Pharmacodynamics)
- Pharmacokinetics
  - distribution
  - excretion
  - absorption
  - metabolism
  - withdrawal
- Principles of administration
  - dosage/interval
  - route
  - tolerance/weaning
- Drugs and breastfeeding

Common Drug Therapies
- Analgesia/narcotics
- Anticoagulants
- Anticonvulsants
- Antihypertensive drugs
- Antimicrobials
  - biologics/immunities
  - vaccinations
- Cardiovascular drugs
  - vasodilators/vasopressors
  - antidysrhythmia drugs
- Diuretics
- GI drugs
  - antacids
  - prokineticA
  - proton pump inhibitors
- Inhalents
  - iNO
- Neurologic agents
  - anesthesetics agents
  - sedatives
  - hypnotics
- Respiratory drugs
  - bronchodilators
  - respiratory stimulants
  - surfactant therapy
- Steroids
STUDY GUIDE
FOR TESTS TAKEN BEFORE APRIL 1, 2020

EMBRYOLOGY, PHYSIOLOGY, PATHOPHYSIOLOGY & SYSTEMS MANAGEMENT

I. Cardiac
- Congenital Cardiac Defects
  - cyanotic
    - Ebstein’s Anomaly
    - Tetralogy of Fallot
    - truncus arteriosus
    - transposition of great vessels
    - total anomalous pulmonary venous return
    - tricuspid atresia

- acyanotic
  - ventricular septal defect
  - coarctation of aorta (interrupted arch)
  - atrial septal defect septal defect
  - hypoplastic left heart syndrome
  - endocardial cushion defect (AV canal)
  - aortic stenosis

- Patent ductus arteriosus
- Congestive heart failure
- Hypertension/Hypotension
- Shock
- Dysrhythmias
- PGE’s

II. Pulmonary
- Respiratory distress syndrome
- Transient tachypnea
- Pneumothorax and air leaks/chylothorax
- Congenital pulmonary airway malformation (CPAM)
- Cystic pulmonary
- Apnea of prematurity
- Meconium aspiration
- Diaphragmatic eventrations
- Persistent pulmonary hypertension
- Pneumonia
- Pulmonary hemorrhage
- Pulmonary hypoplasia
- Diaphragmatic hernia
- Chronic lung disease
- Laryngeal, tracheomalacia/stenosis
- Respiratory support
  - principles and methods of oxygen
  - administration/ventilation
  - risk factors affecting oxygenation/ventilation
  - oxyhemoglobin dissociation curve
  - high frequency ventilation (HFV)
  - extracorporeal membrane oxygenation (ECMO)
  - nitric oxide
  - neurally adjusted ventilatory assist (NAVA)
  - nasal intermittent positive pressure ventilation (NIPPV)
  - noninvasive ventilation (NIV)

III. Gastrointestinal
- Development of the GI tract
- Digestive and absorptive disorders
  - diarrhea/short gut
- Disorders of suck/swallow/motility
  - GERD
  - cleft lip palate
  - Duodenal atresia
  - tracheoesophageal fistula
  - esophageal atresia
  - small left colon syndrome
  - Hirschsprung disease
  - volvulus
  - imperforate anus
  - pyloric stenosis

- Malabsorption/maldigestion
- Diarrhea/short gut
- Anomalies/obstruction of upper and lower GI tract
  - small left colon syndrome
  - Hirschsprung’s disease
- Abdominal wall defects
  - gastroschisis
  - omphalocele

- Obstructions
- Perforations
- Meconium ileus
- Tracheoesophageal fistula
- Necrotizing enterocolitis
- Inguinal hernia
IV. Renal/Genitourinary
- Renal vein/artery thrombosis
- Acute renal failure/insufficiency
- Polycystic/multicystic dysplastic kidneys
- Urinary outflow tract obstruction
- Testicular torsion
- Exstrophy of the bladder
- Hypospadias/epispadias
- Hydronephrosis grading system/hydroureter

V. Endocrine/Metabolic
- Adrenal disorders
- Ambiguous genitalia
- Calcium disorders
- Glucose disorders
- Magnesium disorders
- Phosphorus disorders
- Pituitary disorders
- Thyroid disorders
- Infants of diabetic mothers
- Osteopenia of prematurity

VI. Hematopoietic
- Hematological disorders
  - anemia
  - polycythemia
  - platelet disorders
  - coagulopathies
    - vitamin K deficiency
    - disseminated intravascular coagulation
  - factor deficiencies
  - neutropenia/neutrophilia
  - Rh disease and ABO incompatibility
- Blood component therapy
- Jaundice and liver disease
- Hyperbilirubinemia (direct and indirect)
  - Breastmilk jaundice
- Kernicterus
- Phototherapy
- Exchange transfusion
- Biliary atresia

VII. Infectious Diseases
- Normal immunologic function
- Common neonatal infections
  - group B streptococcal
  - e-coli
  - staphylococcal
  - klebsiella
  - enterococcus
  - candidiasis
  - pseudomonas
  - enterovirus
  - respiratory syncytial virus (RSV)
  - CMV
  - hepatitis B
  - toxoplasmosis
  - herpes
  - HIV/AIDS
  - chlamydia
  - gonorrhea
  - syphilis
  - varicella
- Neonatal sepsis
- SIRS
- Meningitis
- Septic shock
- Infection control and universal precautions
- MRSA/VRSE
- Osteomyelitis

VIII. Musculoskeletal
- Abnormalities of the skeleton
  - metatarsus adductus
  - achondroplasia
- Clubfoot
- Developmental dysplasia of the hip
- Spinal abnormalities
- Musculoskeletal birth injuries
  - fractures
  - nerve damage
  - torticollis
- Aperts, crouzon, etc.
IX. Integumentary

- General skin development and care
- Disorders
  - ecchymosis
  - epidermolysis bullosa
  - hemangiomas
  - ichthyosis
  - subcutaneous fat necrosis
- Milia/miliaria
- Hyperpigmented macule
- Erythema toxicum
- Neonatal pustular melanosis
- Auricular tags
- Petechiae
- Port wine stain
- Hyper/hypopigmentation

X. Genetics

- Genetic processes
  - multifactorial inheritance
  - nondisjunction
  - translocation
  - deletion/duplication
  - sex linked inheritance
- Inborn errors of metabolism
- Hyperammonemia
- Newborn Screening
  - galactosemia
  - cystic fibrosis
- Chromosomal abnormalities/syndromes
  - Trisomy 21
  - Trisomy 13
  - Trisomy 18
  - Turner syndrome
  - Beckwith-Wiedemann syndrome
  - DiGeorge syndrome
- Osteogenesis imperfecta
- Potter sequence
- VATER/VACTERL
- CHARGE

XI. Neurological

- Perinatal – depression/asphyxia
- Hypoxic ischemic encephalopathy
  - therapeutic hypothermia
- Cranial hemorrhages
- Hydrocephalus
- Neural tube defects
- Seizures
- Jitteriness
- Periventricular leukomalacia
- Auto regulation
- Cerebral palsy
- aEEG
- Near-infrared spectroscopy (NIRS)
- Congenital neuromuscular disorders
  - craniostenosis

XII. Ears, Eyes, Nose and Throat

- Eyes
  - eye prophylaxis
  - cataracts
  - coloboma
  - glaucoma
  - retinopathy of prematurity
  - strabismus
  - conjunctivitis
- Nose
  - nasolacrimal duct obstruction
  - choanal atresia
  - deviated septums
- Ears
  - malformations
- Mouth/throat
  - cleft lip and palate
  - micrognathia/retrognathia
  - macroglossia
- airway obstruction

XIII. Intrauterine Drug Exposure

Recognition, Care and Management of Neonate with Intrauterine Drug Exposure

- Nicotine
- Alcohol
- Prescription/nonprescription
- Illicit Drugs
Professional Practice Issues

Ethical Principles
• Autonomy
• Beneficence
• Non-maleficence
• Justice

Professional/Legal Issues
• Professional
  -Regulation
  -Practice
  -HIPPA
• 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 Nurse Practitioner exam across the major content categories covered on the examination. The major focus of the examination is on Embryology, Physiology, Pathophysiology and Systems Management. Less emphasis is on General Management, General Assessment and Pharmacology while the Professional Issues category has the lowest percentage of content covered on the exam.
# Examination Content

## For Tests Taken On/After April 1, 2020

### Exam Outline

Areas of knowledge to be tested on the Neonatal Nurse Practitioner examination are listed in the following outline. This list is not intended as an all-inclusive review of the role and scope of knowledge of the neonatal nurse practitioner. It is provided only to help certification candidates evaluate their own nursing practice.

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>11.00 General Assessment</td>
<td>17%</td>
</tr>
<tr>
<td>Maternal History Affecting the Newborn</td>
<td></td>
</tr>
<tr>
<td>Antepartum</td>
<td></td>
</tr>
<tr>
<td>Intrapartum</td>
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<td>Intrauterine Drug Exposure</td>
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<td>Neonatal</td>
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<td>Physical Examination &amp; Gestational Age/Behavioral Assessment</td>
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<td>Clinical Laboratory Tests</td>
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<td>Diagnostic Procedures, Techniques and Equipment</td>
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<td>Family Integration</td>
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<td>Family Integration and Communication</td>
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<td>Grieving Process</td>
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<td>Discharge Planning and Follow Up Care</td>
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<tr>
<td>12.00 General Management</td>
<td>19%</td>
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<td>Thermoregulation</td>
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<td>Resuscitation and Stabilization</td>
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<td>Growth and Nutrition</td>
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<td>Fluids and Electrolytes</td>
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<td>15.00 Pharmacology</td>
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<td>Pharmacokinetics and Pharmacodynamics</td>
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<td>Drugs and Breastfeeding</td>
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<td>Common Drug Therapies</td>
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<tr>
<td>13.00 Embryology, Physiology, Pathophysiology and Systems Management</td>
<td>52%</td>
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<tr>
<td>Cardiac</td>
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<td>Respiratory</td>
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<td>Gastrointestinal</td>
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<td>Renal/Genitourinary</td>
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<td>Metabolic/Endocrine</td>
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<td>Infectious Diseases</td>
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<td>Musculoskeletal</td>
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<td>Integumentary</td>
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<td>Genetics</td>
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<td>Neurological</td>
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<td>Ears, Eyes, Nose &amp; Mouth/Throat</td>
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<tr>
<td>14.00 Professional Issues</td>
<td>3%</td>
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<tr>
<td>Including: Evidence Based Practice, Legal/Ethical Principles, Quality Improvement, Patient Safety</td>
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EXAMINATION CONTENT
FOR TESTS TAKEN ON/AFTER APRIL 1, 2020

ASSOCIATED COMPETENCIES

• Demonstrate the knowledge inherent in the role and scope of NNP practice
• Apply knowledge of basic sciences to the provision of neonatal health care
• Obtain and interpret a comprehensive perinatal history and a systematic assessment of all body systems
• Obtain clinical laboratory information and interpret the resultant data
• Institute diagnostic procedures and techniques and interpret the resultant data
• Apply critical thinking to diagnose reasoning and clinical decision make with the care giver and family
• Evaluate the benefits and risks of diagnostic and therapeutic intervention
• Use adult learning principles when teaching about the care, growth and development of the high risk infant up to 2 years of age
• Formulate a diagnosis and a plan of care in collaboration with physicians, other health care professionals and family.
• Initiate appropriate therapeutic and educational interventions including consultations and referral
• Evaluate and document responses to interventions and modify the plan of care as indicated
• Maintain current knowledge regarding advances in neonatal health care
• Apply knowledge of basic research principles to practice
• Integrate legal and ethical principles into neonatal health care
STUDY GUIDE
FOR TESTS TAKEN ON/AFTER APRIL 1, 2020

GENERAL ASSESSMENT

I. Maternal History Affecting the Newborn

Antepartum

• Neonatal complications: maternal risk factors & complications
  - gestational hypertension
  - cardiac/pulmonary disease
  - diabetes
  - common infectious diseases
  - common hematologic diseases
  - placental insufficiency
  - substance abuse
  - medication effects
    - common prescription or non-prescription drugs

• Fetal assessment
  - fetal fibronectin
  - nonstress test
  - biophysical profile
  - ultrasound/doppler flow
  - amniocentesis
  - antenatal screening/quad screen

• Fetal procedures

Intrapartum

• Fetal Heart Rate (FHR) Patterns

• Effects on the Fetus/Neonate
  - tocolysis/induction
  - analgesia
  - anesthesia
  - neuroprotective agents

• Intrapartum Complications
  - amniotic fluid volume
  - oligohydramnios
  - polyhydramnios

• Rupture of Membranes
  - premature
  - prolonged

Intrauterine Drug Exposure

• Nicotine
• Alcohol
• Prescription/nonprescription
• Illicit Drug

II. Neonatal

Physical Examination & Gestational Age/Behavioral Assessment Identify Normal, Normal Variants and Abnormal Findings

• General appearance
• Head, eyes, nose, ears and mouth
• Neck and throat
• Chest
• Abdomen
• Spine/back
• Extremities
• Genitalia
• Musculoskeletal
• Skin
• Vital signs

• Gestational age assessment physical Characteristics of
  - preterm
  - term
  - post-term
  - AGA
  - SGA
  - LGA

• Associated risks/Complications of variations in gestational age

• Abnormalities of intrauterine parameters

• Behavioral assessment
  - state

• Muscle movement/tone/reflexes

• Autonomic control/responses

• Neurosensory capabilities

• Neurological assessment
Clinical Laboratory Tests
• Microbiological
• Biochemical
• Hematological
• Endocrine
• Immunologic
• Genetic

Diagnostic Studies, Techniques and Equipment
Diagnostic studies
• Ultrasound/Doppler
• CT scan
• MRI
• X-ray/fluoroscopy
• EKG
• EEG
• Echocardiogram
• Voiding Cystourethrogram

Techniques & Equipment
• Procedures
  - bag and mask ventilation and T-piece
  - LMA’s
  - endotracheal intubation
  - umbilical vessel and peripheral catheterization
  - chest tube insertion/removal
  - needle aspiration
  - spinal/lumbar tap
  - intraosseous access
  - intravenous line placement (central/peripheral)
  - blood sampling
  - circumcisions - complications/contraindications

• Equipment
  - cardiopulmonary monitors
  - oxygenation equipment/end tidal CO2 monitoring
  - invasive/non-invasive blood gas monitoring
  - indwelling catheters
  - incubators/radiant warmers
  - ventilators
  - phototherapy

III. Family Integration
Communication
• Family centered care
• Barriers to parent/infant interaction

Grieving Process
• Stages of grieving and common behaviors
• Factors influencing enhancement or impediment of grief process
• Palliative care/End of life
• Parental depression

IV. Discharge Planning and Follow Up
• Anticipatory guidance
• Follow up screening
• Hearing
• Vision - ROP
• Developmental
• Health risks
• Discharge preparation
• Follow-up care
STUDY GUIDE
FOR TESTS TAKEN ON/AFTER APRIL 1, 2020

GENERAL MANAGEMENT

I. Thermoregulation
- Mechanisms and management of heat transfer
  - evaporation
  - conduction
  - convection
  - radiation
- Rewarming techniques
- Mechanisms of heat production
- Temperature assessment
- Neutral thermal environment

II. Resuscitation and Stabilization
- Transition to extrauterine life
- Delivery room assessment
- Techniques of resuscitation
- Indications for interventions
- Cord blood gas interpretation
- Neonatal transport

III. Growth and Nutrition
- Physiology of Digestion and Absorption
- Nutritional Requirements
- Enteral Feeding
- Parenteral Nutrition
- Composition of Breast Milk/Formulas/Donor milk
- Dietary Supplementation

IV. Fluids and Electrolytes
- Common problems and conditions
- Fluid & Electrolyte requirements
- Insensible water loss/gain
- Central & peripheral infusion
- Acid base balance
- Fish oil emulsion (Omegaven) SMOF
I. Pharmacokinetics & Pharmacodynamics

- Pharmacokinetics
  - distribution
  - excretion
  - absorption
  - metabolism
  - withdrawal

- Principles of administration
  - dosage/interval
  - route
  - tolerance/weaning

II. Drugs and breastfeeding

- Drug transfer
- Drug safety

III. Common Drug Therapies

- Analgesia/narcotics
- Anticoagulants
- Anticonvulsants
- Antihypertensive drugs
- Antimicrobials
  - biologics/immunities
  - vaccinations
- Cardiovascular drugs
  - vasodilators/vasopressors
  - antidysrhythmia drugs
- Diuretics
- GI drugs
  - antacids
  - prokinetic
  - proton pump inhibitors
- Inhalants
  - iNO
- Neurologic agents
  - anesthetics agents
  - sedatives
  - hypnotics
- Respiratory drugs
  - bronchodilators
  - respiratory stimulants
  - surfactant therapy
- Steroids
I. Cardiac
- Congenital Cardiac Defects
  - cyanotic
    - Ebstein’s Anomaly
    - Tetralogy of Fallot
    - truncus arteriosus
    - transposition of great vessels
    - total anomalous pulmonary venous return
    - tricuspid atresia
  - acyanotic
    - ventricular septal defect
    - coarctation of aorta (interrupted arch)
    - atrial septal defect septal defect
    - hypoplastic left heart syndrome
    - endocardial cushion defect (AV canal)
    - aortic stenosis
- Patent ductus arteriosus
- Congestive heart failure
- Hypertension/Hypotension
- Shock
- Dysrhythmias
- PGE’s

II. Respiratory
- Respiratory distress syndrome
- Transient tachypnea
- Pneumothorax and air leaks/chylothorax
- Congenital pulmonary airway malformation (CPAM)
- Cystic pulmonary
- Apnea of prematurity
- Meconium aspiration
- Diaphragmatic eventrations
- Persistent pulmonary hypertension
- Pneumonia
- Pulmonary hemorrhage
- Pulmonary hypoplasia
- Diaphragmatic hernia
- Chronic lung disease
- Laryngeal, tracheomalacia/stenosis
- Respiratory support
  - principles and methods of oxygen
  - administration/ventilation
  - risk factors affecting oxygenation/ventilation
  - oxyhemoglobin dissociation curve
  - high frequency ventilation (HFV)
  - extracorporeal membrane oxygenation (ECMO)
  - nitric oxide
  - neurally adjusted ventilatory assist (NAVA)
  - nasal intermittent positive pressure ventilation (NIPPV)
  - noninvasive ventilation (NIV)

III. Gastrointestinal
- Development of the GI tract
- Digestive and absorptive disorders
  - diarrhea/short gut
- Disorders of suck/swallow/motility
  - GERD
  - cleft lip palate
  - Duodenal atresia
  - tracheoesophageal fistula
  - esophageal atresia
  - small left colon syndrome
  - Hirschsprung disease
  - volvulus
  - imperforate anus
  - pyloric stenosis
- Malabsorption/maldigestion
- Diarrhea/short gut
- Anomalies/obstruction of upper and lower GI tract
  - small left colon syndrome
  - Hirschsprung’s disease
- Abdominal wall defects
  - gastroschisis
  - omphalocele
- Obstructions
- Perforations
- Meconium ileus
- Tracheoesophageal fistula
- Necrotizing enterocolitis
- Inguinal hernia
IV. Renal/Genitourinary
• Renal vein/artery thrombosis
• Acute renal failure/insufficiency
• Polycystic/multicystic dysplastic kidneys
• Urinary outflow tract obstruction
• Testicular torsion
• Exstrophy of the bladder
• Hypospadias/epispadias
• Hydronephrosis grading system/hydroureter

V. Endocrine/Metabolic
• Adrenal disorders
• Ambiguous genitalia
• Calcium disorders
• Glucose disorders
• Magnesium disorders
• Phosphorus disorders
• Pituitary disorders
• Thyroid disorders
• Infants of diabetic mothers
• Osteopenia of prematurity

VI. Hematopoietic
• Hematological disorders
  -anemia
  -polycythemia
  -platelet disorders
  -coagulopathies
    -vitamin K deficiency
    -disseminated intravascular coagulation
  -factor deficiencies
  -neutropenia/neutrophilia
  -Rh disease and ABO incompatibility
• Blood component therapy
• Jaundice and liver disease
• Hyperbilirubinemia (direct and indirect)
  -Breastmilk jaundice
• Kernicterus
• Phototherapy
• Exchange transfusion
• Biliary atresia

VII. Infectious Diseases
• Normal immunologic function
• Common neonatal infections
  -group B streptococcal
  -e-coli
  -staphylococcal
  -klebsiella
  -enterococcus
  -candidiasis
  -pseudomonas
  -enterovirus
  -respiratory syncytial virus (RSV)
  -CMV
  -hepatitis B
  -toxoplasmosis
  -herpes
  -HIV/AIDS
  -chlamydia
  -gonorrhea
  -syphilis
  -varicella
• Neonatal sepsis
• SIRS
• Meningitis
• Septic shock
• Infection control and universal precautions
• MRSA/VRSE
• Osteomyelitis

VIII. Musculoskeletal
• Abnormalities of the skeleton
  -metatarsus adductus
  -achondroplasia
• Clubfoot
• Developmental dysplasia of the hip
• Spinal abnormalities
• Musculoskeletal birth injuries
  -fractures
  -nerve damage
  -torticollis
• Aperts, crouzon, etc.
STUDY GUIDE
FOR TESTS TAKEN ON/AFTER APRIL 1, 2020

IX. Integumentary
- General skin development and care
- Disorders
  - ecchymosis
  - epidermolysis bullosa
  - hemangiomas
  - ichthyosis
  - subcutaneous fat necrosis
- Milia/miliaria
- Hyperpigmented macule
- Erythema toxicum
- Neonatal pustular melanosis
- Auricular tags
- Petechiae
- Port wine stain
- Hyper/hypopigmentation

X. Genetics
- Genetic processes
  - multifactorial inheritance
  - nondisjunction
  - translocation
  - deletion/duplication
  - sex linked inheritance
- Inborn errors of metabolism
- Hyperammonemia
- Newborn Screening
  - galactosemia
  - cystic fibrosis
- Chromosomal abnormalities/syndromes
  - Trisomy 21
  - Trisomy 13
  - Trisomy 18
  - Turner syndrome
  - Beckwith-Wiedemann syndrome
  - DiGeorge syndrome
- Osteogenesis imperfecta
- Potter sequence
- VATER/VACTERL
- CHARGE

XI. Neurological
- Perinatal – depression/asphyxia
- Hypoxic ischemic encephalopathy
  - therapeutic hypothermia
- Cranial hemorrhages
- Hydrocephalus
- Neural tube defects
- Seizures
- Jitteriness
- Periventricular leukomalacia
- Auto regulation
- Cerebral palsy
- aEEG
- Near-infrared spectroscopy (NIRS)
- Congenital neuromuscular disorders
- Craniosynostosis

XII. Ears, Eyes, Nose and Throat
- Eyes
  - eye prophylaxis
  - cataracts
  - coloboma
  - glaucoma
  - retinopathy of prematurity
  - strabismus
  - conjunctivitis
- Nose
  - nasolacrimal duct obstruction
  - choanal atresia
  - deviated septum
- Ears
  - malformations
- Mouth/throat
  - cleft lip and palate
  - micrognathia/retrognathia
  - macroglossia
- airway obstruction
PROFESSIONAL PRACTICE ISSUES

Ethical Principles
- Autonomy
- Beneficence
- Non-maleficence
- Justice

Professional/Legal Issues
- Professional
  - Regulation
  - Practice
  - HIPPA
- 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
STUDY RESOURCES

- Snell, et al., Care of the Well Newborn, Jones & Bartlett, 2017.
SAMPLE QUESTIONS

NEONATAL NURSE PRACTITIONER 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. The goal of treatment of gastroesophageal reflux in the premature neonate is to
   A. achieve normal gastric emptying
   B. decrease lower esophageal sphincter pressure
   C. increase gastric pH

   Answer: A


2. When auscultating the lungs of a neonate, the nurse practitioner hears stridor. This most likely indicates
   A. bronchospasm
   B. inflammation of the pleura
   C. subglottic stenosis

   Answer: C

   Tappero, et al., Physical Assessment of the Newborn, Springer, 2019, p. 88

3. Upper and lower extremity blood pressures should be taken for the neonate with decreased femoral pulses to evaluate for
   A. coarctation of the aorta
   B. patent ductus arteriosus
   C. transposition of the great arteries

   Answer: A


4. The recommended hepatitis B immunization schedule for a neonate born to a hepatitis B surface antigen (HBsAg) positive mother is

<table>
<thead>
<tr>
<th>Initial</th>
<th>Second</th>
<th>Third</th>
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<tbody>
<tr>
<td>At birth</td>
<td>1 month</td>
<td>6 months</td>
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<tr>
<td>Before discharge</td>
<td>2 months</td>
<td>6 months</td>
</tr>
<tr>
<td>0-7 days</td>
<td>1 month</td>
<td>12 months</td>
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</table>

   Answer: A

   Verklan, et a l., Core Curriculum for Neonatal Intensive Care, Elsevier, Saunders, 2015, p. 65

5. A neonate with bronchopulmonary dysplasia has the following blood gas values:
   
   | pH | 38 |
   | PCO₂ | 50 mmHg |
   | HCO₃⁻ | 29 mEq/L (mmol) |
   | Base excess | +3 mEq/L |

   The best interpretation of the blood gas is
   A. compensated metabolic acidosis
   B. compensated respiratory acidosis
   C. normal value

   Answer: B

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 NURSE PRACTITIONER 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:

General Assessment; Professional Issues (23%) WEAK

The Disease Process (55%) VERY STRONG

General Management (22%) AVERAGE
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 NURSE PRACTITIONER 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.

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Content Area & Percentage

Your Results:

Range of Questions Asked:

General Assessment
(17%) WEAK

General Management
(19%) AVERAGE

Embryology, Physiology, Pathophysiology and Systems Management
(52%) VERY STRONG

Pharmacology; Professional Issues
(12%) AVERAGE
**TERMS OF CERTIFICATION AND CERTIFICATION MAINTENANCE**

**WHEN YOU PASS THE EXAM**

**CREDENTIAL**  
Your NCC certification status entitles you to use the credential  
NNP-BC (Neonatal Nurse Practitioner-Board Certified)

**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 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.
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