



Certified Pediatric Emergency Nurse

Candidate Handbook

May 2009

Board of Certification for Emergency Nursing
915 Lee Street
Des Plaines, IL 60016
www.ena.org/BCEN

Pediatric Nursing Certification Board
800 South Frederick Avenue, Ste. 204
Gaithersburg, MD 20877
www.pncb.org

CPEN Exam
Administered by
Applied Measurement Professional, Inc.
18000 W. 105th Street
Olathe, KS 66061
www.goAMP.com

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About CPEN

The Board of Certification for Emergency Nursing (BCEN®) and the Pediatric Nursing Certification Board (PNCB®) have developed the Certified Pediatric Emergency Nurse (CPEN) certification program. BCEN and PNCB are equal partners in the development and delivery of this certification examination.

Independent Testing Agency

BCEN and PNCB have contracted with Applied Measurement Professionals, Inc. (AMP) to assist in the development, administration, scoring and analysis of the CPEN examination. AMP, located in the greater Kansas City area, is a leading provider of licensing and certification examinations for professional organizations.

Nondiscrimination Policy

AMP, BCEN and PNCB do not discriminate among candidates on the basis of race, color, creed, gender, religion, national origin, disability, marital status, sexual orientation or veteran status.

Eligibility Requirements

BCEN and PNCB **recommend** that applicants have two years of full-time experience in pediatric emergency nursing care. Pediatric emergency nursing care as defined by BCEN and PNCB includes providing direct care, health care facilitation, education, and advocacy for pediatric emergency patients and their families.

However, recognizing that nurses prepare for their role in pediatric emergency nursing in various ways, the ***minimum** eligibility requirements to apply for the CPEN examination include:

- Holding a current unrestricted license to practice as an RN in the United States (a nursing certificate equivalent to a RN license in the US is also acceptable), and
- Having practiced at least *1,000 hours in pediatric emergency nursing practice in the past 24 months.

The 1,000 hours in pediatric emergency practice requirement may be obtained through practice in any emergent or urgent care setting, and may include providing direct care, health care facilitation, education, and advocacy for patients and families. Examples of ways in which the 1,000-hour requirement may be met include:

- full time employment as an emergency nurse in a pediatric emergency setting for six months,

- full time employment as an emergency nurse in a mixed-age emergency setting for two years with a population of approximately 20 percent pediatric patients,
- part-time employment as an emergency nurse in a pediatric emergency setting, for example, for 20 hours per week for one year, or
- any other combination of practice involving direct care, health care facilitation, education, and advocacy for pediatric emergency patients and their families for a total of 1,000 hours in the past 24 months.

Examination Administration

Examinations are delivered by computer at over 170 AMP Assessment Centers geographically located throughout the United States. The examinations are administered by appointment Monday through Friday and designated Saturdays at 9:00 a.m. and 1:30 p.m. Available dates will be indicated when scheduling your examination. Candidates are scheduled on a first-come, first-served basis. Examinations are not offered on the following holidays.

New Year's Day
 Martin Luther King, Jr. Day
 Presidents' Day
 Good Friday
 Memorial Day
 Independence Day (July 4)
 Labor Day
 Columbus Day
 Veterans' Day
 Thanksgiving Day (and the following Friday)
 Christmas Eve Day
 Christmas Day
 New Year's Eve Day

Examination Fee

Examination Fee: \$280

Scheduling the Examination

At the time of registering online or following receipt of notification of eligibility by email or post card, there are two ways to schedule a CPEN examination.

1. **Online Scheduling:** Complete the scheduling process in one online session by visiting www.goAMP.com and clicking on "Candidates" and choose the Healthcare category. The computer screens guide the candidate through the complete process and the candidate is prompted to schedule an examination appointment.

If **special accommodations have been approved** do not schedule an appointment with AMP online. Individuals who request special accommodations at time of application will need to contact AMP at 888-519-9901 for further instructions. Please see the accommodations request form included in this handbook.

2. **Telephone Scheduling:** Call AMP at 888-519-9901. Be prepared to confirm a location and a preferred date and time for testing. As part of AMP protocol you will be asked to provide your CPEN Candidate ID Number that was included on your eligibility notification from CPEN. Confirmation of the date and time you scheduled via phone will be emailed to you.

If AMP is contacted by 3:00 p.m. Central Time on...	Depending upon availability, the examination may be scheduled as early as...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday/Saturday
Thursday	Monday
Friday	Tuesday

Rescheduling an Examination

A candidate who is unable to test as scheduled may opt to reschedule one time at no extra charge.

- A candidate may reschedule the examination once at no charge by calling AMP at 888-519-9901 at least 2 business days prior to a scheduled computer administration. For a computer administration, the following schedule applies.

If the examination is scheduled on...	AMP must be called by 3:00 p.m. Central Time to reschedule the examination by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

Withdrawal, Cancellation, or Extension

Candidates who want to withdraw their eligibility, cancel their testing appointment, or extend their eligibility are permitted to do so. Requests for withdrawal, cancellation, or extension must be received by AMP no later than five (5) business days prior to the completion of their

eligibility period. An extension of eligibility will be subject to a fee as specified on the Extension of Eligibility form. Cancellation or withdrawal will result in a partial refund of a candidate's Certification Exam Fee, as specified on the Withdrawal Request Form. These forms will be available at www.goAMP.com or upon request by calling AMP.

A new application and full examination fee are required if the candidate:

- wishes to reschedule a second time within his/her original 90 day window,
- appears more than 15 minutes late for an examination and cannot be seated
- fails to report for the scheduled examination
- fails to schedule an appointment with AMP within the assigned 90-day testing period
- wishes to re-schedule an examination but fails to contact AMP at least two (2) full business days prior to the scheduled testing session
- fails to submit a Withdrawal Request Form so that it is received by AMP five (5) business days before termination of an assigned 90-day testing period, or
- fails to submit a Extension of Eligibility Form so that it is received by AMP with proper payment five (5) business days before termination of an assigned 90-day testing period.

Assessment Center Locations

AMP Assessment Centers have been selected to provide accessibility to most candidates in all states and major metropolitan areas. AMP Assessment Centers are typically located in H&R Block offices. A current listing of AMP Assessment Centers, including addresses and driving directions, may be viewed at AMP's website located at www.goAMP.com. Specific address information will be provided when a candidate schedules an examination appointment.

Special Arrangements for Candidates with Disabilities

AMP, BCEN and PNCB comply with the Americans with Disabilities Act and strive to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability.

AMP, BCEN and PNCB recognize that at times a candidate may request special testing accommodations. AMP, BCEN and PNCB make every attempt to address requests for testing accommodations based upon review of documented health needs. In all cases, requests for special accommodations and documentation of disability needs are required at the time of application and are

included in this handbook. Call AMP (913-895-4600) if you have any questions.

Wheelchair access is available at all AMP Assessment Centers.

Telecommunication Devices for the Deaf

AMP is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available 8:30 a.m. to 5:00 p.m. (Central Time) Monday-Friday at 913-895-4637. This TDD phone option is for individuals equipped with compatible TDD machinery.

Inclement Weather, Power Failure or Emergency

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center.

Candidates may visit AMP's website at www.goAMP.com prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to an Assessment Center is temporarily interrupted during an administration, your examination will restart where you left off and you may continue the examination.

Taking the Examination

Your examination will be given by computer at an AMP Assessment Center. You do not need any computer experience or typing skills to take your examination. On the day of your examination appointment, report to the Assessment Center no later than your scheduled testing time. Look for the signs indicating AMP Assessment Center Check-in. A CANDIDATE WHO ARRIVES MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME WILL NOT BE ADMITTED.

Examination information

The CPEN examination will consist of 175 questions, with 150 scored items and 25 unscored, pretest items. You will be given three hours to complete the examination.

The following concepts are integrated throughout the examination, appropriate to the stated task:

- Diversity (cultural, ethnic)
- Communication
- Growth and development
- Pharmacology (e.g., medication reactions)
- Health promotion and injury prevention
- Medication administration (e.g., weight based calculations)
- Discharge teaching
- Collaboration with other health care providers
- Conflict resolution
- Customer service
- Evidence-based practice

Approximately 7% of the examination will require only recall on the part of the candidate, 55% will require application of knowledge, and 38% will require analysis of pediatric emergency situations.

The Detailed Content Outline that follows is based on a practice analysis study. This research study, also known as a job analysis or role delineation study, was conducted by an Advisory Committee (AC) of subject matter experts selected by BCEN and PNCB. The AC developed a survey instrument that was distributed throughout the United States. Responses were received from more than 1,000 pediatric emergency nurses who overwhelmingly agreed that the list of tasks (activities) and related knowledge areas on the survey covered their role of a pediatric emergency nurse. Decision rules were established by the AC to determine which tasks and knowledge areas were commonly performed and significant enough to practice to be included on the Detailed Content Outline. The integrated concepts, cognitive level distribution, and the number of items (questions) specified within each content area were developed by an iterative process resulting in the unanimous agreement of the AC. Various forms (versions) of the examination will be developed, but all will exactly match the specifications identified in the Detailed Content Outline.

Certified Pediatric Emergency Nurse Detailed Content Outline

Knowledge Domains (and associated tasks and topics)	# of Items
1. Triage	16
A. Emergency Intake	
1. Perform visual assessment (sick vs. not sick)	
2. Perform Pediatric Assessment Triangle (PAT)	
3. Identify and intervene with life or limb threatening illnesses or injuries	
4. Assign triage acuity level designations	
5. Identify the need for decontamination	
6. Identify potential chemical and biological threats	
7. Assess for the need for resources based on volume	
B. Triage Interventions	
1. Perform first aid (e.g., splint, ice, eyewash, analgesia)	
2. Select and administer medications	
2. Assessment	29
A. History and Physical	
1. Perform a primary survey (airway, breathing, circulation, disability)	
2. Perform secondary survey (focused assessment)	
3. Obtain detailed medical and surgical history	
4. Assess psychosocial status and risk for violence	
5. Evaluate assessment findings related to developmental milestones	
6. Customize the assessment for children with special needs (i.e., developmental diversity)	
7. Identify caregivers' perception of child's baseline	
8. Identify suspected abuse, neglect, maltreatment	
B. Pain	
1. Perform age appropriate assessment of pain	
C. Family	
1. Identify primary caregiver	
2. Assess family functioning and dynamics	
3. Assess family coping strategies and support systems	
3. Patient and Family Care: Managing Technical Skills	18
A. Technical Skills	
1. Intraosseous access	
2. Cardioversion	
3. Defibrillation	
4. Cardiac pacing	
5. Peripheral IV access	
6. Central IV access (including PICC, venous access ports)	
7. Invasive hemodynamic monitoring (e.g., central venous pressure, arterial lines)	
8. Incision and drainage	
9. Dressings	
10. Wound closure	
11. Intracranial pressure monitoring	
12. Chest tubes	
13. Nasopharyngeal wash (e.g., RSV)	
14. Traction splinting	
15. Specimen collection	
16. Enteral tubes (e.g., nasogastric, orogastric, PEG)	

Knowledge Domains (and associated tasks and topics)	# of Items
17. Chemical or biological decontamination	
18. Capnography	
19. Ventilator use	
20. BiPAP, CPAP	
21. Removal of an injured child from a child safety seat	
22. Spinal immobilization	
23. Holding for procedures	
24. 12-lead ECG	
25. Airway adjunct	
26. Infant warmer	
4. Patient and Family Care: Medical emergencies	42
A. Airway	
1. Mechanical obstruction (e.g., foreign body)	
2. Pathophysiologic (e.g., anaphylaxis, infectious)	
3. Congenital (e.g., stenosis, malacia)	
B. Respiratory (Upper and Lower)	
1. Mechanical (e.g., pneumothorax, foreign body, embolism)	
2. Pathophysiological (e.g., bronchiolitis, reactive airway disease, pneumonia)	
3. Congenital (e.g., chronic lung disease)	
C. Cardiovascular	
1. Mechanical (e.g., tamponade, tension pneumothorax)	
2. Pathophysiologic (e.g., shock, rhythm disturbances, congestive heart failure, infections)	
3. Congenital (e.g., aortic stenosis)	
D. Neurological	
1. Mechanical (e.g., shunt malfunction, tumors)	
2. Pathophysiologic (e.g., seizures, infections, stroke, headache)	
3. Congenital (e.g., hydrocephalus, arteriovenous malformation)	
E. Gastrointestinal	
1. Mechanical (e.g., obstructions, intussusception)	
2. Pathophysiologic (e.g., infections, necrotizing enterocolitis, fluid-electrolyte imbalance)	
3. Congenital (e.g., tracheoesophageal fistula,)	
4. Nutrition (e.g., failure to thrive, formula intolerance, obesity)	
F. Genitourinary and Reproductive	
1. Mechanical (e.g., stricture, ovarian cyst)	
2. Pathophysiologic (e.g., urinary tract infections, renal failure, sexually transmitted infections)	
3. Congenital (e.g., urethral valve disease)	
G. Emergencies unique to neonates	
1. Pathophysiologic (e.g., infections, necrotizing enterocolitis, fluid-electrolyte imbalance, jaundice, thermoregulation)	
2. Congenital (e.g., ductal dependent lesions, tracheoesophageal fistula, obstructive uropathy)	
3. Nutritional deficits	
4. Care of the newly born (e.g., resuscitation following delivery)	
H. Environmental	
1. Heat and cold	
2. Bites and stings	
3. Toxic exposures (e.g., nuclear, chemical, radiologic, biologic)	
4. Ingestions (e.g., intentional and unintentional)	
I. Other Medical Emergencies	
1. Hematology (e.g., sickle cell, bleeding or clotting disorders)	
2. Oncology (e.g., fever and neutropenia, tumor lysis syndrome)	
3. Endocrine (e.g., congenital adrenal disorders, glucose disturbance)	

Knowledge Domains (and associated tasks and topics)	# of Items
4. Genetic and metabolic	
5. Dermatology (e.g., rashes, infections)	
6. Eyes, ears, nose, and throat (e.g., hyphema)	
5. Patient and Family Care: Surgical, Trauma, and Procedural Sedation	27
A. Surgical emergencies	
1. Gastrointestinal (e.g., acute abdomen, appendicitis, malrotation/volvulus, strangulated hernia, pyloric stenosis)	
2. Genitourinary and reproductive (e.g., testicular torsion, ectopic pregnancy)	
3. Musculoskeletal (e.g., compartment syndrome, slipped capital femoral epiphysis (SCFE))	
4. Postoperative hemorrhage (e.g., tonsillectomy)	
5. Neurological (e.g., shunt failure, herniation syndrome)	
B. Trauma emergencies	
1. Burns (e.g., heat, electrical, inhalation)	
2. Near drowning	
3. Neurological trauma	
4. Musculoskeletal trauma (e.g., fractures, lacerations, joint dislocations, sprains and strains)	
5. Cardiothoracic trauma (e.g., pneumothorax, hemothorax)	
6. Abdominal trauma	
7. Maxillofacial and dental trauma	
8. Multi-system trauma	
C. Procedural sedation	
1. Patient monitoring	
2. Essential equipment (e.g., electrocardiogram, blood pressure, SPO ₂ , oxygen, airway)	
3. Medications and reversal agents	
4. Consent	
6. Patient and Family Care: Psychological and Maltreatment Emergencies	11
A. Psychological emergencies	
1. Suicidal ideations/attempts	
2. Homicidal ideations/attempts	
3. Acute psychosis	
4. Aggressive behavior	
5. Substance abuse	
6. Post-traumatic stress disorder	
B. Child maltreatment emergencies	
1. Abuse (e.g., shaken impact syndrome, Munchausen syndrome by proxy)	
2. Neglect	
3. Emotional abuse	
4. Sexual abuse (including sexual assault)	
7. Legal and Professional Issues	7
A. Legal Issues	
1. Ensure that informed consent has been obtained	
2. Ensure preservation of forensic evidence and chain of custody	
3. Comply with EMTALA regulations	
B. Professional Issues	
1. Resolve conflicts with family members	
2. Facilitate in critical incident stress management (debriefing)	
3. Promote safety and health/wellness in the community	
Total Number of Scored Items	150

In addition, examination forms will contain 25 non-scored pretest items.

Sample Items

The following items (questions) are intended to illustrate the format that will appear on the examination. All items will include four options, one of which is the best response from among the four provided. An example of items that require recall, application, and analysis are included. These sample items are not necessarily intended to represent the difficulty of the items that will appear on the examination.

- In addition to work of breathing, which of the following are components of the Pediatric Assessment Triangle (PAT)?
 - general appearance and circulation to the skin
 - patency of airway and circulation to the skin
 - general appearance and developmental level
 - patency of airway and developmental level
- A 12 year old arrives in the emergency department with a history of infrequent but unusual activity consisting of facial grimacing, picking at her clothes, and not responding to her teacher's questions. This behavior is most suggestive of
 - absence seizure.
 - pseudoseizure.
 - complex partial seizure.
 - simple partial seizure.
- An 8 year old presents to triage with nausea, left shoulder pain of 8/10, and diffuse abdominal pain of 2/10. The history is unremarkable except for fall from tree one day prior to arrival. Vital signs are as follows:

temperature	98.6° F (37° C)
heart rate	120 beats per minute
respirations	28 breaths per minute
blood pressure	90/50 mm Hg

Which of the following injuries should the nurse suspect?

- clavicle fracture
- humerus fracture
- liver laceration
- splenic laceration

Identification

To gain admission to the Assessment Center, you must present two forms of identification, one with a current photograph. Both forms of identification must be current and include the candidate's current name and signature. You will be required to sign a roster for verification of identity.

Acceptable forms of photo identification include a current driver's license with photograph, a current state identification card with photograph, a current passport, or a current military identification card with photograph. Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as the primary form of identification, but are accepted as the secondary form if they include a signature.

You must have proper identification to gain admission to the Assessment Center. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of your examination fee.

Security

AMP, BCEN and PNCB maintain examination administration and security standards that are designed to assure that all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, Personal Digital Assistants (PDAs), pagers or cellular phones are allowed in the testing room.
- No calculators are permitted.
- No guests, visitors or family members are allowed in the testing room or reception areas.
- No personal items, valuables, or weapons should be brought to the Assessment Center. Only keys and wallets may be taken into the testing room and AMP is not responsible for items left in the reception area.

Answer Key

Item #	Content Area	Cognitive Level	Key
1	1 A 2	Recall	A
2	4 D 2	Application	C
3	5 B 6	Analysis	D

Examination Restrictions

- No personal belongings will be allowed in the Assessment Center. Pencils will be provided during check-in. Use of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- You will be provided with scratch paper to use during the examination. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive a score report. No documents or notes of any kind may be removed from the examination room.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

Misconduct

Individuals who engage in any of the following behaviors will be dismissed from the examination, their scores will not be reported and examination fees will not be refunded. Examples of misconduct are when a candidate:

- creates a disturbance, is abusive, or otherwise uncooperative;
- displays and/or uses electronic communications equipment such as pagers, cellular phones, PDAs;
- gives or receives help or is suspected of doing so;
- attempts to record examination questions or make notes;
- attempts to take the examination for someone else; or
- is observed with notes, books or other aids.

Copyrighted Examination Questions

All examination questions are the copyrighted property of BCEN and PNCB. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

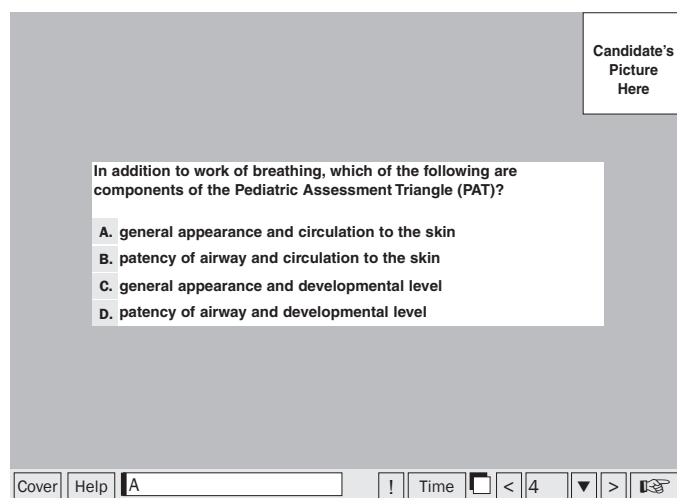
Practice Examination

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your candidate identification number. You will take your photograph which will remain on screen throughout your examination session. This photograph will also print on your score report.

Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

Timed Examination

Following the practice examination, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen.



The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the "Time" box in the lower right-hand corner of the screen or select the Time key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right portion of the screen. Choices of answers to the examination question are identified as A, B, C, or D. You must indicate your choice by either typing in the letter in the response box in the lower left hand of the computer screen or clicking on the option using the mouse. To change your answer, enter a different option by pressing the A, B, C, or D key or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen or select the NEXT key. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key. When the examination is completed, the number of examination questions answered is reported. If all questions have not been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing.

Candidate Comments

During the examination, online comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.

Following the Examination

After completing the examination, candidates are asked to complete a short evaluation of their examination experience. Candidates will report to the Assessment Center proctor to receive their score reports. Scores are reported in written form only, in person or by U.S. mail. Scores are not reported over the telephone, by electronic mail or by facsimile.

Your score report will indicate a "pass" or "fail." Your pass/fail status is determined by your raw score. A raw score is the number of questions you answered correctly. Additional detail is provided in the form of raw scores by major content category.

Pass/Fail Score Determination

The methodology used to set the minimum passing score is the Angoff method, applied during the performance of a Passing Point Study by a panel of experts in the field. The experts evaluated each question on the examination to determine how many correct answers are necessary to demonstrate the knowledge and skills required to pass this examination. Your ability to pass the examination depends on the knowledge and skill you display, not on the performance of other candidates.

Passing scores may vary slightly for each version of the examination. To ensure fairness to all candidates, a process of statistical equating is used. This involves selecting an appropriate mix of individual questions for each version of the examination that meet the content distribution requirements of the examination content blueprint. Because each question has been pretested, a difficulty level can be assigned. The process then considers the difficulty level of each question selected for each version of the examination, attempting to match the difficulty level of each version as closely as possible. To assure fairness, slight variations in difficulty level are addressed by adjusting the passing score up or down, depending on the overall difficulty level statistics for the group of scored questions that appear on a particular version of the examination.

Scores Cancelled

AMP, BCEN and PNCB are responsible for the validity and integrity of the scores they report. On occasion, computer malfunction or misconduct by a candidate, may cause a score to be suspect. AMP, BCEN and PNCB reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

If You Pass the Examination

Candidates who pass the examination will receive a certificate from AMP; if you do not receive a certificate within four weeks of receipt of a passing score report, please contact AMP.

If You Do Not Pass the Examination

Unsuccessful candidates who wish to take the examination again must reapply and submit all applicable fees and documentation. There is a 90-day waiting period between examination attempts.

Failing to Report for an Examination

A candidate who fails to report for an examination forfeits the registration and all fees paid to take the examination. A new, complete application and fee are required.

Confidentiality

Information about candidates for testing and their examination results are considered confidential. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

Duplicate Score Report

Candidates may purchase additional copies of their results up to one year after their exam date at a cost of \$25 per copy. Requests must be submitted to AMP, in writing. The request must include the candidate's name, candidate identification number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to AMP in the form of a money order or cashier's check to AMP, 18000 W 105th Street, Olathe, KS 66061. Duplicate score reports will be mailed within approximately two weeks after receipt of the request and fee.

Certified Pediatric Emergency Nurse Examination Application

Complete all sections of this application and submit with payment by mail to:
AMP, Attn: Examination Services, 18000 W. 105th Street, Olathe, KS 66061.

First Name	MI	Last Name	Other Name Used
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Street Address or PO Box

City	State	Zip Code	Country
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Home Phone Number	Work Phone Number	Cell Number
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E-mail Address

Please note that social security and/or birthdate are asked for in order to locate your record (within the PNCB or BCEN data base) and avoid duplication.

Social Security Number (last 4 digits)	Birthdate
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State of License	RN License Number	Expiration Date
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Required Documentation Attestation:

By completing this application, I attest that I have completed 1,000 hours as a RN in pediatric emergency nursing practice in the past 24 months.

The 1,000 hours in pediatric emergency practice requirement may be obtained through practice in any urgent care or emergency setting, and may include providing direct care, health care facilitation, education, and advocacy for patients and families.

*PNCB and BCEN reserve the right to conduct an audit of the applicant's attestation, and may require that the applicant provide confirmation, for example through agreement of a supervisor (or supervisors), of completion of the practice requirement in pediatric emergency nursing.

Validation Commitment – This section is required in order to complete the application process.

By signing below, I affirm that I presently hold a current unrestricted RN license or a license that is equivalent to a Registered Nurse in the United States or its Territories. I understand that a false statement regarding validity of any documentation could result in the Board revoking my certification as well as filing any civil charges as may apply.

Applicant Signature	Date
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Certification Exam Fee: \$280

Payment Method: Acceptable forms of payment include personal check, money order, cashier check and credit card. If paying by credit card, please provide the following information:

VISA MasterCard American Express Discover

Credit Card Account Number	Expiration Date (Month/Year)
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Please print your name as it appears on the credit card.

Signature	Date
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Membership Status (optional)

- ASTNA Member
 ENA Member: ENA Membership Number _____
 NAPNAP Member
 SPN Member

Demographics

Responses to these questions will be used by BCEN and PNCB only in the aggregate to evaluate the CPEN Certification Program. (Select only one response unless directed otherwise.)

1. Initial RN preparation
 - Diploma
 - Associate degree
 - Bachelor's
 - Master's
 - Post Master's Certificate
 - Doctorate
2. Highest degree in nursing
 - Diploma
 - Associate's Degree
 - Bachelor's Degree
 - Master's Degree
 - Post Master's Certificate
 - Doctoral Degree
3. How many years have you been a registered nurse? Please enter whole numbers using numeric characters only on the lines below (e.g., 5).
_____ Years
4. How many years have you been a pediatric emergency nurse? Please enter whole numbers using numeric characters only on the lines below (e.g., 5).
_____ Years
5. Which of the following best describes your primary practice?
 - Pediatric Emergency Department in a Pediatric Hospital
 - Pediatric Emergency Department in an All Age Hospital
 - All Age Emergency in an All Age Hospital
 - Freestanding Emergency Center or Urgent Care Facility
 - Flight or Ground Transportation
6. Which of the following best describes your facility?
 - Children's Hospital
 - Community Hospital
 - Major Medical Center
7. Which of the following best describes your current primary position?
 - Staff nurse or Charge nurse
 - Manager/Supervisor/Administrator
 - Educator
 - Advanced Practice
 - Trauma Coordinator
 - Transport Nurse
8. Please provide your Country of Education

9. Please provide your Hospital Employer (include City and State)

10. Hours per Week in nursing practice
 - < 20
 - 20-30
 - 31-40
 - >40
11. Are you a RN in one of the following?
 - Air Force
 - Army
 - National Guard
 - Navy
 - Reserves
 - None of the Above
12. Which of the following was your primary method of preparing for this examination?
 - A. Self-study
 - B. Informal study group
 - C. Hospital-organized review course or study group
 - D. Review course not organized by hospital
 - E. Practice exam
 - F. None of the above
13. Who paid for you to take this exam?
 - A. Myself
 - B. My employer paid the full exam cost up front.
 - C. My employer will reimburse me for the full exam cost if I pass.
14. Which of the following certification financial benefits do nurses at your facility receive?
 - A. One-time bonus
 - B. Increased hourly rate/pay increase
 - C. Both a bonus and a pay increase
 - D. Neither a bonus nor a pay increase
15. Of the following certification benefits, which is most important to you?
 - A. Credentials added to name badge
 - B. Professional advancement
 - C. Recognition in a newsletter or other publication
 - D. Recognition by a ceremony or a plaque with certified nurses' names, etc.
 - E. Nurses receive no other benefits at our facility
16. Which of the following was the way that you first heard about the CPEN examination?
 - A. Exam brochure
 - B. ENA Conference
 - C. Magnet Conference
 - D. SPN Conference
 - E. BCEN website
 - F. PNCB website
 - G. Colleague
 - H. Supervisor
 - I. Journal advertisement or article
 - J. Newsletter advertisement or article
 - K. Internet search
17. Which of the following was your primary motivation to seek certification as a pediatric emergency nurse?
 - A. Personal sense of achievement
 - B. Required for advancement
 - C. Professional recognition
 - D. Verification of clinical competency
 - E. Increase in pay
 - F. Supervisor encouragement
 - G. Magnet program requirement
 - H. Colleague encouragement
 - I. Career enhancement
 - J. Increased autonomy
 - K. None of the above
18. Which of the following best describes your future employment plans?
 - A. No change planned
 - B. Planning to change employer
 - C. Planning to retire within the next 12 months
 - D. Planning to leave the nursing field
 - E. Unsure about future plans
19. Which of the following best describes how certification is viewed by your employer?
 - A. Mandatory for practice and advancement
 - B. Voluntary for practice and advancement
 - C. Mandatory for practice, voluntary for advancement
 - D. Voluntary for practice, mandatory for advancement
20. What national nursing certifications do you hold?

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	CCRN
<input type="checkbox"/>	<input type="checkbox"/>	CEN
<input type="checkbox"/>	<input type="checkbox"/>	CFRN
<input type="checkbox"/>	<input type="checkbox"/>	CPN
<input type="checkbox"/>	<input type="checkbox"/>	CTRN
21. Which of the following courses have you completed?

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	ACLS
<input type="checkbox"/>	<input type="checkbox"/>	ENPC
<input type="checkbox"/>	<input type="checkbox"/>	NRP
<input type="checkbox"/>	<input type="checkbox"/>	PALS
<input type="checkbox"/>	<input type="checkbox"/>	TNCC

Extension of Eligibility

Directions: Use this form to request a 90-day extension of eligibility. Complete all requested information. This form and \$100 fee must be received by AMP no later than five (5) business days prior to the completion of your eligibility period. Requests for extension of eligibility received after eligibility periods have expired will not be honored. Your new 90-day eligibility period will begin on the date your request is processed by AMP.

First Name	MI	Last Name	Other Name Used
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Street Address or PO Box

City	State	Zip Code	Country
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Home Phone	Work Phone	Cell Phone
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E-mail Address

Fee: \$100

Payment Method: Acceptable forms of payment include personal check, money order, cashier check and credit card. If paying by credit card, please provide the following information:

VISA
 MasterCard
 American Express
 Discover

Credit Card Account Number	Expiration Date (Month/Year)
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I agree to pay above amount according to card issuer agreement.

Signature	Date
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Withdrawal Request Form

Directions: Use this form to withdraw from the examination. Complete all requested information. This form must be received by AMP no later than five (5) business days prior to completion of your 90-day eligibility period. You will receive a refund of your examination fee less a \$65 processing fee. Withdrawal requests received after termination of your 90-day eligibility period will not be honored and fees will not be refunded.

First Name	MI	Last Name	Other Name Used
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Street Address or PO Box

City	State	Zip Code	Country
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Home Phone	Work Phone	Cell Phone
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E-mail Address

Reason for Request: _____

Signature	Date
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Mail/Fax this form to:

Applied Measurement Professionals
Attn: Examination Services
18000 W 105th Street
Olathe, Kansas 66061
Fax: 913-895-4650

Request for Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

Candidate Information

Social Security Number XXX – XX – _____ (last four digits)

Name (Last, First, Middle)

Street Address

City

State

Zip Code/Postal Code

Country

Daytime Telephone Number

Fax Number

E-mail Address

Special Accommodations

I request special accommodations for the _____ examination.

Please provide (check all that apply):

- Special seating
- Reader
- Extended testing time (time and a half)
- Separate room
- Other special accommodations (Please specify.)

Comments: _____

Signed: _____ Date: _____

**Return this form at the time of your application to:
AMP, Candidate Support Center, 18000 W. 105th Street, Olathe, KS 66061-7543.**

Documentation of Disability-Related Needs

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required test accommodations.

Professional Documentation

I have known _____ since ____ / ____ / ____ in my capacity as a
Examination Candidate Date

Professional Title

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Describe disability below: _____

Signed: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____

Date: _____ License #: _____

Return this form at the time of your application to:
AMP, Candidate Support Center, 18000 W. 105th Street, Olathe, KS 66061-7543.