



LACE Statement on APRNs Changing a Population or Role Approved LACE Network Nov. 1, 2021

The purpose of this document is to provide guiding principles when an APRN changes a population or role, in accordance with the information in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education, 2008.

When an APRN changes a role or population, the APRN **must** complete an accredited graduate program which includes a post-graduate certificate, master's, a Doctor of Nursing Practice (DNP) or Doctor of Nurse Anesthesia Practice (DNAP) program that aligns with the new role or population. The APRN sits for the national certification examination that aligns with the new role or population of the education program successfully completed. This includes the national certification examination for either primary or acute care for the for NP with a pediatric or adult-gerontology population focus.

The 2008 Consensus Model for APRN Regulation set forth the four recognized advanced practice registered nurse (APRN) roles and six population foci. The four roles are certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). The six population foci are family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health/gender-related, and psychiatric/mental health. The APRN is educated at the graduate level in at least one of the four (4) roles and at least one of the six (6) populations. The APRN sits for the national certification examination that aligns with the APRN role and population of the graduate program successfully completed. This includes the national certification examination for either primary or acute care for the for NP with a pediatric or adult-gerontology population focus

Considerations when changing an APRN role or population:

- RN or APRN experience is not accepted in lieu of completing an accredited graduate level program i.e., post-graduate APRN certificate, master's degree, or DNP or DNAP degree, that aligns with the new role and population.
- The institution offering an accredited post-graduate APRN certificate completes a formal gap analysis to determine if any courses or faculty supervised clinical hours can be accepted from the candidate's previous APRN graduate education **and** determine the additional courses and faculty supervised clinical hours required to enable the student to meet national competencies for the new role and population and obtain the institution's post-graduate certificate.
- Programs outside of a graduate institution, e.g., post-graduate APRN residency and fellowship programs, are not a substitute for the completion of a formal accredited post-graduate APRN certificate, master's degree, or DNP or DNAP degree in the new role or population.
- Specialty preparation or certification, i.e., orthopedics, endocrinology, pain management, cannot be used in lieu of completing a formal accredited post-graduate APRN certificate, master's degree, or DNP or DNAP degree in the new APRN population or role and sitting for the national certification examination that aligns with the new APRN role and population.