

ABPANC's Guide To

cpa[®]
&
capa[®]

Recertification

Recertification
H a n d b o o k

Master Copy

cpan® capa®

American Board of Perianesthesia Nursing Certification, Inc.

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Vision

Recognizing and respecting the unequalled excellence in the mark of the CPAN® and CAPA® credential, perianesthesia nurses will seek it, managers will require it, employers will support it, and the public will demand it.

Organizational Values Provide The Context For All We Do

Excellence

Promotion of excellence in perianesthesia patient care is the driving force behind ABPANC's existence, contributing to quality patient care.

Integrity

ABPANC values integrity as a commitment to a fair certification process.

Innovation

ABPANC values innovation as an integral part of continual learning, development and improvement within our sphere of influence.

Dedication

Dedication is reflected in our celebration of perianesthesia nursing and the certified perianesthesia nurse.

Mission

ABPANC's mission is to assure a certification process for perianesthesia nurses that validates knowledge gained through professional education and experience, ultimately promoting quality patient care.

The mission is driven by:

- *ABPANC's commitment to professional practice and advocating the value of certification to health care decision-makers and the public;*
- *The ongoing administration of valid, reliable and fair certification programs;*
- *Ongoing collaboration with ASPAN and other specialty organizations;*
- *Evolving psychometric and technological advances in testing; and*
- *Legal and regulatory standards.*

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Introduction

2009 Exam Construction Committee



CERTIFICATION OVERVIEW

THE AMERICAN BOARD OF PERIANESTHESIA NURSING CERTIFICATION, INC. (ABPANC)

The American Board of Perianesthesia Nursing Certification, Inc. (ABPANC) is a non-profit corporation that was established in 1985 for the purpose of sponsoring specialty nursing certification programs for nurses caring for perianesthesia patients.

DEFINITION OF CERTIFICATION

ABPANC has adopted the following definition of certification as defined by the American Board of Nursing Specialties:

Certification is the formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes (ABNS, 2003).

Retrieved June 30, 2009 from www.nursingcertification.org.

Most importantly, certification exists to protect the public. Maintaining an active certification status through recertification is the way in which certified professionals demonstrate to the public that they have current and up-to-date knowledge and experience.

CPAN® AND CAPA® CREDENTIALS

The CPAN® and CAPA® credentials, granted to qualified registered nurses by ABPANC, are federally registered certification marks and are protected by law. The initials CPAN® stand for Certified Post Anesthesia Nurse and the initials CAPA® stand for Certified Ambulatory Perianesthesia Nurse. Registered nurses who have not achieved CPAN® and/or CAPA® certification status, or whose certification status has lapsed, are not authorized to use these credentials. To keep their certification status current, individuals must recertify every three years, either by re-examination or by contact hours through ABPANC's Continual Learning Program. See the sections on Length of Certification Period and Options for Recertifying in this Handbook for more information.

RECOGNITION OF CERTIFICATION

Individuals who successfully complete the CPAN® and/or CAPA® initial certification examination and who successfully recertify, either by re-examination or through ABPANC's Continual Learning Program, may use the CPAN® and/or CAPA® credentials after the RN licensing credential as follows:

Becky Smith, RN, CPAN® or Robert Jones, RN, BSN, CAPA®

Each certified individual is issued a wallet identification card and wall certificate recognizing CPAN® or CAPA® certification status.

A listing of CPAN® and CAPA® certified nurses will be maintained by ABPANC and their names, city, and state will be published on its website.

BENEFITS OF CERTIFICATION

CPAN® and CAPA® certification, nationally recognized in scope, validates the perianesthesia nurse's specialized knowledge and experience, thereby promoting quality patient care. Certified nurses are viewed as leaders, mentors and role models in perianesthesia nursing. Studying for and/or maintaining CPAN® or CAPA® certification keeps you up-to-date on the latest developments in your specialty and demonstrates your commitment to lifelong learning. The CPAN® and CAPA® certification designations are a visible reminder to patients, their loved ones, your peers and co-workers, and other members of the healthcare team, of the certified perianesthesia nurse's significant professional achievement.

SPONSORSHIP/ADMINISTRATION

The CPAN® and CAPA® certification programs are sponsored by ABPANC. To assist with the development and administration of the CPAN® and CAPA® examinations, ABPANC contracts with Professional Examination Service (PES), a testing organization with more than 60 years of experience in the development and administration of licensing and certification examinations. CPAN® and CAPA® examinations are offered on computer at hundreds of Prometric test centers throughout the US and worldwide. Prometric is a leading global provider of comprehensive testing and assessment services. Contact information for ABPANC, PES and Prometric is listed in the Quick Reference Guide found in Appendix A.

ABSNC ACCREDITATION

Both the CPAN® and CAPA® certification programs are accredited by the Accreditation Board for Specialty Nursing Certification (ABSNC), formerly known as the ABNS Accreditation Council. Accreditation status is granted for five years. ABSNC is the standard setting body for specialty nursing certification programs and offers a stringent and comprehensive accreditation process. ABPANC provided extensive documentation demonstrating that it has met the 18 ABSNC standards of quality.

For individuals who are interested in becoming CPAN® and/or CAPA® certified or those already certified, ABSNC accreditation means that a nationally recognized accrediting body has determined that the CPAN® and CAPA® certification programs are based on a valid and reliable testing process and that the processes in place to develop, administer and score the examinations, as well as the recertification program's requirements meet or exceed the standards of the certification industry from a legal, regulatory and association management perspective.

For further information about ABSNC and the accreditation process and standards, visit their website at www.nursingcertification.org.





PROFESSIONAL MEMBERSHIP

Professional membership in any association or organization, including the American Society of PeriAnesthesia Nurses (ASPAN), is not required to participate in the CPAN® and/or CAPA® certification programs. However, ABPANC offers discounted examination and recertification fees to individuals who are ASPAN members. In order to receive the ASPAN member discount, you must already be an ASPAN member and provide a current and valid ASPAN membership number when you apply online to recertify either through re-examination or through ABPANC's Continual Learning Program (contact hours).

If you have a question regarding ASPAN membership or programs, call ASPAN at 1-877-737-9696, email aspan@aspan.org, or visit their website at www.aspan.org. ABPANC, a separate and distinct organization from ASPAN, does not have information about membership. ASPAN is your source for information about your specific membership, its many member benefits and programs. Any issues or questions related to the CPAN® and/or CAPA® certification/recertification programs should be directed to ABPANC, not ASPAN.

GENERAL ABPANC POLICIES

Submission of an online recertification application attests that you have read this Handbook thoroughly and agree to be bound by all policies and procedures described here.

NONDISCRIMINATION POLICY

It is the policy of ABPANC that no individual shall be excluded from the opportunity to participate in the ABPANC certification/program on the basis of ethnic origin, national origin, religion, sex, age, disability, marital status or sexual orientation.

DENIAL OF CERTIFICATION DUE TO INELIGIBILITY

In the event that ABPANC determines that you are ineligible for recertification, a review and appeal process is available to you. The Review Phase is conducted by the Review Committee; the Appeal Phase by the ABPANC Board of Directors. The decision of the Board of Directors is final.

Failure of the CPAN® or CAPA® examination is not subject to appeal.

REVOCAION OF CERTIFICATION DUE TO MISCONDUCT

A Review, Hearing and Appeal Process is available to individuals seeking an amendment of a decision where disciplinary action has been taken and sanctions have been imposed upon their certification status or ability to seek certification/recertification due to misconduct.

Misconduct includes but is not limited to:

- Falsification of any information contained in the certification application.
- Falsification of any information contained in the recertification application.
- Falsification of any information requested by ABPANC.
- Failure to maintain eligibility requirements.
- Failure to pay fees.
- Misrepresentation of certification status.
- Gross or repeated malpractice or negligence.
- Cheating or other irregularities related to the administration of a CPAN® or CAPA® examination.
- Revocation or suspension of RN license and/or restrictions placed on the RN license.
- Failure to maintain the confidentiality of certification examination questions or answer sheets.
- Limitation or sanction imposed by another professional organization relating to professional nursing.
- Unauthorized possession of, use of or access to CPAN®/CAPA® examinations, certificates, wallet identification cards, logos of ABPANC, the terms Certified Post Anesthesia Nurse (CPAN®) and Certified Ambulatory Perianesthesia Nurse (CAPA®) and abbreviations relating to these terms, and any other ABPANC documents and materials.
- Habitual use of alcohol, any drug or any substance, or any physical or mental condition which impairs competent and objective professional performance.
- Failure to report a known violation of ABPANC's standards, policies or procedures.
- The conviction of a plea of guilty or plea of nolo contendere to a felony or misdemeanor related to nursing. This also includes, but is not limited to, a felony involving rape, sexual abuse of a patient or child, actual or threatened use of a weapon or violence, and the prohibited sale, distribution or use of a controlled substance.

AUDIT OF INFORMATION SUBMITTED

ABPANC reserves the right to audit any or all applications and supporting documentation submitted by certification and recertification candidates. A percentage of examination and recertification applications are randomly selected for audit. If you have been randomly selected for audit, you will be notified in the first renewal notice sent to you approximately 120 days prior the expiration of your credential.

Submission of an application indicates your agreement to comply with the terms of the audit process. Documentation requested during the audit process that is not submitted or is unacceptable will result in denial of recertification. Certificants have the right to request the Review and Appeal Process and information about this process will be provided to them.



Recertification Program Overview

LENGTH OF CERTIFICATION PERIOD

Certification is conferred for a period of three years.

Note: To accommodate the change from paper/pencil to computer-based testing which began in Spring 2009, the beginning and ending dates of your certification period have been changed slightly for those certified prior to Spring 2009. This change does not penalize certificants who were initially certified prior to Spring 2009.

For all certificants who initially certified in the Spring (April or May), your certification period is from April 1 through 11:59 pm* April 30 (3 years later). Contact hours must be accrued during this timeframe. Certification status will expire at 12 midnight on May 1.

For all certificants who initially certified in the Fall (October or November), your certification period is from October 1 through 11:59 pm* October 31 (3 years later). Contact hours must be accrued during this timeframe. Certification status will expire at 12 midnight on November 1.

Unless you successfully recertify, your credential expires at the end of three years, at midnight on May 1 or November 1.

*A specific time is indicated due to the change from a mail postmark for paper applications to an online recertification system.

ELIGIBILITY REQUIREMENTS

In addition to successfully completing one of the two options for recertifying, all individuals seeking recertification must also:

- have a current, unrestricted* registered nurse license in the United States or any of its territories which use the National Council Licensing Examination (NCLEX) as the basis for determining RN licensure.

* Unrestricted means that the RN license, issued by a state board of nursing, must not have provisions or conditions that would limit the nurse's practice in any way. It is the responsibility of the exam applicant or CPAN®/CAPA® certified nurse to notify ABPANC when any restrictions are placed on their RN license.

- have accrued a minimum of 1200 hours of perianesthesia nursing practice as a Registered Nurse during their three year period of certification. Clinical practice hours may be earned in staff nurse, manager, educator or researcher roles.

Relevant practice is based on patient needs and the amount of time patients spend in the specific phases described by the Perianesthesia Continuum of Care (as defined in ASPAN's most current Standards of Perianesthesia Nursing Practice, Perianesthesia Nursing).

Regardless of your role and the setting in which you practice, if you are CPAN® certified and if most of your time is focused on patients in Phase I, you meet the experience requirement to recertify your CPAN® credential. If you are CAPA® certified and if most of your time is focused on patients in the Preanesthesia Phases of Preadmission and/or Day of Surgery, Phase II, and/or Extended Observation (formerly known as Phase III), you meet the experience requirement to recertify your CAPA® credential.

To further clarify, the experience requirement for CPAN® and CAPA® certified nurses who are recertifying is different from those individuals who are seeking certification for the first time.

Additional eligibility requirements for recertification may be adopted by ABPANC at its sole discretion. These requirements will be designed to establish, for the purposes of certification, the adequacy of a certificant's knowledge and experience in caring for perianesthesia patients.

FEES

The recertification fee is due at the time you apply online and must be paid by credit card. ABPANC accepts VISA, MasterCard, American Express, or Discover. No other forms of payment will be accepted.

Please note: Fees are for processing and application review and are not refundable.

	Option 1 Re-Examination	Option 2 Continual Learning Program
ASPAN Member*	\$285	\$185
Non-ASPAN Member	\$385	\$300

*In order to receive the ASPAN member discount, you must already be an ASPAN member and provide a current ASPAN membership number when you apply online for recertification. Your name in the ASPAN database must exactly match the name you enter on the recertification application. If your name has changed, you will need to contact ASPAN to update your membership information before applying for recertification. If you have any questions regarding ASPAN membership, call ASPAN at 1-877-737-9696, email aspan@aspan.org or visit their website at www.aspan.org.

If you pay the non-member fee and subsequently obtain ASPAN membership, you will not be reimbursed for the fee difference. There will be no exceptions. When you enter your ASPAN membership information on the online recertification application, ABPANC immediately verifies with ASPAN that membership is current. If ABPANC is unable to verify ASPAN membership, you will be charged the non-member fee.

OPTIONS FOR RECERTIFYING

Two options are available when seeking recertification: 1) by re-examination or 2) by contact hours through ABPANC's Continual Learning Program. Only one option may be selected at the time of recertification. It is not permissible to take the examination and then, if unsuccessful, to renew through the Continual Learning Program.



RECERTIFICATION OPTION 1 RE-EXAMINATION

This option requires you to meet the eligibility requirements described in the Eligibility Requirements section of this Handbook and to successfully complete the appropriate certification examination. The CPAN® and CAPA® examinations are administered on computer at hundreds of Prometric testing centers located around the country. Detailed information about the CPAN® and CAPA® examinations is available in the *Certification Candidate Handbook*, which may be downloaded from the ABPANC website, www.cpancapa.org.

Application Process

To recertify by examination, download a copy of the *Certification Candidate Handbook* no later than 5 months prior to your certification expiration date. **Please read the Handbook carefully and refer to Appendix E for applicable deadline dates.** You will need to register online approximately 4 months before your expiration date as stated in Appendix E.

If your certification status expires in the Spring (April/May), you must register during the Spring Registration Window and take the examination in the Spring Examination Administration Window. If your certification status expires in the Fall (October/November), you must register during the Fall Registration Window and take the examination in the Fall Examination Administration Window.

RECERTIFICATION OPTION 2 CONTINUAL LEARNING PROGRAM

This option requires you to meet the eligibility requirements described in the Eligibility Requirements section of this Handbook and to successfully complete 90 contact hours of acceptable continual learning activity.

The Continual Learning Program encompasses a wide spectrum of activities that ABPANC believes reflect continual learning. These activities not only lead to enhanced knowledge for the certified perianesthesia nurse but ultimately, to quality patient care.



The Continual Learning Program has several dimensions:

- (1) A required number of contact hours – 90;
- (2) Direct and Indirect Care categories;
- (3) Time frame for earning contact hours; and
- (4) Whether this is your first, second or third or more time to recertify.

Number of Contact Hours

You must earn a total of 90 contact hours during your three year certification period. The number of contact hours awarded is based on the commonly accepted educational contact hour of 60 minutes equals one contact hour. Contact hours and Continuing Education Units (CEUs) all measure 60 minutes of actual classroom time. Sixty (60) minutes = 1 contact hour = 0.1 CEU. For example, if you attended an educational program and earned 0.6 CEUs, then 6 contact hours would be awarded for this program.

ABPANC has predetermined the number of contact hours awarded for some continual learning activities such as taking life support classes, teaching, writing, precepting, etc. A description of the types of activities and the number of contact hours awarded for these activities are described in this Handbook. If you are uncertain about how to determine contact hours for a continual learning activity, do not hesitate to contact the ABPANC national office by emailing abpanc@proexam.org or calling 1-800-6ABPANC and press Option 2 for assistance.

Contact hours are not awarded for registration, introductions, breaks, lunch, or clinical time. Contact hours are not awarded by ABPANC for completion of certification examinations offered by other organizations.

Direct and Indirect Care Categories

Two categories of continual learning activities have been identified by ABPANC: Direct Care and Indirect Care.

Direct Care

Direct Care learning activities directly impact perianesthesia patients, their family, and significant others. In other words,

Direct Care is about patients and their loved ones.

For example, a class, inservice, or home study about ABG Interpretation applies to Direct Care as would writing a policy and procedure dealing with hyperthermia.

Indirect Care

Indirect Care learning activities primarily impact nurses and their ability to deliver perianesthesia nursing care. In other words, **Indirect Care is about nurses**. For example, a class on Nursing Leadership applies to Indirect Care as would serving on the Education Committee of an ASPAN component.

Examples of learning activities that apply to Direct and Indirect Care are found in Table 1.

Time Frame for Earning Contact Hours

All contact hours must be obtained during your three year certification period. If you passed your initial certification examination in the Spring (April or May), your certification period begins April 1 of the year you first certified and expires at midnight on May 1, three years later. Contact hours must be earned April 1 through 11:59 pm on April 30, three years later.

If you passed your initial certification examination in the Fall (October or November), your certification period begins October 1 of the year you first certified and expires at midnight on November 1, three years later. Contact hours must be earned October 1 through 11:59 pm on October 31, three years later.

For example, if you are due to renew your certification status in Spring 2012, you may earn contact hours from April 1, 2009 through April 30, 2012. If you are due to renew your certification status in Fall 2011, you may earn contact hours from October 1, 2008 through October 31, 2011.

First, Second or Third or More Recertification
To successfully recertify, you must earn 90 contact hours during your three year certification period.

The number of contact hours needed in the Direct and Indirect Care categories varies depending on how many times you have recertified, as described below. Regardless of the number of times you have recertified, you may earn all 90 contact hours in Direct Care, if you choose.

In recognition of an individual's changing learning needs and professional interests over time, you may earn the required contact hours as follows:

First Recertification Period

If you are recertifying for the first time, you must earn a minimum of 60 contact hours in Direct Care. The remaining 30 contact hours may be earned in either Direct or Indirect Care.

Second Recertification Period

If you are recertifying for the second time, you must earn a minimum of 45 contact hours in Direct Care. The remaining 45 contact hours may be earned in either Direct or Indirect Care.

Third or More Recertification Period

If you are recertifying for the third time or more, you must earn a total of 90 contact hours. No minimum is required in Direct Care if you are recertifying for the third or more time.



Keeping Track of Contact Hours

It is your professional responsibility to monitor your own progress since ABPANC does not monitor the number of contact hours you earn.

To facilitate your ability to log and track the contact hours that you earn, ABPANC has created an Electronic Filing Cabinet containing a Continual Learning Documentation Log Form. To access this feature of the Online Recertification System, visit ABPANC's website at www.cpancapa.org, click on either the Recertification Link or Get Recertified link, scroll down and click on the Online Recertification System and follow the prompts.

If you are accessing the online Recertification System for the first time, you will be prompted to create an online user account before you are able to use the Electronic Filing Cabinet. If you have previously created an account on this system, please log in to your account at the prompt. Your online user account may be created at any time.

You are encouraged to log your continual learning activities as you earn them throughout your three year certification period and keep copies of documentation verifying your participation. If you are selected for audit, when it is time for you to recertify, you will be required to submit a completed Continual Learning Documentation Log form and documentation of participation. The log forms can be printed directly from the online Recertification System. Updating the log form on a regular basis will save you time when you apply for recertification. Verification of Participation forms for the various continual learning activities are found in Appendix A through I of this Handbook and may be copied from this Handbook or downloaded from ABPANC's website for your convenience.

NOTIFICATION OF RECERTIFICATION STATUS

If you have not been selected for audit, you will be notified immediately by email that you have successfully recertified. A wall certificate and wallet identification card will be mailed to the address indicated on your recertification application approximately 2 weeks after the successful processing of your application.

If you have been selected for audit, you will be notified of your recertification status via first class mail approximately four weeks after ABPANC's receipt of your recertification material. If you have successfully recertified, a wall certificate and wallet identification card will be included in this mailing.

To avoid the possible disruption in any monetary reward granted by your institution for certification, it is strongly recommended that you submit your online application at least 4 weeks prior to your expiration date! This will allow time for audited certificants to mail their documentation and for ABPANC's review of this information, including contacting the two individuals you identified to verify RN licensure and clinical practice eligibility. Once your recertification material has been received by ABPANC, you are considered certified until otherwise notified.

If an employer requires further verification of certification status during this period, a request for such verification can be made by contacting ABPANC at abpanc@proexam.org. In addition, if your application is not complete and additional documentation is required, you will be notified and must submit this information prior to the stated deadline. This step will lengthen the application review time. Applications are reviewed and processed in date order received.

Online Recertification Process

ONLINE RECERTIFICATION SYSTEM

ABPANC has developed a new online Recertification System that will be implemented beginning with the Fall 2009 recertification cycle. To recertify in Fall 2009 and thereafter, you will need to apply online; paper applications are no longer accepted.

Your online recertification application may be submitted at any time during the "Application Window". The "Application Window" is the time period during which recertification applications will be accepted.

If you hold both the CPAN® and CAPA® credentials and both are due to be recertified at the same time, you must submit two separate recertification applications.

You will be notified in your first renewal notice if you are being audited. If you are due to recertify in the Spring, your first renewal notice will be sent to you in December; if you are due to recertify in the Fall, your first renewal notice will be sent to you in July. If you do not receive a first renewal notice please notify ABPANC at abpanc@proexam.org or call 1-800-6ABPANC and press Option 2.

To apply online, visit ABPANC's website at www.cpancapa.org, click on either the Recertification Link or Get Recertified link, scroll down and click on the Online Recertification System and follow the prompts.

To apply online, you must have an email address where information can be sent and you must have printing capability. You should use the same email address each time you log in to the system. If you do not already have an email address, you can obtain a free email address through Internet sites such as gmail.com, yahoo.com, hotmail.com, etc. If you do not have your own computer, you might ask to use a work computer, a relative's computer, a friend's computer, or go to an Internet café or public library.

RECERTIFICATION APPLICATION WINDOWS AND DEADLINES

All recertification applications must be submitted during either the Spring or Fall application window, whichever is applicable. If you are due to recertify in the Spring, you must submit a completed online application between January 1 and 11:59 pm April 30*. If you are due to recertify in the Fall, you must submit a completed online application between August 1 and 11:59 pm October 31*.

	Spring Recertification Cycle	Fall Recertification Cycle
Online Application Window	January 1* until 11:59 pm** on April 30	August 1* until 11:59 pm** on October 31

*If January 1 or August 1 falls on a Friday, Saturday, or Sunday, ABPANC reserves the right to change the date to the following Monday to ensure your access to Customer Service if needed.

**No online applications will be accepted after 11:59 pm Eastern Time (ET) on the deadline date indicated above. This is an absolute deadline.

Note: If you do not submit an online application before the close of the application window, upon receiving written notice from ABPANC that your credential has expired, you may initiate the Review and Appeal process as described in this expiration notice.



SUBMITTING AN APPLICATION

Submission of an online recertification application or examination application attests that you have read this Handbook (or *Certification Candidate Handbook* if recertifying by re-examination) thoroughly and agree to be bound by all policies and procedures described here.

By submitting an application, you are affirming that the information provided on the application and any additional requested documentation is true and that you understand that misconduct such as falsification or misrepresentation of information requested by ABPANC or engaging in unethical behavior during the administration of the CPAN® or CAPA® examination, such as cheating or other irregular behavior, may be cause for disciplinary action and sanctions, including but not limited to (1) denial of CPAN® and/or CAPA® certification; (2) revocation of CPAN® and/or CAPA® certification; (3) denial of the opportunity to sit for the CPAN® and/or CAPA® certification examination; and (4) non-release of scores.

Other examples of misconduct are described in the Revocation of Certification Due to Misconduct section of this Handbook. Further, you are granting permission to ABPANC to make inquiries which may be necessary to verify this information. Finally, you are agreeing to abide by the rules and decisions of ABPANC.

The process you will use for submitting a recertification application depends on whether you have been selected for audit, as noted in the first renewal notice sent to you 120 days prior to your expiration date. If you are not selected for audit, you will complete the recertification process entirely online.

If you are selected for audit, you will not only complete the online application but you are required to complete the Continual Learning Documentation Log form, and mail copies of materials noted below to ABPANC as described in the section of this Handbook called Submitting an Application Online (For Certificants Being Audited).

SUBMITTING AN APPLICATION ONLINE (FOR CERTIFICANTS NOT BEING AUDITED)

The following instructions apply **only** to certificants who have **NOT** been selected for audit.

Note: When applying online, you will need to have the following information available: (1) your CPAN and/or CAPA credential (certification) number (located on your ABPANC wallet identification card); (2) your ASPAN membership number (if you wish to receive the ASPAN member fee discount); (3) your RN license number and expiration date; and (4) credit card information.

Please follow the instructions listed below to apply online for CPAN® or CAPA® recertification:

1. Visit www.cpancapa.org and click on either the Recertification Link or Get Recertified link, (found on the home page), scroll down and click on the Online Recertification System and follow the prompts.
2. If you are accessing the Online Recertification System for the first time, you will be prompted to create an online user account before you are able to recertify. If you have previously created an account on this system, please log into your account at the prompt. **You should use the same email address each time you log into the system.** Do not create more than one account.
3. Complete (or update) the Certificant Profile Information page. If you have a name and/or address change, please refer to the instructions in the Name Change and Address Change section of this Handbook.
4. From the Main Menu page, click on the link next to the option to Submit an Application to recertify either your CPAN® or CAPA® credential.
5. Answer all questions found on the Demographic Questions page.
6. Read the ABPANC Recertification Honor Statement carefully and select "I agree" (if you meet the conditions) in order to submit your recertification application.

7. Complete the Payment Information page.
8. Review the information presented on the Certificant Profile/Payment Information Review page, make any necessary changes, and print the page for your records.
9. Contact PES Customer Service at 1-800-6ABPANC (622-7262) and press Option 1 if you did not receive a confirmation email acknowledging successful completion of your recertification application within 24 hours of submitting your recertification application.

Note: If you cannot complete or finish your online application for any reason, you can close your browser by clicking on the Sign Out icon at the top right of the computer screen and come back at a later date to finish the application. The information you previously entered will be retained provided you clicked “next” or “save” before clicking on the Sign Out icon.

If you encounter any *technical* difficulty, please contact ABPANC at abpnc@proexam.org, or call 1-800-6ABPANC (622-7262) and press Option 1 for Customer Service. If you have a question about the process of recertification or ABPANC policies and procedures, contact ABPANC at abpnc@proexam.org, or call 1-800-6ABPANC (622-7262) and press Option 2.

You will receive a confirmation email immediately if your recertification application has been approved. Within approximately two weeks, a wallet identification card, wall certificate, and other information including a sample press release, will be sent to the address provided in your application.

If your recertification application has not been approved, you will receive an email immediately that describes the steps you must take to correct the problem. If you do not correct the problem by the deadline stated in this email, you will not be recertified. A copy of the Review and Appeal Policy and Procedure will be emailed to you in the event you wish to request a review or appeal. This request will only be considered if the instructions and the deadline for requesting a Review and Appeal that are found in the Review and Appeal Policy and Procedure are followed.

SUBMITTING AN APPLICATION ONLINE (FOR CERTIFICANTS BEING AUDITED)

The following instructions apply **only** to certificants who have been selected for audit.

Note: When applying online, you will need to have the following information available: (1) your CPAN® and/or CAPA® credential (certification) number (located on your ABPANC wallet identification card); (2) your ASPAN membership number (if you wish to receive the ASPAN member fee discount); (3) your RN license number and expiration date; (4) contact information for two individuals who will be contacted to verify you have met the RN Licensure and Clinical Practice requirements. Verification may be provided by an RN supervisor/manager/director, or a CPAN® and/or CAPA® certified colleague who works with you in your practice setting. If you work in a setting where these types of individuals are not available, a physician or non-certified nursing staff members may serve as verifiers; and (5) credit card information.

If selected for audit, please follow the instructions listed below to apply online for CPAN® or CAPA® recertification:

1. Visit www.cpancapa.org and click on either the Recertification Link or Get Recertified link, (found on the home page), scroll down and click on the Online Recertification System and follow the prompts.
2. If you are accessing the online Recertification System for the first time, you will be prompted to create an online user account before you are able to recertify. If you have previously created an account on this system, please log in to your account at the prompt. You should use the same email address each time you log into the system. Do not create more than one account.
3. Complete (or update) the Certificant Profile Information page. If you have a name and/or address change, please refer to the instructions in the Name Changes and Address Changes section of this Handbook.
4. From the Main Menu page, click on the link next to the option to Submit an Application to recertify either your CPAN® or CAPA® credential.
5. Answer all questions found on the Demographic Questions page.

6. Complete the Clinical Practice Requirement form.
7. Complete the Verification of Eligibility form. It is your responsibility to notify these individuals that you have listed their names and that they may be contacted to verify your eligibility.
8. Complete the Continual Learning Activity Documentation Log form.
9. Complete the Payment Information page.
10. Review the information presented on the Certificant Profile/Payment Information Review page, make any necessary corrections, and print the page for your records.
11. Click the Print button to print the following completed forms for submission to ABPANC:
 - a. Certificant Profile Information page
 - b. RN Licensure and Clinical Practice Requirement form
 - c. Verification of Eligibility form
 - d. Continual Learning Activity Documentation Log form
12. Attach copies of documentation verifying each continual learning activity **in the order listed** on the Continual Learning Activity Documentation Log form.
13. Package the documents in the order listed in steps 11 and 12.
14. Mail the documents using a secure and traceable method (such as USPS Priority or Express Mail, UPS, Federal Express, Certified Mail – Return Receipt Requested) to:

ABPANC
475 Riverside Drive, 6th Floor
New York, NY 10115-0089
ATTN: Recertification Audit

15. Keep a copy of these documents for your records and retain documentation of how you mailed the material until you are notified of your recertification status.
16. Contact PES Customer Service at 1-800-6ABPANC (622-7262) and press Option 1 if you did not receive a confirmation email acknowledging successful completion of your online recertification application within 24 hours of submitting your recertification application.

You will be notified of your recertification status via email within approximately four weeks following ABPANC's receipt of your recertification materials.

Any of the aforementioned documents that are post-marked more than 5 business days after the date you applied online will be returned to you unprocessed and your credential will not be renewed.

If ABPANC determines you have not submitted documentation for all continual learning activities or an individual(s) you named to verify your current RN license and clinical experience is unable to do so, you will be notified by email of the next steps to correct the problem(s). If the problem(s) is (are) not corrected as described in this email, your certification credential will not be renewed. A copy of the Review and Appeal Policy and Procedure will be emailed to you in the event you wish to request a review or appeal. This request will only be considered if the instructions and the deadline for requesting a Review and Appeal that are found in the Review and Appeal Policy and Procedure are followed.

Note: If you cannot complete or finish your online application for any reason, you can close your browser by clicking on the Sign Out icon at the top right of the computer screen and come back at a later date to finish the application. The information you previously entered will be retained provided you clicked "next" or "save" before clicking on the Sign Out icon.

If you encounter any technical difficulty, please contact ABPANC at abpanc@proexam.org, or call 1-800-6ABPANC (622-7262) and press Option 1 for Customer Service. If you have a question about the process of recertification or ABPANC policies and procedures, contact ABPANC at abpanc@proexam.org, or call 1-800-6ABPANC (622-7262) and press Option 2.

UPDATING CERTIFICANT PROFILE INFORMATION

• NAME CHANGES

It is important to notify ABPANC of any name change as soon as possible. To correct minor changes in your name (e.g., incorrect middle initial, missing hyphen, misspelling), email ABPANC at abpanc@proexam.org and provide them with the correction(s). Please allow 3 business days for changes to be updated.

To change your name because of a legal name change (e.g., marriage, divorce), you must submit the original legal documentation with embossed (raised) seal or with a notarized signature to ABPANC by mail using a secure and traceable method (such as USPS Priority or Express mail, UPS, Federal Express, Certified Mail – Return Receipt Requested) so that it is received at least 15 days before

your expiration date. Please allow 10 business days for changes to be updated in the database. If you are unable to submit the documentation within this timeframe, please contact ABPANC a 1-800-6ABPNC and press Option 2 for further assistance.

• ADDRESS CHANGES

If you have created a user account on the Online Recertification System, you can update your address information at any time by going to www.cpancapa.org. Click on either the Recertification Link or Get Recertified link, (found on the home page), scroll down and click on the Online Recertification System and follow the prompts. Select the option to Update your Certificant Profile Information from the Main Menu. You will need the email address and the password you selected when you created your account in order to make an address change.



How To Earn Contact Hours

CPAN® AND CAPA® AS CONTINUING EDUCATION STUDENTS

Acceptable Activities

Examples of acceptable activities as a continuing education student include:

- Attendance at formal continuing education offerings
- Attendance at hospital and unit inservices
- Participation in home study or self study programs in professional journals or via computer that grant contact hours
- Life Support Classes

NOTE: Continuing education classes do not need to be formally approved and can be offered by hospitals, professional organizations or independent educational groups. These classes do not need to be approved for CEUs by an approved provider.

Number of Contact Hours Awarded

One (1) contact hour is awarded for each 60 minutes of classroom time. If CEUs are granted by the sponsoring organization, 0.1 CEU equal one (1) contact hour.

Direct Care/Indirect Care Determination

Please refer to the Direct and Indirect Care Categories section of this Handbook for a definition of Direct and Indirect Care. In addition, common examples of continual learning activities and whether they apply to Direct and Indirect Care can be found in Table 1.

ABPANC has predetermined that topics related to ASPAN standards apply to Direct Care and all legal and ethical topics apply to Indirect Care.

Life Support Classes

A maximum of 20 contact hours in Direct Care is awarded for Life Support Classes taken during your three year certification period.

ABPANC has predetermined the number of contact hours that are awarded for attending life support classes.

Contact hours are not awarded for life support classes that are taken more than once during your three year certification period. Contact hours are not awarded based on the number of hours in the class.

Regardless of the number of times a class was taken or the number of hours of the class, you will only receive the following number of Contact Hours per course in Direct Care.

ACLS	=	10 Contact Hours
PALS	=	10 Contact Hours
NALS	=	10 Contact Hours
ACLS Instructor Course	=	5 Contact Hours
BLS Instructor Course	=	5 Contact Hours
BLS-C	=	2 Contact Hours

For example, if during your three year certification period you took two ACLS courses, a BLS-C Course and one NALS course, you may apply 10 contact hours for one of the two ACLS courses and 10 contact hours for the NALS course to Direct Care, for a total of 20 contact hours. You would not be able to use the 2 contact hours for the BLS-C Course since you have reached the 20 contact hour maximum. Or, as another example, if you attended a 16 hour ACLS course and a 10 hour PALS course, you would be granted 10 contact hours for each course in Direct Care, for a total of 20 Contact Hours (the maximum allowed). The additional 6 hours of ACLS cannot be used.

REMEMBER: You will only be granted a maximum of 20 contact hours in Direct Care for life support classes taken during your three year certification period.

Documentation Required for Your Records

- Certificates of attendance that include your name, date of attendance, title of program, and contact hours or CEUs awarded, OR
- If you did not receive a certificate of attendance, a Verification of Continuing Education Attendance Form, located in Appendix A, should be used to document attendance at each continuing education class.
- Provider cards issued by the American Heart Association serve to document the completion of Life Support Classes.

CPAN® AND CAPA® AS ACADEMIC STUDENTS

Acceptable Activities

Academic courses offered by accredited colleges or universities that relate to Direct and/or Indirect Care are examples of acceptable activities. Courses required for a nursing major and credits acquired by challenge examinations are acceptable if they relate to Direct Care and/or Indirect Care.

Examples of courses which are NOT acceptable for contact hours include:

- History
- Math
- Art/Music
- English/Writing Courses
- Computer Courses
- Languages (unless related to patient population, i.e., medical Spanish)

Number of Contact Hours Awarded

The number of contact hours that are awarded for academic coursework is calculated as follows:

- In the semester system, one semester unit credit, one semester hour or one credit = **15 Contact Hours**.
- In the quarter system, one quarter unit credit, one quarter hour or one credit = **10 Contact Hours**.

For example, if you have three (3) semester hours of college credit for an academic course that is an acceptable continual learning activity, you would earn 45 contact hours in either Direct or Indirect Care, as appropriate. If you have four (4) quarter hours of college credit, you would earn 40 contact hours.

Contact hours will only be awarded if a passing grade is granted.

Direct Care/Indirect Care Determination

Direct Care contact hours are awarded for academic courses that relate directly to the care of perianesthesia patients. For example, the following academic courses would be considered Direct Care:

- Physical Assessment
- Pharmacology
- Anatomy and Physiology
- Pathophysiology
- Social/Cultural Anthropology
- Sociology/Psychology
- Medical languages, i.e., Spanish for Healthcare Providers and American Sign Language
- Chemistry/Biology/Microbiology

Indirect Care contact hours are awarded for academic courses that relate directly to perianesthesia nurses. For example, the following academic courses would be considered Indirect Care:

- Healthcare Management
- Business Management
- Research/Statistics
- Nursing Theory

Please note: If the course subject is not identifiable based on the title of the course, i.e., Nurs 310, a course description must be provided.

Documentation Required for Your Records

A formal transcript or grade report which clearly states (1) whether credit is given in semester hours or quarter hours; (2) grade; and (3) date of the course is required as documentation.

CPAN® AND CAPA® AS TEACHERS

Acceptable Activities

These activities encompass the CPAN®'s and CAPA®'s participation as an instructor within a structured framework of teaching/learning. This participation may be as the primary instructor, member of a team, guest lecturer, paper presenter, poster presenter, etc.

Examples of acceptable teaching activities include:

- Presentations/lectures such as inservices, seminars, clinical conferences, patient/family educational programs
- Presentations of original papers or posters
- Teaching life support courses such as BLS, ACLS, NALS, PALS

Number of Contact Hours Awarded

The number of contact hours that are awarded for teaching activities is based on the number of minutes **YOU** actually teach. Do not include the number of hours a co-instructor(s) has taught when calculating your contact hours. Four (4) contact hours are granted for each 60 minutes of lecture you give. You may earn continual learning credit for repeating the same presentation/lecture during your three year certification period - but only up to two additional repeats. One (1) contact hour is granted for each educational contact hour of the repeated presentation/lecture.

For example, a presentation on Assessing Breath Sounds, lasting 60 minutes, would be granted four (4) contact hours in Direct Care. If the presentation was repeated twice, two (2) additional contact hours (1 contact hour per repeat) would be earned in Direct Care for a total of six (6) contact hours. No further contact hours are earned if the lecture is repeated more than twice during your recertification period.

Direct Care/Indirect Care Determination

Direct Care contact hours are awarded for presentations and lectures that are directly related to perianesthesia patients. Indirect Care contact hours are awarded for presentations and lectures that address perianesthesia nurses.

Teaching Life Support Classes

ABPANC has predetermined the number of contact hours you can be awarded for teaching life support classes such as ACLS, BLS, NALS, PALS.

One (1) contact hour is granted in Direct Care for each 60 minutes of life support that **YOU** teach up to a **maximum** of 15 contact hours during your three year certification period. Even if you teach more than 15 hours of life support during your certification period, you will only earn the maximum of 15 contact hours in Direct Care.

For example, teaching eight (8) hours of ACLS earns eight (8) contact hours in Direct Care. Teaching 20 hours of ACLS earns the maximum of 15 contact hours in Direct Care.

Documentation Required for Your Records

A Verification of Presentation/Teaching Activity Form, located in Appendix B, should be used to document each presentation/lecture.

CPAN® AND CAPA® AS AUTHORS

Acceptable Activities

Acceptable activities include authoring items that are published in a book, journal, professional organization's newsletter, hospital newsletter, etc. In addition, editorial and reviewer activities are also acceptable.

Writing examination questions (items) for the CPAN®/CAPA® examinations also earn contact hours.

Specific acceptable activities for which contact hours can be awarded are listed below in Chart A.

Number of Contact Hours Awarded

ABPANC has predetermined the number of contact hours that are awarded for authorship, co-authorship, editorial, and reviewer activities.

Contact hours for joint authorship are determined by dividing the number of contact hours earned by the number of authors.

See *Chart A* to determine the number of contact hours that are awarded for authorship, co-authorship, editorial, and reviewer activities.

Chart A

Number of Contact Hours	Authorship Activity
2	Writing an article in a newsletter
30	Authoring a textbook less than 300 pages
60	Authoring a textbook more than 300 pages
5	Writing a book review
15	Writing a chapter in a book
10	Writing a journal article
3	Serving as a book or journal reviewer
15	Writing an original research article
5	Writing a pamphlet
2	Writing a research abstract
10	Writing a master's or doctoral thesis
15	Serving as a textbook editor
5	Serving as a newsletter editor
5	Developing a written learning module
5	Developing educational AVs for health care providers
3	Developing a preceptor program
5	Developing a poster (for presentation)
2	Writing questions for possible use on CPAN or CAPA examinations

Direct Care/Indirect Care Determination

Direct Care contact hours are awarded for authorship activities if the content is directly related to perianesthesia patients. Indirect Care contact hours are awarded for content that addresses perianesthesia nurses.



Writing CPAN® and/or CAPA® Examination Questions

For each CPAN® or CAPA® examination question written, two (2) contact hours will be awarded up to a maximum of 60 contact hours during your three-year certification period. *CPAN®s must write questions for the CPAN® examination, and CAPA®s must write questions for the CAPA® examination.*

All questions must be written per ABPANC specifications and submitted per instructions found on the ABPANC website. Writing examination questions is considered Direct Care. To learn how to write examination questions or to submit examination questions, email abpnc@proexam.org indicating your interest in writing items. Include your full name and email address. Once your CPAN® and/or CAPA® status is verified, you will receive an invitation from riw@proexam.org and further instructions.

Documentation Required for Your Records
A Verification of Author Activity Form, located in Appendix C, should be used to document each publication.

CPAN® AND CAPA® AS FACILITATORS OF QUALITY CARE

Acceptable Activities

Quality care activities are activities that define, assist or promote the improvement of patient/family care in the perianesthesia setting. These activities should assist you in maintaining or improving the safety, accuracy, and efficiency of patient care activities.

Activities that facilitate quality care include:

- writing policies (directives), procedures, protocols, standards of care, standardized nursing care plans, flowsheets, informational aids, evaluation tools
- serving on unit-based and hospital-wide committees

Number of Contact Hours Awarded

ABPANC has predetermined the number of contact hours that are awarded for facilitating quality care. Please note that contact hours are awarded based on the type of activity, not the number of hours spent on the activity.



Chart B

Number of Contact Hours	Authorship Activity
2	Standardized nursing care plans
2	Nursing policy, procedure, directive or protocol
2	Flowsheet, chart, or patient forms
2	Informational aids intended for use as a reference for staff
2	Patient educational aids, booklets or audiovisual projects
2	Evaluation tools based on outcome criteria in behavioral terms
3	Service on unit or hospital committees: such as audit, policy and procedure, QA, continuing education, anesthesia review, etc. (per committee, per year)

For example, if you spent 14 hours writing three policies, you would receive 6 contact hours (2 for each policy), not 14 contact hours.

A maximum of 9 contact hours may be earned for this activity during your three year certification period.

Direct Care/Indirect Care Determination

Direct Care contact hours are awarded if the activity relates specifically to perianesthesia patients. For example, writing a policy regarding use of restraints would apply to Direct Care.

Indirect Care contact hours are awarded if the activity relates to perianesthesia nurses. For example, writing a policy regarding the dress code would apply to Indirect Care.

Documentation Required for Your Records

A Verification of Quality Care Activity Form, located in Appendix D, should be used to document each activity.

CPAN® AND CAPA® AS RESOURCES/LEADERS

Acceptable Activities

- Precepting staff
- Conducting research
- Participating in a national/regional/local professional organization as an officer, committee and/or task force member
- Participating in legislative activities at local, state or national level
- Participating in community activities such as health fairs

Number of Contact Hours Awarded

ABPANC has predetermined the number of contact hours that are awarded for serving as a resource/leader in each of the areas listed below.

Please note: Contact hours are not granted for collecting or monitoring quality assurance data within your unit or hospital.

Precepting Staff

Five (5) contact hours are awarded for every 80 hours of precepting any unit staff member or student nurse up to a maximum of 15 contact hours during your three year certification period.

Contact hours awarded for precepting apply to Direct Care.

Conducting Research

Fifteen (15) contact hours are awarded for a completed research project. The number of contact hours awarded is determined by dividing the number of contact hours by the number of researchers.

Involvement in a Professional Organization

Three (3) contact hours per year of service are awarded for serving as an officer, committee and/or task force member. A maximum of 9 contact hours may be earned for this activity during your three year certification period.



Participating in Legislative Activities

Three (3) contact hours per year are awarded for participating in any phase of the legislative process at the local, state or national level. A maximum of 9 contact hours may be earned for this activity during your three year certification period.

Participating in Community Activities

Three (3) contact hours per year are awarded for participating in community-related health care activities such as health fairs, blood pressure screening, etc. Three (3) contact hours are also awarded for participating in a health care mission, such as Operation Smile. A maximum of 9 contact hours may be earned for this activity during your three year certification period.

Direct Care/Indirect Care Determination

Direct Care contact hours are awarded for resource and leadership activities that directly relate to perianesthesia patients or the public. Indirect Care contact hours are awarded for resource and leadership activities that encompass general nursing practice or health care or impact nurses.

For example, precepting an RN in your unit for at least 80 hours would earn 5 Direct Care Contact Hours. Serving as Treasurer of an ASPAN component would earn 3 Indirect Care Contact Hours. Participating on a task force of the

Red Cross to organize a blood drive would earn 3 Direct Care Contact Hours. Participation in community activities and legislative activities may apply to Direct or Indirect Care, depending on the focus of the activity.

Documentation Required for Your Records
Verification of Precepting, Research, Involvement in a Professional Organization, Legislative Activity and Community Service Forms, located in Appendices E through I, respectively, should be used to document these activities.



Table 1

Please Note: This list is not meant to be all inclusive. It represents the most common continual learning activities.

COMMON EXAMPLES OF CONTINUAL LEARNING ACTIVITIES AND CATEGORIZATION OF CONTACT HOURS

	CPAN®/CAPA®	
	Direct Care	Indirect Care
CONTINUING EDUCATION CLASS		
CONTENT ACTIVITIES THAT FOCUS ON		
Patient Assessment (physical and psychosocial)	•	
Diagnostic Tests	•	
Pain Management	•	
All Pharmacology	•	
Anesthetic Agents	•	
Anatomy and Physiology	•	
Pathophysiology	•	
Surgical and Diagnostic Procedures	•	
EKG Interpretation/Monitoring	•	
Hemodynamic Monitoring	•	
Airway Management	•	
Ventilators	•	
ABG Interpretation	•	
Latex Allergy	•	
Legal/Ethical Issues		•
Patient Education	•	
Patients Undergoing Laser Treatment/Surgery	•	
Conscious Sedation	•	
AIDS/HIV	•	
Sepsis	•	
Work Place Redesign		•
Any Leadership Related Courses		•
Malignant Hyperthermia	•	
Standards of Nursing Standards (ASPAN)	•	
General Nursing Standards		
Patient Focused	•	
Quality Improvement, CQI-Unit based		
Patient Focused	•	
Quality Improvement, CQI-General		
Patient Focused	•	

COMMON EXAMPLES OF CONTINUAL LEARNING ACTIVITIES AND CATEGORIZATION OF CONTACT HOURS

	CPAN®/CAPA®	
	Direct Care	Indirect Care
Code Blue	•	
Nursing Process	•	
Malpractice in the Perianesthesia Setting		•
Intravenous Drugs	•	
Acute Renal Failure	•	
ACLS, PALS, NALS, BLS Instructor Course, ACLS Instructor Course	•	
BLS	•	
Infection Control	•	
Fire Safety		•
Customer Relations		•
Disease Processes i.e. Coronary Artery Disease, COPD, Diabetes, etc.	•	
ACADEMIC COURSE WORK ACTIVITIES THAT FOCUS ON		
Physical Assessment	•	
Pharmacology	•	
Anatomy and Physiology	•	
Pathophysiology	•	
Social/Cultural Anthropology	•	
Sociology/Psychology	•	
Healthcare Management		•
Research/Statistics		•
Medical Languages	•	
Chemistry/Biology	•	
Microbiology	•	
Child Development Psychology	•	
Nursing Theory		•
Nursing Leadership		•

COMMON EXAMPLES OF CONTINUAL LEARNING ACTIVITIES AND CATEGORIZATION OF CONTACT HOURS

	CPAN®/CAPA®	
	Direct Care	Indirect Care
TEACHING ACTIVITIES THAT FOCUS ON		
Life Support Classes i.e., ACLS, PALS, BLS, NALS	•	
Conscious Sedation	•	
Cardiac Drugs	•	
Patient Education	•	
Cost Containment		•
Managed Care		•
AUTHORSHIP ACTIVITIES THAT FOCUS ON		
Journal Article - Constant Temperature Monitoring in the PACU	•	
Pain Management	•	
Unpublished Thesis - Professional Characteristics of Registered Nurses		•
Unpublished Thesis - Effects of Perioperative Analgesic Techniques on Rate of Recovery after Colon Surgery	•	
QUALITY CARE ACTIVITIES THAT FOCUS ON		
Original authorship of nursing procedure for discharge from the Phase I or Ambulatory setting	•	
Original authorship of policy regarding dress code for RN staff in hospital		•
Service on unit-based committee to evaluate use of restraints	•	
Service on hospital-wide committee to prepare for JCAHO visit		•
Writing 10 examination questions for possible use on a CPAN® or CAPA® examination	•	
RESOURCE/LEADER ACTIVITIES THAT FOCUS ON		
Precepting new RN	•	
Committee member of American Red Cross to organize a blood drive	•	
Education Committee member of ASPAN Component		•
Writing your congressman regarding your stance on patient bill of rights	•	

Appendices: Verification Forms

Please use one form per activity

These forms may be used to document participation in activities for which Contact Hours may be earned. These forms may be photocopied.

APPENDIX A: VERIFICATION OF CONTINUING EDUCATION ATTENDANCE FORM

Use this form only if a Certificate of Attendance was not issued

I VERIFY THAT (NAME)

ATTENDED (TITLE OF CLASS)

ON (DATE) for (NUMBER OF HOURS MINUS BREAKS AND LUNCH)

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

DATE



APPENDIX A: VERIFICATION OF CONTINUING EDUCATION ATTENDANCE FORM

Use this form only if a Certificate of Attendance was not issued

I VERIFY THAT (NAME)

ATTENDED (TITLE OF CLASS)

ON (DATE) for (NUMBER OF HOURS MINUS BREAKS AND LUNCH)

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

DATE



APPENDIX A: VERIFICATION OF CONTINUING EDUCATION ATTENDANCE FORM

Use this form only if a Certificate of Attendance was not issued

I VERIFY THAT (NAME)

ATTENDED (TITLE OF CLASS)

ON (DATE) for (NUMBER OF HOURS MINUS BREAKS AND LUNCH)

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

DATE



Appendices: Verification Forms

Please use one form per activity

These forms may be used to document participation in activities for which Contact Hours may be earned. These forms may be photocopied.

APPENDIX B: VERIFICATION OF PRESENTATION/TEACHING ACTIVITY FORM

I VERIFY THAT (NAME)

PRESENTED (TITLE OF CLASS)

ON (DATE) for (NUMBER OF HOURS MINUS BREAKS AND LUNCH)

THE PRESENTATION WAS REPEATED ON (DATES)

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

DATE



APPENDIX B: VERIFICATION OF PRESENTATION/TEACHING ACTIVITY FORM

I VERIFY THAT (NAME)

PRESENTED (TITLE OF CLASS)

ON (DATE) for (NUMBER OF HOURS MINUS BREAKS AND LUNCH)

THE PRESENTATION WAS REPEATED ON (DATES)

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

DATE



APPENDIX B: VERIFICATION OF PRESENTATION/TEACHING ACTIVITY FORM

I VERIFY THAT (NAME)

PRESENTED (TITLE OF CLASS)

ON (DATE) for (NUMBER OF HOURS MINUS BREAKS AND LUNCH)

THE PRESENTATION WAS REPEATED ON (DATES)

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

DATE



Appendices: Verification Forms

Please use one form per activity

These forms may be used to document participation in activities for which Contact Hours may be earned. These forms may be photocopied.

APPENDIX C: VERIFICATION OF AUTHOR ACTIVITY FORM

I VERIFY THAT (NAME)

has written a/an:

- Article appearing in a newsletter or newspaper
- Journal Article
- Chapter in a Book
- Book (less than 300 pages)
- Book (more than 300 pages)

- Book review
- Original Research Article
- Pamphlet
- Research Abstract
- Unpublished Master's/Doctoral Thesis
- Written Learning Module
- Preceptor Program

has served as/developed:

- a Journal Reviewer
- a Textbook Editor
- as a Newsletter Editor
- educational AV's
- and presented a poster

TITLE

NAME OF PUBLICATION IN WHICH THE ABOVE APPEARED

DATE(S) OF PUBLICATION

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

DATE



APPENDIX C: VERIFICATION OF AUTHOR ACTIVITY FORM

I VERIFY THAT (NAME)

has written a/an:

- Article appearing in a newsletter or newspaper
- Journal Article
- Chapter in a Book
- Book (less than 300 pages)
- Book (more than 300 pages)

- Book review
- Original Research Article
- Pamphlet
- Research Abstract
- Unpublished Master's/Doctoral Thesis
- Written Learning Module
- Preceptor Program

has served as/developed:

- a Journal Reviewer
- a Textbook Editor
- as a Newsletter Editor
- educational AV's
- and presented a poster

TITLE

NAME OF PUBLICATION IN WHICH THE ABOVE APPEARED

DATE(S) OF PUBLICATION

SIGNATURE

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TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

DATE



Appendices: Verification Forms

Please use one form per activity

These forms may be used to document participation in activities for which Contact Hours may be earned. These forms may be photocopied.

APPENDIX D: VERIFICATION OF QUALITY CARE ACTIVITY FORM

I VERIFY THAT (NAME)

has written a/an:

- Standardized nursing care plan
- Nursing policy, directive, procedure, or protocol
- Flowsheet, chart, patient assessment tool
- Informal aid intended for reference by staff
- Patient educational aid, booklet or audio visual program
- Evaluation tool based on outcome criteria

has served as/developed:

- Unit-based committee
- Hospital-wide committee

NAME/TITLE OF ACTIVITY OR COMMITTEE

DATE(S) OF ACTIVITY

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

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TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

DATE



Appendices: Verification Forms

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APPENDIX E: VERIFICATION OF PRECEPTING ACTIVITY FORM

I VERIFY THAT (NAME)

SERVED AS A PRECEPTOR FOR STAFF MEMBER(S)

FROM (DATE TO DATE) FOR A MINIMUM OF 80 HOURS

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

DATE



APPENDIX E: VERIFICATION OF PRECEPTING ACTIVITY FORM

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EMAIL ADDRESS

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TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

DATE



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DATE



Appendices: Verification Forms

Please use one form per activity

These forms may be used to document participation in activities for which Contact Hours may be earned. These forms may be photocopied.

APPENDIX F: VERIFICATION OF RESEARCH ACTIVITY FORM

I VERIFY THAT (NAME)

HAS CONDUCTED AND COMPLETED THE FOLLOWING RESEARCH PROJECT (BRIEF DESCRIPTION)

DATE OF COMPLETION

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

DATE



APPENDIX F: VERIFICATION OF RESEARCH ACTIVITY FORM

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EMAIL ADDRESS

TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

DATE



Appendices: Verification Forms

Please use one form per activity

These forms may be used to document participation in activities for which Contact Hours may be earned. These forms may be photocopied.

APPENDIX G: VERIFICATION OF INVOLVEMENT IN A PROFESSIONAL ORGANIZATION FORM

I VERIFY THAT (NAME)

HAS SERVED AS AN OFFICER (NAME OF OFFICE HELD)

HAS SERVED AS A COMMITTEE/TASK FORCE MEMBER (NAME OF COMMITTEE OR TASK FORCE)

NAME OF PROFESSIONAL ORGANIZATION

DATES

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

DATE



APPENDIX G: VERIFICATION OF INVOLVEMENT IN A PROFESSIONAL ORGANIZATION FORM

I VERIFY THAT (NAME)

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HAS SERVED AS A COMMITTEE/TASK FORCE MEMBER (NAME OF COMMITTEE OR TASK FORCE)

NAME OF PROFESSIONAL ORGANIZATION

DATES

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

DATE



Appendices: Verification Forms

Please use one form per activity

These forms may be used to document participation in activities for which Contact Hours may be earned. These forms may be photocopied.

APPENDIX H: VERIFICATION OF LEGISLATIVE ACTIVITY FORM

I VERIFY THAT (NAME)

HAS PARTICIPATED IN A LEGISLATIVE ACTIVITY (NAME AND BRIEF DESCRIPTION OF INVOLVEMENT)

DATE(S) OF ACTIVITY

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

DATE



APPENDIX H: VERIFICATION OF LEGISLATIVE ACTIVITY FORM

I VERIFY THAT (NAME)

HAS PARTICIPATED IN A LEGISLATIVE ACTIVITY (NAME AND BRIEF DESCRIPTION OF INVOLVEMENT)

DATE(S) OF ACTIVITY

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

DATE



Appendices: Verification Forms

Please use one form per activity

These forms may be used to document participation in activities for which Contact Hours may be earned. These forms may be photocopied.

APPENDIX I: VERIFICATION OF COMMUNITY SERVICE ACTIVITY FORM

I VERIFY THAT (NAME)

HAS PARTICIPATED IN COMMUNITY SERVICE (NAME AND BRIEF DESCRIPTION OF INVOLVEMENT)

DATE(S) OF ACTIVITY

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

DATE



APPENDIX I: VERIFICATION OF COMMUNITY SERVICE ACTIVITY FORM

I VERIFY THAT (NAME)

HAS PARTICIPATED IN COMMUNITY SERVICE (NAME AND BRIEF DESCRIPTION OF INVOLVEMENT)

DATE(S) OF ACTIVITY

SIGNATURE

EMAIL ADDRESS

TELEPHONE NUMBER

TITLE OF PROGRAM COORDINATOR, CLINICAL MANAGER/DIRECTOR, OR CPAN®/CAPA® CERTIFIED COLLEAGUE

DATE



Checklist for Recertifying Your

cpan[®] capa[®]

Credential through the
ABPANC Continual
Learning Program
(Contact Hours)

STOP

HAVE YOU:

1. Read the CPAN[®]/CAPA[®] *Recertification Handbook* thoroughly before applying for recertification?
2. Met the eligibility requirements for recertifying as described in the Eligibility Requirements section of the *Recertification Handbook*?
3. Visited the ABPANC website, www.cpancapa.org, and clicked on the Get Recertified or Recertification links?
4. Created an online user account if you did not previously have one?
5. Completed (or updated) the Certificant Profile Information? (Refer to the instructions in the Name Changes and Address Changes section of the *Recertification Handbook* if you have a name and/or address change.)
6. Selected the option to Submit an Application to Recertify either your CPAN[®] or CAPA[®] Credential from the Main Menu page?
7. Answered all questions on the Demographic Question page?
8. Read the ABPANC Recertification Honor Statement carefully and indicated your agreement to the conditions?
9. Completed the Payment Information page?
10. Reviewed the information on the Certificant Profile/Payment Information Review page, made any necessary changes, and printed the page for your records?
11. Received a confirmation email acknowledging successful completion of your recertification application?
12. Contacted Customer Service at 1-800-6ABPANC (622-7262) and pressed Option 1 if you did not receive a confirmation email within 24 hours of submitting your recertification application?

IN ADDITION TO THE STEPS LISTED ABOVE IN STEPS 1 THROUGH 11, IF YOU ARE BEING AUDITED, HAVE YOU ALSO DONE THE FOLLOWING:

13. Clicked the Print button to print the following completed forms for submission to ABPANC?:
 - a. Certificant Profile Information page
 - b. Clinical Practice Requirement form
 - c. Verification of Eligibility form
 - d. Continual Learning Activity Documentation Log form
14. Attached copies of documentation verifying each continual learning activity in the order listed on the Continual Learning Activity Documentation Log form?
15. Packaged the documents in the order listed in steps 13 and 14?
16. Mailed the documents using a secure and traceable method (such as USPS Priority or Express Mail, UPS, Federal Express, Certified Mail – Return Receipt Requested) to:

ABPANC
475 Riverside Drive, 6th Floor
New York, NY 10115-0089
ATTN: Recertification Audit
17. Kept a copy of these documents for your records and retained documentation of how you mailed the material until you are notified of your recertification status?



cpan[®] capa[®]

**American Board of
Perianesthesia Nursing
Certification, Inc.**

475 Riverside Drive
6th Floor
New York, NY 10115

800.6ABPANC – Press Option 2
212.367.4256 (Fax)
www.cpancapa.org
abpanc@proexam.org