



OCCUPATIONAL ANALYSIS OF THE  
NURSE PRACTITIONER PRACTICE AND PRACTICE SPECIALTIES





CALIFORNIA BOARD OF REGISTERED NURSING

# OCCUPATIONAL ANALYSIS OF THE NURSE PRACTITIONER PRACTICE AND PRACTICE SPECIALTIES



July 2022



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This occupational analysis report is mandated by California Business and Professions (B&P)  
Code §§ 139 and 2837.105.

## EXECUTIVE SUMMARY

AB 890 (Wood, Chapter 265, Statutes of 2020) requires the California Board of Registered Nursing (Board) and the Office of Professional Examination Services (OPES) to perform an occupational analysis (OA) of nurse practitioners (NPs) transitioning to independent practice in California. “Transitioning to independent practice” is defined as performing the functions specified in § 2837.103 of the Business and Professions (B&P) Code without Standardized Procedures, first only in specified settings or organizations (B&P Code § 2837.103) and then outside of those settings or organizations (B&P Code § 2837.104).<sup>1</sup> Standardized Procedures are policies and protocols developed and used by health facilities or health care systems in California; they specify the functions NPs may perform, the conditions under which NPs may perform them, and the requirements NPs must meet to perform them.

The purpose of the OA is to define NP practice in terms of the critical competencies that NPs must be able to perform safely and effectively at the time they are authorized to practice independently as an NP within their specialty. Per the California Code of Regulations (16 CCR § 1481), the specialties are:

1. Family care
2. Adult-gerontology primary care
3. Adult-gerontology acute care
4. Neonatal care
5. Pediatric primary care
6. Pediatric acute care
7. Women's health care
8. Psychiatric mental health care

The OA resulted in eight specialty descriptions of practice that include the competencies required to perform the functions of NPs transitioning to independent practice in California. The competencies in this OA are expressed in the form of tasks and associated knowledge statements. The eight descriptions of practice are structured into content areas.

The results of this OA provide a basis for evaluating the national board certification examinations that are currently used to qualify NPs to practice in California under

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<sup>1</sup> The requirement to conduct this OA is codified in § 2837.105 of the Business and Professions (B&P) Code.

Standardized Procedures. AB 890 requires the Board and OPES to evaluate the extent to which these examinations adequately assess the critical clinical competencies required for NPs to safely and effectively perform the functions specified in B&P Code § 2837.103 in transitioning to independent practice.<sup>2</sup>

OPES test specialists began by researching NP practice and practice specialties. This research included reviews of curriculum, education requirements, testing requirements, and experience requirements of states that currently allow NPs to practice independently. Additionally, OPES test specialists conducted literature reviews of national certification examination OAs, research articles, industry publications, and laws and regulations. Next, telephone interviews were conducted with NPs from the eight specialty areas who were working in locations throughout California. The purpose of these interviews was to identify the tasks performed by NPs and to specify the knowledge required to perform those tasks safely and competently. Using the information gathered from the research and the interviews, OPES test specialists developed a preliminary list of tasks performed by NPs for each specialty practice, along with statements of the knowledge needed to perform those tasks.

Between August 2021 and January 2022, OPES test specialists convened eight workshops to review and finalize the preliminary lists of tasks and associated knowledge statements describing each of the eight NP practice specialties in California. The workshops included certified NPs, or subject matter experts (SMEs), with diverse backgrounds (e.g., location of practice, years practicing). The SMEs confirmed the final linkage between tasks and knowledge statements. They then developed a list of common conditions and procedures within their practice specialty.

By using the California description of practice for each NP specialty contained in this report, the Board ensures that its examination program reflects current practice and complies with AB 890 and B&P Code § 139.

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<sup>2</sup> B&P Code, § 2837.105.

## OVERVIEW OF THE FAMILY NP DESCRIPTION OF PRACTICE

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### **Content Areas and Subareas**

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1. Patient Assessment
    - 1A. Patient Health History
    - 1B. Physiological Function and General Health
    - 1C. Psychosocial Functioning and Social Determinants of Health
    - 1D. System Review and Physical Examination
  2. Diagnosis of Illness or Physical Conditions Across the Lifespan
  3. Health Management
    - 3A. Health Promotion and Management
    - 3B. Referrals and Collaborations
  4. Professional Ethics and Responsibility
  5. Legal Requirements for Practice
    - 5A. Regulations Related to Patient Disclosures and Patient Rights
    - 5B. Regulations Related to Nurse Practitioner Requirements
    - 5C. Laws Regarding Independent Practice or Corporation
-

# OVERVIEW OF THE ADULT-GERONTOLOGY NP IN PRIMARY CARE

## DESCRIPTION OF PRACTICE

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### **Content Areas and Subareas**

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1. Patient Assessment
    - 1A. Patient Health History
    - 1B. Physiological Function and General Health
    - 1C. Psychosocial Functioning and Social Determinants of Health
    - 1D. System Review and Physical Examination
  2. Diagnosis of Adult-Gerontology Illness or Physical Conditions
  3. Adult-Gerontology Health Management
    - 3A. Health Promotion and Management
    - 3B. Referrals and Collaborations
  4. Professional Ethics and Responsibility
  5. Legal Requirements for Practice
    - 5A. Regulations Related to Patient Disclosures and Patient Rights
    - 5B. Regulations Related to Nurse Practitioner Requirements
    - 5C. Laws Regarding Independent Practice or Corporation
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# OVERVIEW OF THE ADULT-GERONTOLOGY NP IN ACUTE CARE DESCRIPTION OF PRACTICE

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## **Content Areas and Subareas**

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1. Assessing Adult-Gerontology Acute Care Needs
    - 1A. Patient Health History
    - 1B. Status Assessments
    - 1C. Psychosocial Functioning and Social Determinants of Health
    - 1D. System Review and Physical Examination
  2. Diagnosis of Adult-Gerontology Acute or Complex Conditions
  3. Adult-Gerontology Acute Care and Management
    - 3A. Managing Acute Care and Emergent Situations
    - 3B. Referrals and Collaborations
  4. Professional Ethics and Responsibility
  5. Legal Requirements for Practice
    - 5A. Regulations Related to Patient Disclosures and Patient Rights
    - 5B. Regulations Related to Nurse Practitioner Requirements
    - 5C. Laws Regarding Independent Practice or Corporation
-

## OVERVIEW OF THE NEONATAL NP DESCRIPTION OF PRACTICE

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### **Content Areas and Subareas**

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1. Assessing Neonate Care Needs
    - 1A. Antepartum and Intrapartum Conditions Affecting Neonate Development
    - 1B. Assessing Neonate Presentation
    - 1C. System Review and Physical Evaluation
  2. Diagnosis of Neonatal Illness or Physical Conditions
  3. Neonate Intensive Care and Health Care Management
    - 3A. Intensive Care and Support
    - 3B. Referrals and Collaborations
  4. Professional Ethics and Responsibility
  5. Legal Requirements for Practice
    - 5A. Regulations Related to Patient Disclosures and Patient Rights
    - 5B. Regulations Related to Nurse Practitioner Requirements
    - 5C. Laws Regarding Independent Practice or Corporation
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## OVERVIEW OF THE PEDIATRIC NP IN PRIMARY CARE DESCRIPTION OF PRACTICE

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### **Content Areas and Subareas**

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1. Pediatric Assessment
    - 1A. Patient Health History
    - 1B. Pediatric Growth and Development
    - 1C. Psychosocial Functioning and Social Determinants of Health
    - 1D. System Review and Physical Assessments
  2. Diagnosis of Pediatric Illness or Physical Conditions
  3. Pediatric Health Management
    - 3A. Health Promotion and Management
    - 3B. Referrals and Collaborations
  4. Professional Ethics and Responsibility
  5. Legal Requirements for Practice
    - 5A. Regulations Related to Patient Disclosures and Patient Rights
    - 5B. Regulations Related to Nurse Practitioner Requirements
    - 5C. Laws Regarding Independent Practice or Corporation
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## OVERVIEW OF THE PEDIATRIC NP IN ACUTE CARE DESCRIPTION OF PRACTICE

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### **Content Areas and Subareas**

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1. Assessing Pediatric Acute Care Needs
    - 1A. Patient Health History
    - 1B. Status and Functional Assessments
    - 1C. Social Determinants and Other Factors Impacting Patient Health
    - 1D. System Review and Physical Examination
  2. Diagnosis of Pediatric Acute or Complex Conditions
  3. Pediatric Acute Care and Management
    - 3A. Managing Acute Care and Emergent Situations
    - 3B. Referrals and Collaborations
  4. Professional Ethics and Responsibility
  5. Legal Requirements for Practice
    - 5A. Regulations Related to Patient Disclosures and Patient Rights
    - 5B. Regulations Related to Nurse Practitioner Requirements
    - 5C. Laws Regarding Independent Practice or Corporation
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## OVERVIEW OF THE WOMEN'S HEALTH NP DESCRIPTION OF PRACTICE

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### **Content Areas and Subareas**

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1. Patient Assessment
    - 1A. Patient Health History
    - 1B. Gynecologic Assessment
    - 1C. Reproductive Health
    - 1D. Obstetrics Assessment
    - 1E. Psychosocial Functioning and Social Determinants of Health
    - 1F. System Review and Physical Evaluation
  2. Diagnosis of Illness or Physical Conditions Affecting Women's Health
  3. Health Management
    - 3A. Health Promotion and Management
    - 3B. Referrals and Collaborations
  4. Professional Ethics and Responsibility
  5. Legal Requirements for Practice
    - 5A. Regulations Related to Patient Disclosures and Patient Rights
    - 5B. Regulations Related to Nurse Practitioner Requirements
    - 5C. Laws Regarding Independent Practice or Corporation
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# OVERVIEW OF THE PSYCHIATRIC MENTAL HEALTH NP DESCRIPTION OF PRACTICE

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## **Content Areas and Subareas**

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1. Patient Assessment
    - 1A. Crisis Assessment and Psychiatric Emergencies
    - 1B. Patient Health History
    - 1C. Psychiatric Assessment
    - 1D. System Review and Physical Evaluation
  2. Diagnosis of Illness or Conditions Across the Lifespan
  3. Psychiatric Mental Health Care and Management
    - 3A. Managing Psychiatric Crises and Psychiatric Health
    - 3B. Referrals and Collaborations
  4. Professional Ethics and Responsibility
  5. Legal Requirements for Practice
    - 5A. Regulations Related to Patient Disclosures and Patient Rights
    - 5B. Regulations Related to Nurse Practitioner Requirements
    - 5C. Laws Regarding Independent Practice or Corporation
-

## TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	iii
<b>CHAPTER 1   INTRODUCTION.....</b>	<b>1</b>
PURPOSE OF THE OCCUPATIONAL ANALYSIS.....	1
PARTICIPATION OF SUBJECT MATTER EXPERTS.....	2
ADHERENCE TO LEGAL STANDARDS AND GUIDELINES.....	2
DESCRIPTION OF OCCUPATION.....	3
<b>CHAPTER 2   DEVELOPMENT OF DESCRIPTIONS OF PRACTICE .....</b>	<b>13</b>
SUBJECT MATTER EXPERT INTERVIEWS .....	13
TASKS AND KNOWLEDGE STATEMENTS .....	13
OCCUPATIONAL ANALYSIS WORKSHOPS .....	13
TASK-KNOWLEDGE LINKAGE.....	14
<b>CHAPTER 3   DESCRIPTIONS OF PRACTICE .....</b>	<b>15</b>
CONTENT AREAS AND SUBAREAS .....	15
<b>CHAPTER 4   SUBJECT MATTER EXPERT (SME) DEMOGRAPHIC DATA:     FAMILY NURSE PRACTITIONERS .....</b>	<b>111</b>
<b>CHAPTER 5   SUBJECT MATTER EXPERT (SME) DEMOGRAPHIC DATA: ADULT-     GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE ..</b>	<b>117</b>
<b>CHAPTER 6   SUBJECT MATTER EXPERT (SME) DEMOGRAPHIC DATA: ADULT-     GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE.....</b>	<b>123</b>
<b>CHAPTER 7   SUBJECT MATTER EXPERT (SME) DEMOGRAPHIC DATA:     NEONATAL NURSE PRACTITIONERS .....</b>	<b>129</b>
<b>CHAPTER 8   SUBJECT MATTER EXPERT (SME) DEMOGRAPHIC DATA:     PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE .....</b>	<b>135</b>
<b>CHAPTER 9   SUBJECT MATTER EXPERT (SME) DEMOGRAPHIC DATA:     PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE.....</b>	<b>141</b>
<b>CHAPTER 10   SUBJECT MATTER EXPERT (SME) DEMOGRAPHIC DATA:     WOMEN’S HEALTH NURSE PRACTITIONERS.....</b>	<b>147</b>
<b>CHAPTER 11   SUBJECT MATTER EXPERT (SME) DEMOGRAPHIC DATA:     PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS.....</b>	<b>153</b>
<b>CHAPTER 12   CONCLUSION .....</b>	<b>159</b>

## LIST OF TABLES

TABLE 1 – FAMILY NP DESCRIPTION OF PRACTICE.....	16
TABLE 2 – ADULT-GERONTOLOGY NP IN PRIMARY CARE DESCRIPTION OF PRACTICE.....	28
TABLE 3 – ADULT-GERONTOLOGY NP IN ACUTE CARE DESCRIPTION OF PRACTICE.....	39
TABLE 4 – NEONATAL NP DESCRIPTION OF PRACTICE .....	50
TABLE 5 – PEDIATRIC NP IN PRIMARY CARE DESCRIPTION OF PRACTICE.....	60
TABLE 6 – PEDIATRIC NP IN ACUTE CARE DESCRIPTION OF PRACTICE .....	70
TABLE 7 – WOMEN’S HEALTH NP DESCRIPTION OF PRACTICE .....	82
TABLE 8 – PSYCHIATRIC MENTAL HEALTH NP DESCRIPTION OF PRACTICE .....	95
TABLE 9 – FAMILY NURSE PRACTITIONERS: YEARS LICENSED/CERTIFIED AS AN NP IN CALIFORNIA.....	112
TABLE 10 – FAMILY NURSE PRACTITIONERS: HOURS WORKED PER WEEK AS AN NP.....	112
TABLE 11 – FAMILY NURSE PRACTITIONERS: JOB TITLE.....	113
TABLE 12 – FAMILY NURSE PRACTITIONERS: LOCATION OF PRIMARY PRACTICE SETTING .....	113
TABLE 13 – FAMILY NURSE PRACTITIONERS: PRIMARY PRACTICE SETTING DESCRIPTION .....	114
TABLE 14 – FAMILY NURSE PRACTITIONERS: SPECIALTY AREA .....	114
TABLE 15 – FAMILY NURSE PRACTITIONERS: NUMBER OF LICENSED/CERTIFIED NPS IN PRIMARY PRACTICE SETTING.....	115
TABLE 16 – FAMILY NURSE PRACTITIONERS: NUMBER OF PEOPLE SUPERVISED.....	115
TABLE 17 – FAMILY NURSE PRACTITIONERS: EDUCATION .....	115
TABLE 18 – FAMILY NURSE PRACTITIONERS: COUNTY OF PRACTICE .....	116



TABLE 19 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE: YEARS LICENSED/CERTIFIED AS AN NP IN CALIFORNIA .....	118
TABLE 20 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE: HOURS WORKED PER WEEK AS AN NP .....	118
TABLE 21 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE: JOB TITLE .....	119
TABLE 22 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE: LOCATION OF PRIMARY PRACTICE SETTING.....	119
TABLE 23 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE: PRIMARY PRACTICE SETTING DESCRIPTION .....	119
TABLE 24 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE: SPECIALTY AREA .....	120
TABLE 25 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE: NUMBER OF LICENSED/CERTIFIED NPS IN PRIMARY PRACTICE SETTING .....	120
TABLE 26 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE: NUMBER OF PEOPLE SUPERVISED .....	121
TABLE 27 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE: EDUCATION.....	121
TABLE 28 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE: COUNTY OF PRACTICE.....	121
TABLE 29 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE: YEARS LICENSED/CERTIFIED AS AN NP IN CALIFORNIA .....	124
TABLE 30 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE: HOURS WORKED PER WEEK AS AN NP .....	124
TABLE 31 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE: JOB TITLE .....	124
TABLE 32 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE: LOCATION OF PRIMARY PRACTICE SETTING.....	125
TABLE 33 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE: ... PRIMARY PRACTICE SETTING DESCRIPTION .....	125

TABLE 34 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE:SPECIALTY AREA .....	126
TABLE 35 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE: NUMBER OF LICENSED/CERTIFIED NPS IN PRIMARY PRACTICE SETTING .....	126
TABLE 36 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE: NUMBER OF PEOPLE SUPERVISED.....	127
TABLE 37 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE: EDUCATION.....	127
TABLE 38 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE: COUNTY OF PRACTICE.....	127
TABLE 39 – NEONATAL NURSE PRACTITIONERS: YEARS LICENSED/CERTIFIED AS AN NP IN CALIFORNIA.....	130
TABLE 40 – NEONATAL NURSE PRACTITIONERS: HOURS WORKED PER WEEK AS AN NP.....	130
TABLE 41 – NEONATAL NURSE PRACTITIONERS: JOB TITLE .....	130
TABLE 42 – NEONATAL NURSE PRACTITIONERS: LOCATION OF PRIMARY PRACTICE SETTING .....	131
TABLE 43 – NEONATAL NURSE PRACTITIONERS: PRIMARY PRACTICE SETTING DESCRIPTION .....	131
TABLE 44 – NEONATAL NURSE PRACTITIONERS: SPECIALTY AREA.....	131
TABLE 45 – NEONATAL NURSE PRACTITIONERS: NUMBER OF LICENSED/CERTIFIED NPS IN PRIMARY PRACTICE SETTING .....	132
TABLE 46 – NEONATAL NURSE PRACTITIONERS: NUMBER OF PEOPLE SUPERVISED.....	132
TABLE 47 – NEONATAL NURSE PRACTITIONERS: EDUCATION .....	132
TABLE 48 – NEONATAL NURSE PRACTITIONERS: COUNTY OF PRACTICE .....	133
TABLE 49 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE: YEARS LICENSED/CERTIFIED AS AN NP IN CALIFORNIA .....	136

TABLE 50 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE: HOURS WORKED PER WEEK AS AN NP .....	136
TABLE 51 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE: JOB TITLE .....	136
TABLE 52 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE: LOCATION OF PRIMARY PRACTICE SETTING.....	137
TABLE 53 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE: PRIMARY PRACTICE SETTING DESCRIPTION.....	137
TABLE 54 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE: SPECIALTY AREA.....	137
TABLE 55 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE:NUMBER OF LICENSED/CERTIFIED NPS IN PRIMARY PRACTICE SETTING .....	138
TABLE 56 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE:NUMBER OF PEOPLE SUPERVISED .....	138
TABLE 57 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE:EDUCATION .....	138
TABLE 58 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE:COUNTY OF PRACTICE.....	139
TABLE 59 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE: YEARS LICENSED/CERTIFIED AS AN NP IN CALIFORNIA .....	142
TABLE 60 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE:HOURS WORKED PER WEEK AS AN NP .....	142
TABLE 61 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE: JOB TITLE .	142
TABLE 62 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE:LOCATION OF PRIMARY PRACTICE SETTING .....	143
TABLE 63 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE:PRIMARY PRACTICE SETTING DESCRIPTION.....	143
TABLE 64 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE:SPECIALTY AREA.....	143

TABLE 65 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE: NUMBER OF LICENSED/CERTIFIED NPS IN PRIMARY PRACTICE SETTING .....	144
TABLE 66 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE:NUMBER OF PEOPLE SUPERVISED .....	144
TABLE 67 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE:EDUCATION .....	144
TABLE 68 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE:COUNTY OF PRACTICE.....	145
TABLE 69 – WOMEN’S HEALTH NURSE PRACTITIONERS: YEARS LICENSED/CERTIFIED AS AN NP IN CALIFORNIA .....	148
TABLE 70 – WOMEN’S HEALTH NURSE PRACTITIONERS: HOURS WORKED PER WEEK AS AN NP .....	148
TABLE 71 – WOMEN’S HEALTH NURSE PRACTITIONERS: JOB TITLE .....	148
TABLE 72 – WOMEN’S HEALTH NURSE PRACTITIONERS: LOCATION OF PRIMARY PRACTICE SETTING .....	149
TABLE 73 – WOMEN’S HEALTH NURSE PRACTITIONERS: PRIMARY PRACTICE SETTING DESCRIPTION.....	149
TABLE 74 – WOMEN’S HEALTH NURSE PRACTITIONERS: SPECIALTY AREA....	149
TABLE 75 – WOMEN’S HEALTH NURSE PRACTITIONERS: NUMBER OF LICENSED/CERTIFIED NPS IN PRIMARY PRACTICE SETTING .....	150
TABLE 76 – WOMEN’S HEALTH NURSE PRACTITIONERS: NUMBER OF PEOPLE SUPERVISED.....	150
TABLE 77 – WOMEN’S HEALTH NURSE PRACTITIONERS: EDUCATION .....	150
TABLE 78 – WOMEN’S HEALTH NURSE PRACTITIONERS: COUNTY OF PRACTICE .....	151
TABLE 79 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: YEARS LICENSED/CERTIFIED AS AN NP IN CALIFORNIA .....	154
TABLE 80 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: HOURS WORKED PER WEEK AS AN NP .....	154

TABLE 81 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: JOB TITLE .....	154
TABLE 82 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: LOCATION OF PRIMARY PRACTICE SETTING .....	155
TABLE 83 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: PRIMARY PRACTICE SETTING DESCRIPTION.....	155
TABLE 84 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: SPECIALTY AREA .....	155
TABLE 85 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: NUMBER OF LICENSED/CERTIFIED NPS IN PRIMARY PRACTICE SETTING	156
TABLE 86 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: NUMBER OF PEOPLE SUPERVISED .....	156
TABLE 87 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: EDUCATION.....	156
TABLE 88 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: COUNTY OF PRACTICE.....	157

## LIST OF APPENDICES

<b>APPENDIX A   FAMILY NP COMMON CONDITIONS .....</b>	<b>161</b>
<b>APPENDIX B   ADULT-GERONTOLOGY NP IN PRIMARY CARE COMMON CONDITIONS .....</b>	<b>163</b>
<b>APPENDIX C   ADULT-GERONTOLOGY NP IN ACUTE CARE COMMON CONDITIONS .....</b>	<b>165</b>
<b>APPENDIX D   NEONATAL NP COMMON CONDITIONS .....</b>	<b>167</b>
<b>APPENDIX E   PEDIATRIC NP IN PRIMARY CARE COMMON CONDITIONS.....</b>	<b>169</b>
<b>APPENDIX F   PEDIATRIC NP IN ACUTE CARE COMMON CONDITIONS .....</b>	<b>171</b>
<b>APPENDIX G   WOMEN'S HEALTH NP COMMON CONDITIONS.....</b>	<b>173</b>
<b>APPENDIX H   PSYCHIATRIC MENTAL HEALTH NP COMMON CONDITIONS.....</b>	<b>175</b>
<b>APPENDIX I   BIBLIOGRAPHY .....</b>	<b>177</b>

# CHAPTER 1 | INTRODUCTION

## PURPOSE OF THE OCCUPATIONAL ANALYSIS

AB 890 (Wood, Chapter 265, Statutes of 2020) requires the California Board of Registered Nursing (Board) and the Office of Professional Examination Services (OPES) to perform an occupational analysis (OA) of nurse practitioners (NPs) transitioning to independent practice in California. “Transitioning to independent practice” is defined as performing the functions specified in § 2837.103 of the Business and Professions (B&P) Code without Standardized Procedures, first only in specified settings or organizations (B&P Code § 2837.103) and then outside of those settings or organizations (B&P Code § 2837.104).<sup>3</sup>

The purpose of the OA is to define NP practice in terms of the critical competencies that NPs must be able to perform safely and effectively at the time they are authorized to practice independently as an NP within their specialty. Per the California Code of Regulations (16 CCR § 1481), the specialties are:

1. Family care
2. Adult-gerontology primary care
3. Adult-gerontology acute care
4. Neonatal care
5. Pediatric primary care
6. Pediatric acute care
7. Women's health care
8. Psychiatric mental health care

The OA resulted in specialty descriptions of practice that include the competencies required to perform the functions of NPs transitioning to independent practice in California. The competencies in this OA are expressed in the form of tasks and associated knowledge statements.

The results of this OA provide a basis for evaluating the national board certification examinations that are currently used to qualify NPs to practice in California under Standardized Procedures. AB 890 requires the Board and OPES to evaluate the extent to which these examinations adequately assess the critical clinical competencies

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<sup>3</sup> The requirement to conduct this OA is codified in § 2837.105 of the B&P Code.

required to safely and effectively perform the functions specified in B&P Code § 2837.103 in transitioning to independent practice.<sup>4</sup>

## PARTICIPATION OF SUBJECT MATTER EXPERTS

Sixty-five California NPs holding specialty certifications participated as subject matter experts (SMEs) during the phases of the OA. The purpose of SME participation was to ensure that the NP description of practice for each specialty directly reflects the work of actively practicing specialty NPs in California. The SMEs represented the NP occupation in California in terms of geographic location of practice and years of experience. The SMEs provided technical expertise and information regarding different aspects of current NP practice, through both interviews and workshops. During interviews, the SMEs provided information about the tasks involved in their practice and the knowledge required to perform those tasks safely and competently. During workshops, the SMEs developed and reviewed the tasks and associated knowledge statements describing each NP practice specialty, organized the tasks and associated knowledge statements into content areas, evaluated the results of the OA, and developed the descriptions of practice.

## ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensure, certification, and registration programs in the State of California adhere strictly to federal and state laws and regulations, as well as to professional guidelines and technical standards. For the purposes of OAs, the following laws and guidelines are authoritative:

- California Business and Professions (B&P) Code § 139.
- 29 Code of Federal Regulations Part 1607 – Uniform Guidelines on Employee Selection Procedures (1978).
- California Fair Employment and Housing Act, Government Code § 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2018), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure, certification, or registration program to meet these standards, it must be solidly based upon the occupational activities required for practice.

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<sup>4</sup> B&P Code, § 2837.105.



## DESCRIPTION OF OCCUPATION

The following California laws and regulations describe and define NP practice.<sup>5</sup>

ARTICLE 8.5. Advanced Practice Registered Nurses [B&P Code §§ 2837.100 - 2837.105]

2837.100.

It is the intent of the Legislature that the requirements under this article shall not be an undue or unnecessary burden to licensure or practice. The requirements are intended to ensure the new category of licensed nurse practitioners has the least restrictive amount of education, training, and testing necessary to ensure competent practice.

2837.101.

For purposes of this article, the following terms have the following meanings:

(a) “Committee” means the Nurse Practitioner Advisory Committee.

(b) “Standardized procedures” has the same meaning as that term is defined in Section 2725.

(c) “Transition to practice” means additional clinical experience and mentorship provided to prepare a nurse practitioner to practice independently. “Transition to practice” includes, but is not limited to, managing a panel of patients, working in a complex health care setting, interpersonal communication, interpersonal collaboration and team-based care, professionalism, and business management of a practice. The board shall, by regulation, define minimum standards for transition to practice. Clinical experience may include experience obtained before January 1, 2021, if the experience meets the requirements established by the board.

[...]

2837.103.

(a) (1) Notwithstanding any other law, a nurse practitioner may perform the functions specified in subdivision (c) pursuant to that subdivision, in a setting or organization specified in paragraph (2) pursuant to that paragraph, if the nurse practitioner has successfully satisfied the following requirements:

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<sup>5</sup> For more information, see the Board’s publication titled “[General Information: Nurse Practitioner Practice](#)” (NPR-B-23 04/1999, rev. 04/13/2011).

(A) Passed a national nurse practitioner board certification examination and, if applicable, any supplemental examination developed pursuant to paragraph (4) of subdivision (a) of Section 2837.105.

(B) Holds a certification as a nurse practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the board.

(C) Provides documentation that educational training was consistent with standards established by the board pursuant to Section 2836 and any applicable regulations as they specifically relate to requirements for clinical practice hours. Online educational programs that do not include mandatory clinical hours shall not meet this requirement.

(D) Has completed a transition to practice in California of a minimum of three full-time equivalent years of practice or 4600 hours.

(2) A nurse practitioner who meets all of the requirements of paragraph (1) may practice, including, but not limited to, performing the functions authorized pursuant to subdivision (c), in one of the following settings or organizations in which one or more physicians and surgeons practice with the nurse practitioner without standardized procedures:

(A) A clinic, as defined in Section 1200 of the Health and Safety Code.

(B) A health facility, as defined in Section 1250 of the Health and Safety Code, except for the following:

(i) A correctional treatment center, as defined in paragraph (1) of subdivision (j) of Section 1250 of the Health and Safety Code.

(ii) A state hospital, as defined in Section 4100 of the Welfare and Institutions Code.

(C) A facility described in Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code.

(D) A medical group practice, including a professional medical corporation, as defined in Section 2406, another form of corporation controlled by physicians and surgeons, a medical partnership, a medical foundation exempt from licensure, or another lawfully organized group of physicians and surgeons that provides health care services.

(E) A home health agency, as defined in Section 1727 of the Health and Safety Code.

(F) A hospice facility licensed pursuant to Chapter 8.5 (commencing with Section 1745) of Division 2 of the Health and Safety Code.

(3) In health care agencies that have governing bodies, as defined in Division 5 of Title 22 of the California Code of Regulations, including, but not limited to, Sections 70701 and 70703 of Title 22 of the California Code of Regulations, the following apply:

(A) A nurse practitioner shall adhere to all applicable bylaws.

(B) A nurse practitioner shall be eligible to serve on medical staff and hospital committees.

(C) A nurse practitioner shall be eligible to attend meetings of the department to which the nurse practitioner is assigned. A nurse practitioner shall not vote at department, division, or other meetings unless the vote is regarding the determination of nurse practitioner privileges with the organization, peer review of nurse practitioner clinical practice, whether a licensee's employment is in the best interest of the communities served by a hospital pursuant to Section 2401, or the vote is otherwise allowed by the applicable bylaws.

(b) An entity described in subparagraphs (A) to (F), inclusive, of paragraph (2) of subdivision (a) shall not interfere with, control, or otherwise direct the professional judgment of a nurse practitioner functioning pursuant to this section in a manner prohibited by Section 2400 or any other law.

(c) In addition to any other practices authorized by law, a nurse practitioner who meets the requirements of paragraph (1) of subdivision (a) may perform the following functions without standardized procedures in accordance with their education and training:

(1) Conduct an advanced assessment.

(2) (A) Order, perform, and interpret diagnostic procedures.

(B) For radiologic procedures, a nurse practitioner can order diagnostic procedures and utilize the findings or results in treating the patient. A nurse practitioner may perform or interpret clinical laboratory procedures that they are permitted to perform under Section 1206 and under the federal Clinical Laboratory Improvement Act (CLIA).

(3) Establish primary and differential diagnoses.

(4) Prescribe, order, administer, dispense, procure, and furnish therapeutic measures, including, but not limited to, the following:

(A) Diagnose, prescribe, and institute therapy or referrals of patients to health care agencies, health care providers, and community resources.

(B) Prescribe, administer, dispense, and furnish pharmacological agents, including over-the-counter, legend, and controlled substances.

(C) Plan and initiate a therapeutic regimen that includes ordering and prescribing nonpharmacological interventions, including, but not limited to, durable medical equipment, medical devices, nutrition, blood and blood products, and diagnostic and supportive services, including, but not limited to, home health care, hospice, and physical and occupational therapy.

(5) After performing a physical examination, certify disability pursuant to Section 2708 of the Unemployment Insurance Code.

(6) Delegate tasks to a medical assistant pursuant to Sections 1206.5, 2069, 2070, and 2071, and Article 2 (commencing with Section 1366) of Chapter 3 of Division 13 of Title 16 of the California Code of Regulations.

(d) A nurse practitioner shall verbally inform all new patients in a language understandable to the patient that a nurse practitioner is not a physician and surgeon. For purposes of Spanish language speakers, the nurse practitioner shall use the standardized phrase “enfermera especializada.”

(e) A nurse practitioner shall post a notice in a conspicuous location accessible to public view that the nurse practitioner is regulated by the Board of Registered Nursing. The notice shall include the board’s telephone number and the internet website where the nurse practitioner’s license may be checked and complaints against the nurse practitioner may be made.

(f) A nurse practitioner shall refer a patient to a physician and surgeon or other licensed health care provider if a situation or condition of a patient is beyond the scope of the education and training of the nurse practitioner.

(g) A nurse practitioner practicing under this section shall have professional liability insurance appropriate for the practice setting.

(h) Any health care setting operated by the Department of Corrections and Rehabilitation is exempt from this section.

2837.104.

(a) Beginning January 1, 2023, notwithstanding any other law, the following apply to a nurse practitioner who holds an active certification issued by the board pursuant to subdivision (b):

(1) The nurse practitioner may perform the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision outside of the settings or organizations specified under subparagraphs (A) to (F), inclusive, of paragraph (2) of subdivision (a) of Section 2837.103.

(2) Subject to subdivision (f) and any applicable conflict of interest policies of the bylaws, the nurse practitioner shall be eligible for membership of an organized medical staff.

(3) Subject to subdivision (f) and any applicable conflict of interest policies of the bylaws, a nurse practitioner member may vote at meetings of the department to which nurse practitioners are assigned.

(b) (1) The board shall issue a certificate to perform the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision outside of the settings and organizations specified under subparagraphs (A) to (F), inclusive, of paragraph (2) of subdivision (a) of Section 2837.103, if the nurse practitioner satisfies all of the following requirements:

(A) The nurse practitioner meets all of the requirements specified in paragraph (1) of subdivision (a) of Section 2837.103.

(B) Holds a valid and active license as a registered nurse in California and a master's degree in nursing or in a clinical field related to nursing or a doctoral degree in nursing.

(C) Has practiced as a nurse practitioner in good standing for at least three years, not inclusive of the transition to practice required pursuant to subparagraph (D) of paragraph (1) of subdivision (a) of Section 2837.103. The board may, at its discretion, lower this requirement for a nurse practitioner holding a Doctorate of Nursing Practice degree (DNP) based on practice experience gained in the course of doctoral education experience.

(2) The board may charge a fee in an amount sufficient to cover the reasonable regulatory cost of issuing the certificate.

(c) A nurse practitioner authorized to practice pursuant to this section shall comply with all of the following:

(1) The nurse practitioner, consistent with applicable standards of care, shall not practice beyond the scope of their clinical and professional education and training, including specific areas of concentration and shall only practice within the limits of their knowledge and experience and national certification.

(2) The nurse practitioner shall consult and collaborate with other healing arts providers based on the clinical condition of the patient to whom health care is provided. Physician consultation shall be obtained as specified in the individual protocols and under the following circumstances:

(A) Emergent conditions requiring prompt medical intervention after initial stabilizing care has been started.

(B) Acute decompensation of patient situation.

(C) Problem which is not resolving as anticipated.

(D) History, physical, or lab findings inconsistent with the clinical perspective.

(E) Upon request of patient.

(3) The nurse practitioner shall establish a plan for referral of complex medical cases and emergencies to a physician and surgeon or other appropriate healing arts providers. The nurse practitioner shall have an identified referral plan specific to the practice area, that includes specific referral criteria. The referral plan shall address the following:

(A) Whenever situations arise which go beyond the competence, scope of practice, or experience of the nurse practitioner.

(B) Whenever patient conditions fail to respond to the management plan as anticipated.

(C) Any patient with acute decomposition or rare condition.

(D) Any patient conditions that do not fit the commonly accepted diagnostic pattern for a disease or disorder.

(E) All emergency situations after initial stabilizing care has been started.

(d) A nurse practitioner shall verbally inform all new patients in a language understandable to the patient that a nurse practitioner is not a physician and surgeon. For purposes of Spanish language speakers, the nurse practitioner shall use the standardized phrase “enfermera especializada.”

(e) A nurse practitioner shall post a notice in a conspicuous location accessible to public view that the nurse practitioner is regulated by the Board of Registered Nursing. The notice shall include the board’s telephone number and internet website where the nurse practitioner’s license may be checked and complaints against the nurse practitioner may be made.

(f) A nurse practitioner practicing pursuant to this section shall maintain professional liability insurance appropriate for the practice setting.

(g) For purposes of this section, corporations and other artificial legal entities shall have no professional rights, privileges, or powers.

(h) Subdivision (g) shall not apply to a nurse practitioner if either of the following apply:

(1) The certificate issued pursuant to this section is inactive, surrendered, revoked, or otherwise restricted by the board.

(2) The nurse practitioner is employed pursuant to the exemptions under Section 2401.2837.105.

(a) (1) The board shall request the department's Office of Professional Examination Services, or an equivalent organization, to perform an occupational analysis of nurse practitioners performing the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision.

(2) The board, together with the Office of Professional Examination Services, shall assess the alignment of the competencies tested in the national nurse practitioner certification examination required by subparagraph (A) of paragraph (1) of subdivision (a) of Section 2837.103 with the occupational analysis performed according to paragraph (1).

(3) The occupational analysis shall be completed by January 1, 2023.

(4) If the assessment performed according to paragraph (2) identifies additional competencies necessary to perform the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision that are not sufficiently validated by the national nurse practitioner board certification examination required by subparagraph (A) of paragraph (1) of subdivision (a) of Section 2837.103, the board shall identify and develop a supplemental exam that properly validates identified competencies.

(b) The examination process shall be regularly reviewed pursuant to Section 139.

ARTICLE 8. Nurse Practitioners [B&P Code §§ 2834 - 2837]

2834.

The Legislature finds that various and conflicting definitions of the nurse practitioner are being created by state agencies and private organizations within California. The Legislature also finds that the public is harmed by conflicting usage of the title of nurse practitioner and lack of correspondence between use of the title and qualifications of the registered nurse using the title. Therefore, the Legislature finds the public interest served by determination of the legitimate use of the title “nurse practitioner” by registered nurses.

2835.

No person shall advertise or hold himself out as a “nurse practitioner” who is not a nurse licensed under this chapter and does not, in addition, meet the standards for a nurse practitioner established by the board.

[...]

2836.

(a) The board shall establish categories of nurse practitioners and standards for nurses to hold themselves out as nurse practitioners in each category. Such standards shall take into account the types of advanced levels of nursing practice which are or may be performed and the clinical and didactic education, experience, or both needed to practice safely at those levels. In setting such standards, the board shall consult with nurse practitioners, physicians and surgeons with expertise in the nurse practitioner field, and health care organizations utilizing nurse practitioners. Established standards shall apply to persons without regard to the date of meeting such standards. If the board sets standards for use of nurse practitioner titles which include completion of an academically affiliated program, it shall provide equivalent standards for registered nurses who have not completed such a program.

(b) Any regulations promulgated by a state department that affect the scope of practice of a nurse practitioner shall be developed in consultation with the board.

[...]

2837.

Nothing in this article shall be construed to limit the current scope of practice of a registered nurse authorized pursuant to this chapter.



Title 16. CALIFORNIA CODE OF REGULATIONS Division 14, Article 8. Standards for Nurse Practitioners

1480. Definitions.

[...]

(o) "Nurse practitioner" means an advanced practice registered nurse who meets board education and certification requirements and possesses additional advanced practice educational preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary care, and/or acute care.

[...]

1481. Categories of Nurse Practitioners.

(a) Categories of nurse practitioners include:

- (1) Family/individual across the lifespan;
- (2) Adult-gerontology, primary care or acute care;
- (3) Neonatal;
- (4) Pediatrics, primary care or acute care;
- (5) Women's health/gender-related;
- (6) Psychiatric-Mental Health across the lifespan.

(b) A registered nurse who has been certified by the board as a nurse practitioner may use the title, "advanced practice registered nurse" and/or "certified nurse practitioner" and may place the letters APRN-CNP after his or her name or in combination with other letters or words that identify the category.

[...]

1485. Scope of Practice.

Nothing in this article shall be construed to limit the current scope of practice of the registered nurse authorized pursuant to the Business and Professions Code, Division 2, Chapter 6. The nurse practitioner shall function within the scope of practice as specified in the Nursing Practice Act and as it applies to all registered nurses.

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## CHAPTER 2 | DEVELOPMENT OF DESCRIPTIONS OF PRACTICE

### SUBJECT MATTER EXPERT INTERVIEWS

OPES test specialists conducted telephone interviews with 16 NPs practicing in the eight specialty areas in California. During the semi-structured interviews, NPs were asked to identify major content areas of practice within their specialties and the tasks performed in each area. The NPs were also asked to identify the knowledge necessary to perform each task safely and competently. The NPs were asked to provide information not only on the tasks associated with their specialty as practiced in California, but also on those tasks that specialty NPs would perform while transitioning to independent practice under the requirements of AB 890.

### TASKS AND KNOWLEDGE STATEMENTS

To develop preliminary lists of tasks and knowledge statements for each specialty, OPES test specialists integrated information gathered from research of NP practice, which included extensive reviews of practice-related sources such as national certification examination OAs, research articles, industry publications, and laws and regulations. OPES test specialists also reviewed curricula, education, testing, and experience requirements of states that currently allow NPs to practice independently. See Appendix I for a bibliography of the sources consulted by OPES. The information from interviews with SMEs was also integrated into the development of the tasks and associated knowledge statements. The statements were then organized into major content areas of practice.

### OCCUPATIONAL ANALYSIS WORKSHOPS

Between August 2021 and January 2022, OPES test specialists facilitated eight workshops to review and refine the tasks and associated knowledge statements for each of the NP specialty areas. Forty-nine NP SMEs from diverse backgrounds (e.g., years practicing and geographic location) participated in these workshops. Before the workshops, the SMEs completed personal data forms documenting demographic information (see Chapters 3–10 for summaries of the demographic data for each specialty area).

During the workshops, SMEs evaluated the tasks and associated knowledge statements for technical accuracy, level of specificity, and comprehensiveness. In addition, SMEs evaluated the organization of task statements within content areas to ensure that the content areas were independent and non-overlapping.

## TASK-KNOWLEDGE LINKAGE

During the workshops, the SMEs evaluated and confirmed the linkage of the tasks and knowledge statements. The linkage was performed to identify the knowledge required for performance of each task and to verify that each statement of knowledge identified is important for safe and effective performance as an NP within the specialty. Additionally, the linkage ensured that all task statements were linked to at least one knowledge statement and that each knowledge statement was linked to at least one task.

## CHAPTER 3 | DESCRIPTIONS OF PRACTICE

### CONTENT AREAS AND SUBAREAS

The SMEs in the eight workshops were asked to finalize the content areas that would form the basis of the NP descriptions of practice in the eight specialty areas. OPES test specialists presented the SMEs with the preliminary content areas. The SMEs evaluated the preliminary content areas in terms of how well they reflected the relative importance to critical practice of NPs transitioning to independent practice in California.

Through discussion, the SMEs revised the tasks and associated knowledge statement subareas within each content area. They developed a preliminary list of common conditions and procedures within each practice specialty (see Appendices A–H). They confirmed the final linkage between tasks and knowledge statements. Finally, they finalized the content areas and subareas within the eight specialty practice areas.

The eight specialty area NP descriptions of practice are presented in Tables 1–8.

TABLE 1 – FAMILY NP DESCRIPTION OF PRACTICE

1. PATIENT ASSESSMENT

Section	Tasks	Associated Knowledge Statements
1A. Patient Health History	T1. Evaluate patient health history to determine implications for general health or illness.	K1. Knowledge of types of medical conditions observed across the lifespan. K2. Knowledge of the relationship between family medical history and patient health or illness. K3. Knowledge of the relationship between symptom onset, severity, duration, and disease progression. K4. Knowledge of methods for gathering information related to patient health or illness. K5. Knowledge of methods for evaluating information related to presenting complaints or health-related issues.
	T2. Review use of medications and supplements to identify reactions or implications for patient health or illness.	K6. Knowledge of the effects of medications, supplements, and polypharmacy. K7. Knowledge of methods for evaluating the effects of medications on patient health.
	T3. Evaluate information about allergies or allergic reactions to identify adverse physiological responses.	K8. Knowledge of signs and symptoms associated with allergic responses or adverse reactions. K9. Knowledge of the relationship between allergens and immune response. K10. Knowledge of methods for identifying potential etiologies of suspected allergic or adverse reactions. K11. Knowledge of methods for evaluating information regarding allergies or allergic reactions.
1B. Physiological Function and General Health	T4. Evaluate information about growth and development to identify normal and abnormal progression across the lifespan.	K12. Knowledge of methods for interpreting anthropometric measurements and growth standards. K13. Knowledge of the effects of genetic or medical conditions on growth patterns. K14. Knowledge of the effects of nutrition and environmental factors on growth patterns. K15. Knowledge of the signs of atypical growth patterns or pathophysiology. K16. Knowledge of stages of development across the lifespan. K17. Knowledge of methods for evaluating growth and development across the lifespan.
	T5. Evaluate information about nutritional status to determine impact on patient health.	K18. Knowledge of principles of nutrition and health across the lifespan. K19. Knowledge of the relationship between diet and nutritional health status. K20. Knowledge of signs of problematic eating patterns or behaviors. K21. Knowledge of signs of malnutrition or failure to thrive. K22. Knowledge of the relationship between weight and health outcomes. K23. Knowledge of methods for evaluating the effects of nutritional status on patient health.

## 1. PATIENT ASSESSMENT (Continued)

Section	Tasks	Associated Knowledge Statements
1B. Physiological Function and General Health (Continued)	T6. Evaluate body mass composition, physical activity, and mobility to determine impact on patient health.	<p>K24. Knowledge of the relationship between body mass indices and health outcomes across the lifespan.</p> <p>K25. Knowledge of the relationship between physical activity and health or illness.</p> <p>K26. Knowledge of the relationship between immunology and connective tissues.</p> <p>K27. Knowledge of the effects of aging and disease processes on changes to stability and mobility.</p> <p>K28. Knowledge of methods for evaluating the effects of body mass and physical activity on patient health.</p> <p>K29. Knowledge of methods for evaluating physiological factors associated with stability and mobility across the lifespan.</p>
	T7. Evaluate sexual and reproductive function to identify health or changes across the lifespan.	<p>K30. Knowledge of the principles of gender identity and development across the lifespan.</p> <p>K31. Knowledge of the principles of sexuality and sexual development across the lifespan.</p> <p>K32. Knowledge of the effects of medications and other substances on sexual function and reproductive health.</p> <p>K33. Knowledge of the effects of physical and psychological health on sexual function and reproductive health.</p> <p>K34. Knowledge of the effects of hormone levels and physiological changes on reproductive systems.</p> <p>K35. Knowledge of signs and symptoms of sexual or reproductive dysfunction or disease.</p> <p>K36. Knowledge of signs and symptoms of sexually transmitted diseases and infections.</p> <p>K37. Knowledge of methods for evaluating sexual or reproductive functioning or changes across the lifespan.</p>
	T8. Evaluate performance of basic and instrumental activities of daily living to identify functional status.	<p>K38. Knowledge of types of basic and instrumental needs associated with developmental levels.</p> <p>K39. Knowledge of the effects of aging and disability on ability to meet basic and instrumental needs.</p> <p>K40. Knowledge of the relationship between basic and instrumental activities of daily living and health.</p> <p>K41. Knowledge of methods for evaluating the interconnection between activities of daily living and patient health.</p>

## 1. PATIENT ASSESSMENT (Continued)

Section	Tasks	Associated Knowledge Statements
1B. Physiological Function and General Health (Continued)	T9. Evaluate mental status to identify changes or impairment across the lifespan.	K42. Knowledge of the effects of aging, disease processes, or trauma on neurologic function.
		K43. Knowledge of the signs and symptoms of neurodevelopmental and neurodegenerative conditions.
		K44. Knowledge of the relationship between mental status alterations and underlying illness or injury.
		K45. Knowledge of the relationship between mental status alteration and medications.
		K46. Knowledge of the signs and symptoms of neurological emergencies.
1C. Psychosocial Functioning and Social Determinants of Health	T10. Evaluate social determinants of health to determine the impact on health care needs of patients across the lifespan.	K47. Knowledge of methods for evaluating the effects of mental status on health of patients across the lifespan.
		K48. Knowledge of the effects of social determinants of health on health, illness, and health-related behaviors.
	T11. Assess emotional and mental health to determine the effects of depression, anxiety, isolation, or other disorders on patient's health.	K49. Knowledge of methods for evaluating the effects of critical social determinants on health of patients across the lifespan.
		K50. Knowledge of the relationship between psychological and physiological health and illness.
		K51. Knowledge of the signs and symptoms of mental health disorders across the lifespan.
		K52. Knowledge of methods for screening for the effects of trauma on mental health in patients across the lifespan.
	T12. Discuss lifestyle factors to evaluate the impact of environment, habits, and behaviors on patient health.	K53. Knowledge of methods for evaluating the effects of mental health symptoms or disorders on patient health.
		K54. Knowledge of the relationship between lifestyle factors and patient health.
		K55. Knowledge of the relationship between substance use, abuse, and patient health.
	T13. Discuss risk factors to determine whether patient is exposed to risk behaviors or dangerous situations.	K56. Knowledge of methods for evaluating the effects of lifestyle factors on patient health across the lifespan.
K57. Knowledge of methods for evaluating the effects of substance use and abuse on patient health across the lifespan.		
K58. Knowledge of factors that contribute to injury.		
		K59. Knowledge of methods for evaluating patient exposure to danger or potential harm.



## 1. PATIENT ASSESSMENT (Continued)

Section	Tasks	Associated Knowledge Statements
1D. System Review and Physical Examination	T14. Perform a multisystem review to evaluate normal or pathological findings related to health or illness across the lifespan.	K60. Knowledge of advanced principles of physiology, pathophysiology, and epidemiology. K61. Knowledge of methods for identifying normal, abnormal, and atypical multisystem findings. K62. Knowledge of methods for evaluating subjective information from multisystem review.
	T15. Perform a comprehensive physical examination to evaluate normal or pathological findings related to patient health across the lifespan.	K60. Knowledge of advanced principles of physiology, pathophysiology, and epidemiology. K63. Knowledge of methods for performing physical examination on patients. K64. Knowledge of physical findings that indicate acute and chronic illnesses or conditions. K65. Knowledge of methods for integrating subjective information from review of systems and findings from objective multisystem examination.

## 2. DIAGNOSIS OF ILLNESS OR PHYSICAL CONDITIONS ACROSS THE LIFESPAN

Tasks	Associated Knowledge Statements
T16. Interpret results of laboratory tests to identify systemic pathology.	K66. Knowledge of criteria for ordering laboratory tests. K67. Knowledge of methods for interpreting normal and abnormal findings on laboratory tests. K68. Knowledge of types of findings of laboratory tests that indicate a need for additional testing or evaluation.
T17. Interpret results of diagnostic procedures to identify systemic or structural pathophysiology.	K69. Knowledge of criteria for ordering diagnostic procedures. K70. Knowledge of methods for interpreting normal and abnormal findings on diagnostic procedures. K71. Knowledge of types of findings of diagnostic procedures that indicate a need for additional testing or evaluation.
T18. Integrate clinical and epidemiological data to develop a differential diagnosis.	K72. Knowledge of types of diseases and their prevalence observed across the lifespan. K73. Knowledge of criteria for illness or health conditions across the lifespan. K74. Knowledge of methods for determining differential diagnoses.

### 3. HEALTH MANAGEMENT

Section	Tasks	Associated Knowledge Statements
3A. Health Promotion and Management	T19. Develop care plans to address the individual health care needs of patients.	K75. Knowledge of methods for developing collaborative patient care plans. K76. Knowledge of types of care plans for patients with health alterations. K77. Knowledge of methods for measuring treatment progress and outcomes. K78. Knowledge of methods for addressing advance planning documents and goals of care.
	T20. Provide well-person and preventive care to promote health across the lifespan.	K79. Knowledge of principles of health maintenance across the lifespan. K80. Knowledge of the relationship between health care and the prevention of illness. K81. Knowledge of the relationship between vaccination and prevention of illness. K82. Knowledge of methods for administering vaccinations to patients. K83. Knowledge of methods for providing preventive health care across the lifespan.
	T21. Manage acute and chronic illnesses and physical conditions in patients across the lifespan to optimize health outcomes.	K84. Knowledge of methods for managing acute and chronic illness or physical conditions in patients across the lifespan.
	T22. Implement evidence-based therapies to provide treatment congruent with current best practices.	K85. Knowledge of the relationship between evidence-based practices and patient outcomes. K86. Knowledge of methods for applying evidence-based practices in health care.
	T23. Adhere to clinical practice guidelines to treat illnesses in patients across the lifespan.	K87. Knowledge of types of clinical practice guidelines that apply in the treatment of illnesses in patients across the lifespan. K88. Knowledge of methods for implementing clinical practice guidelines in the treatment of patients across the lifespan.

### 3. HEALTH MANAGEMENT (Continued)

Section	Tasks	Associated Knowledge Statements	
3A. Health Promotion and Management (Continued)	T24. Prescribe pharmacological and non-pharmacological therapies to address illness or physical conditions in patients across the lifespan.	K89. Knowledge of the principles of pharmacology, pharmaceuticals, and pharmacokinetics.	
		K90. Knowledge of classifications of controlled substances and their dispensing requirements.	
		K91. Knowledge of types of pharmacologic contraindications, interactions, and iatrogenic effects.	
		K92. Knowledge of the signs of pharmacologic toxicology, overdose, and allergic reaction.	
		K93. Knowledge of indications for prescribing pharmacological agents based on patient illness or condition.	
		K94. Knowledge of methods for determining safe dosage of pharmacological agents for patients across the lifespan.	
		K95. Knowledge of procedures for prescribing medications to patients across the lifespan.	
		K96. Knowledge of indications for prescribing non-pharmacological therapies based on patient illness or condition.	
		T25. Prescribe medical devices or equipment to address illness or physical conditions in patients across the lifespan.	K97. Knowledge of clinical indications for using medical devices and equipment with patients across the lifespan.
			K98. Knowledge of types of complications associated with the use of medical devices.
T26. Provide pain management to address effects of acute or chronic conditions in patients across the lifespan.	K99. Knowledge of the relationship between physiological changes and pain.		
	K100. Knowledge of the signs of untreated or undertreated pain in patients across the lifespan.		
	K101. Knowledge of types of barriers to effective pain management.		
	K102. Knowledge of methods for implementing opioid and non-opioid pain modalities with patients across the lifespan.		
	K103. Knowledge of methods for addressing safety issues associated with opioid and non-opioid use, overdose, dependency, or withdrawal.		
T27. Provide anticipatory guidance to patients and caregivers to promote patient health and safety.	K104. Knowledge of the effects of health literacy on illness or disease progression.		
	K105. Knowledge of the relationship between health habits and disease prevention.		
	K106. Knowledge of methods for counseling patients and caregivers on health promotion and injury prevention.		

### 3. HEALTH MANAGEMENT (Continued)

Section	Tasks	Associated Knowledge Statements
3A. Health Promotion and Management (Continued)	T28. Educate patients about health care recommendations to increase understanding and adherence.	K107. Knowledge of methods for providing patients with evidence-based health information. K108. Knowledge of the effects of health care adherence on health or illness.
	T28. Order supportive services, palliative care, or hospice to address the needs of patients with complex medical conditions.	K109. Knowledge of principles of hospice or palliative care. K110. Knowledge of methods for providing end-of-life care to patients across the lifespan.
3B. Referrals and Collaborations	T30. Refer patients to other health care professionals to address conditions requiring specialized evaluation or treatment.	K111. Knowledge of methods for determining when patients would benefit from additional health care services. K112. Knowledge of types of health care services available for patients with health conditions.
	T31. Consult with physicians or other providers to collaborate on patient-specific medical recommendations.	K113. Knowledge of methods for determining conditions or situations in which consultation should be obtained.
	T32. Participate on multidisciplinary teams to provide integrated care that meets the health care needs of patients across the lifespan.	K114. Knowledge of methods for collaborating as part of a team in providing patient health care. K115. Knowledge of methods for coordinating integrated health care with other providers.

#### 4. PROFESSIONAL ETHICS AND RESPONSIBILITY

Tasks	Associated Knowledge Statements
T33. Respect patient diversity to provide health care services in an equitable and inclusive manner.	K116. Knowledge of the effects of implicit bias, discrimination, and marginalization in health care systems. K117. Knowledge of techniques for incorporating patient diversity into health care delivery. K118. Knowledge of methods for providing culturally competent health care. K119. Knowledge of methods for reducing disparities in health care delivery.
T34. Advocate for health care policies to improve delivery of services for patients and caregivers.	K120. Knowledge of health care practices and policies that impact access to care. K121. Knowledge of methods for advocating for patients with complex health care needs and their caregivers.
T35. Synthesize research findings to optimize treatment of acute and chronic medical conditions.	K122. Knowledge of the relationship between medical advances and health care delivery. K123. Knowledge of methods for interpreting results of medical research. K124. Knowledge of methods for remaining current on research regarding health care across the lifespan. K125. Knowledge of methods for conducting research related to specialized health care across the lifespan.
T36. Apply ethical principles in practice to address medical dilemmas and patient health care decisions.	K126. Knowledge of principles of ethical medical practices.

## 5. LEGAL REQUIREMENTS FOR PRACTICE

Section	Tasks	Associated Knowledge Statements
5A. Regulations Related to Patient Disclosures and Patient Rights	T37. Obtain informed consent by providing patients and caregivers with health care information to facilitate their ability to make medical decisions.	K127. Knowledge of laws regarding informed consent. K128. Knowledge of laws regarding the provision of health care to patients.
	T38. Disclose information related to license type, status, and oversight to make patients aware of regulatory parameters.	K129. Knowledge of laws regarding disclosures that must be provided to patients.
	T39. Disclose patient costs for services in advance to provide transparency of health care charges.	K130. Knowledge of laws regarding disclosure of fees for health care services.
	T40. Comply with Health Insurance Portability and Accountability Act (HIPAA) regulations to provide health care that protects patients' private health information.	K131. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).
	T41. Comply with the California Confidentiality of Medical Information Act (CMIA) to provide health care that protects patients' private health information.	K132. Knowledge of laws related to the California Confidentiality of Medical Information Act (CMIA).
	T42. Certify disability to assist the patient in obtaining services related to temporary or permanent medical condition.	K133. Knowledge of laws regarding certifying patient disability. K134. Knowledge of provisions of the Unemployment Insurance Code related to certifying disability. K135. Knowledge of laws related to certifying disability under workers' compensation.
	T43. Maintain professional boundaries with patients, caregivers, and others.	K136. Knowledge of laws regarding sexual misconduct with patients, caregivers, or others. K137. Knowledge of laws regarding sexual harassment.
	T44. Report instances of suspected abuse, neglect, and exploitation to protect vulnerable patient populations.	K138. Knowledge of signs of abuse, neglect, or exploitation of vulnerable patient populations. K139. Knowledge of laws regarding mandated reporting of suspected abuse, neglect, or exploitation.
	T45. Report instances of injury by assault or gunshot to protect patients who are victims of violence.	K140. Knowledge of laws regarding mandated reporting of assault or gunshot injuries.
	T46. Report instances of illness or injury associated with suspected exposure to pesticides or environmental toxins to assist with investigation and surveillance.	K141. Knowledge of laws regarding mandated reporting of suspected pesticide poisoning or environmental toxin exposure.
	T47. Report communicable diseases and conditions to assist with preventing community spread.	K142. Knowledge of types of diseases and conditions that require mandated reporting. K143. Knowledge of laws regarding mandated reporting of communicable diseases and conditions.

## 5. LEGAL REQUIREMENTS FOR PRACTICE (Continued)

Section	Tasks	Associated Knowledge Statements
5B. Regulations Related to Nurse Practitioner Requirements	T48. Comply with regulations related to procuring, prescribing, and dispensing pharmacological agents or medical devices.	K144. Knowledge of laws regarding controlled substances and schedules. K145. Knowledge of laws regarding the transmission of prescriptions. K146. Knowledge of laws regarding the furnishing or ordering of drugs or medical devices. K147. Knowledge of laws regarding internet or electronic prescriptions. K148. Knowledge of laws regarding the inventory, recording, and storage of controlled substances. K149. Knowledge of guidelines for prescribing controlled substances for intractable pain and chemical dependency. K150. Knowledge of procedures for obtaining furnishing and DEA numbers for ordering pharmacological agents and controlled substances.
	T49. Record health care information in accordance with requirements for documenting patient care.	K151. Knowledge of laws regarding documentation of patient treatment. K152. Knowledge of types of information to include in patient records. K153. Knowledge of laws regarding the maintenance, storage, retention, and disposal of patient records.
	T50. Engage in referral practices that conform with acceptable standards to protect the best interest of patients.	K154. Knowledge of types of acceptable and unacceptable referral practices. K155. Knowledge of laws prohibiting practices that constitute kickbacks or split-fee activity. K156. Knowledge of laws related to prohibited referrals. K157. Knowledge of laws related to the Physician Ownership and Referral Act (PORA). K158. Knowledge of laws related to financial interests and disclosures.
	T51. Comply with laws regarding the acceptance of pharmaceutical gifts or incentives to avoid the potential for undue influence in providing patient care.	K159. Knowledge of laws regarding the acceptance of complimentary pharmaceuticals, medical devices, or other gifts.
	T52. Adhere to telehealth requirements when engaging in health care services via electronic systems.	K160. Knowledge of laws regarding the delivery of services via information and communication technologies.
	T53. Comply with laws about nurse practitioner scope of practice to maintain professional boundaries.	K161. Knowledge of laws regarding nurse practitioner scope of practice. K162. Knowledge of laws regarding supervision and delegation of tasks to other medical personnel.
	T54. Comply with laws regarding professional conduct to maintain professional integrity.	K163. Knowledge of laws regarding unprofessional conduct. K164. Knowledge of provisions for engaging in the Intervention Program.



## 5. LEGAL REQUIREMENTS FOR PRACTICE (Continued)

Section	Tasks	Associated Knowledge Statements
5B. Regulations Related to Nurse Practitioner Requirements (Continued)	T55. Practice within scope of competence to comply with professional standards regarding nurse practitioner specialization.	K165. Knowledge of laws regarding credentialing requirements associated with practicing as a nurse practitioner in California. K166. Knowledge of laws regarding certification and licensing requirements associated with the nurse practitioner licenses. K167. Knowledge of laws regarding continuing education requirements for remaining current and competent as a nurse practitioner.
5C. Laws Regarding Independent Practice or Corporation	T56. Comply with regulations related to 103 NP or 104 NP status to practice independently.	K168. Knowledge of laws associated with 103 NP and 104 NP status. K169. Knowledge of laws related to transition to independent practice requirements. K170. Knowledge of laws related to independent business or nursing corporations.
	T57. Obtain insurance to comply with liability requirements for practice.	K171. Knowledge of laws regarding general liability insurance coverage requirements.
	T58. Develop a plan for referral to address complex clinical conditions that are outside education and training.	K172. Knowledge of laws related to referral or collaboration when patient or clinical conditions are outside education and training.
	T59. Adhere to applicable bylaws to ensure eligibility to serve on committees and attend department meetings.	K173. Knowledge of laws regarding medical staff membership, privileges, and voting. K174. Knowledge of the relationship between administrator discipline and BRN reporting.
	T60. Implement billing practices in compliance with laws and regulations to prevent potential exploitation and fraud.	K175. Knowledge of laws related to consumer rights and protections in billing practices. K176. Knowledge of laws regarding fair billing practices. K177. Knowledge of laws regarding uninsured and underinsured billing practices. K178. Knowledge of laws regarding insurance fraud. K179. Knowledge of types of financial options available to patients. K180. Knowledge of laws regarding the collection of unpaid health care bills.
	T61. Advertise credentials and services in compliance with laws and regulations to prevent misleading patients and the public.	K181. Knowledge of laws regarding advertisement of nurse practitioner services and professional qualifications.

TABLE 2 – ADULT-GERONTOLOGY NP IN PRIMARY CARE DESCRIPTION OF PRACTICE

1. PATIENT ASSESSMENT

Section	Tasks	Associated Knowledge Statements
1A. Patient Health History	T1. Evaluate patient health history to determine implications for adult-gerontology general health or illness.	<p>K1. Knowledge of typical and atypical symptom presentation in adult-gerontology patients.</p> <p>K2. Knowledge of the relationship between symptom onset, severity, duration, and disease progression.</p> <p>K3. Knowledge of the relationship between family medical history and patient health or illness.</p> <p>K4. Knowledge of methods for gathering information related to adult-gerontology patient health or illness.</p> <p>K5. Knowledge of methods for evaluating information related to presenting complaints or health-related issues.</p>
	T2. Review use of medications and supplements to identify reactions or implications for adult-gerontology patient health or illness.	<p>K6. Knowledge of the effects of medications, supplements, and polypharmacy.</p> <p>K7. Knowledge of methods for evaluating the effects of medications on adult-gerontology patient health.</p>
	T3. Evaluate information about allergies or allergic reactions to identify adverse physiological responses.	<p>K8. Knowledge of signs and symptoms associated with allergic responses or adverse reactions.</p> <p>K9. Knowledge of the relationship between allergens and immune response.</p> <p>K10. Knowledge of methods for identifying potential etiologies of suspected allergic or adverse reactions.</p> <p>K11. Knowledge of methods for evaluating information regarding allergies or allergic reactions.</p>
1B. Physiological Function and General Health	T4. Evaluate performance of basic and instrumental activities of daily living to identify functional status.	<p>K12. Knowledge of the effects of aging and disability on ability to meet basic and instrumental needs.</p> <p>K13. Knowledge of the relationship between basic and instrumental activities of daily living and health.</p> <p>K14. Knowledge of methods for evaluating the interconnection between activities of daily living and patient health.</p>
	T5. Evaluate information about nutritional status to determine impact on patient health.	<p>K15. Knowledge of principles of nutrition and health across the adult lifespan.</p> <p>K16. Knowledge of the relationship between diet and nutritional health status.</p> <p>K17. Knowledge of signs of problematic eating patterns or behaviors.</p> <p>K18. Knowledge of signs of malnutrition or failure to thrive.</p> <p>K19. Knowledge of the relationship between weight and adult-gerontology health outcomes.</p> <p>K20. Knowledge of methods for evaluating the effects of nutritional status on patient's health.</p>

## 1. PATIENT ASSESSMENT (Continued)

Section	Tasks	Associated Knowledge Statements
1B. Physiological Function and General Health (Continued)	T6. Evaluate body mass composition, physical activity, and mobility to determine impact on adult-gerontology patient health.	<p>K21. Knowledge of the relationship between body mass indices and adult-gerontology health outcomes.</p> <p>K22. Knowledge of the relationship between physical activity and adult-gerontology health or illness.</p> <p>K23. Knowledge of the relationship between immunology and connective tissues.</p> <p>K24. Knowledge of the effects of aging and disease processes on changes to stability and mobility.</p> <p>K25. Knowledge of methods for evaluating the effects of body mass and physical activity on patient health.</p> <p>K26. Knowledge of methods for evaluating physiological factors associated with stability and mobility across the adult lifespan.</p>
	T7. Evaluate sexual and reproductive function to identify health or changes in adult-gerontology patients.	<p>K27. Knowledge of the principles of gender identity and development across the lifespan.</p> <p>K28. Knowledge of the principles of sexual identity and development across the lifespan.</p> <p>K29. Knowledge of the effects of medications and other substances on sexual function and reproductive health.</p> <p>K30. Knowledge of the effects of physical and psychological health on sexual function and reproductive health.</p> <p>K31. Knowledge of the effects of hormone levels and physiological changes on reproductive systems.</p> <p>K32. Knowledge of signs and symptoms of sexual or reproductive dysfunction or conditions.</p> <p>K33. Knowledge of signs and symptoms of sexually transmitted diseases and infections.</p> <p>K34. Knowledge of methods for evaluating sexual or reproductive functioning or changes across the adult lifespan.</p>
	T8. Assess mental status to identify changes or impairment in adult-gerontology patients.	<p>K35. Knowledge of the effects of aging, disease processes, or trauma on neurologic function.</p> <p>K36. Knowledge of the signs and symptoms or neurodegenerative conditions.</p> <p>K37. Knowledge of the relationship between mental status alterations and underlying illness or injury.</p> <p>K38. Knowledge of the relationship between mental status alteration and medications.</p> <p>K39. Knowledge of the signs and symptoms of neurological emergencies.</p> <p>K40. Knowledge of methods for evaluating the effects of mental status on health of adult-gerontology patients.</p>

## 1. PATIENT ASSESSMENT (Continued)

Section	Tasks	Associated Knowledge Statements
1B. Physiological Function and General Health (Continued)	T9. Evaluate cumulative deficits or phenotypes of growth and development to obtain an index of fragility.	K41. Knowledge of the relationship between the accumulation of health deficits and level of fragility. K42. Knowledge of principles of cumulative deficits and phenotype models. K43. Knowledge of methods for applying cumulative deficit or phenotype models in patient assessment.
1C. Psychosocial Functioning and Social Determinants of Health	T10. Evaluate social determinants of health to determine impact on health care needs of adult-gerontology patients.	K44. Knowledge of the effects of social determinants of health on adult-gerontology health, illness, and health-related behaviors. K45. Knowledge of methods for evaluating the effects of critical social determinants on health of adult-gerontology patients.
	T11. Assess emotional and mental health to determine the effects of depression, anxiety, isolation, or other disorders on adult-gerontology patient health.	K46. Knowledge of the relationship between psychological and physiological health and illness. K47. Knowledge of the signs and symptoms of mental health disorders in adult-gerontology patients. K48. Knowledge of methods for screening for the effects of trauma on mental health in adult-gerontology patients. K49. Knowledge of methods for evaluating the effects of mental health symptoms or disorders on adult-gerontology patient health.
	T12. Discuss lifestyle factors to evaluate the impact of environment, habits, and behaviors on adult-gerontology patient health.	K50. Knowledge of the relationship between lifestyle factors and adult-gerontology patient health. K51. Knowledge of the relationships between substance use or abuse, and adult-gerontology patient health. K52. Knowledge of methods for evaluating the effects of lifestyle factors on adult-gerontology patient health. K53. Knowledge of methods for evaluating the effects of substance use and abuse on adult-gerontology patient health.
	T13. Discuss risk factors to determine whether adult-gerontology patient is exposed to risk behaviors or dangerous situations.	K54. Knowledge of factors that contribute to adult-gerontology injury. K55. Knowledge of methods for evaluating patient exposure to danger or potential harm.

## 1. PATIENT ASSESSMENT (Continued)

Section	Tasks	Associated Knowledge Statements
1D. System Review and Physical Examination	T14. Perform a multisystem review to evaluate normal or pathological findings related to adult-gerontology health or illness.	K56. Knowledge of advanced principles of physiology, pathophysiology, and epidemiology. K57. Knowledge of methods for identifying normal, abnormal, and atypical multisystem findings. K58. Knowledge of methods for evaluating subjective information from multisystem review.
	T15. Perform a comprehensive physical examination to evaluate normal or pathological findings related to adult-gerontology patient health.	K56. Knowledge of advanced principles of physiology, pathophysiology, and epidemiology. K59. Knowledge of methods for performing physical examinations on adult-gerontology patients. K60. Knowledge of physical findings that indicate acute and chronic illnesses or conditions. K61. Knowledge of methods for integrating subjective information from review of systems and findings from objective multisystem examination.

## 2. DIAGNOSIS OF ADULT-GERONTOLOGY ILLNESS OR PHYSICAL CONDITIONS

Tasks	Associated Knowledge Statements
T16. Interpret results of laboratory tests to identify systemic pathology.	K62. Knowledge of criteria for ordering laboratory tests. K63. Knowledge of methods for interpreting normal and abnormal findings on laboratory tests. K64. Knowledge of types of findings of laboratory tests that indicate a need for additional testing or evaluation.
T17. Interpret results of diagnostic procedures to identify systemic or structural pathophysiology.	K65. Knowledge of criteria for ordering diagnostic procedures. K66. Knowledge of methods for interpreting normal and abnormal findings on diagnostic procedures. K67. Knowledge of types of findings of diagnostic procedures that indicate a need for additional testing or evaluation.
T18. Integrate clinical and epidemiological data to develop a differential diagnosis.	K68. Knowledge of types of adult-gerontology diseases and their prevalence. K69. Knowledge of criteria for diagnosing adult-gerontology illness or health conditions. K70. Knowledge of methods for determining differential diagnoses.

### 3. ADULT-GERONTOLOGY HEALTH MANAGEMENT

Section	Tasks	Associated Knowledge Statements
3A. Health Promotion and Management	T19. Develop care plans to address the individual health care needs of adult-gerontology patients.	<p>K71. Knowledge of methods for developing collaborative patient care plans.</p> <p>K72. Knowledge of types of care plans for adult-gerontology patients with health alterations.</p> <p>K73. Knowledge of methods for measuring treatment progress and outcomes.</p> <p>K74. Knowledge of methods for addressing advance planning documents and goals of care.</p>
	T20. Provide well-person and preventive care to promote adult-gerontology health.	<p>K75. Knowledge of principles of adult-gerontology health maintenance.</p> <p>K76. Knowledge of the relationship between health care and the prevention of adult-gerontology illness.</p> <p>K77. Knowledge of methods for providing preventive health care across the adult lifespan.</p>
	T21. Manage adult-gerontology acute and chronic illnesses and physical conditions to optimize health outcomes.	<p>K78. Knowledge of methods for managing acute and chronic adult-gerontology illness or physical conditions.</p>
	T22. Implement evidence-based therapies to provide treatment congruent with current best practices.	<p>K79. Knowledge of the relationship between evidence-based practices and patient outcomes.</p> <p>K80. Knowledge of methods for applying evidence-based practices in health care.</p>
	T23. Adhere to clinical practice guidelines to treat adult-gerontology illnesses.	<p>K81. Knowledge of types of clinical practice guidelines that apply in the treatment of adult-gerontology illnesses.</p> <p>K82. Knowledge of methods for implementing clinical practice guidelines in the treatment of adult-gerontology patients.</p>
	T24. Prescribe pharmacological and non-pharmacological therapies to address adult-gerontology illness or physical conditions.	<p>K83. Knowledge of the principles of pharmacology, pharmaceuticals, and pharmacokinetics.</p> <p>K84. Knowledge of classifications of controlled substances and their dispensing requirements.</p> <p>K85. Knowledge of types of pharmacologic contraindications, interactions, and iatrogenic effects.</p> <p>K86. Knowledge of the signs of pharmacologic toxicology, overdose, and allergic reaction.</p> <p>K87. Knowledge of indications for prescribing pharmacological agents based on adult-gerontology illness or condition.</p> <p>K88. Knowledge of methods for determining safe dosage of pharmacological agents for adult-gerontology patients.</p> <p>K89. Knowledge of indications for prescribing non-pharmacological therapies based on adult-gerontology illness or condition.</p>

### 3. ADULT-GERONTOLOGY HEALTH MANAGEMENT (Continued)

Section	Tasks	Associated Knowledge Statements	
3A. Health Promotion and Management (Continued)	T25. Prescribe medical devices or equipment to address adult-gerontology illness or physical conditions.	K90.	Knowledge of clinical indications for using medical devices and equipment with adult-gerontology patients.
		K91.	Knowledge of types of complications associated with the use of medical devices and equipment.
	T26. Provide pain management to address effects of acute or chronic conditions in adult-gerontology patients.	K92.	Knowledge of the relationship between physiological changes and pain.
		K93.	Knowledge of the signs of untreated or undertreated pain in adult-gerontology patients.
		K94.	Knowledge of types of barriers to effective pain management with adult-gerontology patients.
		K95.	Knowledge of methods for implementing opioid and non-opioid pain modalities with adult-gerontology patients.
T27. Educate patients about health care recommendations to increase understanding and adherence.	K96.	Knowledge of methods for addressing safety issues associated with opioid and non-opioid use, overdose, dependency, or withdrawal.	
	K97.	Knowledge of methods for providing patients with evidence-based health information.	
T28. Order supportive services, palliative care, or hospice to address the needs of adult-gerontology patients with complex medical conditions.	K98.	Knowledge of the effects of health care adherence on health and illness.	
	K99.	Knowledge of principles of hospice or palliative care.	
	K100.	Knowledge of methods for providing end-of-life care to adult-gerontology patients.	
3B. Referrals and Collaborations	T29. Refer adult-gerontology patients to other health care professionals to address conditions requiring specialized evaluation or treatment.	K101.	Knowledge of methods for determining when patients would benefit from additional health care services.
		K102.	Knowledge of types of health care services available for adult-gerontology patient with health conditions.
	T30. Consult with physicians or other providers to collaborate on patient-specific medical recommendations.	K103.	Knowledge of methods for determining conditions or situations in which consultation should be obtained.
	T31. Participate on multidisciplinary teams to provide integrated care that meets the health care needs of adult-gerontology patients.	K104.	Knowledge of methods for collaborating as part of a team in providing adult-gerontology health care.
K105.		Knowledge of methods for coordinating integrated adult-gerontology health care with other providers.	



#### 4. PROFESSIONAL ETHICS AND RESPONSIBILITY

Tasks	Associated Knowledge Statements
T32. Respect patient diversity to provide health care services in an equitable and inclusive manner.	K106. Knowledge of the effects of implicit bias, discrimination, and marginalization in health care systems. K107. Knowledge of techniques for incorporating patient diversity into health care delivery. K108. Knowledge of methods for providing culturally competent health care. K109. Knowledge of methods for reducing disparities in health care delivery.
T33. Advocate for health care policies to improve delivery of services for adult-gerontology patients and caregivers.	K110. Knowledge of health care practices and policies that impact access to care. K111. Knowledge of methods for advocating for patients and their caregivers.
T34. Synthesize research findings to optimize treatment of acute and chronic adult-gerontology health conditions.	K112. Knowledge of the relationship between medical advances and health care delivery. K113. Knowledge of methods for interpreting results of medical research. K114. Knowledge of methods for remaining current on research regarding adult-gerontology health care. K115. Knowledge of methods for conducting research related to adult-gerontology specialized health care.
T35. Apply ethical principles in practice to address medical dilemmas and patient health care decisions.	K116. Knowledge of principles of ethical medical practices.

## 5. LEGAL REQUIREMENTS FOR PRACTICE

Section	Tasks	Associated Knowledge Statements
5A. Regulations Related to Patient Disclosures and Patient Rights	T36. Obtain informed consent by providing patients and caregivers with health care information to facilitate their ability to make medical decisions.	K117. Knowledge of laws regarding informed consent. K118. Knowledge of laws regarding the provision of health care to patients.
	T37. Disclose information related to license type, status, and oversight to make patients aware of regulatory parameters.	K119. Knowledge of laws regarding disclosures that must be provided to patients.
	T38. Disclose patient costs for services in advance to provide transparency of health care charges.	K120. Knowledge of laws regarding disclosure of fees for health care services.
	T39. Comply with Health Insurance Portability and Accountability Act (HIPAA) regulations to provide health care that protects patients' private health information.	K121. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).
	T40. Comply with the California Confidentiality of Medical Information Act (CMIA) to provide health care that protects patients' private health information.	K122. Knowledge of laws related to the California Confidentiality of Medical Information Act (CMIA).
	T41. Certify disability to assist the patient in obtaining services related to temporary or permanent medical condition.	K123. Knowledge of laws regarding certifying patient disability. K124. Knowledge of provisions of the Unemployment Insurance Code related to certifying disability. K125. Knowledge of laws related to certifying disability under workers' compensation.
	T42. Maintain professional boundaries with patients, caregivers, and others.	K126. Knowledge of laws regarding sexual misconduct with patients, caregivers, or others. K127. Knowledge of laws regarding sexual harassment.
	T43. Report instances of suspected abuse, neglect, and exploitation to protect vulnerable patient populations.	K128. Knowledge of signs of abuse, neglect, or exploitation of vulnerable patient populations. K129. Knowledge of laws regarding mandated reporting of suspected abuse, neglect, or exploitation.
	T44. Report instances of injury by assault or gunshot to protect patients who are victims of violence.	K130. Knowledge of laws regarding mandated reporting of assault or gunshot injuries.
	T45. Report instances of illness or injury associated with suspected exposure to pesticides or environmental toxins to assist with investigation and surveillance.	K131. Knowledge of laws regarding mandated reporting of suspected pesticide poisoning or environmental toxin exposure.
T46. Report communicable diseases and conditions to assist with preventing community spread.	K132. Knowledge of types of diseases and conditions that require mandated reporting. K133. Knowledge of laws regarding mandated reporting of communicable diseases and conditions.	

## 5. LEGAL REQUIREMENTS FOR PRACTICE (Continued)

Section	Tasks	Associated Knowledge Statements
5B. Regulations Related to Nurse Practitioner Requirements	T47. Comply with regulations related to procuring, prescribing, and dispensing pharmacological agents or medical devices.	K134. Knowledge of laws regarding controlled substances and schedules. K135. Knowledge of laws regarding the transmission of prescriptions. K136. Knowledge of laws regarding the furnishing or ordering of drugs or medical devices. K137. Knowledge of laws regarding internet or electronic prescriptions. K138. Knowledge of laws regarding the inventory, recording, and storage of controlled substances. K139. Knowledge of guidelines for prescribing controlled substances for intractable pain and chemical dependency. K140. Knowledge of procedures for obtaining furnishing and DEA numbers for ordering pharmacological agents and controlled substances.
	T48. Record health care information in accordance with requirements for documenting patient care.	K141. Knowledge of laws regarding documentation of patient treatment. K142. Knowledge of types of information to include in patient records. K143. Knowledge of laws regarding the maintenance, storage, retention, and disposal of patient records.
	T49. Engage in referral practices that conform with acceptable standards to protect the best interest of patients.	K144. Knowledge of types of acceptable and unacceptable referral practices. K145. Knowledge of laws prohibiting practices that constitute kickbacks or split-fee activity. K146. Knowledge of laws related to prohibited referrals. K147. Knowledge of laws related to the Physician Ownership and Referral Act (PORA). K148. Knowledge of laws related to financial interests and disclosures.
	T50. Comply with laws regarding the acceptance of pharmaceutical gifts or incentives to avoid the potential for undue influence in providing patient care.	K149. Knowledge of laws regarding the acceptance of complimentary pharmaceuticals, medical devices, or other gifts.
	T51. Adhere to telehealth requirements when engaging in health care services via electronic systems.	K150. Knowledge of laws regarding the delivery of services via information and communication technologies.
	T52. Comply with laws about nurse practitioner scope of practice to maintain professional boundaries.	K151. Knowledge of laws regarding nurse practitioner scope of practice. K152. Knowledge of laws regarding supervision and delegation of tasks to other medical personnel.
	T53. Comply with laws regarding professional conduct to maintain professional integrity.	K153. Knowledge of laws regarding unprofessional conduct. K154. Knowledge of provisions for engaging in the Intervention Program.

## 5. LEGAL REQUIREMENTS FOR PRACTICE (Continued)

Section	Tasks	Associated Knowledge Statements
5B. Regulations Related to Nurse Practitioner Requirements (Continued)	T54. Practice within scope of competence to comply with professional standards regarding nurse practitioner specialization.	K155. Knowledge of laws regarding credentialing requirements associated with practicing as a nurse practitioner in California. K156. Knowledge of laws regarding certification and licensing requirements associated with the nurse practitioner licenses. K157. Knowledge of laws regarding continuing education requirements for remaining current and competent as a nurse practitioner.
5C. Laws Regarding Independent Practice or Corporation	T55. Comply with regulations related to 103 NP or 104 NP status to practice independently.	K158. Knowledge of laws associated with 103 NP and 104 NP status. K159. Knowledge of laws related to transition to independent practice requirements. K160. Knowledge of laws related to independent business or nursing corporations.
	T56. Obtain insurance to comply with liability requirements for practice.	K161. Knowledge of laws regarding general liability insurance coverage requirements.
	T57. Develop a plan for referral to address complex clinical conditions that are outside education and training.	K162. Knowledge of laws related to referral or collaboration when patient or clinical conditions are outside education and training.
	T58. Adhere to applicable bylaws to ensure eligibility to serve on committees and attend department meetings.	K163. Knowledge of laws regarding medical staff membership, privileges, and voting. K164. Knowledge of the relationship between administrator discipline and BRN reporting.
	T59. Implement billing practices in compliance with laws and regulations to prevent potential exploitation and fraud.	K165. Knowledge of laws related to consumer rights and protections in billing practices. K166. Knowledge of laws regarding fair billing practices. K167. Knowledge of laws regarding uninsured and underinsured billing practices. K168. Knowledge of laws regarding insurance fraud. K169. Knowledge of types of financial options available to patients. K170. Knowledge of laws regarding the collection of unpaid health care bills.
	T60. Advertise credentials and services in compliance with laws and regulations to prevent misleading patients and the public.	K171. Knowledge of laws regarding advertisement of nurse practitioner services and professional qualifications.

TABLE 3 – ADULT-GERONTOLOGY NP IN ACUTE CARE DESCRIPTION OF PRACTICE

1. ASSESSING ADULT-GERONTOLOGY ACUTE CARE NEEDS

Section	Tasks	Associated Knowledge Statements
1A. Patient Health History	T1. Evaluate patient health history to determine implications for adult-gerontology acute, complex, or critical illness or condition.	<p>K1. Knowledge of types of typical and atypical symptom presentation in adult-gerontology patients.</p> <p>K2. Knowledge of the relationship between symptom onset, severity, duration, and disease progression.</p> <p>K3. Knowledge of the relationship between aging processes and geriatric syndromes.</p> <p>K4. Knowledge of the relationship between family medical history and genetic predispositions.</p> <p>K5. Knowledge of the relationship between surgical history and acute and chronic illness or conditions.</p> <p>K6. Knowledge of methods for gathering information related to acute care illness or condition.</p> <p>K7. Knowledge of methods for evaluating information related to presenting complaints or acute care needs.</p>
	T2. Evaluate health risks related to complex adult-gerontology illnesses or conditions to prevent critical medical events.	K8. Knowledge of the types of health risks associated with complex adult-gerontology illnesses or conditions.
	T3. Evaluate for comorbidities to determine implications for current adult-gerontology acute care needs.	<p>K9. Knowledge of the relationship between comorbidities and illness progression or prognosis.</p> <p>K10. Knowledge of methods for evaluating comorbidity indices.</p> <p>K11. Knowledge of types of complications associated with comorbidities in adult-gerontology patients with complex illnesses.</p>
	T4. Review use of medications and supplements to identify reactions or implications for patient health or illness.	<p>K12. Knowledge of the effects of medications, supplements, and polypharmacy.</p> <p>K13. Knowledge of methods for evaluating the effects of medications and supplements on adult-gerontology patient health.</p>
	T5. Evaluate information about allergies or allergic reactions to identify adverse physiological responses.	<p>K14. Knowledge of signs and symptoms associated with allergic responses or adverse reactions.</p> <p>K15. Knowledge of the relationship between allergens and immune response.</p> <p>K16. Knowledge of methods for identifying etiologies of suspected allergic or adverse reactions.</p> <p>K17. Knowledge of methods for evaluating information regarding allergies or allergic reactions.</p>
	T6. Evaluate level of medical device dependence to determine implications for adult-gerontology acute care needs.	<p>K18. Knowledge of types of complications associated with medical device dependence.</p> <p>K19. Knowledge of methods for evaluating needs associated with medical device dependence.</p>

## 1. ASSESSING ADULT-GERONTOLOGY ACUTE CARE NEEDS (Continued)

Section	Tasks	Associated Knowledge Statements	
1B. Status Assessments	T7. Evaluate for mental status alterations to identify acute brain dysfunction, injury, or life-threatening conditions.	K20. Knowledge of the effects of aging, disease processes, or trauma on neurologic function. K21. Knowledge of types of neurodegenerative conditions. K22. Knowledge of the relationship between mental status alterations and underlying illness or injury. K23. Knowledge of the relationship between mental status alteration and medications. K24. Knowledge of signs of neurological emergencies. K25. Knowledge of the relationship between level of mental status alteration and potential for adverse outcomes. K26. Knowledge of methods for evaluating severity of mental status alternations.	
	T8. Evaluate signs and symptoms of malnutrition or fluid imbalance to determine implications for adult-gerontology acute care needs.	K27. Knowledge of the signs and symptoms of malnutrition. K28. Knowledge of the signs and symptoms of overhydration, underhydration, and dehydration. K29. Knowledge of signs and symptoms of electrolyte imbalance. K30. Knowledge of the relationship between nutritional deficiencies and acute, chronic, or complex illness in adult-gerontology patients. K31. Knowledge of the relationship between fluid and electrolyte management and acute, chronic, or complex illness in adult-gerontology patients. K32. Knowledge of the relationship between body mass index and acute, chronic, or complex illness in adult-gerontology patients. K33. Knowledge of methods for evaluating the effects of malnutrition or fluid imbalance on adult-gerontology patient acute care needs.	
	T9. Evaluate level of frailty to determine implications of multisystem dysregulation and physiological reserves for acute care needs.	K34. Knowledge of the relationship between system dysregulation and responses to physiological stress or illness. K35. Knowledge of the relationship between level of frailty and risk of disability or adverse outcomes in acute care. K36. Knowledge of methods for evaluating frailty in adult-gerontology patients requiring acute care.	
	1C. Psychosocial Functioning and Social Determinants of Health	T10. Review social determinants of health to determine impact on health care needs of adult-gerontology patients.	K37. Knowledge of the effects of social determinants of health on adult-gerontology health, illness, and health-related behaviors. K38. Knowledge of methods for evaluating the effects of critical social determinants on health of adult-gerontology patients.

## 1. ASSESSING ADULT-GERONTOLOGY ACUTE CARE NEEDS (Continued)

Section	Tasks	Associated Knowledge Statements
1C. Psychosocial Functioning and Social Determinants of Health (Continued)	T11. Assess emotional and mental health to determine the effects of depression, anxiety, isolation, or other disorders on adult-gerontology patient health.	K39. Knowledge of the relationship between psychological and physiological health and illness. K40. Knowledge of the signs and symptoms of mental health disorders in adult-gerontology patients. K41. Knowledge of methods for screening for the effects of trauma on mental health in adult-gerontology patients. K42. Knowledge of methods for evaluating the effects of mental health symptoms or disorders on adult-gerontology patient health.
	T12. Discuss lifestyle factors to evaluate the impact of environment, habits, and behaviors on adult-gerontology patient health.	K43. Knowledge of the relationship between lifestyle factors and adult-gerontology patient health. K44. Knowledge of the relationship between substance use, abuse, and adult-gerontology patient health. K45. Knowledge of methods for evaluating the effects of lifestyle factors on adult-gerontology patient health. K46. Knowledge of methods for evaluating the effects of substance use and abuse on adult-gerontology patient health.
	T13. Discuss risk factors to determine whether adult-gerontology patient is exposed to risk behaviors or dangerous situations.	K47. Knowledge of factors that contribute to adult-gerontology injury. K48. Knowledge of methods for evaluating patient exposure to danger or potential harm.
1D. System Review and Physical Examination	T14. Perform a multisystem review to evaluate normal or pathological findings related to adult-gerontology acute, chronic, or complex illness or conditions.	K49. Knowledge of advanced principles of physiology, pathophysiology, and epidemiology. K50. Knowledge of methods for identifying normal, abnormal, and atypical multisystem findings. K51. Knowledge of methods for evaluating subjective information from multisystem review.
	T15. Perform a physical examination to evaluate normal or pathological findings related to adult and geriatric acute, chronic, or complex illness or conditions.	K49. Knowledge of advanced principles of physiology, pathophysiology, and epidemiology. K52. Knowledge of methods for performing physical examination on adult-gerontology patients with acute, chronic, or complex medical conditions. K53. Knowledge of physical findings that indicate acute and chronic illnesses or conditions. K54. Knowledge of methods for evaluating the presence of or need for continuous invasive and noninvasive lines or devices. K55. Knowledge of methods for integrating subjective information from review of systems and findings from objective multisystem examination.

## 2. DIAGNOSIS OF ADULT-GERONTOLOGY ACUTE OR COMPLEX CONDITIONS

Tasks	Associated Knowledge Statements
T16. Interpret findings of laboratory tests to identify systemic pathology in adult-gerontology patients.	K56. Knowledge of criteria for ordering laboratory tests. K57. Knowledge of methods for interpreting normal and abnormal findings on laboratory tests. K58. Knowledge of types of findings of laboratory tests that indicate a need for additional testing or evaluation.
T17. Interpret findings of diagnostic procedures to identify systemic or structural pathophysiology.	K59. Knowledge of criteria for ordering diagnostic procedures. K60. Knowledge of methods for interpreting normal and abnormal findings on diagnostic procedures. K61. Knowledge of types of findings of diagnostic procedures that indicate a need for additional testing or evaluation.
T18. Integrate clinical and epidemiological data to develop a differential diagnosis.	K62. Knowledge of types of adult-gerontology diseases and their prevalence. K63. Knowledge of criteria for diagnosing adult-gerontology illness or health conditions. K64. Knowledge of methods for determining differential diagnoses.



### 3. ADULT-GERONTOLOGY ACUTE CARE AND MANAGEMENT

Section	Tasks	Associated Knowledge Statements
3A. Managing Acute Care and Emergent Situations	T19. Manage adult-gerontology patient from admission to discharge to oversee acute care needs.	K65. Knowledge of methods for admitting adult-gerontology patients requiring acute care. K66. Knowledge of methods for managing care for adult-gerontology patients requiring complex monitoring. K67. Knowledge of procedures for discharging adult-gerontology patients with ongoing complex health care needs.
	T20. Implement stabilizing procedures and treatments to address adult-gerontology urgent, emergent, or life-threatening events.	K68. Knowledge of methods for providing adult basic and advanced life support. K69. Knowledge of methods for managing acute decompensation of adult-gerontology patients during urgent, emergent, or life-threatening events. K70. Knowledge of methods for reducing adverse events associated with complex adult-gerontology health conditions. K71. Knowledge of methods for improving outcomes for adult-gerontology patients with complex health conditions.
	T21. Implement evidence-based therapies to provide treatment congruent with best practices.	K72. Knowledge of the relationship between evidence-based practices and patient outcomes. K73. Knowledge of methods for applying evidence-based practices in health care.
	T22. Adhere to clinical practice guidelines to treat adult-gerontology acute, chronic, or complex illness or conditions.	K74. Knowledge of types of clinical practice guidelines that apply in the treatment of adult-gerontology illness and conditions. K75. Knowledge of methods for implementing clinical practice guidelines in treating adult-gerontology patients with acute, chronic, or complex illness or conditions.
	T23. Prescribe pharmacologic and non-pharmacologic therapies to manage adult-gerontology acute, chronic, or complex illness or conditions.	K76. Knowledge of the principles of pharmacology, pharmacodynamics, and pharmacokinetics. K77. Knowledge of classifications of controlled substances and their dispensing or prescribing requirements. K78. Knowledge of types of pharmacologic contraindications, interactions, and iatrogenic effects. K79. Knowledge of the signs of pharmacologic toxicity, overdose, and allergic reaction. K80. Knowledge of indications for prescribing pharmacological agents based on adult-gerontology illness or condition. K81. Knowledge of methods for determining safe dosage of pharmacological agents for adult-gerontology patients. K81. Knowledge of indications of non-pharmacological therapies based on adult-gerontology illness or condition. K82. Knowledge of indications for prescribing non-pharmacological therapies based on adult-gerontology illness or condition.

### 3. ADULT-GERONTOLOGY ACUTE CARE AND MANAGEMENT (Continued)

Section	Tasks	Associated Knowledge Statements
3A. Managing Acute Care and Emergent Situations (Continued)	T24. Prescribe medical devices and equipment to support, replace, or augment physiological function or sustain life.	K83. Knowledge of clinical indications for using medical devices and equipment with adult-gerontology patients. K84. Knowledge of types of complications associated with the use of medical devices and equipment.
	T25. Provide pain management to address acute, chronic, or complex illness or conditions in adult-gerontology patients.	K85. Knowledge of the relationship between physiological changes and pain. K86. Knowledge of the signs of untreated or undertreated pain in adult-gerontology patients. K87. Knowledge of types of barriers to effective pain management with adult-gerontology patients. K88. Knowledge of methods for implementing opioid and non-opioid pain modalities with adult-gerontology patients. K89. Knowledge of methods for addressing safety issues associated with opioid and non-opioid use, overdose, dependency, or withdrawal.
	T26. Monitor treatment progress to modify approach based on patient response or health outcomes.	K90. Knowledge of signs and symptoms of medical decompensation. K91. Knowledge of methods for determining effectiveness of prescribed treatments.
	T27. Educate patients about health care recommendations to increase understanding and adherence.	K92. Knowledge of methods for providing patients with evidence-based health information. K93. Knowledge of the effects of health care adherence on health or illness.
	T28. Facilitate patient transfers to ensure continuum of care across spectrum of health care settings or levels.	K94. Knowledge of methods for managing the transfer of adult-gerontology patients with acute, chronic, or complex medical conditions.
	T29. Coordinate discharge and aftercare plans with patients and caregivers to manage acute or chronic conditions outside of acute care environment.	K95. Knowledge of components discharge and aftercare plans. K96. Knowledge of types of discharge and aftercare information and instructions to be provided to patients and caregivers. K97. Knowledge of methods for coordinating discharge and aftercare treatment.
	T30. Order supportive services, palliative care, or hospice to address the needs of adult-gerontology patients with complex medical conditions.	K98. Knowledge of principles of hospice or palliative care. K99. Knowledge of methods for providing end-of-life care to adult-gerontology patients.

### 3. ADULT-GERONTOLOGY ACUTE CARE AND MANAGEMENT (Continued)

Section	Tasks	Associated Knowledge Statements
3B. Referrals and Collaborations	T31. Refer adult-gerontology patients to other health care professionals to address conditions requiring specialized evaluation or treatment.	K100. Knowledge of methods for determining when patients would benefit from additional health care services. K101. Knowledge of types of health care and services available for adult-gerontology patients with acute or complex care needs.
	T32. Consult with physicians or other providers to collaborate on patient-specific medical recommendations.	K102. Knowledge of methods for determining conditions or situations in which consultation should be obtained.
	T33. Participate on multidisciplinary teams to provide integrated care that meets the needs of adult-gerontology patients with acute, chronic, or complex illness or conditions.	K103. Knowledge of methods for collaborating as part of a team in providing adult-gerontology health care. K104. Knowledge of methods for coordinating integrated health care with other providers.

#### 4. PROFESSIONAL ETHICS AND RESPONSIBILITY

Tasks	Associated Knowledge Statements
T34. Respect patient diversity to provide health care services in an equitable and inclusive manner.	K105. Knowledge of the effects of implicit bias, discrimination, and marginalization in health care systems. K106. Knowledge of techniques for incorporating patient diversity into health care delivery. K107. Knowledge of methods for providing culturally competent health care. K108. Knowledge of methods for reducing disparities in health care delivery.
T35. Advocate for health care policies to improve delivery of services for adult-gerontology patients with complex health care needs and their caregivers.	K109. Knowledge of health care practices and policies that impact access to care. K110. Knowledge of methods for advocating for patients with complex health care needs and their caregivers.
T36. Synthesize research findings to optimize treatment of acute and chronic adult-gerontology health conditions.	K111. Knowledge of the relationship between medical advances and health care delivery. K112. Knowledge of methods for interpreting results of medical research. K113. Knowledge of methods for remaining current on research regarding adult-gerontology health care. K114. Knowledge of methods for conducting research related to adult-gerontology specialized health care.
T37. Apply ethical principles in practice to address medical dilemmas and patient health care decisions.	K115. Knowledge of principles of ethical medical practices.

## 5. LEGAL REQUIREMENTS FOR PRACTICE

Section	Tasks	Associated Knowledge Statements
5A. Regulations Related to Patient Disclosures and Patient Rights	T38. Obtain informed consent by providing patients and caregivers with health care information to facilitate their ability to make medical decisions.	K116. Knowledge of laws regarding informed consent. K117. Knowledge of laws regarding the provision of health care to patients.
	T39. Disclose information related to license type, status, and oversight to make patients aware of regulatory parameters.	K118. Knowledge of laws regarding disclosures that must be provided to patients.
	T40. Disclose patient costs for services in advance to provide transparency of health care charges.	K119. Knowledge of laws regarding disclosure of fees for health care services.
	T41. Comply with Health Insurance Portability and Accountability Act (HIPAA) regulations to provide health care that protects patients' private health information.	K120. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).
	T42. Comply with the California Confidentiality of Medical Information Act (CMIA) to provide health care that protects patients' private health information.	K121. Knowledge of laws related to the California Confidentiality of Medical Information Act (CMIA).
	T43. Certify disability to assist the patient in obtaining services related to temporary or permanent medical condition.	K122. Knowledge of laws regarding certifying patient disability.
		K123. Knowledge of provisions of the Unemployment Insurance Code related to certifying disability.
		K124. Knowledge of laws related to certifying disability under workers' compensation.
	T44. Maintain professional boundaries with patients, caregivers, and others.	K125. Knowledge of laws regarding sexual misconduct with patients, caregivers, or others.
		K126. Knowledge of laws regarding sexual harassment.
	T45. Report instances of suspected abuse, neglect, and exploitation to protect vulnerable patient populations.	K127. Knowledge of signs of abuse, neglect, or exploitation of vulnerable patient populations.
		K128. Knowledge of laws regarding mandated reporting of suspected abuse, neglect, or exploitation.
T46. Report instances of injury by assault or gunshot to protect patients who are victims of violence.	K129. Knowledge of laws regarding mandated reporting of assault or gunshot injuries.	
T47. Report instances of illness or injury associated with suspected exposure to pesticides or environmental toxins to assist with investigation and surveillance.	K130. Knowledge of laws regarding mandated reporting of suspected pesticide poisoning or environmental toxin exposure.	
T48. Report communicable diseases and conditions to assist with preventing community spread.	K131. Knowledge of types of diseases and conditions that require mandated reporting.	
	K132. Knowledge of laws regarding mandated reporting of communicable diseases and conditions.	

## 5. LEGAL REQUIREMENTS FOR PRACTICE (Continued)

Section	Tasks	Associated Knowledge Statements
5B. Regulations Related to Nurse Practitioner Requirements	T49. Comply with regulations related to procuring, prescribing, and dispensing pharmacological agents or medical devices.	K133. Knowledge of laws regarding controlled substances and schedules. K134. Knowledge of laws regarding the transmission of prescriptions. K135. Knowledge of laws regarding the furnishing or ordering of drugs or medical devices. K136. Knowledge of laws regarding internet or electronic prescriptions. K137. Knowledge of laws regarding the inventory, recording, and storage of controlled substances. K138. Knowledge of guidelines for prescribing controlled substances for intractable pain and chemical dependency. K139. Knowledge of procedures for obtaining furnishing and DEA numbers for ordering pharmacological agents and controlled substances.
	T50. Record health care information in accordance with requirements for documenting patient care.	K140. Knowledge of laws regarding documentation of patient treatment. K141. Knowledge of types of information to include in patient records. K142. Knowledge of laws regarding the maintenance, storage, retention, and disposal of patient records.
	T51. Engage in referral practices that conform with acceptable standards to protect the best interest of patients.	K143. Knowledge of types of acceptable and unacceptable referral practices. K144. Knowledge of laws prohibiting practices that constitute kickbacks or split-fee activity. K145. Knowledge of laws related to prohibited referrals. K146. Knowledge of laws related to the Physician Ownership and Referral Act (PORA). K147. Knowledge of laws related to financial interests and disclosures.
	T52. Comply with laws regarding the acceptance of pharmaceutical gifts or incentives to avoid the potential for undue influence in providing patient care.	K148. Knowledge of laws regarding the acceptance of complimentary pharmaceuticals, medical devices, or other gifts.
	T53. Adhere to telehealth requirements when engaging in health care services via electronic systems.	K149. Knowledge of laws regarding the delivery of services via information and communication technologies.
	T54. Comply with laws about nurse practitioner scope of practice to maintain professional boundaries.	K150. Knowledge of laws regarding nurse practitioner scope of practice. K151. Knowledge of laws regarding supervision and delegation of tasks to other medical personnel.
	T55. Comply with laws regarding professional conduct to maintain professional integrity.	K152. Knowledge of laws regarding unprofessional conduct. K153. Knowledge of provisions for engaging in the Intervention Program.

## 5. LEGAL REQUIREMENTS FOR PRACTICE (Continued)

Section	Tasks	Associated Knowledge Statements
5B. Regulations Related to Nurse Practitioner Requirements (Continued)	T56. Practice within scope of competence to comply with professional standards regarding nurse practitioner specialization.	K154. Knowledge of laws regarding credentialing requirements associated with practicing as a nurse practitioner in California. K155. Knowledge of laws regarding certification and licensing requirements associated with the nurse practitioner licenses. K156. Knowledge of laws regarding continuing education requirements for remaining current and competent as a nurse practitioner.
	T57. Comply with regulations related to 103 NP or 104 NP status to practice independently.	K157. Knowledge of laws associated with 103 NP and 104 NP status. K158. Knowledge of laws related to transition to independent practice requirements. K159. Knowledge of laws related to independent business or nursing corporations.
	T58. Obtain insurance to comply with liability requirements for practice.	K160. Knowledge of laws regarding general liability insurance coverage requirements.
T59. Develop a plan for referral to address complex clinical conditions that are outside education and training.	K161. Knowledge of laws related to referral or collaboration when patient or clinical conditions are outside education and training.	
T60. Adhere to applicable bylaws to ensure eligibility to serve on committees and attend department meetings.	K162. Knowledge of laws regarding medical staff membership, privileges, and voting. K163. Knowledge of the relationship between administrator discipline and BRN reporting.	
T61. Implement billing practices in compliance with laws and regulations to prevent potential exploitation and fraud.	K164. Knowledge of laws related to consumer rights and protections in billing practices. K165. Knowledge of laws regarding fair billing practices. K166. Knowledge of laws regarding uninsured and underinsured billing practices. K167. Knowledge of laws regarding insurance fraud. K168. Knowledge of types of financial options available to patients. K169. Knowledge of laws regarding the collection of unpaid health care bills.	
T62. Advertise credentials and services in compliance with laws and regulations to prevent misleading patients and the public.	K170. Knowledge of laws regarding advertisement of nurse practitioner services and professional qualifications.	

TABLE 4 – NEONATAL NP DESCRIPTION OF PRACTICE

1. ASSESSING NEONATE CARE NEEDS

Section	Tasks	Associated Knowledge Statements
1A. Antepartum and Intrapartum Conditions Affecting Neonate Development	T1. Evaluate prenatal history to identify conditions affecting altered development or increased risk.	K1. Knowledge of the relationship between preconception conditions and antenatal determinants of illness or conditions. K2. Knowledge of the relationship between genetics, genomic processes, and neonate illness or conditions. K3. Knowledge of risk factors associated with congenital anomalies and genetic diseases. K4. Knowledge of risk factors associated with incompatible blood types and antibodies. K5. Knowledge of the effects of maternal illness, injury, or distress on fetal development. K6. Knowledge of the effects of exposure to medications and supplements on fetal development. K7. Knowledge of the effects of exposure to illicit drugs or other substances on fetal development. K8. Knowledge of the effects of environmental influences on fetal development. K9. Knowledge of the relationship between prenatal care and neonate health outcomes. K10. Knowledge of the relationship between social determinants of health and neonate health outcomes. K11. Knowledge of methods for evaluating the effects of prenatal conditions, exposures, and maternal factors on neonate health outcomes.
	T2. Evaluate information related to intrauterine environment to determine implications for postnatal complications or risk.	K12. Knowledge of the relationship between placental location, amniotic fluid volume, and fetal development. K13. Knowledge of risk factors associated with multiple gestations. K14. Knowledge of risk factors associated with intrauterine growth restriction. K15. Knowledge of relationship between intrauterine complications and fetal or neonate risk. K16. Knowledge of methods for evaluating the effects of intrauterine environment on neonate health outcomes.
	T3. Evaluate intrapartum history to determine implications for postnatal complications or risk.	K17. Knowledge of the relationship between membrane rupture and neonate health outcomes. K18. Knowledge of the effects of intrapartum complications or trauma on neonate health outcomes. K19. Knowledge of the relationship between labor, delivery procedures, and neonate complication or illness. K20. Knowledge of risks associated with fetal lie or presentation. K21. Knowledge of methods for evaluating the effects of fetal alteration or distress during intrapartum period.



## 1. ASSESSING NEONATE CARE NEEDS (Continued)

Section	Tasks	Associated Knowledge Statements
1B. Assessing Neonate Presentation	T4. Assess heart rate, respiration, and circulatory characteristics to determine the need for specialized intervention.	K22. Knowledge of the effects of illness, birth injury, and genetic or congenital defects on respiratory, metabolic, or circulatory adaptation.
		K23. Knowledge of the relationship between placenta, umbilical cord, and oxygenation complications.
		K24. Knowledge of the relationship between neonate functional residual capacity and lung compliance.
		K25. Knowledge of etiological sources of neonate respiratory or circulatory distress.
		K26. Knowledge of the clinical signs and symptoms of impaired gas exchange.
		K27. Knowledge of clinical signs and symptoms of neonate respiratory or circulatory distress or impaired function.
	T5. Perform anatomical survey of neonate to identify observable birth injury or congenital defect, malformation, or dysmorphic anomaly.	K28. Knowledge of methods for evaluating neonate heart rate, respiration, and circulation for distress or impairment requiring medical intervention.
		K29. Knowledge of signs of birth trauma or injury.
		K30. Knowledge of pathophysiological sources of congenital illness or defects.
T6. Evaluate interval Apgar scores to identify normal or abnormal extrauterine adaptation.	K31. Knowledge of signs of genetic and congenital defect, malformation, or dysmorphism.	
	K32. Knowledge of the relationship between birth injury, congenital illness or defect, and neonate complication or risk.	
	K33. Knowledge of methods for evaluating clinical implications of observed physiological malformation, defects, or dysmorphism.	
T7. Evaluate adequacy of thermoregulation to determine need to stabilize neonate metabolic state.	K34. Knowledge of signs of non-vigorous infant.	
	K35. Knowledge of methods for determining clinical implications of interval Apgar scores.	
	K36. Knowledge of methods for evaluating clinical implications of normal and pathophysiological extrauterine adaptation.	
T8. Evaluate signs of infection to prevent systemic progression.	K37. Knowledge of signs of neonate thermal dysregulation or complications.	
	K38. Knowledge of methods for evaluating thermostability in preterm, full-term, and at-risk neonates.	
T9. Assess neonate weight, length, and head circumference to identify indications of normal or pathophysiological growth.	K39. Knowledge of signs of fetal intrapartum or neonatal postpartum infection.	
	K40. Knowledge of the relationship between gestation age and risk of infection.	
	K41. Knowledge of the relationship between neonate microbiome and immune response.	
	K42. Knowledge of methods for evaluating clinical implications of mild or severe infection in preterm, full-term, and at-risk neonates.	
	K43. Knowledge of the stages of neonate growth and development.	
	K44. Knowledge of risk factors associated with birth weight in preterm, full-term, and at-risk neonates.	
	K45. Knowledge of the signs of atypical neonate growth patterns or pathophysiology.	
	K46. Knowledge of methods for evaluating clinical implications of neonate weight and growth measurements.	

## 1. ASSESSING NEONATE CARE NEEDS (Continued)

Section	Tasks	Associated Knowledge Statements
1B. Assessing Neonate Presentation (Continued)	T10. Evaluate neurobehavioral characteristics to identify normal function or neurodevelopmental risk.	<p>K47. Knowledge of the relationship between neonate behavior and neurologic integrity.</p> <p>K48. Knowledge of the relationship between neurobehavior and neurodevelopmental outcomes.</p> <p>K49. Knowledge of signs and symptoms of neurobehavioral deficit.</p> <p>K50. Knowledge of methods for evaluating neurobehavioral characteristics of preterm, full-term, and at-risk neonates.</p>
	T11. Assess gestational age to identify potential for postpartum complications or adverse conditions.	<p>K51. Knowledge of types of standardized physical and neurological indicators of gestational age.</p> <p>K52. Knowledge of types of complications associated with underweight and overweight gestational ages.</p> <p>K53. Knowledge of methods for differentiating underweight and overweight neonate.</p> <p>K54. Knowledge of methods for evaluating the clinical implications of gestation age.</p>
	T12. Evaluate health risks related to complex neonate illness or condition to prevent critical medical event.	<p>K55. Knowledge of the types of health risks associated with complex neonate illnesses or conditions.</p> <p>K56. Knowledge of method for evaluating clinical indicators of complex neonate illness or conditions.</p>
1C. System Review and Physical Evaluation	T13. Perform a multisystem review to evaluate normal or pathological findings related to neonate illness or conditions.	<p>K57. Knowledge of advanced principles of fetal and neonate physiology, pathophysiology, and epidemiology.</p> <p>K58. Knowledge of methods for identifying normal, abnormal, and atypical multisystem findings.</p> <p>K59. Knowledge of methods for evaluating subjective information from multisystem review.</p>
	T14. Perform a comprehensive physical examination to evaluate normal or pathological findings related to neonate illness or conditions.	<p>K57. Knowledge of advanced principles of fetal and neonate physiology, pathophysiology, and epidemiology.</p> <p>K60. Knowledge of methods for performing physical examinations on neonates.</p> <p>K61. Knowledge of physical findings that indicate neonate illnesses or conditions.</p> <p>K62. Knowledge of methods for integrating subjective information from review of systems and findings from objective multisystem examination.</p>

## 2. DIAGNOSIS OF NEONATAL ILLNESS OR PHYSICAL CONDITIONS

Tasks	Associated Knowledge Statements
T15. Interpret results of laboratory tests to identify systemic pathology.	K63. Knowledge of criteria for ordering laboratory tests. K64. Knowledge of methods for interpreting normal and abnormal findings on laboratory tests. K65. Knowledge of types of findings of laboratory tests that indicate a need for additional testing or evaluation.
T16. Interpret results of diagnostic procedures to identify systemic or structural pathophysiology.	K66. Knowledge of criteria for ordering diagnostic procedures. K67. Knowledge of methods for interpreting normal and abnormal findings on diagnostic procedures. K68. Knowledge of types of findings of diagnostic procedures that indicate a need for additional testing or evaluation.
T17. Integrate clinical and epidemiological data to develop a differential diagnosis.	K69. Knowledge of types of neonate diseases and prevalence. K70. Knowledge of criteria for diagnosing neonate illness or health conditions. K71. Knowledge of methods for determining differential diagnoses.

### 3. NEONATE INTENSIVE CARE AND HEALTH CARE MANAGEMENT

Section	Tasks	Associated Knowledge Statements
3A. Intensive Care and Support	T18. Manage neonates from admission to discharge to oversee acute care needs.	K72. Knowledge of methods for admitting neonates requiring acute care. K73. Knowledge of methods for managing care for neonates requiring complex monitoring. K74. Knowledge of procedures for discharging neonates with ongoing complex health care needs.
	T19. Implement resuscitation and stabilization procedures to address neonate intensive care needs.	K75. Knowledge of methods for providing neonate resuscitation and advanced life support. K76. Knowledge of methods for stabilizing physiologic functioning of neonates. K77. Knowledge of methods for managing acute decompensation of neonates. K78. Knowledge of methods for reducing adverse events associated with complex neonatal medical conditions. K79. Knowledge of methods for improving outcomes for neonates with complex medical conditions.
	T20. Implement evidence-based therapies to provide specialized neonate multisystem medical treatments congruent with best practices.	K80. Knowledge of the relationship between evidence-based practices and neonate health outcomes. K81. Knowledge of methods for applying evidence-based practices in the treatment of acute and chronic multisystem neonate conditions.
	T21. Adhere to clinical practice guidelines to provide treatment of complex neonate health issues or conditions.	K82. Knowledge of clinical practice guidelines that apply in the treatment of complex neonate health issues or conditions. K83. Knowledge of methods for implementing clinical practice guidelines in specialized neonate treatment and intensive care.
	T22. Prescribe pharmacologic and non-pharmacologic therapies to manage complex neonate health issues or conditions.	K84. Knowledge of the principles of pharmacology, pharmacodynamics, and pharmacokinetics. K85. Knowledge of classifications of controlled substances and their dispensing requirements. K86. Knowledge of types of pharmacologic contraindications, interactions, and iatrogenic effects. K87. Knowledge of the signs of pharmacologic toxicity, overdose, and allergic reaction. K88. Knowledge of indications for prescribing pharmacological agents based on neonate illness or condition. K89. Knowledge of methods for determining safe dosage of pharmacological agents for neonates. K90. Knowledge of procedures for prescribing medications to neonates. K91. Knowledge of indications for prescribing non-pharmacological therapies based on neonate illness or condition.

### 3. NEONATE INTENSIVE CARE AND HEALTH CARE MANAGEMENT (Continued)

Section	Tasks	Associated Knowledge Statements
3A. Intensive Care and Support (Continued)	T23. Prescribe medical devices and equipment to support, replace, or augment physiological function or sustain life.	K92. Knowledge of clinical indications for using medical devices and equipment with neonates. K93. Knowledge of types of complications associated with the use of medical devices. K94. Knowledge of methods for ordering inpatient and outpatient medical devices or equipment.
	T24. Monitor treatment progress to modify approach based on neonate response or health outcomes.	K95. Knowledge of signs of medical decompensation. K96. Knowledge of methods for determining effectiveness of prescribed treatments.
	T25. Educate caregivers about health care recommendations to increase understanding of neonate care needs.	K97. Knowledge of methods for providing caregivers with health information.
	T26. Facilitate neonate transfers to ensure continuum of care across spectrum of health care settings and levels.	K98. Knowledge of methods for managing the transfer of neonates with complex medical issues.
	T27. Coordinate discharge and aftercare plans to manage neonate health or complex conditions outside of the intensive care environment.	K99. Knowledge of components discharge and aftercare plans. K100. Knowledge of types of discharge and aftercare information and instructions to be provided to caregivers. K101. Knowledge of methods for coordinating discharge and aftercare treatment.
	T28. Order supportive services, palliative care, or hospice to address the needs of neonates with complex medical conditions and of their caregivers.	K102. Knowledge of principles of hospice or palliative care. K103. Knowledge of methods for providing end-of-life care to neonates.
3B. Referrals and Collaborations	T29. Refer neonates to other health professionals to address complex care needs.	K104. Knowledge of methods for determining when neonates would benefit from additional health services. K105. Knowledge of types of health care services available for neonates with complex care needs.
	T30. Consult with physicians or specialists to collaborate on medical procedures or patient-specific protocols.	K106. Knowledge of types of complex neonate conditions that require consultation. K107. Knowledge of methods for preserving patient rights during consultations.
	T31. Participate on multidisciplinary team to provide integrated care that meets neonates' complex medical needs.	K108. Knowledge of methods for collaborating as part of a team in providing neonate health care. K109. Knowledge of methods for coordinating integrated neonate health care with other medical providers.

#### 4. PROFESSIONAL ETHICS AND RESPONSIBILITY

Tasks	Associated Knowledge Statements
T32. Respect patient diversity to provide health care services in an equitable and inclusive manner.	K110. Knowledge of the effects of implicit bias, discrimination, and marginalization in health care systems. K111. Knowledge of techniques for incorporating patient diversity into health care delivery. K112. Knowledge of methods for providing culturally competent health care. K113. Knowledge of methods for reducing disparities in health care delivery.
T33. Advocate for health care policies to improve delivery of services for neonate patients and their caregivers.	K114. Knowledge of health care practices and policies that impact access to care. K115. Knowledge of methods for advocating for the increased needs of neonate patients and their caregivers.
T34. Synthesize research findings to optimize treatment of acute and chronic neonate medical conditions.	K116. Knowledge of the relationship between medical advances and health care delivery. K117. Knowledge of methods for interpreting results of medical research. K118. Knowledge of methods for remaining current on research regarding neonate medicine. K119. Knowledge of methods for conducting research related to neonate specialized health care.
T35. Apply ethical principles in practice to address medical dilemmas and patient health care decisions.	K120. Knowledge of principles of ethical medical practices.

## 5. LEGAL REQUIREMENTS FOR PRACTICE

Section	Tasks	Associated Knowledge Statements
5A. Regulations Related to Patient Disclosures and Patient Rights	T36. Obtain informed consent by providing patients and caregivers with health care information to facilitate their ability to make medical decisions.	K121. Knowledge of laws regarding informed consent. K122. Knowledge of laws regarding the provision of health care to patients.
	T37. Disclose information related to license type, status, and oversight to make patients aware of regulatory parameters.	K123. Knowledge of laws regarding disclosures that must be provided to patients.
	T38. Disclose patient costs for services in advance to provide transparency of health care charges.	K124. Knowledge of laws regarding disclosure of fees for health care services.
	T39. Comply with Health Insurance Portability and Accountability Act (HIPAA) regulations to provide health care that protects patients' private health information.	K125. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).
	T40. Comply with the California Confidentiality of Medical Information Act (CMIA) to provide health care that protects patients' private health information.	K126. Knowledge of laws related to the California Confidentiality of Medical Information Act (CMIA).
	T41. Certify disability to assist the patient in obtaining services related to temporary or permanent medical condition.	K127. Knowledge of laws regarding certifying patient disability.
		K128. Knowledge of provisions of the Unemployment Insurance Code related to certifying disability. K129. Knowledge of laws related to certifying disability under workers' compensation.
	T42. Maintain professional boundaries with patients, caregivers, and others.	K130. Knowledge of laws regarding sexual misconduct with patients, caregivers, or others.
		K131. Knowledge of laws regarding sexual harassment.
	T43. Report instances of suspected abuse, neglect, and exploitation to protect vulnerable patient populations.	K132. Knowledge of signs of abuse, neglect, or exploitation of vulnerable patient populations.
		K133. Knowledge of laws regarding mandated reporting of suspected abuse, neglect, or exploitation.
	T44. Report instances of injury by assault or gunshot to protect patients who are victims of violence.	K134. Knowledge of laws regarding mandated reporting of assault or gunshot injuries.
T45. Report instances of illness or injury associated with suspected exposure to pesticides or environmental toxins to assist with investigation and surveillance.	K135. Knowledge of laws regarding mandated reporting of suspected pesticide poisoning or environmental toxin exposure.	
T46. Report communicable diseases and conditions to assist with preventing community spread.	K136. Knowledge of types of diseases and conditions that require mandated reporting.	
	K137. Knowledge of laws regarding mandated reporting of communicable diseases and conditions.	

## 5. LEGAL REQUIREMENTS FOR PRACTICE (Continued)

Section	Tasks	Associated Knowledge Statements
5B. Regulations Related to Nurse Practitioner Requirements	T47. Comply with regulations related to procuring, prescribing, and dispensing pharmacological agents or medical devices.	K138. Knowledge of laws regarding controlled substances and schedules. K139. Knowledge of laws regarding the transmission of prescriptions. K140. Knowledge of laws regarding the furnishing or ordering of drugs or medical devices. K141. Knowledge of laws regarding internet or electronic prescriptions. K142. Knowledge of laws regarding the inventory, recording, and storage of controlled substances. K143. Knowledge of guidelines for prescribing controlled substances for intractable pain and chemical dependency. K144. Knowledge of procedures for obtaining furnishing and DEA numbers for ordering pharmacological agents and controlled substances.
	T48. Record health care information in accordance with requirements for documenting patient care.	K145. Knowledge of laws regarding documentation of patient treatment. K146. Knowledge of types of information to include in patient records. K147. Knowledge of laws regarding the maintenance, storage, retention, and disposal of patient records.
	T49. Engage in referral practices that conform with acceptable standards to protect the best interest of patients.	K148. Knowledge of types of acceptable and unacceptable referral practices. K149. Knowledge of laws prohibiting practices that constitute kickbacks or split-fee activity. K150. Knowledge of laws related to prohibited referrals. K151. Knowledge of laws related to the Physician Ownership and Referral Act (PORA). K152. Knowledge of laws related to financial interests and disclosures.
	T50. Comply with laws regarding the acceptance of pharmaceutical gifts or incentives to avoid the potential for undue influence in providing patient care.	K153. Knowledge of laws regarding the acceptance of complimentary pharmaceuticals, medical devices, or other gifts.
	T51. Adhere to telehealth requirements when engaging in health care services via electronic systems.	K154. Knowledge of laws regarding the delivery of services via information and communication technologies.
	T52. Comply with laws about nurse practitioner scope of practice to maintain professional boundaries.	K155. Knowledge of laws regarding nurse practitioner scope of practice. K156. Knowledge of laws regarding supervision and delegation of tasks to other medical personnel.
	T53. Comply with laws regarding professional conduct to maintain professional integrity.	K157. Knowledge of laws regarding unprofessional conduct. K158. Knowledge of provisions for engaging in the Intervention Program.



## 5. LEGAL REQUIREMENTS FOR PRACTICE (Continued)

Section	Tasks	Associated Knowledge Statements
5B. Regulations Related to Nurse Practitioner Requirements (Continued)	T54. Practice within scope of competence to comply with professional standards regarding nurse practitioner specialization.	K159. Knowledge of laws regarding credentialing requirements associated with practicing as a nurse practitioner in California. K160. Knowledge of laws regarding certification and licensing requirements associated with the nurse practitioner licenses. K161. Knowledge of laws regarding continuing education requirements for remaining current and competent as a nurse practitioner.
5C. Laws Regarding Independent Practice or Corporation	T55. Comply with regulations related to 103 NP or 104 NP status to practice independently.	K162. Knowledge of laws associated with 103 NP and 104 NP status. K163. Knowledge of laws related to transition to independent practice requirements. K164. Knowledge of laws related to independent business or nursing corporations.
	T56. Obtain insurance to comply with liability requirements for practice.	K165. Knowledge of laws regarding general liability insurance coverage requirements.
	T57. Develop a plan for referral to address complex clinical conditions that are outside education and training.	K166. Knowledge of laws related to referral or collaboration when patient or clinical conditions are outside education and training.
	T58. Adhere to applicable bylaws to ensure eligibility to serve on committees and attend department meetings.	K167. Knowledge of laws regarding medical staff membership, privileges, and voting. K168. Knowledge of the relationship between administrator discipline and BRN reporting.
	T59. Implement billing practices in compliance with laws and regulations to prevent potential exploitation and fraud.	K169. Knowledge of laws related to consumer rights and protections in billing practices. K170. Knowledge of laws regarding fair billing practices. K171. Knowledge of laws regarding uninsured and underinsured billing practices. K172. Knowledge of laws regarding insurance fraud. K173. Knowledge of types of financial options available to patients. K174. Knowledge of laws regarding the collection of unpaid health care bills.
	T60. Advertise credentials and services in compliance with laws and regulations to prevent misleading patients and the public.	K175. Knowledge of laws regarding advertisement of nurse practitioner services and professional qualifications.

TABLE 5 – PEDIATRIC NP IN PRIMARY CARE DESCRIPTION OF PRACTICE

1. PEDIATRIC ASSESSMENT

Section	Tasks	Associated Knowledge Statements
1A. Patient Health History	T1. Evaluate health history to determine implications for pediatric patient’s general health or illness.	K1. Knowledge of typical and atypical symptom presentation in pediatric patients.
		K2. Knowledge of the relationship between symptom onset, severity, duration, and disease progression.
		K3. Knowledge of the relationship between development and pediatric illness.
		K4. Knowledge of the relationship between family medical history and genetic predisposition.
		K5. Knowledge of the relationship between prenatal conditions, birth history, and pediatric illness or conditions.
		K6. Knowledge of methods for gathering information related to pediatric patient health or illness.
		K7. Knowledge of methods for evaluating information related to pediatric presenting complaints or health-related issues.
	T2. Review use of medications and supplements to identify reactions or implications for pediatric patient health or illness.	K8. Knowledge of the effects of medications, supplements, and polypharmacy.
		K9. Knowledge of methods for evaluating the effects of medications and supplements on pediatric patient health.
	T3. Evaluate information about allergies or allergic reactions to identify adverse physiological responses.	K10. Knowledge of signs and symptoms associated with allergic responses or adverse reactions.
K11. Knowledge of the relationship between allergens and immune response.		
K12. Knowledge of methods for identifying etiologies of suspected allergic or adverse reactions.		
K13. Knowledge of methods for evaluating information regarding allergies or allergic reactions.		
1B. Pediatric Growth and Development	T4. Evaluate information about growth and development to identify normal and abnormal progression.	K14. Knowledge of methods for interpreting anthropometric measurements and growth standards.
		K15. Knowledge of the effects of genetic or medical conditions on pediatric growth patterns.
		K16. Knowledge of the effects of nutrition and environmental factors on pediatric growth patterns.
		K17. Knowledge of the signs and symptoms of atypical pediatric growth patterns or pathophysiology.
		K18. Knowledge of stages of pediatric development.
		K19. Knowledge of the principles of gender identity and development.
		K20. Knowledge of the principles of sexuality and sexual development.
		K21. Knowledge of the effects of pediatric illness, disability, or conditions on ability to perform activities of daily living.
		K22. Knowledge of methods for evaluating growth and development in pediatric patients.

## 1. PEDIATRIC ASSESSMENT (Continued)

Section	Tasks	Associated Knowledge Statements
1B. Pediatric Growth and Development (Continued)	T5. Evaluate information about nutritional status to determine impact on patient health.	K23. Knowledge of the principles of nutrition and pediatric health. K24. Knowledge of the relationship between diet and nutritional health status. K25. Knowledge of signs of problematic eating patterns or behaviors. K26. Knowledge of signs of malnutrition or failure to thrive. K27. Knowledge of the relationship between weight and pediatric health outcomes. K28. Knowledge of methods for evaluating the effects of nutritional status on patient's health.
	T6. Evaluate body mass composition and level of physical activity to determine impact on pediatric patient health.	K29. Knowledge of the relationship between body mass indices and pediatric health outcomes. K30. Knowledge of the relationship between physical activity and pediatric health or illness. K31. Knowledge of the effects of screen time and use of electronic devices on pediatric health. K32. Knowledge of methods for evaluating the effects of body mass and physical activity on pediatric patient health.
1C. Psychosocial Functioning and Social Determinants of Health	T7. Evaluate social determinants of health to determine impact on health care needs of pediatric patients.	K33. Knowledge of the effects of social determinants of health on pediatric health, illness, and health-related behaviors. K34. Knowledge of methods for evaluating the effects of critical social determinants on health of pediatric patients.
	T8. Assess emotional and mental health to determine the effects of depression, anxiety, and other disorders on pediatric patient health.	K35. Knowledge of the relationship between psychological and physiological health and illness. K36. Knowledge of the signs and symptoms of mental health disorders in pediatric patients. K37. Knowledge of methods for screening for the effects of trauma on mental health in pediatric patients. K38. Knowledge of methods for evaluating the effects of mental health symptoms or disorders on pediatric patient health.

## 1. PEDIATRIC ASSESSMENT (Continued)

Section	Tasks	Associated Knowledge Statements
1C. Psychosocial Functioning and Social Determinants of Health (Continued)	T9. Discuss lifestyle factors to evaluate the impact of environment, habits, and behaviors on pediatric patient health.	K39. Knowledge of the relationship between lifestyle factors and pediatric patient health. K40. Knowledge of the relationship between substance use, abuse, and pediatric patient health. K41. Knowledge of methods for evaluating the effects of lifestyle factors on pediatric patient health. K42. Knowledge of methods for evaluating the effects of substance use and abuse on pediatric patient health.
	T10. Discuss risk factors to determine whether pediatric patient is exposed to risk behaviors or dangerous situations.	K43. Knowledge of factors that contribute to pediatric injury. K44. Knowledge of methods for evaluating pediatric patient exposure to danger or potential harm.
1D. System Review and Physical Assessments	T11. Perform a multisystem review to evaluate normal or pathological findings related to pediatric health or illness.	K45. Knowledge of advanced principles of pediatric physiology, pathophysiology, and epidemiology. K46. Knowledge of methods for identifying normal, abnormal, and atypical multisystem findings. K47. Knowledge of methods for evaluating subjective information from multisystem review.
	T12. Perform a comprehensive physical examination to evaluate normal or pathological findings related to pediatric patient health.	K45. Knowledge of advanced principles of pediatric physiology, pathophysiology, and epidemiology. K48. Knowledge of methods for performing physical examination on pediatric patients. K49. Knowledge of physical findings that indicate acute and chronic illness or conditions. K50. Knowledge of methods for integrating subjective information from review of systems and findings of objective multisystem examination.

## 2. DIAGNOSIS OF PEDIATRIC ILLNESS OR PHYSICAL CONDITIONS

Tasks	Associated Knowledge Statements
T13. Interpret results of laboratory tests to identify systemic pathology.	K51. Knowledge of criteria for ordering laboratory tests. K52. Knowledge of methods for interpreting normal and abnormal findings on laboratory tests. K53. Knowledge of types of findings of laboratory tests that indicate a need for additional testing or evaluation.
T14. Interpret results of diagnostic procedures to identify systemic or structural pathophysiology.	K54. Knowledge of criteria for ordering diagnostic procedures. K55. Knowledge of methods for interpreting normal and abnormal findings on diagnostic procedures. K56. Knowledge of types of findings of diagnostic procedures that indicate a need for additional testing or evaluation.
T15. Integrate clinical and epidemiological data to develop a differential diagnosis.	K57. Knowledge of types of pediatric diseases and their prevalence. K58. Knowledge of criteria for diagnosing pediatric illness or health conditions. K59. Knowledge of methods for determining differential diagnoses.

### 3. PEDIATRIC HEALTH MANAGEMENT

Section	Tasks	Associated Knowledge Statements
3A. Health Promotion and Management	T16. Develop care plans to address the individual health care needs of pediatric patients.	K60. Knowledge of methods for developing collaborative patient care plans. K61. Knowledge of types of care plans for pediatric patients with health alterations. K62. Knowledge of methods for measuring treatment progress and outcomes.
	T17. Provide well-child and preventive care to promote pediatric health.	K63. Knowledge of the principles of pediatric health maintenance. K64. Knowledge of the relationship between health care and the prevention of pediatric illness. K65. Knowledge of the relationship between vaccination and prevention of pediatric illness. K66. Knowledge of methods for administering vaccinations to pediatric patients. K67. Knowledge of methods for providing preventive health care to pediatric patients.
	T18. Manage pediatric acute and chronic illnesses and physical conditions to optimize health outcomes.	K68. Knowledge of methods for managing acute and chronic pediatric illness or physical conditions.
	T19. Implement evidence-based therapies to provide treatment congruent with current best practices.	K69. Knowledge of the relationship between evidence-based practices and patient outcomes. K70. Knowledge of methods for applying evidence-based practices in health care.
	T20. Adhere to clinical practice guidelines to treat pediatric illnesses.	K71. Knowledge of types of clinical practice guidelines that apply in the treatment of pediatric illnesses. K72. Knowledge of methods for implementing clinical practice guidelines in the treatment of pediatric patients.
	T21. Prescribe pharmacological and non-pharmacological therapies to address pediatric illness or physical conditions.	K73. Knowledge of the principles of pharmacology, pharmaceuticals, and pharmacokinetics. K74. Knowledge of classifications of controlled substances and their dispensing requirements. K75. Knowledge of types of pharmacologic contraindications, interactions, and iatrogenic effects. K76. Knowledge of the signs of pharmacologic toxicology, overdose, and allergic reaction. K77. Knowledge of indications for prescribing pharmacological agents based on pediatric illness or condition. K78. Knowledge of methods for determining safe dosage of pharmacological agents for pediatric patients. K79. Knowledge of indications for prescribing non-pharmacological therapies based on pediatric illness or condition.

### 3. PEDIATRIC HEALTH MANAGEMENT (Continued)

Section	Tasks	Associated Knowledge Statements
3A. Health Promotion and Management (Continued)	T22. Prescribe medical devices and equipment to address pediatric illness or physical conditions.	K80. Knowledge of clinical indications for using medical devices and equipment with pediatric patients. K81. Knowledge of types of complications associated with the use of medical devices and equipment.
	T23. Provide pain management to address effects of acute or chronic conditions in pediatric patients.	K82. Knowledge of the signs of untreated or undertreated pain in pediatric patients. K83. Knowledge of types of barriers to effective pain management in pediatric patients. K84. Knowledge of methods for implementing opioid and non-opioid pain modalities with pediatric patients. K85. Knowledge of methods for addressing safety issues associated with opioid and non-opioid use, overdose, dependency, or withdrawal.
	T24. Provide anticipatory guidance to patients and caregivers to promote pediatric health and safety.	K86. Knowledge of the effects of health literacy on pediatric illness and disease progression. K87. Knowledge of the relationship between health habits and pediatric disease prevention. K88. Knowledge of methods for counseling patients and caregivers on health promotion and injury prevention.
	T25. Educate patients and caregivers about health care recommendations to increase understanding and adherence.	K89. Knowledge of methods for providing patients and caregivers with evidence-based health information. K90. Knowledge of the effects of health care adherence on health and illness.
	T26. Establish follow-up care plans to address well-child health care and episodic care needs.	K91. Knowledge of schedules recommended for well-child health care appointments. K92. Knowledge of criteria for determining the need for follow-up care for acute and chronic illness. K93. Knowledge of signs of medical decompensation. K94. Knowledge of methods for evaluate patient's treatment response and adherence with treatment plan.
3B. Referrals and Collaborations	T27. Refer pediatric patients to other health care professionals to address medical conditions requiring specialized evaluation or treatment.	K95. Knowledge of methods for determining when patients would benefit from additional health care services. K96. Knowledge of types of health care services available for pediatric patients with health conditions.
	T28. Consult with physicians or other providers to collaborate on patient-specific medical recommendations.	K97. Knowledge of methods for determining conditions or situations in which consultation should be obtained.
	T29. Participate on interdisciplinary teams to provide integrated care that meets the health care needs of pediatric patients.	K98. Knowledge of methods for collaborating as part of a team in providing pediatric health care. K99. Knowledge of methods for coordinating integrated pediatric health care with other providers.

#### 4. PROFESSIONAL ETHICS AND RESPONSIBILITY

Tasks	Associated Knowledge Statements
T30. Respect patient diversity to provide health care services in an equitable and inclusive manner.	K100. Knowledge of the effects of implicit bias, discrimination, and marginalization in health care systems. K101. Knowledge of techniques for incorporating patient diversity into health care delivery. K102. Knowledge of methods for providing culturally competent health care. K103. Knowledge of methods for reducing disparities in health care delivery.
T31. Advocate for health care policies to improve delivery of services for pediatric patients and caregivers.	K104. Knowledge of types of health care practices and policies that impact access to health care. K105. Knowledge of methods for advocating for the needs of pediatric patients and caregivers.
T32. Synthesize research findings to optimize treatment of acute and chronic pediatric conditions.	K106. Knowledge of the relationship between medical advances and health care delivery. K107. Knowledge of methods for interpreting results of medical research. K108. Knowledge of methods for remaining current on research regarding pediatric health care. K109. Knowledge of methods for conducting research related to pediatric-specialized health care.
T33. Apply ethical principles in practice to address medical dilemmas and patient health care decisions.	K110. Knowledge of principles of ethical health care practices.



## 5. LEGAL REQUIREMENTS FOR PRACTICE

Section	Tasks	Associated Knowledge Statements
5A. Regulations Related to Patient Disclosures and Patient Rights	T34. Obtain informed consent by providing patients and caregivers with health care information to facilitate their ability to make medical decisions.	K111. Knowledge of laws regarding informed consent. K112. Knowledge of laws regarding the provision of health care to patients.
	T35. Disclose information related to license type, status, and oversight to make patients aware of regulatory parameters.	K113. Knowledge of laws regarding disclosures that must be provided to patients.
	T36. Disclose patient costs for services in advance to provide transparency of health care charges.	K114. Knowledge of laws regarding disclosure of fees for health care services.
	T37. Comply with Health Insurance Portability and Accountability Act (HIPAA) regulations to provide health care that protects patients' private health information.	K115. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).
	T38. Comply with the California Confidentiality of Medical Information Act (CMIA) to provide health care that protects patients' private health information.	K116. Knowledge of laws related to the California Confidentiality of Medical Information Act (CMIA).
	T39. Certify disability to assist the patient in obtaining services related to temporary or permanent medical condition.	K117. Knowledge of laws regarding certifying patient disability.
		K118. Knowledge of provisions of the Unemployment Insurance Code related to certifying disability.
		K119. Knowledge of laws related to certifying disability under workers' compensation.
	T40. Maintain professional boundaries with patients, caregivers, and others.	K120. Knowledge of laws regarding sexual misconduct with patients, caregivers, or others.
		K121. Knowledge of laws regarding sexual harassment.
	T41. Report instances of suspected abuse, neglect, and exploitation to protect vulnerable patient populations.	K122. Knowledge of signs of abuse, neglect, or exploitation of vulnerable patient populations.
		K123. Knowledge of laws regarding mandated reporting of suspected abuse, neglect, or exploitation.
T42. Report instances of injury by assault or gunshot to protect patients who are victims of violence.	K124. Knowledge of laws regarding mandated reporting of assault or gunshot injuries.	
T43. Report instances of illness or injury associated with suspected exposure to pesticides or environmental toxins to assist with investigation and surveillance.	K125. Knowledge of laws regarding mandated reporting of suspected pesticide poisoning or environmental toxin exposure.	
T44. Report communicable diseases and conditions to assist with preventing community spread.	K126. Knowledge of types of diseases and conditions that require mandated reporting.	
	K127. Knowledge of laws regarding mandated reporting of communicable diseases and conditions.	

## 5. LEGAL REQUIREMENTS FOR PRACTICE (Continued)

Section	Tasks	Associated Knowledge Statements
5B. Regulations Related to Nurse Practitioner Requirements	T45. Comply with regulations related to procuring, prescribing, and dispensing pharmacological agents or medical devices.	K128. Knowledge of laws regarding controlled substances and schedules. K129. Knowledge of laws regarding the transmission of prescriptions. K130. Knowledge of laws regarding the furnishing or ordering of drugs or medical devices. K131. Knowledge of laws regarding internet or electronic prescriptions. K132. Knowledge of laws regarding the inventory, recording, and storage of controlled substances. K133. Knowledge of guidelines for prescribing controlled substances for intractable pain and chemical dependency. K134. Knowledge of procedures for obtaining furnishing and DEA numbers for ordering pharmacological agents and controlled substances.
	T46. Record health care information in accordance with requirements for documenting patient care.	K135. Knowledge of laws regarding documentation of patient treatment. K136. Knowledge of types of information to include in patient records. K137. Knowledge of laws regarding the maintenance, storage, retention, and disposal of patient records.
	T47. Engage in referral practices that conform with acceptable standards to protect the best interest of patients.	K138. Knowledge of types of acceptable and unacceptable referral practices. K139. Knowledge of laws prohibiting practices that constitute kickbacks or split-fee activity. K140. Knowledge of laws related to prohibited referrals. K141. Knowledge of laws related to the Physician Ownership and Referral Act (PORA). K142. Knowledge of laws related to financial interests and disclosures.
	T48. Comply with laws regarding the acceptance of pharmaceutical gifts or incentives to avoid the potential for undue influence in providing patient care.	K143. Knowledge of laws regarding the acceptance of complimentary pharmaceuticals, medical devices, or other gifts.
	T49. Adhere to telehealth requirements when engaging in health care services via electronic systems.	K144. Knowledge of laws regarding the delivery of services via information and communication technologies.
	T50. Comply with laws about nurse practitioner scope of practice to maintain professional boundaries.	K145. Knowledge of laws regarding nurse practitioner scope of practice. K146. Knowledge of laws regarding supervision and delegation of tasks to other medical personnel.
	T51. Comply with laws regarding professional conduct to maintain professional integrity.	K147. Knowledge of laws regarding unprofessional conduct. K148. Knowledge of provisions for engaging in the Intervention Program.

## 5. LEGAL REQUIREMENTS FOR PRACTICE (Continued)

Section	Tasks	Associated Knowledge Statements
5B. Regulations Related to Nurse Practitioner Requirements (Continued)	T52. Practice within scope of competence to comply with professional standards regarding nurse practitioner specialization.	K149. Knowledge of laws regarding credentialing requirements associated with practicing as a nurse practitioner in California. K150. Knowledge of laws regarding certification and licensing requirements associated with the nurse practitioner licenses. K151. Knowledge of laws regarding continuing education requirements for remaining current and competent as a nurse practitioner.
	T53. Comply with regulations related to 103 NP or 104 NP status to practice independently.	K152. Knowledge of laws associated with 103 NP and 104 NP status. K153. Knowledge of laws related to transition to independent practice requirements. K154. Knowledge of laws related to independent business or nursing corporations.
	T54. Obtain insurance to comply with liability requirements for practice.	K155. Knowledge of laws regarding general liability insurance coverage requirements.
5C. Laws Regarding Independent Practice or Corporation	T55. Develop a plan for referral to address complex clinical conditions that are outside education and training.	K156. Knowledge of laws related to referral or collaboration when patient or clinical conditions are outside education and training.
	T56. Adhere to applicable bylaws to ensure eligibility to serve on committees and attend department meetings.	K157. Knowledge of laws regarding medical staff membership, privileges, and voting. K158. Knowledge of the relationship between administrator discipline and BRN reporting.
	T57. Implement billing practices in compliance with laws and regulations to prevent potential exploitation and fraud.	K159. Knowledge of laws related to consumer rights and protections in billing practices. K160. Knowledge of laws regarding fair billing practices. K161. Knowledge of laws regarding uninsured and underinsured billing practices. K162. Knowledge of laws regarding insurance fraud. K163. Knowledge of types of financial options available to patients. K164. Knowledge of laws regarding the collection of unpaid health care bills.
	T58. Advertise credentials and services in compliance with laws and regulations to prevent misleading patients and the public.	K165. Knowledge of laws regarding advertisement of nurse practitioner services and professional qualifications.

TABLE 6 – PEDIATRIC NP IN ACUTE CARE DESCRIPTION OF PRACTICE

1. ASSESSING PEDIATRIC ACUTE CARE NEEDS

Section	Tasks	Associated Knowledge Statements
1A. Patient Health History	T1. Evaluate health history to determine implications for pediatric acute, complex, or critical illness or condition.	K1. Knowledge of typical and atypical symptom presentation in pediatric patients. K2. Knowledge of the relationship between symptom onset, severity, duration, and disease progression. K3. Knowledge of the relationship between development and pediatric illness. K4. Knowledge of the relationship between family medical history and genetic predispositions. K5. Knowledge of the relationship between prenatal conditions, birth history, and pediatric illness or conditions. K6. Knowledge of the relationship between surgical history and acute and chronic illness or conditions. K7. Knowledge of methods for gathering information related to pediatric patient health or illness. K8. Knowledge of methods for evaluating information related to pediatric presenting complaints or acute care needs.
	T2. Evaluate health risks related to complex illnesses or conditions to prevent critical medical events.	K9. Knowledge of the types of health risks associated with complex pediatric illnesses or conditions.
	T3. Evaluate for comorbidities to determine implications for current pediatric acute health care needs.	K10. Knowledge of the relationship between comorbidities and illness progression or prognosis. K11. Knowledge of methods for evaluating comorbidity indices. K12. Knowledge of types of complications associated with comorbidities in pediatric patients with complex illnesses.
	T4. Review use of medications and supplements to identify reactions or implications for pediatric patient health or illness.	K13. Knowledge of the effects of medications, supplements, and polypharmacy. K14. Knowledge of methods for evaluating the effects of medications and supplements on pediatric patient health.
	T5. Evaluate information about allergies or allergic reactions to identify adverse physiological responses.	K15. Knowledge of signs and symptoms associated with allergic responses or adverse reactions. K16. Knowledge of the relationship between allergens and immune response. K17. Knowledge of methods for identifying etiologies of suspected allergic or adverse reactions. K18. Knowledge of methods for evaluating information regarding allergies or allergic reactions.

## 1. ASSESSING PEDIATRIC ACUTE CARE NEEDS (Continued)

Section	Tasks	Associated Knowledge Statements
1A. Patient Health History (Continued)	T6. Identify level of medical device dependence to determine implications for pediatric acute health care needs.	K19. Knowledge of types of complications associated with pediatric medical device dependence. K20. Knowledge of methods for evaluating unique pediatric needs associated with medical device dependence.
1B. Status and Functional Assessments	T7. Evaluate information about growth and development to identify implications for pediatric acute, chronic, or complex illness or condition.	K21. Knowledge of methods for interpreting anthropometric measurements and growth standards. K22. Knowledge of the effects of genetic or medical conditions on pediatric growth patterns. K23. Knowledge of the effects of nutrition and environmental factors on pediatric growth patterns. K24. Knowledge of the signs and symptoms of atypical pediatric growth patterns or pathophysiology. K25. Knowledge of stages of pediatric growth and development. K26. Knowledge of the effects of pediatric illness, disability, or conditions on ability to perform activities of daily living. K27. Knowledge of methods for evaluating information related to growth and development in pediatric patients.
	T8. Evaluate for mental status alterations to identify acute brain dysfunction, injury, or life-threatening conditions.	K28. Knowledge of the effects of disease processes or trauma on neurologic function. K29. Knowledge of types of pediatric neurodevelopmental and neurodegenerative conditions. K30. Knowledge of the relationship between mental status alteration and underlying illness or injury. K31. Knowledge of the relationship between mental status alteration and medications. K32. Knowledge of signs and symptoms of neurological emergencies. K33. Knowledge of the relationship between level of mental status alteration and potential for adverse outcomes. K34. Knowledge of methods for evaluating severity of mental status alterations.

## 1. ASSESSING PEDIATRIC ACUTE CARE NEEDS (Continued)

Section	Tasks	Associated Knowledge Statements
1B. Status and Functional Assessments (Continued)	T9. Evaluate signs and symptoms of malnutrition or fluid imbalance to determine implications for pediatric patient acute care needs.	K35. Knowledge of the signs and symptoms of malnutrition. K36. Knowledge of the signs and symptoms of overhydration, underhydration, and dehydration. K37. Knowledge of signs and symptoms of electrolyte imbalance. K38. Knowledge of the relationship between nutritional deficiencies and acute, chronic, or complex illness in pediatric patients. K39. Knowledge of the relationship between fluid and electrolyte management and acute, chronic, or complex illness in pediatric patients. K40. Knowledge of the relationship between body mass index and acute, chronic, or complex illnesses in pediatric patients. K41. Knowledge of methods for evaluating the effects of malnutrition or fluid imbalance on pediatric patient's acute care needs.
1C. Social Determinants and Other Factors Impacting Patient Health	T10. Evaluate social determinants of health to determine the impact on health care needs of pediatric patients.	K42. Knowledge of the effects of social determinants of health on pediatric health, illness, and health-related behaviors. K43. Knowledge of methods for evaluating the effects of critical social determinants on health of pediatric patients.
	T11. Assess emotional and mental health to determine the effects of depression, anxiety, or other disorders on pediatric patient health.	K44. Knowledge of the relationship between psychological and physiological health and illness. K45. Knowledge of the signs and symptoms of mental health disorders in pediatric patients. K46. Knowledge of methods for screening for the effects of trauma on mental health in pediatric patients. K47. Knowledge of methods for evaluating the effects of mental health symptoms or disorders on pediatric patient health.
	T12. Discuss lifestyle factors to evaluate the impact of environment, habits, and behaviors on pediatric patient health.	K48. Knowledge of the relationship between lifestyle factors and pediatric patient health. K49. Knowledge of the relationship between substance use, abuse, and pediatric patient health. K50. Knowledge of methods for evaluating the effects of lifestyle factors on health of pediatric patients. K51. Knowledge of methods for evaluating the effects of substance use and abuse on pediatric patient health.
	T13. Discuss risk factors to determine whether pediatric patient is exposed to risk behaviors or dangerous situations.	K52. Knowledge of factors that contribute to pediatric injury. K53. Knowledge of methods for evaluating patient exposure to risk or potential harm.

## 1. ASSESSING PEDIATRIC ACUTE CARE NEEDS (Continued)

Section	Tasks	Associated Knowledge Statements
1D. System Review and Physical Examination	T14. Perform a multisystem review to evaluate normal or pathological findings related to pediatric acute, chronic, or complex illness or condition.	<p>K54. Knowledge of advanced principles of pediatric physiology, pathophysiology, and epidemiology.</p> <p>K55. Knowledge of methods for identifying normal, abnormal, and atypical multisystem findings.</p> <p>K56. Knowledge of methods for evaluating subjective information from multisystem review.</p>
	T15. Perform a comprehensive physical examination to evaluate normal or pathological findings related to pediatric acute, chronic, or complex illness or condition.	<p>K54. Knowledge of advanced principles of pediatric physiology, pathophysiology, and epidemiology.</p> <p>K57. Knowledge of methods for performing physical examination on pediatric patients with acute, chronic, or complex medical conditions.</p> <p>K58. Knowledge of physical findings that indicate acute and chronic illness or conditions.</p> <p>K59. Knowledge of methods for evaluating the presence of or need for continuous invasive and noninvasive lines or devices.</p> <p>K60. Knowledge of methods for integrating subjective information from review of systems and findings from objective multisystem examination.</p>

## 2. DIAGNOSIS OF PEDIATRIC ACUTE OR COMPLEX CONDITIONS

Tasks	Associated Knowledge Statements
T16. Interpret results of laboratory tests to identify systemic pathology in pediatric patients.	K61. Knowledge of criteria for ordering laboratory tests. K62. Knowledge of methods for interpreting normal and abnormal findings on laboratory tests. K63. Knowledge of types of findings of laboratory tests that indicate a need for additional testing or evaluation.
T17. Interpret results of diagnostic procedures to identify systemic or structural pathophysiology.	K64. Knowledge of criteria for ordering diagnostic procedures. K65. Knowledge of methods for interpreting normal and abnormal findings on diagnostic procedures. K66. Knowledge of types of findings of diagnostic procedures that indicate a need for additional testing or evaluation.
T18. Integrate clinical and epidemiological data to develop a differential diagnosis.	K67. Knowledge of types of pediatric diseases and their prevalence. K68. Knowledge of criteria for diagnosing pediatric illness or health conditions. K69. Knowledge of methods for determining differential diagnoses.



### 3. PEDIATRIC ACUTE CARE AND MANAGEMENT

Section	Tasks	Associated Knowledge Statements
3A. Managing Acute Care and Emergent Situations	T19. Manage pediatric patient from admission to discharge to oversee acute care needs.	K70. Knowledge of methods for admitting pediatric patients requiring acute care. K71. Knowledge of methods for managing care for pediatric patients requiring complex monitoring. K72. Knowledge of procedures for discharging pediatric patients with ongoing complex health care needs.
	T20. Implement stabilizing procedures and treatments to address pediatric urgent, emergent, or life-threatening events.	K73. Knowledge of methods for providing pediatric basic and advanced life support. K74. Knowledge of methods for managing acute decompensation of pediatric patients during urgent, emergent, or life-threatening events. K75. Knowledge of methods for reducing adverse events associated with complex pediatric health conditions. K76. Knowledge of methods for improving outcomes for pediatric patients with complex health conditions.
	T21. Implement evidence-based therapies to provide treatment congruent with best practices.	K77. Knowledge of the relationship between evidence-based practices and patient outcomes. K78. Knowledge of methods for applying evidence-based practices in health care.
	T22. Adhere to clinical practice guidelines to treat pediatric acute, chronic, or complex illness or conditions.	K79. Knowledge of types of clinical practice guidelines that apply in the treatment of pediatric illness and conditions. K80. Knowledge of methods for implementing clinical practice guidelines in treating pediatric patients with acute, chronic, or complex illness or conditions.
	T23. Prescribe pharmacologic and non-pharmacologic therapies to manage pediatric acute, chronic, or complex illness or conditions.	K81. Knowledge of the principles of pharmacology, pharmacodynamics, and pharmacokinetics. K82. Knowledge of classifications of controlled substances and their dispensing requirements. K83. Knowledge of types of pharmacologic contraindications, interactions, and iatrogenic effects. K84. Knowledge of the signs of pharmacologic toxicity, overdose, and allergic reaction. K85. Knowledge of indications for prescribing pharmacological agents based on pediatric illness or condition. K86. Knowledge of methods for determining safe dosage of pharmacological agents for pediatric patients. K87. Knowledge of indications for prescribing non-pharmacological therapies based on pediatric illness or condition.

### 3. PEDIATRIC ACUTE CARE AND MANAGEMENT (Continued)

Section	Tasks	Associated Knowledge Statements
3A. Managing Acute Care and Emergent Situations (Continued)	T24. Prescribe medical devices and equipment to support, replace, or augment physiological function or sustain life.	K88. Knowledge of clinical indications for using medical devices and equipment with pediatric patients. K89. Knowledge of types of complications associated with the use of medical devices and equipment.
	T25. Provide pain management to address acute, chronic, or complex illness or conditions in pediatric patients.	K90. Knowledge of the signs and symptoms of untreated or undertreated pain in pediatric patients. K91. Knowledge of types of barriers to effective pain management with pediatric patients. K92. Knowledge of methods for implementing opioid and non-opioid pain modalities with pediatric patients. K93. Knowledge of methods for addressing safety issues associated with opioid and non-opioid use, overdose, dependency, or withdrawal.
	T26. Monitor treatment progress to modify approach based on patient response or health outcomes.	K94. Knowledge of signs and symptoms of medical decompensation. K95. Knowledge of methods for determining effectiveness of prescribed treatments.
	T27. Educate patients and caregivers about health care recommendations to increase understanding and adherence.	K96. Knowledge of methods for providing patients and caregivers with evidence-based health information. K97. Knowledge of the effects of health care adherence on health or illness.
	T28. Facilitate patient transfers to ensure continuum of care across spectrum of health care settings or levels.	K98. Knowledge of methods for managing the transfer of pediatric patients with acute, chronic, or complex medical conditions.
	T29. Coordinate discharge and aftercare plans with pediatric patients and caregivers to manage acute or chronic conditions outside of acute care environment.	K99. Knowledge of components of discharge and aftercare plans. K100. Knowledge of types of discharge and aftercare information and instructions to be provided to patients and caregivers. K101. Knowledge of methods for coordinating discharge and aftercare.
	T30. Order supportive services, palliative care, or hospice to address the needs of pediatric patients with complex medical conditions.	K102. Knowledge of principles of hospice or palliative care. K103. Knowledge of methods for providing end-of-life care to pediatric patients.

### 3. PEDIATRIC ACUTE CARE AND MANAGEMENT (Continued)

Section	Tasks	Associated Knowledge Statements
3B. Referrals and Collaborations	T31. Refer pediatric patients to other health care professionals to address conditions requiring specialized evaluation or treatment.	K104. Knowledge of methods for determining when patients would benefit from additional health care services. K105. Knowledge of types of health care services available for pediatric patients with acute or complex care needs.
	T32. Consult with physicians or other providers to collaborate on patient-specific medical recommendations.	K106. Knowledge of methods for determining conditions or situations in which consultation should be obtained.
	T33. Participate on multidisciplinary teams to provide integrated care that meets the needs of pediatric patients with acute, chronic, or complex illness or conditions.	K107. Knowledge of methods for collaborating as part of a team in providing pediatric health care. K108. Knowledge of methods for coordinating integrated pediatric health care with other providers.

#### 4. PROFESSIONAL ETHICS AND RESPONSIBILITY

Tasks	Associated Knowledge Statements
T34. Respect patient diversity to provide health care services in an equitable and inclusive manner.	K109. Knowledge of the effects of implicit bias, discrimination, and marginalization in health care systems. K110. Knowledge of techniques for incorporating patient diversity into health care delivery. K111. Knowledge of methods for providing culturally competent health care. K112. Knowledge of methods for reducing disparities in health care delivery.
T35. Advocate for health care policies to improve delivery of services for pediatric patients with complex health care needs and for their caregivers.	K113. Knowledge of health care practices and policies that impact access to care. K114. Knowledge of methods for advocating for the needs of pediatric patients with complex conditions and of their caregivers.
T36. Synthesize research findings to optimize treatment of acute and chronic pediatric health conditions.	K115. Knowledge of the relationship between medical advances and health care delivery. K116. Knowledge of methods for interpreting results of medical research. K117. Knowledge of methods for remaining current on research regarding pediatric medicine. K118. Knowledge of methods for conducting research related to pediatric-specialized health care.
T37. Apply ethical principles in practice to address medical dilemmas and patient health care decisions.	K119. Knowledge of principles of ethical medical practices.

## 5. LEGAL REQUIREMENTS FOR PRACTICE

Section	Tasks	Associated Knowledge Statements
5A. Regulations Related to Patient Disclosures and Patient Rights	T38. Obtain informed consent by providing patients and caregivers with health care information to facilitate their ability to make medical decisions.	K120. Knowledge of laws regarding informed consent. K121. Knowledge of laws regarding the provision of health care to patients.
	T39. Disclose information related to license type, status, and oversight to make patients aware of regulatory parameters.	K122. Knowledge of laws regarding disclosures that must be provided to patients.
	T40. Disclose patient costs for services in advance to provide transparency of health care charges.	K123. Knowledge of laws regarding disclosure of fees for health care services.
	T41. Comply with Health Insurance Portability and Accountability Act (HIPAA) regulations to provide health care that protects patients' private health information.	K124. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).
	T42. Comply with the California Confidentiality of Medical Information Act (CMIA) to provide health care that protects patients' private health information.	K125. Knowledge of laws related to the California Confidentiality of Medical Information Act (CMIA).
	T43. Certify disability to assist the patient in obtaining services related to temporary or permanent medical condition.	K126. Knowledge of laws regarding certifying patient disability.
		K127. Knowledge of provisions of the Unemployment Insurance Code related to certifying disability.
		K128. Knowledge of laws related to certifying disability under workers' compensation.
	T44. Maintain professional boundaries with patients, caregivers, and others.	K129. Knowledge of laws regarding sexual misconduct with patients, caregivers, or others.
		K130. Knowledge of laws regarding sexual harassment.
	T45. Report instances of suspected abuse, neglect, and exploitation to protect vulnerable patient populations.	K131. Knowledge of signs of abuse, neglect, or exploitation of vulnerable patient populations.
K132. Knowledge of laws regarding mandated reporting of suspected abuse, neglect, or exploitation.		
T46. Report instances of injury by assault or gunshot to protect patients who are victims of violence.	K133. Knowledge of laws regarding mandated reporting of assault or gunshot injuries.	
T47. Report instances of illness or injury associated with suspected exposure to pesticides or environmental toxins to assist with investigation and surveillance.	K134. Knowledge of laws regarding mandated reporting of suspected pesticide poisoning or environmental toxin exposure.	
T48. Report communicable diseases and conditions to assist with preventing community spread.	K135. Knowledge of types of diseases and conditions that require mandated reporting.	
	K136. Knowledge of laws regarding mandated reporting of communicable diseases and conditions.	

## 5. LEGAL REQUIREMENTS FOR PRACTICE (Continued)

Section	Tasks	Associated Knowledge Statements
5B. Regulations Related to Nurse Practitioner Requirements	T49. Comply with regulations related to procuring, prescribing, and dispensing pharmacological agents or medical devices.	K137. Knowledge of laws regarding controlled substances and schedules. K138. Knowledge of laws regarding the transmission of prescriptions. K139. Knowledge of laws regarding the furnishing or ordering of drugs or medical devices. K140. Knowledge of laws regarding internet or electronic prescriptions. K141. Knowledge of laws regarding the inventory, recording, and storage of controlled substances. K142. Knowledge of guidelines for prescribing controlled substances for intractable pain and chemical dependency. K143. Knowledge of procedures for obtaining furnishing and DEA numbers for ordering pharmacological agents and controlled substances.
	T50. Record health care information in accordance with requirements for documenting patient care.	K144. Knowledge of laws regarding documentation of patient treatment. K145. Knowledge of types of information to include in patient records. K146. Knowledge of laws regarding the maintenance, storage, retention, and disposal of patient records.
	T51. Engage in referral practices that conform with acceptable standards to protect the best interest of patients.	K147. Knowledge of types of acceptable and unacceptable referral practices. K148. Knowledge of laws prohibiting practices that constitute kickbacks or split-fee activity. K149. Knowledge of laws related to prohibited referrals. K150. Knowledge of laws related to the Physician Ownership and Referral Act (PORA). K151. Knowledge of laws related to financial interests and disclosures.
	T52. Comply with laws regarding the acceptance of pharmaceutical gifts or incentives to avoid the potential for undue influence in providing patient care.	K152. Knowledge of laws regarding the acceptance of complimentary pharmaceuticals, medical devices, or other gifts.
	T53. Adhere to telehealth requirements when engaging in health care services via electronic systems.	K153. Knowledge of laws regarding the delivery of services via information and communication technologies.
	T54. Comply with laws about nurse practitioner scope of practice to maintain professional boundaries.	K154. Knowledge of laws regarding nurse practitioner scope of practice. K155. Knowledge of laws regarding supervision and delegation of tasks to other medical personnel.
	T55. Comply with laws regarding professional conduct to maintain professional integrity.	K156. Knowledge of laws regarding unprofessional conduct. K157. Knowledge of provisions for engaging in the Intervention Program.

## 5. LEGAL REQUIREMENTS FOR PRACTICE (Continued)

Section	Tasks	Associated Knowledge Statements
5B. Regulations Related to Nurse Practitioner Requirements (Continued)	T56. Practice within scope of competence to comply with professional standards regarding nurse practitioner specialization.	K158. Knowledge of laws regarding credentialing requirements associated with practicing as a nurse practitioner in California. K159. Knowledge of laws regarding certification and licensing requirements associated with the nurse practitioner licenses. K160. Knowledge of laws regarding continuing education requirements for remaining current and competent as a nurse practitioner.
5C. Laws Regarding Independent Practice or Corporation	T57. Comply with regulations related to 103 NP or 104 NP status to practice independently.	K161. Knowledge of laws associated with 103 NP and 104 NP status. K162. Knowledge of laws related to transition to independent practice requirements. K163. Knowledge of laws related to independent business or nursing corporations.
	T58. Obtain insurance to comply with liability requirements for practice.	K164. Knowledge of laws regarding general liability insurance coverage requirements.
	T59. Develop a plan for referral to address complex clinical conditions that are outside education and training.	K165. Knowledge of laws related to referral or collaboration when patient or clinical conditions are outside education and training.
	T60. Adhere to applicable bylaws to ensure eligibility to serve on committees and attend department meetings.	K166. Knowledge of laws regarding medical staff membership, privileges, and voting. K167. Knowledge of the relationship between administrator discipline and BRN reporting.
	T61. Implement billing practices in compliance with laws and regulations to prevent potential exploitation and fraud.	K168. Knowledge of laws related to consumer rights and protections in billing practices. K169. Knowledge of laws regarding fair billing practices. K170. Knowledge of laws regarding uninsured and underinsured billing practices. K171. Knowledge of laws regarding insurance fraud. K172. Knowledge of types of financial options available to patients. K173. Knowledge of laws regarding the collection of unpaid health care bills.
	T62. Advertise credentials and services in compliance with laws and regulations to prevent misleading patients and the public.	K174. Knowledge of laws regarding advertisement of nurse practitioner services and professional qualifications.

TABLE 7 – WOMEN’S HEALTH NP DESCRIPTION OF PRACTICE

1. PATIENT ASSESSMENT

Section	Tasks	Associated Knowledge Statements
1A. Patient Health History	T1. Evaluate patient health history to determine implications for general health or illness.	K1. Knowledge of the relationship between medical conditions and patient health. K2. Knowledge of the relationship between family medical history and patient health or illness. K3. Knowledge of the relationship between symptom onset, severity, duration, and disease progression. K4. Knowledge of methods for gathering information related to patient health or illness. K5. Knowledge of methods for interpreting information related to presenting complaints or health-related issues.
	T2. Review use of medications and supplements to identify reactions or implications for patient health or illness.	K6. Knowledge of the effects of medications, supplements, and polypharmacy. K7. Knowledge of methods for evaluating the effects of medications and supplements on patient health.
	T3. Evaluate information about allergies or allergic reactions to identify adverse physiological responses.	K8. Knowledge of signs and symptoms associated with allergic responses or adverse reactions. K9. Knowledge of the relationship between allergens and immune response. K10. Knowledge of methods for identifying potential etiologies of suspected allergic or adverse reactions. K11. Knowledge of methods for evaluating information regarding allergies or allergic reactions.
	T4. Evaluate body mass composition and level of physical activity to determine impact on patient health.	K12. Knowledge of the relationship between body mass indices and health outcomes. K13. Knowledge of the relationship between physical activity and health or illness. K14. Knowledge of methods for evaluating the physiological effects of body mass and physical activity on patient health.
1B. Gynecologic Assessment	T5. Evaluate gynecologic history to determine implications for current health, illness, or changes.	K15. Knowledge of the effects of gynecologic surgeries on patient health. K16. Knowledge of the relationship between prior infection and gynecologic risk. K17. Knowledge of the relationship between pelvic pain and gynecologic conditions. K18. Knowledge of the relationship between vaginal or uterine bleeding and gynecologic conditions. K19. Knowledge of the relationship between abnormal vaginal discharge and gynecologic conditions. K20. Knowledge of the signs and symptoms of uterine, vaginal, and pelvic prolapse or dysfunction. K21. Knowledge of methods for evaluating the clinical implications of gynecologic history and symptoms.



## 1. PATIENT ASSESSMENT (Continued)

Section	Tasks	Associated Knowledge Statements
1B. Gynecologic Assessment (Continued)	T6. Assess information about menstrual cycle and characteristics to determine implications for gynecologic health.	<p>K22. Knowledge of the principles of menstrual cycle physiology from menarche to menopause.</p> <p>K23. Knowledge of the relationship between menstrual patterns, characteristics, and gynecologic health.</p> <p>K24. Knowledge of the relationship between transgender or gender nonconforming identity and menstruation.</p> <p>K25. Knowledge of the effects of medications or substances on menstruation.</p> <p>K26. Knowledge of the effects of diet and lifestyle on menstruation.</p> <p>K27. Knowledge of the effects of hormone dysregulation and changes on menstruation.</p> <p>K28. Knowledge of the signs of irregular, atypical, or abnormal menses or uterine bleeding.</p> <p>K29. Knowledge of methods for evaluating the effects of menstrual patterns and characteristics on gynecologic health.</p>
	T7. Assess menopause transition processes to identify the effects of physiological and hormone changes on gynecologic health.	<p>K30. Knowledge of the stages of the menopause transition process.</p> <p>K31. Knowledge of the effects of hormone changes on gynecologic health.</p> <p>K32. Knowledge of the effects of hormone replacement therapies on gynecologic health.</p> <p>K33. Knowledge of the signs and symptoms associated with the menopause transition process.</p> <p>K34. Knowledge of methods for differentiating between normal menopausal transition and abnormal gynecological conditions.</p> <p>K35. Knowledge of methods for evaluating the clinical effects of menopausal transition on gynecologic health.</p>
	T8. Evaluate information regarding previous cancer screenings and hereditary risks to monitor gynecologic health or changes.	<p>K36. Knowledge of the signs and symptoms of malignant or premalignant lesions.</p> <p>K37. Knowledge of the relationship between genetics and potential for pathology.</p> <p>K38. Knowledge of the relationship between significant past history and potential for pathology.</p> <p>K39. Knowledge of methods for interpreting results from prior cancer screenings.</p> <p>K40. Knowledge of methods for evaluating the clinical implications of prior screenings, hereditary risks, and significant past history.</p>

## 1. PATIENT ASSESSMENT (Continued)

Section	Tasks	Associated Knowledge Statements
1C. Reproductive Health	T9. Evaluate information regarding reproductive history to identify implications for patient health or conception.	<p>K41. Knowledge of the principles of male, female, and transgender reproductive health.</p> <p>K42. Knowledge of the relationship between reproductive history and gynecologic health or risk of disease.</p> <p>K43. Knowledge of the relationship between reproductive history and breast health or risk of disease.</p> <p>K44. Knowledge of the effects of age, hormone levels, and physiological changes on reproductive health.</p> <p>K45. Knowledge of the effects of gynecologic conditions or structural problems on reproductive health.</p> <p>K46. Knowledge of the effects of illness and genetic conditions on reproductive health.</p> <p>K47. Knowledge of the effects of diet, lifestyle, and environmental factors on reproductive health.</p> <p>K48. Knowledge of the relationship between body mass indices and reproductive health.</p> <p>K49. Knowledge of methods for evaluating reproductive functioning or changes.</p> <p>K50. Knowledge of methods for evaluating the clinical implications of information related to reproductive health.</p>
	T10. Evaluate sexual history and sexual function to identify health or changes from menarche to menopause.	<p>K51. Knowledge of the principles of gender identity and development.</p> <p>K52. Knowledge of the principles of sexual identity, sexual orientation, and sexual development.</p> <p>K53. Knowledge of the effects of medications or other substances on sexual function.</p> <p>K54. Knowledge of the effects of physical and psychological health on sexual function.</p> <p>K55. Knowledge of the effects of hormone levels and physiological changes on sexual function.</p> <p>K56. Knowledge of signs and symptoms of sexual dysfunction or conditions.</p> <p>K57. Knowledge of signs and symptoms of sexually transmitted diseases and infections.</p> <p>K58. Knowledge of methods for evaluating sexual or reproductive function and changes.</p>
	T11. Evaluate contraceptive use to determine implications for physiologic and gynecologic health.	<p>K59. Knowledge of the types of contraception and their clinical use indications.</p> <p>K60. Knowledge of the effects of contraceptives on disease processes or prevention.</p> <p>K61. Knowledge of the risks and benefits associated with the use of contraceptives.</p> <p>K62. Knowledge of the relationship between barriers to contraception access and risk of disease or unwanted pregnancy.</p> <p>K63. Knowledge of methods for evaluating the impact of contraceptive use on patient health.</p>

## 1. PATIENT ASSESSMENT (Continued)

Section	Tasks	Associated Knowledge Statements
1D. Obstetrics Assessment	T12. Perform routine prenatal assessments to monitor growth and development throughout pregnancy.	K64. Knowledge of the principles of fetal growth and development. K65. Knowledge of the relationship between diet, supplementation, and pregnancy health. K66. Knowledge of the relationship between body mass, physical activity, and pregnancy health. K67. Knowledge of guidelines for assessing recommended weight gain during pregnancy. K68. Knowledge of the effects of exposure to medications, illicit drugs, or other substances on fetal development. K69. Knowledge of the effects of environmental influences on fetal development. K70. Knowledge of guidelines for scheduling prenatal evaluations. K71. Knowledge of signs and symptoms of potential pregnancy risk or complications. K72. Knowledge of methods for screening for conditions that may result in pregnancy risk or complications. K73. Knowledge of methods for conducting routine prenatal evaluations in low- and high-risk pregnancies.
	T13. Perform routine fetal assessments to monitor fetal well-being throughout pregnancy.	K74. Knowledge of methods for confirming pregnancy and gestational age. K75. Knowledge of the relationship between fetal heart rate, movement, and growth measures. K76. Knowledge of the relationship between placenta, amniotic fluid, and fetal growth. K77. Knowledge of the signs and symptoms of fetal stress or risk. K78. Knowledge of methods for performing fetal surveillance throughout pregnancy.
1E. Psychosocial Functioning and Social Determinants of Health	T14. Evaluate social determinants of health to determine the impact on health care needs of patients.	K79. Knowledge of the effects of social determinants of health on health, illness, and health-related behaviors. K80. Knowledge of methods for evaluating the effects of critical social determinants on health of patients.
	T15. Assess emotional and mental health to determine the effects of depression, anxiety, or other disorders on patient health.	K81. Knowledge of the relationship between psychological and physiological health and illness. K82. Knowledge of the signs and symptoms of mental health disorders. K83. Knowledge of methods for screening for the effects of trauma on mental health. K84. Knowledge of methods for evaluating the effects of mental health symptoms or disorders on patient health.

## 1. PATIENT ASSESSMENT (Continued)

Section	Tasks	Associated Knowledge Statements
1E. Psychosocial Functioning and Social Determinants of Health (Continued)	T16. Discuss lifestyle factors to evaluate the impact of environment, habits, and behaviors on patient health.	K85. Knowledge of the relationship between lifestyle factors and patient health. K86. Knowledge of the relationship between substance use, abuse, and patient health. K87. Knowledge of methods for evaluating the effects of lifestyle factors on patient health. K88. Knowledge of methods for evaluating the effects of substance use and abuse on patient health.
	T17. Discuss risk factors to determine whether patient is exposed to high risk behaviors or dangerous situations.	K89. Knowledge of factors that contribute to injury. K90. Knowledge of methods for evaluating patient exposure to danger or potential for harm.
1F. System Review and Physical Evaluation	T18. Perform a multisystem review to evaluate normal or pathological findings related to patient health or illness.	K91. Knowledge of advanced principles of physiology, pathophysiology, and epidemiology. K92. Knowledge of methods for identifying normal, abnormal, and atypical multisystem findings. K93. Knowledge of methods for evaluating subjective information from multisystem review.
	T19. Perform a comprehensive physical examination to evaluate normal or pathological findings related to patient health or illness.	K91. Knowledge of advanced principles of physiology, pathophysiology, and epidemiology. K94. Knowledge of methods for performing physical examinations. K95. Knowledge of physical findings that indicate acute or chronic illnesses or conditions. K96. Knowledge of methods for integrating subjective information from review of systems and findings from objective multisystem examination.

## 2. DIAGNOSIS OF ILLNESS OR PHYSICAL CONDITIONS AFFECTING WOMEN'S HEALTH

Tasks	Associated Knowledge Statements
T20. Interpret results of laboratory tests to identify systemic pathology.	K97. Knowledge of criteria for ordering laboratory tests. K98. Knowledge of methods for interpreting normal and abnormal findings on laboratory tests. K99. Knowledge of types of findings of laboratory tests that indicate a need for additional testing or evaluation.
T21. Interpret results of diagnostic procedures to identify systemic or structural pathophysiology.	K100. Knowledge of criteria for ordering diagnostic procedures. K101. Knowledge of methods for interpreting normal and abnormal findings on diagnostic procedures. K102. Knowledge of types of findings of diagnostic procedures that indicate a need for additional testing or evaluation.
T22. Integrate clinical and epidemiological data to develop a differential diagnosis.	K103. Knowledge of types of diseases and their prevalence. K104. Knowledge of criteria for diagnosing illness or health conditions. K105. Knowledge of methods for determining differential diagnoses.

### 3. HEALTH MANAGEMENT

Section	Tasks	Associated Knowledge Statements
3A. Health Promotion and Management	T23. Provide reproductive health guidance to manage health care needs related to fertility, contraception, and pregnancy.	K106. Knowledge of principles of reproductive health maintenance. K107. Knowledge of types of fertility preservation and conception options. K108. Knowledge of clinical indications and contraindications for contraception use. K109. Knowledge of methods for managing reproductive conditions. K110. Knowledge of methods for providing guidance on patient-specific reproductive health options. K111. Knowledge of methods for managing intended and unintended pregnancies. K112. Knowledge of methods for providing medical and psychological support in managing reproductive health treatment and decisions.
	T24. Provide well-person and preventive care to promote patient health.	K113. Knowledge of principles of health maintenance. K114. Knowledge of the relationship between health care, screenings, and the prevention of illness. K115. Knowledge of the relationship between vaccination and the prevention of illness. K116. Knowledge of methods for preventing, managing, and treating sexually transmitted diseases and infections. K117. Knowledge of methods for managing and maintaining breast health. K118. Knowledge of methods for managing reproductive and gynecologic health. K119. Knowledge of methods for providing patients with preventive health care.
	T25. Provide prenatal and postpartum care to promote health during pregnancy and recovery.	K120. Knowledge of the relationship between prenatal care and morbidity and mortality outcomes. K121. Knowledge of methods for providing low- and high-risk antepartum care. K122. Knowledge of methods for managing emotional and physical postpartum adjustments. K123. Knowledge of methods for providing postpartum care that addresses patient's individualized needs.
	T26. Manage acute and chronic illnesses and physical conditions to optimize health outcomes.	K124. Knowledge of methods for managing complex gynecologic, reproductive, sexual, and menopausal health conditions. K125. Knowledge of methods for managing acute and chronic illness or physical conditions in patients across the lifespan.

### 3. HEALTH MANAGEMENT (Continued)

Section	Tasks	Associated Knowledge Statements
3A. Health Promotion and Management (Continued)	T27. Implement evidence-based therapies to provide treatment congruent with current best practices.	K126. Knowledge of the relationship between evidence-based practices and patient outcomes. K127. Knowledge of methods for applying evidence-based practices in health care.
	T28. Adhere to clinical practice guidelines to treat illnesses in patients across the lifespan.	K128. Knowledge of types of clinical practice guidelines that apply in the treatment of illnesses that affect women's health. K129. Knowledge of methods for implementing clinical practice guidelines in the treatment of patients across the lifespan.
	T29. Prescribe pharmacological and non-pharmacological therapies to address illness or physical conditions affecting patient health.	K130. Knowledge of the principles of pharmacology, pharmaceuticals, and pharmacokinetics. K131. Knowledge of classifications of controlled substances and their dispensing requirements. K132. Knowledge of types of pharmacologic contraindications, interactions, and iatrogenic effects. K133. Knowledge of the signs of pharmacologic toxicology, overdose, and allergic reaction. K134. Knowledge of indications for prescribing pharmacological agents based on patient illness or condition. K135. Knowledge of methods for determining safe dosage of pharmacological agents for patients. K136. Knowledge of procedures for prescribing medications to patients. K137. Knowledge of indications for prescribing non-pharmacological therapies based on patient illness or condition.
	T30. Prescribe medical devices or equipment to address illness or physical conditions.	K138. Knowledge of clinical indications for using medical devices and equipment with patients. K139. Knowledge of types of complications associated with the use of medical devices. K140. Knowledge of methods for ordering medical devices or equipment.
T31. Provide pain management to address effects of acute or chronic conditions.	K141. Knowledge of the relationship between physiological changes and pain. K142. Knowledge of the signs of untreated or undertreated pain. K143. Knowledge of types of barriers to effective pain management. K144. Knowledge of methods for implementing opioid and non-opioid pain modalities with patients. K145. Knowledge of methods for addressing safety issues associated with opioid and non-opioid use, overdose, dependency, or withdrawal.	

### 3. HEALTH MANAGEMENT (Continued)

Section	Tasks	Associated Knowledge Statements
3A. Health Promotion and Management (Continued)	T32. Educate patients about health care recommendations to increase understanding and adherence.	K146. Knowledge of the effects of health care adherence on health or illness. K147. Knowledge of the relationship between health habits and disease prevention. K148. Knowledge of methods for providing patients with evidence-based health information. K149. Knowledge of methods for counseling patients on health promotion and injury prevention.
3B. Referrals and Collaborations	T33. Refer patients to other health care professionals to address medical conditions requiring specialized evaluation or treatment.	K150. Knowledge of methods for determining when patient would benefit from additional health care services. K151. Knowledge of types of health care services available for patients with health conditions.
	T34. Consult with physicians or other providers to collaborate on patient-specific medical recommendations.	K152. Knowledge of methods for determining conditions or situations in which consultations should be obtained.
	T35. Participate on multidisciplinary teams to provide integrated care that meets the health care needs of patients.	K153. Knowledge of methods for collaborating as part of a team in providing health care to patients. K154. Knowledge of methods for coordinating integrated health care with other providers.



#### 4. PROFESSIONAL ETHICS AND RESPONSIBILITY

Tasks	Associated Knowledge Statements
T36. Respect patient diversity to provide health care services in an equitable and inclusive manner.	K155. Knowledge of the effects of implicit bias, discrimination, and marginalization in health care systems. K156. Knowledge of techniques for incorporating patient diversity into health care delivery. K157. Knowledge of methods for providing culturally competent health care. K158. Knowledge of methods for reducing disparities in health care delivery.
T37. Advocate for health care policies to improve delivery of services for patients and caregivers.	K159. Knowledge of types of health care practices and policies that impact access to health care. K160. Knowledge of methods for advocating for the needs of patients and caregivers.
T38. Synthesize research findings to optimize treatment of acute and chronic medical conditions.	K161. Knowledge of the relationship between medical advances and health care delivery. K162. Knowledge of methods for interpreting results of medical research. K163. Knowledge of methods for remaining current on research regarding health care. K164. Knowledge of methods for conducting research related to specialized health care.
T39. Apply ethical principles in practice to address medical dilemmas and patient health care decisions.	K165. Knowledge of principles of ethical health care practices.

## 5. LEGAL REQUIREMENTS FOR PRACTICE

Section	Tasks	Associated Knowledge Statements
5A. Regulations Related to Patient Disclosures and Patient Rights	T40. Obtain informed consent by providing patients and caregivers with health care information to facilitate their ability to make medical decisions.	K166. Knowledge of laws regarding informed consent. K167. Knowledge of laws regarding the provision of health care to patients.
	T41. Disclose information related to license type, status, and oversight to make patients aware of regulatory parameters.	K168. Knowledge of laws regarding disclosures that must be provided to patients.
	T42. Disclose patient costs for services in advance to provide transparency of health care charges.	K169. Knowledge of laws regarding disclosure of fees for health care services.
	T43. Comply with Health Insurance Portability and Accountability Act (HIPAA) regulations to provide health care that protects patients' private health information.	K170. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).
	T44. Comply with the California Confidentiality of Medical Information Act (CMIA) to provide health care that protects patients' private health information.	K171. Knowledge of laws related to the California Confidentiality of Medical Information Act (CMIA).
	T45. Certify disability to assist patient in obtaining services related to temporary or permanent medical condition.	K172. Knowledge of laws regarding certifying patient disability.
		K173. Knowledge of provisions of the Unemployment Insurance Code related to certifying disability.
		K174. Knowledge of laws related to certifying disability under workers' compensation.
	T46. Maintain professional boundaries with patients, caregivers, and others.	K175. Knowledge of laws regarding sexual misconduct with patients, caregivers, or others.
		K176. Knowledge of laws regarding sexual harassment.
T47. Report instances of suspected abuse, neglect, and exploitation to protect vulnerable patient populations.	K177. Knowledge of signs of abuse, neglect, or exploitation of vulnerable patient populations.	
	K178. Knowledge of laws regarding mandated reporting of suspected abuse, neglect, or exploitation.	
T48. Report instances of injury by assault or gunshot to protect patients who are victims of violence.	K179. Knowledge of laws regarding mandated reporting of assault or gunshot injuries.	
T49. Report instances of illness or injury associated with suspected exposure to pesticides or environmental toxins to assist with investigation and surveillance.	K180. Knowledge of laws regarding mandated reporting of suspected pesticide poisoning or environmental toxin exposure.	
T50. Report communicable diseases and conditions to assist with preventing community spread.	K181. Knowledge of types of diseases and conditions that require mandated reporting.	
	K182. Knowledge of laws regarding mandated reporting of communicable diseases and conditions.	

## 5. LEGAL REQUIREMENTS FOR PRACTICE (Continued)

Section	Tasks	Associated Knowledge Statements
5B. Regulations Related to Nurse Practitioner Requirements	T51. Comply with regulations related to procuring, prescribing, and dispensing pharmacological agents or medical devices.	K183. Knowledge of laws regarding controlled substances and schedules. K184. Knowledge of laws regarding the transmission of prescriptions. K185. Knowledge of laws regarding the furnishing or ordering of drugs or medical devices. K186. Knowledge of laws regarding internet or electronic prescriptions. K187. Knowledge of laws regarding the inventory, recording, and storage of controlled substances. K188. Knowledge of guidelines for prescribing controlled substances for intractable pain and chemical dependency. K189. Knowledge of procedures for obtaining furnishing and DEA numbers for ordering pharmacological agents and controlled substances.
	T52. Record health care information in accordance with requirements for documenting patient care.	K190. Knowledge of laws regarding documentation of patient treatment. K191. Knowledge of types of information to include in patient records. K192. Knowledge of laws regarding the maintenance, storage, retention, and disposal of patient records.
	T53. Engage in referral practices that conform with acceptable standards to protect the best interest of patients.	K193. Knowledge of types of acceptable and unacceptable referral practices. K194. Knowledge of laws prohibiting practices that constitute kickbacks or split-fee activity. K195. Knowledge of laws related to prohibited referrals. K196. Knowledge of laws related to the Physician Ownership and Referral Act (PORA). K197. Knowledge of laws related to financial interests and disclosures.
	T54. Comply with laws regarding the acceptance of pharmaceutical gifts or incentives to avoid the potential for undue influence in providing patient care.	K198. Knowledge of laws regarding the acceptance of complimentary pharmaceuticals, medical devices, or other gifts.
	T55. Adhere to telehealth requirements when engaging in health care services via electronic systems.	K199. Knowledge of laws regarding the delivery of services via information and communication technologies.
	T56. Comply with laws about nurse practitioner scope of practice to maintain professional boundaries.	K200. Knowledge of laws regarding nurse practitioner scope of practice. K201. Knowledge of laws regarding supervision and delegation of tasks to other medical personnel.
	T57. Comply with laws regarding professional conduct to maintain professional integrity.	K202. Knowledge of laws regarding unprofessional conduct. K203. Knowledge of provisions for engaging in the Intervention Program.

## 5. LEGAL REQUIREMENTS FOR PRACTICE (Continued)

Section	Tasks	Associated Knowledge Statements
5B. Regulations Related to Nurse Practitioner Requirements (Continued)	T58. Practice within scope of competence to comply with professional standards regarding nurse practitioner specialization.	K204. Knowledge of laws regarding credentialing requirements associated with practicing as a nurse practitioner in California. K205. Knowledge of laws regarding certification and licensing requirements associated with the nurse practitioner licenses. K206. Knowledge of laws regarding continuing education requirements for remaining current and competent as a nurse practitioner.
5C. Laws Regarding Independent Practice or Corporation	T59. Comply with regulations related to 103 NP or 104 NP status to practice independently.	K207. Knowledge of laws associated with 103 NP and 104 NP status. K208. Knowledge of laws related to transition to independent practice requirements. K209. Knowledge of laws related to independent business or nursing corporations.
	T60. Obtain insurance to comply with liability requirements for practice.	K210. Knowledge of laws regarding general liability insurance coverage requirements.
	T61. Develop a plan for referral to address complex clinical conditions that are outside education and training.	K211. Knowledge of laws related to referral or collaboration when patient or clinical conditions are outside education and training.
	T62. Adhere to applicable bylaws to ensure eligibility to serve on committees and attend department meetings.	K212. Knowledge of laws regarding medical staff membership, privileges, and voting. K213. Knowledge of the relationship between administrator discipline and BRN reporting.
	T63. Implement billing practices in compliance with laws and regulations to prevent potential exploitation and fraud.	K214. Knowledge of laws related to consumer rights and protections in billing practices. K215. Knowledge of laws regarding fair billing practices. K216. Knowledge of laws regarding uninsured and underinsured billing practices. K217. Knowledge of laws regarding insurance fraud. K218. Knowledge of types of financial options available to patients. K219. Knowledge of laws regarding the collection of unpaid health care bills.
	T64. Advertise credentials and services in compliance with laws and regulations to prevent misleading patients and the public.	K220. Knowledge of laws regarding advertisement of nurse practitioner services and professional qualifications.

TABLE 8 – PSYCHIATRIC MENTAL HEALTH NP DESCRIPTION OF PRACTICE

1. PATIENT ASSESSMENT

Section	Tasks	Associated Knowledge Statements	
1A. Crisis Assessment and Psychiatric Emergencies	T1. Assess actionable risk of suicide or self-harm to identify patients requiring higher level of medical or psychiatric care.	K1. Knowledge of signs and symptoms of suicidality or self-harm. K2. Knowledge of prevalence of suicidality and self-harm in psychiatric populations. K3. Knowledge of the effects of social media and media sensitization on potential for suicidality or self-harm. K4. Knowledge of the relationship between physiologic illnesses or conditions and risk of suicide or self-harm. K5. Knowledge of the relationship between psychiatric disorders and risk of suicide or self-harm. K6. Knowledge of the relationship between trauma and risk of suicide or self-harm. K7. Knowledge of the relationship between substance use and risk of suicide or self-harm. K8. Knowledge of the relationship between health care utilization and risk of suicide or self-harm. K9. Knowledge of the relationship between environment, social determinants of health, and risk of suicide or self-harm. K10. Knowledge of methods for screening for acute and sub-acute level of risk of suicide or self-harm. K11. Knowledge of methods for differentiating between low, moderate, and high risk for suicide or self-harm. K12. Knowledge of methods for evaluating clinical relevance of medical, psychiatric, psychosocial, and cultural variables in evaluating level of risk for suicide or self-harm.	
		T2. Assess level of grave disability, mental alteration, or psychiatric disturbance to determine level of crisis response.	K13. Knowledge of the relationship between psychiatric disorders and risk for grave disability or severe psychiatric disturbance. K14. Knowledge of the relationship between military experiences, homelessness, or trauma and risk for grave disability or severe psychiatric disturbance. K15. Knowledge of signs and symptoms of grave disability or severe psychiatric disturbance that require emergency care. K16. Knowledge of the signs and symptoms of neurologic emergencies. K17. Knowledge of methods for evaluating clinical relevance of indicators of grave disability or severe psychiatric disturbance. K18. Knowledge of criteria for evaluating level of care needs for grave disability.

## 1. PATIENT ASSESSMENT (Continued)

Section	Tasks	Associated Knowledge Statements
1A. Crisis Assessment and Psychiatric Emergencies (Continued)	T3. Evaluate psychiatric and behavioral indicators of danger to others to determine patients who present significant level of risk or threat.	<p>K19. Knowledge of the signs and symptoms of patients who present a significant danger to others.</p> <p>K20. Knowledge of the relationship between psychiatric disorders and risk of danger to others.</p> <p>K21. Knowledge of the relationship between history with violence or aggression and risk of danger to others.</p> <p>K22. Knowledge of the relationship between trauma and risk of danger to others.</p> <p>K23. Knowledge of the relationship between substance use and risk of danger to others.</p> <p>K24. Knowledge of methods for evaluating psychiatric patient level of risk of danger to others.</p>
	T4. Assess acute substance intoxication, overdose, or withdrawal to identify medical or psychiatric emergencies.	<p>K25. Knowledge of signs and symptoms of substance intoxication, overdose, or withdrawal.</p> <p>K26. Knowledge of the relationship between substance use and medical or psychiatric emergencies.</p> <p>K27. Knowledge of methods for differentiating between organic psychiatric symptoms and substance-induced psychosis.</p> <p>K28. Knowledge of methods for assessing the clinical implications of substances on medical or psychiatric emergencies.</p>
1B. Patient Health History	T5. Evaluate patient physical health history to determine implications for patient physical and psychiatric health or illness.	<p>K29. Knowledge of types of physical conditions observed across the lifespan.</p> <p>K30. Knowledge of the signs and symptoms of physical conditions across the lifespan.</p> <p>K31. Knowledge of the relationship between physical and psychiatric health or illness.</p> <p>K32. Knowledge of the relationship between surgical history and physical and psychiatric health or illness.</p> <p>K33. Knowledge of the relationship between family history and physical and psychiatric health or illness.</p> <p>K34. Knowledge of methods for gathering information related to physical and psychiatric health or illness.</p> <p>K35. Knowledge of methods for evaluating the clinical implications of patient health history on current complaints or psychiatric symptoms.</p>
	T6. Review use of medications and complementary and alternative medicines to identify reactions or implications for patient physical and psychiatric health or illness.	<p>K36. Knowledge of the effects of medications, complementary and alternative medicines, and polypharmacy.</p> <p>K37. Knowledge of the relationship between medication adherence and physical and psychiatric symptoms.</p> <p>K38. Knowledge of methods for evaluating the effects of medications and alternative medicines on patient physical and psychiatric health.</p>

## 1. PATIENT ASSESSMENT (Continued)

Section	Tasks	Associated Knowledge Statements
1B. Patient Health History (Continued)	T7. Evaluate information about allergies or allergic reactions to identify adverse physiological responses.	K39. Knowledge of signs and symptoms associated with allergic responses or adverse reactions. K40. Knowledge of the relationship between allergens and immune response. K41. Knowledge of methods for identifying potential etiologies of suspected allergic or adverse reactions. K42. Knowledge of methods for evaluating information regarding allergies or allergic reactions.
	T8. Evaluate information about growth and development to identify typical and atypical progression across the lifespan.	K43. Knowledge of stages of development across the lifespan. K44. Knowledge of methods for interpreting anthropometric measurements and growth standards. K45. Knowledge of the effects of genetic or medical conditions on growth patterns. K46. Knowledge of the effects of nutrition and environmental factors on growth patterns. K47. Knowledge of the signs of atypical growth patterns or pathophysiology. K48. Knowledge of the relationship between growth and development and psychiatric conditions. K49. Knowledge of methods for evaluating growth and development across the lifespan. K50. Knowledge of methods for evaluating the clinical implications of growth and development patterns on physical or psychiatric health or illness.
	T9. Evaluate information about nutritional status to determine impact on patient health.	K51. Knowledge of principles of nutrition and health across the lifespan. K52. Knowledge of the relationship between diet and nutritional health status. K53. Knowledge of signs of problematic eating patterns or behaviors. K54. Knowledge of signs of malnutrition or failure to thrive. K55. Knowledge of the relationship between weight and health outcomes. K56. Knowledge of methods for evaluating the effects of nutritional status on patient physical and psychiatric health.

1. PATIENT ASSESSMENT (Continued)

Section	Tasks	Associated Knowledge Statements	
1B. Patient Health History (Continued)	T10. Evaluate sexual and reproductive history to identify implications for patient physical and psychiatric health or illness.	K57. Knowledge of the principles of gender identity and development across the lifespan.	
		K58. Knowledge of the principles of sexuality and sexual development across the lifespan.	
		K59. Knowledge of the relationship between psychiatric illnesses and vulnerability to sexual exploitation.	
		K60. Knowledge of the effects of medications and other substances on sexual function and reproductive health.	
		K61. Knowledge of the effects of physical and psychiatric conditions on sexual function and reproductive health.	
		K62. Knowledge of the effects of hormone levels and physiological changes on reproductive systems.	
		K63. Knowledge of signs and symptoms of sexually transmitted diseases and infections.	
		K64. Knowledge of methods for evaluating the clinical implications of sexual and reproductive history on patient physical and psychiatric health.	
		T11. Evaluate performance of basic and instrumental activities of daily living to identify functional status.	K65. Knowledge of types of basic and instrumental needs associated with developmental levels.
			K66. Knowledge of the effects of aging and disability on ability to meet basic and instrumental needs.
			K67. Knowledge of the effects of psychiatric disorders on ability to meet basic and instrumental needs.
K68. Knowledge of the relationship between basic and instrumental activities of daily living and health.			
K69. Knowledge of methods for evaluating the interconnection between activities of daily living and patient physical and psychiatric health.			



## 1. PATIENT ASSESSMENT (Continued)

Section	Tasks	Associated Knowledge Statements
1C. Psychiatric Assessment	T12. Evaluate psychiatric history to determine implications for presenting complaints.	<p>K70. Knowledge of the signs and symptoms of psychiatric disorders across the lifespan.</p> <p>K71. Knowledge of the relationship between symptom onset, severity, duration, and progression of psychiatric illnesses or conditions.</p> <p>K72. Knowledge of the relationship between past psychiatric diagnoses, treatments, and psychiatric outcomes.</p> <p>K73. Knowledge of the effects of institutionalization on psychiatric health.</p> <p>K74. Knowledge of the relationship between medication adherence and psychiatric health or illness.</p> <p>K75. Knowledge of the effects of psychopharmacological and non-psychopharmacological treatments on psychiatric health.</p> <p>K76. Knowledge of the effects of psychotherapy on psychiatric health.</p> <p>K77. Knowledge of the relationship between family history and psychiatric health or illness.</p> <p>K78. Knowledge of methods for screening for current and past psychiatric symptoms.</p> <p>K79. Knowledge of methods for evaluating the clinical implications of psychiatric history on current complaint or psychiatric illness.</p>
	T13. Evaluate history of substance use, substance dependence, and compulsive behaviors to determine effects on physical and psychiatric health or illness.	<p>K80. Knowledge of the signs and symptoms of substance use, dependence, and compulsive behaviors.</p> <p>K81. Knowledge of the effects of substances on physiologic and psychological functioning.</p> <p>K82. Knowledge of relationship between substance use, substance dependence, and physical and psychiatric health.</p> <p>K83. Knowledge of the effects of compulsive behaviors on psychiatric symptoms.</p> <p>K84. Knowledge of risk factors associated with substance use, substance dependence, and compulsive behaviors.</p> <p>K85. Knowledge of methods for screening for substance use, substance dependence, and compulsive behaviors.</p> <p>K86. Knowledge of methods for evaluating the effects of substance use, substance dependence, and compulsive behaviors on physical and psychiatric health.</p>
	T14. Evaluate for co-occurring disorders to determine implications for current presenting complaints or psychiatric health.	<p>K87. Knowledge of the signs and symptoms of co-occurring substance use and psychiatric disorders.</p> <p>K88. Knowledge of the prevalence of co-occurring disorders in psychiatric populations.</p> <p>K89. Knowledge of the relationship between co-occurring disorders and physical health.</p> <p>K90. Knowledge of the effects of undiagnosed, untreated, or undertreated substance use disorders on physical and psychiatric health.</p> <p>K91. Knowledge of risk factors associated with co-occurring disorders.</p> <p>K92. Knowledge of methods for evaluating the clinical implications of co-occurring disorders on presenting complaints or psychiatric health.</p>

## 1. PATIENT ASSESSMENT (Continued)

Section	Tasks	Associated Knowledge Statements
1C. Psychiatric Assessment (Continued)	T15. Assess history of trauma, abuse, and neglect to identify effects on presenting complaints or psychiatric-related issues.	K93. Knowledge of the physiologic and psychological effects of trauma, abuse, and neglect.
		K94. Knowledge of the relationship between trauma, abuse, neglect, and psychiatric illnesses.
		K95. Knowledge of methods for screening for the effects of trauma, abuse, and neglect on mental health in patients across the lifespan.
		K96. Knowledge of methods for performing a trauma-informed assessment.
		K97. Knowledge of methods for evaluating the clinical implications of trauma and abuse on presenting complaints or psychiatric issues.
	T16. Conduct a mental status exam to evaluate current psychiatric and cognitive functioning.	K98. Knowledge of the components of a mental status examination.
		K99. Knowledge of the signs and symptoms of psychiatric illness or conditions.
		K100. Knowledge of the signs and symptoms of neurodevelopmental and neurodegenerative conditions.
		K101. Knowledge of the relationship between mental status alterations and underlying illness or injury.
		K102. Knowledge of the relationship between mental status alteration and medications or substances.
1D. System Review and Physical Evaluation	T17. Evaluate adverse childhood experiences (ACEs) to determine the implications for patient physical and psychiatric health.	K105. Knowledge of the effects of stress on neurologic function, biochemistry, and structural changes.
		K106. Knowledge of the relationship between ACEs and behavioral and neurodevelopmental disorders.
		K107. Knowledge of the relationship between ACEs and physical and psychiatric health.
		K108. Knowledge of the relationship between ACEs and physical and psychiatric health outcomes.
		K109. Knowledge of methods for evaluating the clinical implications of ACEs on patient physical and psychiatric health.
	T18. Evaluate social determinants of health to identify the impact on health care needs of patients across the lifespan.	K110. Knowledge of the effects of social determinants of health on health, illness, and health-related behaviors.
		K111. Knowledge of methods for evaluating the effects of critical social determinants on health of patients across the lifespan.

## 1. PATIENT ASSESSMENT (Continued)

Section	Tasks	Associated Knowledge Statements
1D. System Review and Physical Evaluation (Continued)	T19. Discuss lifestyle factors to evaluate the impact of environment, habits, and behaviors on patient physical or psychiatric health.	K112. Knowledge of the relationship between lifestyle factors and patient health. K113. Knowledge of methods for evaluating the effects of lifestyle factors on patient health across the lifespan.
	T20. Discuss risk factors to determine whether patient is exposed to high-risk behaviors or dangerous situations.	K114. Knowledge of factors that contribute to injury. K115. Knowledge of methods for evaluating patient exposure to danger or potential for harm.
	T21. Perform a multisystem review to evaluate normal or pathological findings related to patient health across the lifespan.	K116. Knowledge of advanced principles of physiology, pathophysiology, and epidemiology. K117. Knowledge of methods for identifying normal, abnormal, and atypical multisystem findings. K118. Knowledge of methods for evaluating subjective information from multisystem review.
	T22. Perform a comprehensive physical examination to evaluate normal or pathological findings related to patient health or illness across the lifespan.	K116. Knowledge of advanced principles of physiology, pathophysiology, and epidemiology. K119. Knowledge of methods for performing physical examination on patients across the lifespan. K120. Knowledge of physical findings that indicate acute and chronic illnesses or conditions. K121. Knowledge of methods for integrating subjective information from review of systems and findings from objective multisystem examination.

## 2. DIAGNOSIS OF ILLNESS OR CONDITIONS ACROSS THE LIFESPAN

Tasks	Associated Knowledge Statements
T23. Interpret results of laboratory tests to identify systemic pathology.	K122. Knowledge of criteria for ordering laboratory tests. K123. Knowledge of methods for interpreting normal and abnormal findings on laboratory tests. K124. Knowledge of types of findings of laboratory tests that indicate a need for additional testing or evaluation.
T24. Interpret results of diagnostic procedures to identify systemic or structural pathophysiology.	K125. Knowledge of criteria for ordering diagnostic procedures. K126. Knowledge of methods for interpreting normal and abnormal findings on diagnostic procedures. K127. Knowledge of types of findings of diagnostic procedures that indicate a need for additional testing or evaluation.
T25. Integrate clinical and epidemiological data to develop differential diagnoses.	K128. Knowledge of types of physical and mental health disorders and their prevalence across the lifespan. K129. Knowledge of criteria for diagnosing physical and psychiatric conditions across the lifespan. K130. Knowledge of methods for developing differential diagnoses.

### 3. PSYCHIATRIC MENTAL HEALTH CARE AND MANAGEMENT

Section	Tasks	Associated Knowledge Statements
3A. Managing Psychiatric Crises and Psychiatric Health	T26. Manage patient from admission to discharge to oversee acute psychiatric care needs.	K131. Knowledge of methods for admitting psychiatric patients requiring acute or emergency care. K132. Knowledge of methods for managing care of psychiatric patients receiving acute or emergency care. K133. Knowledge of methods for managing patient rights during involuntary hospitalization processes. K134. Knowledge of procedures for discharging or transitioning patients with ongoing psychiatric care needs.
	T27. Implement de-escalation and stabilization procedures to address emergency physical and psychiatric events.	K135. Knowledge of principles of de-escalation. K136. Knowledge of methods for providing basic and advanced life support. K137. Knowledge of methods for managing acute decompensation of patients with psychiatric illnesses. K138. Knowledge of methods for reducing adverse events associated with psychiatric conditions. K139. Knowledge of methods for improving outcomes for patients with psychiatric illnesses or conditions.
	T28. Implement evidence-based interventions to provide treatment congruent with best practices.	K140. Knowledge of the relationship between evidence-based practices and patient outcomes. K141. Knowledge of methods for applying evidence-based practices in health care.
	T29. Adhere to clinical practice guidelines to treat psychiatric illness in patients across the lifespan.	K142. Knowledge of types of clinical practice guidelines that apply in the treatment of psychiatric illness and conditions. K143. Knowledge of methods for implementing clinical practice guidelines when treating patients who have psychiatric illnesses and conditions.

### 3. PSYCHIATRIC MENTAL HEALTH CARE AND MANAGEMENT (Continued)

Section	Tasks	Associated Knowledge Statements
3A. Managing Psychiatric Crises and Psychiatric Health (Continued)	T30. Prescribe pharmacologic and non-pharmacologic interventions to manage patient illness or conditions.	K144. Knowledge of the principles of pharmacology, pharmacodynamics, and pharmacokinetics. K145. Knowledge of classifications of controlled substances and their dispensing requirements. K146. Knowledge of types of pharmacologic contraindications, interactions, and iatrogenic effects. K147. Knowledge of the signs of pharmacologic toxicity, overdose, and allergic reaction. K148. Knowledge of indications for prescribing pharmacological agents based on patient illness or condition. K149. Knowledge of methods for determining safe dosage of pharmacological agents for patients with illness or conditions. K150. Knowledge of indications for prescribing non-pharmacological interventions based on patient illness or condition.
	T31. Implement psychotherapy modalities to assist with accomplishing psychiatric treatment needs or goals.	K151. Knowledge of principles associated with psychotherapeutic theories. K152. Knowledge of the role of psychotherapy in psychiatric treatment. K153. Knowledge of method for providing individual, family, and group psychotherapy in psychiatric settings.
	T32. Prescribe medical devices and equipment to address illness or physical conditions in patients across the life span.	K154. Knowledge of clinical indications for using medical devices and equipment with patients. K155. Knowledge of types of complications associated with the use of medical devices and equipment.
	T33. Incorporate pain management into treatment plan to address effects on psychiatric illness or condition.	K156. Knowledge of the signs of untreated or undertreated pain in patients with psychiatric conditions. K157. Knowledge of the effects of pain on psychiatric illness or conditions. K158. Knowledge of types of barriers to effective pain management with psychiatric patients. K159. Knowledge of methods for addressing safety issues associated with opioid and non-opioid use, overdose, dependency, or withdrawal.

### 3. PSYCHIATRIC MENTAL HEALTH CARE AND MANAGEMENT (Continued)

Section	Tasks	Associated Knowledge Statements
3A. Managing Psychiatric Crises and Psychiatric Health (Continued)	T34. Monitor treatment progress to modify approach based on patient response or health outcomes.	K160. Knowledge of signs and symptoms of medical and psychiatric decompensation. K161. Knowledge of methods for monitoring for side effects and adverse events. K162. Knowledge of methods for determining the efficacy of prescribed treatments.
	T35. Educate patients about health care recommendations to increase understanding and adherence.	K163. Knowledge of methods for providing patients with evidence-based health information. K164. Knowledge of the effects of health care adherence on physical and psychiatric health or illness.
	T36. Facilitate patient transfers to ensure continuum of care across spectrum of health care settings or levels.	K165. Knowledge of methods for managing the transfer of patients with psychiatric illness or conditions.
	T37. Coordinate discharge and aftercare plans with patients and caregivers to manage psychiatric conditions outside of acute care environment.	K166. Knowledge of components of discharge and aftercare plans. K167. Knowledge of types of discharge and aftercare information and instructions to be provided to patients and caregivers. K168. Knowledge of methods for coordinating discharge and aftercare treatment.
3B. Referrals and Collaborations	T38. Refer patients to other health care professionals to address conditions requiring specialized evaluation or treatment.	K169. Knowledge of methods for determining when patients would benefit from additional health care services. K170. Knowledge of types of health care and services available for patients with acute or complex psychiatric care needs.
	T39. Consult with physicians or other providers to collaborate on patient-specific medical recommendations.	K171. Knowledge of methods for determining conditions or situations in which consultation should be obtained.
	T40. Participate on multidisciplinary teams to provide integrated care that meets the needs of patients with psychiatric illness or conditions.	K172. Knowledge of methods for collaborating as part of a team in providing health care. K173. Knowledge of methods for coordinating integrated health care with other providers.

#### 4. PROFESSIONAL ETHICS AND RESPONSIBILITY

Tasks	Associated Knowledge Statements
T41. Respect patient diversity to provide health care services in an equitable and inclusive manner.	K174. Knowledge of the effects of implicit bias, discrimination, and marginalization in health care systems. K175. Knowledge of techniques for incorporating patient diversity into health care delivery. K176. Knowledge of methods for providing culturally competent health care. K177. Knowledge of methods for reducing disparities in health care delivery.
T42. Advocate for health care policies to improve delivery of services for patients with psychiatric health care needs and for their caregivers.	K178. Knowledge of health care practices and policies that impact access to care. K179. Knowledge of methods for advocating for patients with psychiatric health care needs and their caregivers.
T43. Synthesize research findings to optimize treatment of psychiatric illness or conditions.	K180. Knowledge of the relationship between medical advances and health care delivery. K181. Knowledge of methods for interpreting results of medical research. K182. Knowledge of methods for remaining current on research regarding psychiatric specialized health care. K183. Knowledge of methods for conducting research related to psychiatric specialized health care.
T44. Apply ethical principles in practice to address medical dilemmas and patient health care decisions.	K184. Knowledge of principles of ethical health care practices.



## 5. LEGAL REQUIREMENTS FOR PRACTICE

Section	Tasks	Associated Knowledge Statements
5A. Regulations Related to Patient Disclosures and Patient Rights	T45. Obtain informed consent by providing patients and caregivers with health care information to facilitate their ability to make medical decisions.	K185. Knowledge of laws regarding informed consent. K186. Knowledge of laws regarding the provision of health care to patients.
	T46. Disclose information related to license type, status, and oversight to make patients aware of regulatory parameters.	K187. Knowledge of laws regarding disclosures that must be provided to patients.
	T47. Disclose patient costs for services in advance to provide transparency of health care charges.	K188. Knowledge of laws regarding disclosure of fees for health care services.
	T48. Comply with Health Insurance Portability and Accountability Act (HIPAA) regulations to provide health care that protects patients' private health information.	K189. Knowledge of laws related to the Health Insurance Portability and Accountability Act (HIPAA).
	T49. Comply with the California Confidentiality of Medical Information Act (CMIA) to provide health care that protects patients' private health information.	K190. Knowledge of laws related to the California Confidentiality of Medical Information Act (CMIA).
	T50. Certify disability to assist the patient in obtaining services related to temporary or permanent medical condition.	K191. Knowledge of laws regarding certifying patient disability.
		K192. Knowledge of provisions of the Unemployment Insurance Code related to certifying disability. K193. Knowledge of laws related to certifying disability under workers' compensation.
	T51. Maintain professional boundaries with patients, caregivers, and others.	K194. Knowledge of laws regarding sexual misconduct with patients, caregivers, or others.
		K195. Knowledge of laws regarding sexual harassment.
	T52. Report instances of suspected abuse, neglect, and exploitation to protect vulnerable patient populations.	K196. Knowledge of signs of abuse, neglect, or exploitation of vulnerable patient populations.
		K197. Knowledge of laws regarding mandated reporting of suspected abuse, neglect, or exploitation.
T53. Report instances of injury by assault or gunshot to protect patients who are victims of violence.	K198. Knowledge of laws regarding mandated reporting of assault or gunshot injuries.	
T54. Report instances of illness or injury associated with suspected exposure to pesticides or environmental toxins to assist with investigation and surveillance.	K199. Knowledge of laws regarding mandated reporting of suspected pesticide poisoning or environmental toxin exposure.	
T55. Report communicable diseases and conditions to assist with preventing community spread.	K200. Knowledge of types of diseases and conditions that require mandated reporting.	
	K201. Knowledge of laws regarding mandated reporting of communicable diseases and conditions.	

## 5. LEGAL REQUIREMENTS FOR PRACTICE (Continued)

Section	Tasks	Associated Knowledge Statements
5B. Regulations Related to Nurse Practitioner Requirements	T56. Comply with regulations related to procuring, prescribing, and dispensing pharmacological agents or medical devices.	K202. Knowledge of laws regarding controlled substances and schedules. K203. Knowledge of laws regarding the transmission of prescriptions. K204. Knowledge of laws regarding the furnishing or ordering of drugs or medical devices. K205. Knowledge of laws regarding internet or electronic prescriptions. K206. Knowledge of laws regarding the inventory, recording, and storage of controlled substances. K207. Knowledge of guidelines for prescribing controlled substances for intractable pain and chemical dependency. K208. Knowledge of procedures for obtaining furnishing and DEA numbers for ordering pharmacological agents and controlled substances.
	T57. Record health care information in accordance with requirements for documenting patient care.	K209. Knowledge of laws regarding documentation of patient treatment. K210. Knowledge of types of information to include in patient records. K211. Knowledge of laws regarding the maintenance, storage, retention, and disposal of patient records.
	T58. Engage in referral practices that conform with acceptable standards to protect the best interest of patients.	K212. Knowledge of types of acceptable and unacceptable referral practices. K213. Knowledge of laws prohibiting practices that constitute kickbacks or split-fee activity. K214. Knowledge of laws related to prohibited referrals. K215. Knowledge of laws related to the Physician Ownership and Referral Act (PORA). K216. Knowledge of laws related to financial interests and disclosures.
	T59. Comply with laws regarding the acceptance of pharmaceutical gifts or incentives to avoid the potential for undue influence in providing patient care.	K217. Knowledge of laws regarding the acceptance of complimentary pharmaceuticals, medical devices, or other gifts.
	T60. Adhere to telehealth requirements when engaging in health care services via electronic systems.	K218. Knowledge of laws regarding the delivery of services via information and communication technologies.
	T61. Comply with laws about nurse practitioner scope of practice to maintain professional boundaries.	K219. Knowledge of laws regarding nurse practitioner scope of practice. K220. Knowledge of laws regarding supervision and delegation of tasks to other medical personnel.
	T62. Comply with laws regarding professional conduct to maintain professional integrity.	K221. Knowledge of laws regarding unprofessional conduct. K222. Knowledge of provisions for engaging in the Intervention Program.

## 5. LEGAL REQUIREMENTS FOR PRACTICE (Continued)

Section	Tasks	Associated Knowledge Statements
5B. Regulations Related to Nurse Practitioner Requirements (Continued)	T63. Practice within scope of competence to comply with professional standards regarding nurse practitioner specialization.	K223. Knowledge of laws regarding credentialing requirements associated with practicing as a nurse practitioner in California. K224. Knowledge of laws regarding certification and licensing requirements associated with the nurse practitioner licenses. K225. Knowledge of laws regarding continuing education requirements for remaining current and competent as a nurse practitioner.
5C. Laws Regarding Independent Practice or Corporation	T64. Comply with regulations related to 103 NP or 104 NP status to practice independently.	K226. Knowledge of laws associated with 103 NP and 104 NP status. K227. Knowledge of laws related to transition to independent practice requirements. K228. Knowledge of laws related to independent business or nursing corporations.
	T65. Obtain insurance to comply with liability requirements for practice.	K229. Knowledge of laws regarding general liability insurance coverage requirements.
	T66. Develop a plan for referral to address complex clinical conditions that are outside education and training.	K230. Knowledge of laws related to referral or collaboration when patient or clinical conditions are outside education and training.
	T67. Adhere to applicable bylaws to ensure eligibility to serve on committees and attend department meetings.	K231. Knowledge of laws regarding medical staff membership, privileges, and voting. K232. Knowledge of the relationship between administrator discipline and BRN reporting.
	T68. Implement billing practices in compliance with laws and regulations to prevent potential exploitation and fraud.	K233. Knowledge of laws related to consumer rights and protections in billing practices. K234. Knowledge of laws regarding fair billing practices. K235. Knowledge of laws regarding uninsured and underinsured billing practices. K236. Knowledge of laws regarding insurance fraud. K237. Knowledge of types of financial options available to patients. K238. Knowledge of laws regarding the collection of unpaid health care bills.
	T69. Advertise credentials and services in compliance with laws and regulations to prevent misleading patients and the public.	K239. Knowledge of laws regarding advertisement of nurse practitioner services and professional qualifications.

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## CHAPTER 4 | SUBJECT MATTER EXPERT (SME) DEMOGRAPHIC DATA: FAMILY NURSE PRACTITIONERS

As shown in Table 9, the SMEs who were family NPs reported a range of years of experience. These SMEs were distributed across the experience level categories predefined by OPES. A majority of the SMEs reported being a licensed/certified NP for 20 or more years.

Table 10 shows that a majority of the SMEs indicated that they work 40 or more hours per week. When asked to indicate their job title, the SMEs reported a variety of job titles (see Table 11).

Table 12 shows that the majority of the SMEs reported that their primary practice setting was located in an urban area. When asked to indicate their primary practice setting, 40% reported a health care setting and 40% an educational setting (see Table 13). The SMEs indicated a variety of specialty areas (see Table 14).

Table 15 shows that the majority of SMEs reported that there were no additional NPs working in their primary practice setting. When asked the number of people they supervise, three out of nine SMEs reported supervising 4–6 people, and three out of nine reported “I do not supervise others” (see Table 16).

Table 17 shows that the majority of SMEs reported a master’s degree as their highest educational degree, while one-third reported a doctorate.

Table 18 shows the SMEs by California county.

More detailed demographic information for these SMEs can be found in Tables 9–18.

TABLE 9 – FAMILY NURSE PRACTITIONERS: YEARS LICENSED/CERTIFIED AS AN NP IN CALIFORNIA

<b>YEARS</b>	<b>NUMBER (N)</b>
0–5 years	2
6–10 years	0
11–19 years	2
20 or more years	4
Missing	1
<b>Total</b>	<b>9</b>

TABLE 10 – FAMILY NURSE PRACTITIONERS: HOURS WORKED PER WEEK AS AN NP

<b>HOURS</b>	<b>NUMBER (N)</b>
9 hours or less	1
10–19 hours	0
20–29 hours	0
30–39 hours	1
40 or more hours	6
Missing	1
<b>Total</b>	<b>9</b>

TABLE 11 – FAMILY NURSE PRACTITIONERS: JOB TITLE

TITLE*	NUMBER (N)
Assistant Clinical Professor	1
Associate Dean	1
Director of Trans Medicine	1
Director of Family Nurse Practitioner Program	1
Family Nurse Practitioner	1
Nurse Practitioner	3
Nurse Practitioner Supervisor	1

\*NOTE: Respondents were asked to list all of their job titles.

TABLE 12 – FAMILY NURSE PRACTITIONERS: LOCATION OF PRIMARY PRACTICE SETTING

LOCATION	NUMBER (N)
Urban (more than 50,000 people)	5
Rural (fewer than 50,000 people)	3
Missing	1
Total	9

TABLE 13 – FAMILY NURSE PRACTITIONERS: PRIMARY PRACTICE SETTING DESCRIPTION

<b>PRACTICE SETTING*</b>	<b>NUMBER (N)</b>
Government	0
Large or medium-sized business	0
Small business	1
Self-employed	0
Educational institution	4
Nonprofit	1
Health care	4
Other	0

\*NOTE: Respondents were asked to select all that apply.

TABLE 14 – FAMILY NURSE PRACTITIONERS: SPECIALTY AREA

<b>SPECIALTY*</b>	<b>NUMBER (N)</b>
Family Practice	4
Transgender Medicine	1
Palliative Care	1
Internal Medicine	1
Primary Care	1
Urgent Care	2

\*NOTE: Respondents were asked to list all of their specialty areas.



TABLE 15 – FAMILY NURSE PRACTITIONERS: NUMBER OF LICENSED/CERTIFIED NPS IN PRIMARY PRACTICE SETTING

NUMBER OF NPs	NUMBER (N)
None	4
1–5	0
6–10	2
15–20	0
More than 20	0
Missing	3
Total	9

TABLE 16 – FAMILY NURSE PRACTITIONERS: NUMBER OF PEOPLE SUPERVISED

NUMBER SUPERVISED	NUMBER (N)
I do not supervise others	3
1–3	1
4–6	3
7–10	0
More than 10	1
Missing	1
Total	9

TABLE 17 – FAMILY NURSE PRACTITIONERS: EDUCATION

DEGREE	NUMBER (N)
Master’s degree	5
Doctorate degree	3
Missing	1
Total	9

TABLE 18 – FAMILY NURSE PRACTITIONERS: COUNTY OF PRACTICE

COUNTY NAME	NUMBER (N)
Contra Costa	1
Kern	1
Los Angeles	1
Riverside	1
Sacramento	1
San Francisco	1
San Luis Obispo	1
Stanislaus	1
Missing	1
<b>Total</b>	<b>9</b>

## CHAPTER 5 | SUBJECT MATTER EXPERT (SME) DEMOGRAPHIC DATA: ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE

As shown in Table 19, the SMEs who were adult-gerontology NPs in primary care reported a range of years of experience. These SMEs were distributed across the experience level categories predefined by OPES. A majority of the SMEs reported being a licensed/certified NP for 20 or more years.

Table 20 shows that 40% of the SMEs reported working 30–39 hours per week and 40% reported working 40 or more hours per week. When asked to indicate their job title, the SMEs reported a variety of job titles (see Table 21).

Table 22 shows that all SMEs reported that their primary practice setting was located in an urban area. When asked to indicate their primary practice setting, the majority of SMEs reported a health care setting (see Table 23). The SMEs indicated a variety of specialty areas (see Table 24).

When asked to indicate the number of additional NPs in their primary practice setting, the SMEs' responses were evenly divided among the options of none, 1–5, or 6–10 (see Table 25). When asked the number of people they supervise, the majority of SMEs reported, “I do not supervise others” (see Table 26).

Table 27 shows that slightly less than half of the SMEs reported a master's degree as their highest educational degree, while half reported a doctorate.

Table 28 shows SMEs by California county.

More detailed demographic information for these SMEs can be found in Tables 19–28.

TABLE 19 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE:  
YEARS LICENSED/CERTIFIED AS AN NP IN CALIFORNIA

<b>YEARS</b>	<b>NUMBER (N)</b>
0–5 years	2
6–10 years	1
11–19 years	1
20 or more years	5
Missing	1
<b>Total</b>	<b>10</b>

TABLE 20 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE:  
HOURS WORKED PER WEEK AS AN NP

<b>HOURS</b>	<b>NUMBER (N)</b>
9 hours or less	0
10–19 hours	0
20–29 hours	1
30–39 hours	4
40 or more hours	4
Missing	1
<b>Total</b>	<b>10</b>

TABLE 21 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE:  
JOB TITLE

TITLE*	NUMBER (N)
Advanced Practice Wound Care	1
Complex Care Provider Nurse Practitioner	1
Geriatric Nurse Practitioner	1
Nurse Practitioner	2
Simulation Director Education	1
Missing	3

\*NOTE: Respondents were asked to list all of their job titles.

TABLE 22 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE:  
LOCATION OF PRIMARY PRACTICE SETTING

LOCATION	NUMBER (N)
Urban (more than 50,000 people)	9
Rural (fewer than 50,000 people)	0
Missing	1
Total	10

TABLE 23 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE:  
PRIMARY PRACTICE SETTING DESCRIPTION

PRACTICE SETTING*	NUMBER (N)
Government	0
Large or medium-sized business	2
Small business	0
Self-employed	0
Educational institution	3
Nonprofit	2
Health care	6
Missing	1

\*NOTE: Respondents were asked to select all that apply.

TABLE 24 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE:  
SPECIALTY AREA

SPECIALTY*	NUMBER (N)
Administration	1
Adult-Gerontology Primary Care	1
Adult Medicine	1
Adult Primary	1
Education	1
Geriatrics	1
Hematology	1
Long-Term Care	1
Medical Surgical/Critical Care/ER	1
Neurology/Dementia Care Management	1
Pain Medicine	1
Palliative Care	1
Primary Care	1
Wound Care	1

\*NOTE: Respondents were asked to list all of their specialty areas.

TABLE 25 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE:  
NUMBER OF LICENSED/CERTIFIED NPS IN PRIMARY PRACTICE  
SETTING

NUMBER OF NPs	NUMBER (N)
None	2
1–5	2
6–10	2
15–20	1
More than 20	1
Missing	2
Total	10

TABLE 26 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE:  
NUMBER OF PEOPLE SUPERVISED

<b>NUMBER SUPERVISED</b>	<b>NUMBER (N)</b>
I do not supervise others	8
1–3	1
4–6	0
7–10	0
More than 10	0
Missing	1
Total	10

TABLE 27 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE:  
EDUCATION

<b>DEGREE</b>	<b>NUMBER (N)</b>
Master’s degree	4
Doctorate degree	5
Missing	1
Total	10

TABLE 28 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN PRIMARY CARE:  
COUNTY OF PRACTICE

<b>COUNTY NAME</b>	<b>NUMBER (N)</b>
Los Angeles	6
Santa Clara	2
Missing	2
Total	10

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## CHAPTER 6 | SUBJECT MATTER EXPERT (SME) DEMOGRAPHIC DATA: ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE

As shown in Table 29, the SMEs who were adult-gerontology NPs in acute care reported a range of years of experience. These SMEs were distributed across the experience level categories predefined by OPES. A majority of the SMEs reported being a licensed/certified NP for 20 or more years.

Table 30 shows that a majority of the SMEs indicated that they work 40 or more hours per week. When asked to indicate their job title, the SMEs reported a variety of job titles (see Table 31).

Table 32 shows that all the SMEs reported that their primary practice setting was in an urban area. When asked to indicate their primary practice setting, the majority of SMEs reported a health care setting (see Table 33). The SMEs indicated a variety of specialty areas (see Table 34).

Table 35 shows that the majority of SMEs reported that there were 1–5 additional NPs working in their primary practice setting. When asked the number of people they supervise, the majority of SMEs reported supervising 1–3 people (see Table 36).

Table 37 shows that half of the SMEs reported a master's degree as their highest educational degree, while the other half reported a doctorate.

Table 38 shows the SMEs by California county.

More detailed demographic information for these SMEs can be found in Tables 29–38.

TABLE 29 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE:  
YEARS LICENSED/CERTIFIED AS AN NP IN CALIFORNIA

YEARS	NUMBER (N)
0–5 years	1
6–10 years	2
11–19 years	1
20 or more years	4
Total	8

TABLE 30 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE:  
HOURS WORKED PER WEEK AS AN NP

HOURS	NUMBER (N)
9 hours or fewer	0
10–19 hours	0
20–29 hours	1
30–39 hours	1
40 or more hours	6
Total	8

TABLE 31 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE:  
JOB TITLE

TITLE*	NUMBER (N)
Cardiac Program Nurse Practitioner	1
Clinical Care Nurse Practitioner	1
Emergency Nurse Practitioner	1
Nursing Director/Instructor	1
Nurse Practitioner	1
Missing	3

\*NOTE: Respondents were asked to list all of their job titles.

TABLE 32 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE:  
LOCATION OF PRIMARY PRACTICE SETTING

LOCATION	NUMBER (N)
Urban (more than 50,000 people)	8
Rural (fewer than 50,000 people)	0
Total	8

TABLE 33 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE:  
PRIMARY PRACTICE SETTING DESCRIPTION

PRACTICE SETTING*	NUMBER (N)
Government	0
Large or medium-sized business	1
Small business	0
Self-employed	0
Educational institution	2
Nonprofit	0
Health care	7
Other	0

\*NOTE: Respondents were asked to select all that apply.

TABLE 34 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE:  
SPECIALTY AREA

SPECIALTY*	NUMBER (N)
Acute Hospital Setting Nurse Practitioner	1
Adult Care	1
Adult Critical Care	1
Critical Care	1
Emergency Department Nurse Practitioner	1
Family Practice	1
Genetics/Research/Academia	1
Geriatrics	1
Internal Medicine	1
Undiagnosed Diseases	1

\*NOTE: Respondents were asked to list all of their specialty areas.

TABLE 35 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE:  
NUMBER OF LICENSED/CERTIFIED NPS IN PRIMARY PRACTICE  
SETTING

NUMBER OF NPs	NUMBER (N)
None	2
1–5	4
6–10	1
15–20	0
More than 20	1
Total	8

TABLE 36 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE:  
NUMBER OF PEOPLE SUPERVISED

<b>NUMBER SUPERVISED</b>	<b>NUMBER (N)</b>
I do not supervise others	1
1–3	3
4–6	1
7–10	1
More than 10	2
Total	8

TABLE 37 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE:  
EDUCATION

<b>DEGREE</b>	<b>NUMBER (N)</b>
Master’s degree	4
Doctorate degree	4
Total	8

TABLE 38 – ADULT-GERONTOLOGY NURSE PRACTITIONERS IN ACUTE CARE:  
COUNTY OF PRACTICE

<b>COUNTY NAME</b>	<b>NUMBER (N)</b>
Alameda	1
Los Angeles	4
Riverside	1
Sacramento	1
Stanislaus	1
Total	8

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## CHAPTER 7 | SUBJECT MATTER EXPERT (SME) DEMOGRAPHIC DATA: NEONATAL NURSE PRACTITIONERS

As shown in Table 39, a majority of SMEs who were neonatal NPs reported being a licensed/certified NP for 20 or more years.

Table 40 shows that two-thirds of the SMEs indicated that they work 40 or more hours per week. When asked to indicate their job title, the SMEs reported Neonatal Nurse Practitioner III or Neonatal Nurse Practitioner (see Table 41).

Table 42 shows that all of the SMEs reported that their primary practice setting was located in an urban area. When asked to indicate their primary practice setting, all of the SMEs reported a health care setting (see Table 43). The SMEs indicated two specialty areas (see Table 44).

Table 45 shows that all of the SMEs reported 15–20 additional NPs working in their primary practice setting. When asked the number of people they supervise, the majority of SMEs reported that they do not supervise other people (see Table 46).

Table 47 shows that all of the SMEs reported a master's degree as their highest educational degree.

Table 48 shows the SMEs by California county.

More detailed demographic information from these SMEs can be found in Tables 39–48.

TABLE 39 – NEONATAL NURSE PRACTITIONERS: YEARS LICENSED/CERTIFIED AS AN NP IN CALIFORNIA

YEARS	NUMBER (N)
0–5 years	0
6–10 years	0
11–19 years	1
20 or more years	2
Total	3

TABLE 40 – NEONATAL NURSE PRACTITIONERS: HOURS WORKED PER WEEK AS AN NP

HOURS	NUMBER (N)
9 hours or fewer	0
10–19 hours	1
20–29 hours	0
30–39 hours	0
40 or more hours	2
Total	3

TABLE 41 – NEONATAL NURSE PRACTITIONERS: JOB TITLE

TITLE*	NUMBER (N)
Neonatal Nurse Practitioner III	1
Neonatal Nurse Practitioner	1
Missing	1
Total	3

\*NOTE: Respondents were asked to list all of their job titles.



TABLE 42 – NEONATAL NURSE PRACTITIONERS: LOCATION OF PRIMARY PRACTICE SETTING

LOCATION	NUMBER (N)
Urban (more than 50,000 people)	3
Rural (fewer than 50,000 people)	0
Total	3

TABLE 43 – NEONATAL NURSE PRACTITIONERS: PRIMARY PRACTICE SETTING DESCRIPTION

PRACTICE SETTING*	NUMBER (N)
Government	0
Large or medium-sized business	0
Small business	0
Self-employed	0
Educational institution	0
Nonprofit	0
Health care	3
Other	3

\*NOTE: Respondents were asked to select all that apply.

TABLE 44 – NEONATAL NURSE PRACTITIONERS: SPECIALTY AREA

SPECIALTY*	NUMBER (N)
Level IV Neonatal Intensive Care	1
Neonatology	2
Total	3

\*NOTE: Respondents were asked to list all of their specialty areas.

TABLE 45 – NEONATAL NURSE PRACTITIONERS: NUMBER OF LICENSED/CERTIFIED NPS IN PRIMARY PRACTICE SETTING

NUMBER OF NPs	NUMBER (N)
None	0
1–5	0
6–10	0
15–20	3
More than 20	0
Total	3

TABLE 46 – NEONATAL NURSE PRACTITIONERS: NUMBER OF PEOPLE SUPERVISED

NUMBER SUPERVISED	NUMBER (N)
I do not supervise others	2
1–3	0
4–6	0
7–10	0
More than 10	1
Total	3

TABLE 47 – NEONATAL NURSE PRACTITIONERS: EDUCATION

DEGREE	NUMBER (N)
Master’s degree	3
Doctorate degree	0
Total	3

TABLE 48 – NEONATAL NURSE PRACTITIONERS: COUNTY OF PRACTICE

COUNTY NAME	NUMBER (N)
Los Angeles	3
Total	3

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## CHAPTER 8 | SUBJECT MATTER EXPERT (SME) DEMOGRAPHIC DATA: PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE

As shown in Table 49, a majority of SMEs who were pediatric NPs in primary care reported being a licensed/certified NP for 20 or more years.

Table 50 shows that a majority of the SMEs indicated that they work 40 or more hours per week. When asked to indicate their job title, the SMEs reported a job title of either Advanced Practice Nurse Practitioner or Pediatric Nurse Practitioner (see Table 51).

Table 52 shows that all SMEs reported that their primary practice setting was in an urban area. When asked to indicate their primary practice setting, the SMEs reported a variety of settings (see Table 53). The SMEs indicated a specialty area of either Pediatric Ambulatory Care or Pediatric Primary Care (see Table 54).

Table 55 shows that the SMEs reported either none or 6–10 additional NPs working in their primary practice setting. When asked the number of people they supervise, the SMEs reported either that they do not supervise others or that they supervise more than 10 people (see Table 56).

Table 57 shows that the SMEs reported a doctorate degree as their highest educational degree.

Table 58 shows the SMEs by California county.

More detailed demographic information for these SMEs can be found in Tables 49–58.

TABLE 49 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE: YEARS LICENSED/CERTIFIED AS AN NP IN CALIFORNIA

YEARS	NUMBER (N)
0–5 years	0
6–10 years	0
11–19 years	1
20 or more years	2
Missing	1
Total	4

TABLE 50 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE: HOURS WORKED PER WEEK AS AN NP

HOURS	NUMBER (N)
9 hours or fewer	1
10–19 hours	0
20–29 hours	0
30–39 hours	0
40 or more hours	2
Missing	1
Total	4

TABLE 51 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE: JOB TITLE

TITLE*	NUMBER (N)
Advanced Practice Nurse Practitioner	1
Pediatric Nurse Practitioner	2
Missing	1

\*NOTE: Respondents were asked to list all of their job titles.

TABLE 52 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE: LOCATION OF PRIMARY PRACTICE SETTING

LOCATION	NUMBER (N)
Urban (more than 50,000 people)	4
Rural (fewer than 50,000 people)	0
Total	4

TABLE 53 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE: PRIMARY PRACTICE SETTING DESCRIPTION

PRACTICE SETTING*	NUMBER (N)
Government	0
Large or medium-sized business	0
Small business	0
Self-employed	0
Educational institution	1
Nonprofit	1
Health care	1
Other	1

\*NOTE: Respondents were asked to select all that apply.

TABLE 54 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE: SPECIALTY AREA

SPECIALTY*	NUMBER (N)
Pediatric Ambulatory Care	1
Pediatric Primary Care	3

\*NOTE: Respondents were asked to list all of their specialty areas.

TABLE 55 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE: NUMBER OF LICENSED/CERTIFIED NPS IN PRIMARY PRACTICE SETTING

NUMBER OF NPs	NUMBER (N)
None	1
1–5	0
6–10	1
15–20	0
More than 20	0
Missing	2
Total	4

TABLE 56 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE: NUMBER OF PEOPLE SUPERVISED

NUMBER SUPERVISED	NUMBER (N)
I do not supervise others	1
1–3	0
4–6	0
7–10	0
More than 10	1
Missing	2
Total	4

TABLE 57 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE: EDUCATION

DEGREE	NUMBER (N)
Master’s degree	0
Doctorate degree	3
Missing	1
Total	4



TABLE 58 – PEDIATRIC NURSE PRACTITIONERS IN PRIMARY CARE: COUNTY OF PRACTICE

COUNTY NAME	NUMBER (N)
Fresno	1
Los Angeles	2
San Francisco	1
Total	4

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## CHAPTER 9 | SUBJECT MATTER EXPERT (SME) DEMOGRAPHIC DATA: PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE

As shown in Table 59, the SMEs who were pediatric NPs in acute care reported a range of years of experience. These SMEs were distributed across the experience level categories predefined by OPES. A majority of the SMEs reported being a licensed/certified NP for 20 or more years.

Table 60 shows that all of the SMEs indicated that they work 40 or more hours per week. When asked to indicate their job title, the SMEs reported a job title of either Nurse Practitioner or Pediatric Nurse Practitioner (see Table 61).

Table 62 shows that all SMEs reported that their primary practice setting was located in an urban area. When asked to indicate their primary practice setting, the majority of SMEs reported a health care setting (see Table 63). The SMEs indicated a variety of specialty areas (see Table 64).

Table 65 shows that the majority of SMEs reported that there were 1–5 additional NPs working in their primary practice setting. When asked the number of people they supervise, all of the SMEs reported that they do not supervise others (see Table 66).

Table 67 shows that the majority of the SMEs reported a master's degree as their highest educational degree.

Table 68 shows the SMEs by California county.

More detailed demographic information for these SMEs can be found in Tables 59–68.

**TABLE 59 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE: YEARS LICENSED/CERTIFIED AS AN NP IN CALIFORNIA**

<b>YEARS</b>	<b>NUMBER (N)</b>
0–5 years	0
6–10 years	1
11–19 years	1
20 or more years	2
<b>Total</b>	<b>4</b>

**TABLE 60 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE: HOURS WORKED PER WEEK AS AN NP**

<b>HOURS</b>	<b>NUMBER (N)</b>
9 hours or less	0
10–19 hours	0
20–29 hours	0
30–39 hours	0
40 or more hours	4
<b>Total</b>	<b>4</b>

**TABLE 61 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE: JOB TITLE**

<b>TITLE*</b>	<b>NUMBER (N)</b>
Nurse Practitioner	2
Pediatric Nurse Practitioner	1
Missing	1

\*NOTE: Respondents were asked to list all of their job titles.

TABLE 62 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE: LOCATION OF PRIMARY PRACTICE SETTING

LOCATION	NUMBER (N)
Urban (more than 50,000 people)	4
Rural (fewer than 50,000 people)	0
Total	4

TABLE 63 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE: PRIMARY PRACTICE SETTING DESCRIPTION

PRACTICE SETTING*	NUMBER (N)
Government	0
Large or medium-sized business	1
Small business	0
Self-employed	0
Educational institution	0
Nonprofit	1
Health care	4
Other	0

\*NOTE: Respondents were asked to select all that apply.

TABLE 64 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE: SPECIALTY AREA

SPECIALTY*	NUMBER (N)
General Pediatric Surgery	1
Pediatric Oncology	1
Pediatric Acute	1
Pediatric Cardiology	1
Pediatric Pulmonology	1
Pediatric Trauma	1

\*NOTE: Respondents were asked to list all of their specialty areas.

TABLE 65 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE: NUMBER OF LICENSED/CERTIFIED NPS IN PRIMARY PRACTICE SETTING

NUMBER OF NPs	NUMBER (N)
None	1
1–5	3
6–10	0
15–20	0
More than 20	0
Total	4

TABLE 66 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE: NUMBER OF PEOPLE SUPERVISED

NUMBER SUPERVISED	NUMBER (N)
I do not supervise others	4
1–3	0
4–6	0
7–10	0
More than 10	0
Total	4

TABLE 67 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE: EDUCATION

DEGREE	NUMBER (N)
Master’s degree	3
Doctorate degree	1
Total	4

TABLE 68 – PEDIATRIC NURSE PRACTITIONERS IN ACUTE CARE: COUNTY OF PRACTICE

COUNTY NAME	NUMBER (N)
Los Angeles	3
San Francisco	1
Total	4

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## CHAPTER 10 | SUBJECT MATTER EXPERT (SME) DEMOGRAPHIC DATA: WOMEN'S HEALTH NURSE PRACTITIONERS

As shown in Table 69, the SMEs who were women's health NPs reported a range of years of experience. The SMEs were distributed across the experience level categories predefined by OPES. A majority of SMEs reported being a licensed/certified NP for 20 or more years.

Table 70 shows that a majority of the SMEs indicated that they work 40 or more hours per week. When asked to indicate their job title, the SMEs reported a variety of job titles (see Table 71).

Table 72 shows that all SMEs reported that their primary practice setting was located in an urban area. When asked to indicate their primary practice setting, the majority of SMEs reported a health care setting (see Table 73). The SMEs indicated a variety of specialty areas; the top two reported specialty areas were OBGYN and Women's Health (see Table 74).

Table 75 shows that the majority of SMEs reported 1–5 additional NPs working in their primary practice setting. When asked the number of people they supervise, all of the SMEs reported that they do not supervise other people (see Table 76).

Table 77 shows that the majority of the SMEs reported a master's degree as their highest educational degree.

Table 78 shows the SMEs by California county.

More detailed demographic information for these SMEs can be found in Tables 69–78.

TABLE 69 – WOMEN’S HEALTH NURSE PRACTITIONERS: YEARS LICENSED/CERTIFIED AS AN NP IN CALIFORNIA

YEARS	NUMBER (N)
0–5 years	1
6–10 years	0
11–19 years	2
20 or more years	3
Total	6

TABLE 70 – WOMEN’S HEALTH NURSE PRACTITIONERS: HOURS WORKED PER WEEK AS AN NP

HOURS	NUMBER (N)
9 hours or less	0
10–19 hours	0
20–29 hours	0
30–39 hours	2
40 or more hours	4
Total	6

TABLE 71 – WOMEN’S HEALTH NURSE PRACTITIONERS: JOB TITLE

TITLE*	NUMBER (N)
Family Nurse Practitioner	1
Nurse Practitioner	2
Professor	1
Women's Health Nurse Practitioner	1
Missing	1

\*NOTE: Respondents were asked to list all of their job titles.

TABLE 72 – WOMEN’S HEALTH NURSE PRACTITIONERS: LOCATION OF PRIMARY PRACTICE SETTING

LOCATION	NUMBER (N)
Urban (more than 50,000 people)	6
Rural (fewer than 50,000 people)	0
Total	6

TABLE 73 – WOMEN’S HEALTH NURSE PRACTITIONERS: PRIMARY PRACTICE SETTING DESCRIPTION

PRACTICE SETTING*	NUMBER (N)
Government	0
Large or medium-sized business	1
Small business	0
Self-employed	0
Educational institution	1
Nonprofit	0
Health care	6

\*NOTE: Respondents were asked to select all that apply.

TABLE 74 – WOMEN’S HEALTH NURSE PRACTITIONERS: SPECIALTY AREA

SPECIALTY*	NUMBER (N)
Maternal-Fetal Medicine	2
OBGYN	4
Pediatrics, Family, Women’s Health	1
Reproductive Health	1
Women’s Health	4

\*NOTE: Respondents were asked to list all of their specialty areas.

TABLE 75 – WOMEN’S HEALTH NURSE PRACTITIONERS: NUMBER OF LICENSED/CERTIFIED NPS IN PRIMARY PRACTICE SETTING

NUMBER OF NPs	NUMBER (N)
None	1
1–5	5
6–10	0
15–20	0
More than 20	0
Total	6

TABLE 76 – WOMEN’S HEALTH NURSE PRACTITIONERS: NUMBER OF PEOPLE SUPERVISED

NUMBER SUPERVISED	NUMBER (N)
I do not supervise others	6
1-3	0
4–6	0
7–10	0
More than 10	0
Total	6

TABLE 77 – WOMEN’S HEALTH NURSE PRACTITIONERS: EDUCATION

DEGREE	NUMBER (N)
Master’s degree	5
Doctorate degree	1
Total	6

TABLE 78 – WOMEN’S HEALTH NURSE PRACTITIONERS: COUNTY OF PRACTICE

COUNTY NAME	NUMBER (N)
Los Angeles	1
Sacramento	1
San Joaquin	1
Santa Clara	3
Total	6

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## CHAPTER 11 | SUBJECT MATTER EXPERT (SME) DEMOGRAPHIC DATA: PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS

As shown in Table 79, the majority of SMEs who were psychiatric mental health NPs reported being a licensed/certified NP for either 0–5 years or for 20 or more years.

Table 80 shows that the majority of SMEs indicated that they work 40 or more hours per week. The SMEs reported a variety of job titles (see Table 81).

Table 82 shows that a majority of SMEs reported that their primary practice setting was in an urban area. When asked to indicate their primary practice setting, the SMEs reported a variety of settings (see Table 83). The SMEs indicated a variety of specialty areas (see Table 84).

Table 85 shows that the majority of SMEs reported that there were no additional NPs working in their primary practice setting. When asked the number of people they supervise, the majority of SMEs reported that they either do not supervise others or that they supervise 7–10 people (see Table 86).

Table 87 shows that the majority of the SMEs reported a doctorate degree as their highest educational degree, while the minority reported a master's degree.

Table 88 shows the SMEs by California county.

More detailed demographic information for these SMEs can be found in Tables 79–88.

TABLE 79 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: YEARS LICENSED/CERTIFIED AS AN NP IN CALIFORNIA

YEARS	NUMBER (N)
0–5 years	2
6–10 years	1
11–19 years	0
20 or more years	2
Total	5

TABLE 80 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: HOURS WORKED PER WEEK AS AN NP

HOURS	NUMBER (N)
9 hours or less	0
10–19 hours	1
20–29 hours	1
30–39 hours	0
40 or more hours	3
Total	5

TABLE 81 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: JOB TITLE

TITLE*	NUMBER (N)
Advanced Practice Provider Supervisor	1
Associate Professor	1
Clinical Faculty Lead Clinician and Clinical Manager	1
PMHNP-BC	1
Psychiatric Nurse Practitioner	1
Missing	2

\*NOTE: Respondents were asked to list all of their job titles.



TABLE 82 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: LOCATION OF PRIMARY PRACTICE SETTING

LOCATION	NUMBER (N)
Urban (more than 50,000 people)	3
Rural (fewer than 50,000 people)	2
Total	5

TABLE 83 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: PRIMARY PRACTICE SETTING DESCRIPTION

PRACTICE SETTING*	NUMBER (N)
Government	0
Large or medium-sized business	0
Small business	0
Self-employed	1
Educational institution	2
Nonprofit	2
Health care	2

\*NOTE: Respondents were asked to select all that apply.

TABLE 84 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: SPECIALTY AREA

SPECIALTY*	NUMBER (N)
Acute Inpatient Psychiatry	1
Mental Health	1
Medication Management	1
Psychiatric Mental Health	3
Substance Use	1

\*NOTE: Respondents were asked to list all of their specialty areas.

TABLE 85 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: NUMBER OF LICENSED/CERTIFIED NPS IN PRIMARY PRACTICE SETTING

NUMBER OF NPs	NUMBER (N)
None	3
1–5	1
6–10	1
15–20	0
More than 20	0
Missing	0
Total	5

TABLE 86 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: NUMBER OF PEOPLE SUPERVISED

NUMBER SUPERVISED	NUMBER (N)
I do not supervise others	2
1–3	1
4–6	0
7–10	2
More than 10	0
Total	5

TABLE 87 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: EDUCATION

DEGREE	NUMBER (N)
Master’s degree	2
Doctorate degree	3
Total	5

TABLE 88 – PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONERS: COUNTY OF PRACTICE

COUNTY NAME	NUMBER (N)
Los Angeles	2
San Diego	1
Santa Barbara	1
Tehama	1
Total	5

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## CHAPTER 12 | CONCLUSION

The OA of the NP practice and practice specialties described in this report provides a comprehensive description of current practice in California, as well as of anticipated independent practice as defined by AB 890. The procedures employed to perform the OA were based upon a content validation strategy to ensure that the results accurately represent NP practice. Results of this OA provide information regarding practice that can be used to make job-related decisions regarding credentialing/licensure.

By using the California NP descriptions of practice contained in this report, the Board ensures that its examination program reflects current practice and complies with AB 890 and B&P Code § 139.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

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## APPENDIX A | FAMILY NP COMMON CONDITIONS

### Family Common Conditions Diagnosed, Treated, or Recognized for Referral

1. Abdominal pain
2. Abnormal pap smear
3. Abscess
4. Acanthosis nigricans
5. Acne
6. Actinic keratosis
7. Angina
8. Appendicitis
9. Arthralgia
10. Asthma
11. Atopic dermatitis
12. Balanitis
13. Bell's palsy
14. Benign prostatic hypertrophy/  
prostate cancer
15. Biliary disease
16. Blepharitis
17. Breast disorders
18. Bronchitis
19. Candidiasis
20. Cataracts
21. Celiac disease
22. Cellulitis
23. Cerebral palsy
24. Cerumen impaction
25. Chalazion
26. Cholecyst
27. Chronic pulmonary obstructive disease
28. Concussion/traumatic brain injury
29. Congenital heart disease
30. Conjunctivitis
31. Constipation/diarrhea
32. Contraception management
33. Corneal abrasion
34. Croup
35. Dacryostenosis
36. Deep vein thrombosis
37. Delirium
38. Dementia/Alzheimer's
39. Developmental delay
40. Diabetes I/II
41. Diverticulitis/diverticulosis
42. Dizziness
43. Dysfunctional uterine bleeding
44. Dyspareunia
45. Dyspepsia
46. Dysrhythmia
47. Eating disorders
48. Encopresis
49. Enuresis
50. Epididymitis
51. Epistaxis
52. Erectile dysfunction
53. Failure to thrive
54. Fever/chills
55. Fibroids/cysts
56. Fifth disease
57. Foreign body removal
58. Fracture/sprain
59. Gait disorders
60. Gastroenteritis
61. Gastroesophageal reflux disease
62. Gastrointestinal bleeding
63. Generalized or peripheral edema
64. Gout
65. Guillain-Barré
66. Hand, foot, and mouth disease
67. Headache/migraine
68. Hearing loss
69. Heart failure
70. Hematuria
71. Hemorrhoids
72. Hepatitis
73. Hernia
74. Herpangina
75. Hidradenitis suppurativa
76. H. pylori/peptic ulcers
77. Hydrocele/varicocele
78. Hyperlipidemia
79. Hypertension
80. Hypospadias
81. Idiopathic thrombocytopenic purpura
82. Immunosuppressive disorders
83. Impetigo
84. Incontinence
85. Infertility
86. Interstitial cystitis
87. Irritable bowel syndrome/irritable bowel disorder
88. Kidney disease
89. Kidney stones
90. Lacerations/contusions
91. Lactose intolerance
92. Lipoma
93. Lupus
94. Lyme disease
95. Menorrhagia
96. Metabolic syndrome
97. Mononucleosis
98. Multiple sclerosis
99. Myasthenia gravis
100. Nasal obstruction
101. Nausea/vomiting
102. Neurodegenerative disorders
103. Non-alcoholic liver disease
104. Obesity
105. Obstructive sleep apnea
106. Onychomycosis
107. Osgood Schlatter disease
108. Osteoarthritis
109. Osteoporosis/osteopenia
110. Otitis externa
111. Otitis media/effusion
112. Pain
113. Pancreatitis
114. Parkinson's disease
115. Perimenopause/  
menopause
116. Peripheral neuropathy
117. Peripheral vascular disease
118. Pertussis
119. Pharyngitis/tonsillitis
120. Phimosis
121. Planter fasciitis
122. Pneumonia
123. Polycystic ovarian syndrome
124. Precocious puberty
125. Pregnancy/prenatal/  
preconception
126. Prostatitis
127. Psoriasis
128. Psychological disorders
129. Pterygium
130. Pyelonephritis
131. Pyloric stenosis

132. Rash
133. Reactive airway disease
134. Respiratory syncytial virus
135. Rheumatoid arthritis/poly  
inflammatory diseases
136. Rhinitis/sinusitis
137. Rosacea
138. Scoliosis/spinal curvatures
139. Seizures
140. Sexually transmitted  
infections
141. Skin cancers
142. Skin infestations
143. Stroke/post-stroke/TIA
144. Syncope
145. Thyroid diseases
146. Tinea
147. Tinnitus
148. Tobacco abuse
149. Tonsil stones/cryptic  
tonsils
150. Trigeminal neuralgia
151. Tuberculosis
152. Tympanic perforation
153. Ulcers
154. Unexplained weight  
change
155. Upper respiratory infection
156. Urinary tract infection
157. Vaginitis/vaginosis
158. Vertigo
159. Viral infections
160. Vitamin D deficiency



## APPENDIX B | ADULT-GERONTOLOGY NP IN PRIMARY CARE COMMON CONDITIONS

### Adult-Gerontology Common Conditions Diagnosed, Treated, or Recognized for Referral

1. Acne and rosacea
2. Acute and chronic cardiac failure
3. Acute and chronic pain management
4. Acute renal failure
5. Adrenal and pituitary disorders
6. Allergic rhinitis
7. Alzheimer's disease
8. Anemia, iron deficiency, anemia of chronic disease I
9. Arthritis
10. Asthma and chronic obstructive pulmonary disease
11. Bell's palsy
12. Blood disorders
13. Breast abscess
14. Cerumen impaction
15. Chest wall pain
16. Cholelithiasis
17. Chronic kidney disease
18. Chronic renal failure
19. Cirrhosis
20. Conjunctivitis
21. Constipation and fecal incontinence
22. Coronary artery disease
23. Decline in physical or mental function
24. Decreased hearing and disorders of hearing
25. Decreased vision and disorders of the eye
26. Deep vein thrombosis
27. Dehydration
28. Delirium
29. Dementia presentation and treatment
30. Depression
31. Diabetes mellitus
32. Diverticulitis
33. Down Syndrome
34. Ectropion, entropion
35. End-of-life care
36. Epilepsy
37. Epistaxis
38. Failure to thrive
39. Falls
40. Fractures
41. Frailty
42. Frontotemporal dementia
43. Gastritis
44. Gastroesophageal reflux disease
45. Geriatric pharmacotherapy and polypharmacy
46. Gout
47. Gynecologic disorders
48. Headaches and facial pain
49. Heart disease
50. Hyperlipidemia
51. Hypertension
52. Immunizations
53. Impaired mobility
54. Infestations and bites
55. Injuries
56. Intellectual disability
57. Lead toxicity
58. Liver disease
59. Lymphedema
60. Malnutrition
61. Medical management of cardiac arrhythmias
62. Mistreatment and neglect
63. Multiple sclerosis
64. Neuromuscular disorders
65. Obesity
66. Onychomycosis and other disorders of the nails
67. Osteoarthritis/rheumatoid arthritis
68. Otitis media
69. Otitis externa
70. Pancreatic disease
71. Parkinson's disease
72. Pelvic inflammatory disease
73. Peptic ulcer
74. Peripheral arterial disease
75. Pharyngitis
76. Pneumonia/upper respiratory infection
77. Prostate disease
78. Psoriasis
79. Psychiatric illness
80. Pulmonary embolism
81. Pyelonephritis prostatic
82. Rashes
83. Rectal prolapse
84. Respiratory support
85. Sexually transmitted diseases
86. Sickle cell anemia
87. Sinusitis
88. Skin cancers
89. Skin lesions
90. Sleep/insomnia
91. Smoking cessation
92. Social isolation
93. Stomatitis
94. Stroke
95. Syncope
96. Thalassemia
97. Thyroid diseases
98. Thyroid nodule
99. Ulcer disease/de-cubitus ulcers
100. Urinary incontinence
101. Uterine prolapse
102. Valvular heart disease
103. Vascular dementia
104. Venous thromboembolism
105. Vitamin B12 deficiency
106. Wounds and pressure sores

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## APPENDIX C | ADULT-GERONTOLOGY NP IN ACUTE CARE COMMON CONDITIONS

### Adult Gerontology Acute Care Common Conditions Diagnosed, Treated, or Recognized for Referral

1. Acute abdomen
2. Acute coronary syndromes
3. Acute kidney injury
4. Acute limb ischemia
5. Adrenal Insufficiency
6. Anemia
7. Angina
8. Anoxic brain injury
9. Aortic vessel disease
10. Arrhythmias
11. Arthritis
12. Asthma
13. B12 deficiency
14. Back pain
15. Benign prostatic hypertrophy
16. Bleeding diathesis
17. Blood clots
18. Brain death
19. Burns
20. Carotid artery disease
21. Cellulitis
22. Chest trauma
23. Chronic kidney disease
24. Chronic obstructive pulmonary disease
25. Cirrhosis
26. Colitis, infective
27. Compartment syndrome of the lower leg
28. Conjunctivitis
29. Constipation/diarrhea
30. Deep vein thrombosis
31. Delirium
32. Dementia
33. Dermatitis
34. Diabetes mellitus
35. Diabetic ketoacidosis
36. Drug-induced liver injury
37. Dyslipidemia
38. Encephalitis
39. Endocarditis
40. Enuresis/incontinence/urination difficulty
41. Falls
42. Fever
43. Gastroesophageal reflux disease
44. Gastrointestinal bleeding or blood in the stool
45. Headache
46. Heart failure
47. Hematuria
48. Hepatitis
49. Hypercalcemia
50. Hyperglycemic hyperosmolar state
51. Hyperprolactinemia
52. Hypertension
53. Hyperthyroidism
54. Hypertrophic cardiomyopathy
55. Hyperventilation
56. Hypocalcemia
57. Hypopituitarism
58. Hypospadias
59. Hypothermia
60. Hypothyroidism
61. Hypotonia
62. Inflammatory bowel disease
63. Influenza
64. Injury/broken bone
65. Intracerebral hemorrhage
66. Irritable bowel syndrome
67. Ischemic stroke/cerebrovascular accident
68. Joint pain
69. Liver disease
70. Lupus
71. Meningitis
72. Metabolic syndrome
73. Necrotizing enterocolitis
74. Nephrolithiasis
75. Nephrotic syndrome
76. Nonalcoholic fatty liver disease
77. Osteoarthritis
78. Osteomyelitis
79. Pancreatitis
80. Peptic ulcer
81. Pericardial effusion
82. Peripheral artery disease
83. Peripheral vascular disease
84. Peritonitis
85. Pharyngitis
86. Pheochromocytoma
87. Pleural effusions
88. Pneumonia
89. Prediabetes
90. Prostatitis
91. Pulmonary embolism
92. Pyelonephritis
93. Restrictive lung disease
94. Rheumatoid arthritis
95. Rhinosinusitis
96. Septic arthritis
97. Severe acute respiratory syndrome
98. Sexually transmitted infections
99. Shock
100. Sickle cell disease
101. Spinal cord injuries
102. Spondyloarthropathy
103. Status epilepticus
104. Systemic inflammatory response syndrome/bacteremia/sepsis
105. Thoracic outlet syndrome
106. Toxic shock syndrome
107. Transient ischemia attack
108. Traumatic brain injury
109. Tuberculosis
110. Urinary tract infection
111. Valvular heart disease
112. Vasculitis

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## APPENDIX D | NEONATAL NP COMMON CONDITIONS

### Neonate Conditions Diagnosed, Treated, or Recognized for Referral

1. ABO incompatibility
2. Acute kidney injury
3. Anemia
4. Anencephaly
5. Ankyloglossia
6. Apnea of prematurity
7. Arrhythmias
8. Arterial venous malformation
9. Aspiration
10. Birth trauma
11. Bradycardia desaturation events
12. Bronchopulmonary dysplasia
13. Cleft lip/cleft palate
14. Coagulopathies
15. Congenital central hypoventilation syndrome
16. Congenital diaphragmatic hernia
17. Congenital heart defects
18. Congenital malformations
19. Congenital pulmonary arterial malformation
20. Early onset sepsis
21. Electrolyte imbalance
22. Encephalocele
23. Endocrine disorders/adrenal insufficiency
24. Gastroesophageal reflux disease
25. Gastroschisis
26. Genetic abnormalities
27. Heart failure
28. Hernia/hydrocele
29. Hydrocephalus
30. Hyperbilirubinemia
31. Hyperinsulinemia
32. Hypoglycemia/hyperglycemia
33. Hypotension/hypertension
34. Hypothermia
35. Hypoxic ischemic encephalopathy
36. Imperforate anus
37. Infant of a diabetic mother
38. Intestinal failure
39. Intestinal obstructions
40. Intrauterine growth restriction/small for gestational age
41. Intraventricular hemorrhage
42. Laryngomalacia/tracheomalacia
43. Late onset sepsis
44. Macrosomia/large for gestational age
45. Meconium aspiration
46. Meningitis
47. Meningocele
48. Metabolic disorders
49. Myelomeningocele
50. Necrotizing enterocolitis
51. NG-fed newborn
52. Omphalocele
53. Patent ductus arteriosus
54. Periventricular leukomalacia
55. Persistent pulmonary hypertension of the newborn
56. Pneumonia
57. Pneumothorax
58. Polycythemia
59. Prematurity
60. Renal malformations
61. Respiratory distress syndrome
62. Respiratory failure
63. Retinopathy of prematurity
64. Rh incompatibility
65. Seizures
66. Suck/swallow incoordination
67. Teratoma
68. Tracheoesophageal fistula
69. Ureteral reflux

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## APPENDIX E | PEDIATRIC NP IN PRIMARY CARE COMMON CONDITIONS

### Pediatric Primary Care Common Conditions Diagnosed, Treated, or Recognized for Referral

1. Abdominal pain
2. Acne
3. Allergies
4. Amblyopia
5. Anaphylaxis
6. Aplastic anemia
7. Appendicitis
8. Arthralgia
9. Arthritis
10. Asthma
11. Astigmatism
12. Atrial septal defect
13. Atrioventricular septal defect
14. Attention issues/ADHD
15. Biliary atresia
16. Birth defects
17. Birthmarks
18. Blistering diseases
19. Brachial plexus injuries
20. Branchial cleft cyst
21. Bronchiectasis
22. Bronchiolitis
23. Bronchitis
24. Bronchopulmonary dysplasia
25. Burns
26. Celiac disease
27. Cerebral palsy
28. Chest pain
29. Chest wall malformations
30. Cholesteatoma
31. Chordee
32. Chromosome anomalies
33. Chronic fatigue syndrome
34. Cleft lip/cleft palate
35. Clubfoot
36. Coagulation disorders
37. Coarctation of the aorta
38. Communication issues
39. Congenital disorders
40. Conjunctivitis
41. Connective tissue disorders
42. Constipation/diarrhea
43. Coronary artery fistula
44. Craniofacial disorders
45. Craniosynostosis
46. Croup
47. Cystic fibrosis
48. Cystic fibrosis liver disease
49. Cystic hygroma
50. Delayed puberty
51. Developmental delay/mental retardation
52. Diabetes mellitus
53. Down syndrome
54. Drug and alcohol use and abuse
55. Dysplasia
56. Eating/feeding problems
57. Encephalitis
58. Endocarditis
59. Enuresis/incontinence/urination difficulty
60. Eosinophilic esophagitis
61. Epilepsy
62. Epispadias
63. Esophageal reflux
64. External genitalia issues
65. Facial palsy
66. Failure to thrive
67. Femoral anteversion
68. Fever
69. Food allergies
70. Foreign bodies
71. Fractures
72. Gallbladder disease
73. Gastroesophageal reflux disease
74. Gastrointestinal bleeding or blood in the stool
75. Gilbert's syndrome
76. Growth hormone deficiency
77. Growth irregularities
78. Headache
79. Hearing loss
80. Helicobacter pylori gastritis
81. Hemangiomas
82. Hematuria
83. Hemochromatosis
84. Hemophilia
85. Hepatitis
86. Hernia
87. Hip dysplasia
88. Hirschsprung's disease
89. Hydroceles
90. Hydrocephalus
91. Hydronephrosis
92. Hypertension, pulmonary
93. Hypertension, systemic
94. Hyperthyroidism
95. Hyperventilation
96. Hypocalcemia
97. Hypopituitarism
98. Hypoplastic left heart syndrome
99. Hypospadias
100. Hypothyroidism
101. Hypotonia
102. Idiopathic thrombocytopenic purpura
103. Imperforate anus
104. Inborn errors of metabolism
105. Inflammatory bowel disease
106. Inguinal hernia
107. Inherited metabolic disorders
108. Injury/broken bone
109. Internal tibial torsion
110. Irritable bowel syndrome
111. Jaundice
112. JIA-associated uveitis
113. Kawasaki disease
114. Kidney disease
115. Kyphosis
116. Labial adhesion
117. Lacerations
118. Laryngotracheal stenosis
119. Learning problems
120. Legg-Calvé-Perthes disease
121. Leukemia
122. Lipid disorders
123. Liver disease
124. Lupus
125. Lyme disease
126. Malabsorption/malnutrition
127. Malaria
128. Marfan syndrome
129. Meatal stenosis
130. Meconium aspiration syndrome
131. Meningitis
132. Mental health disorders
133. Metatarsus adductus
134. Mitral stenosis
135. Mitral valve prolapse
136. MRSA infection
137. Muscular dystrophy
138. Myalgia
139. Myocarditis
140. Myopia
141. Nasal obstruction
142. Nausea
143. Necrotizing enterocolitis

144. Neonatal conjunctivitis
145. Neurofibromatosis
146. Neutrophil disorders
147. Nevi
148. Non-alcoholic fatty liver disease
149. Nutritional deficiencies
150. Obesity
151. Omphalocele
152. Orthopedic issues related to Marfan syndrome
153. Osteochondroma
154. Osteogenesis imperfecta
155. Otitis media
156. Pain management
157. Pancreatitis
158. Parasomnia disorders
159. Partial anomalous pulmonary venous return
160. Patent ductus arteriosus
161. Patent foramen ovale
162. Pelvic inflammatory disease
163. Peptic ulcer
164. Pertussis
165. Pharyngitis
166. Phobias
167. Pneumonia
168. Pneumothorax
169. Polycystic kidney disease
170. Polycystic ovary syndrome
171. Precocious puberty
172. Proteinuria
173. Pulmonary atresia
174. Pulmonary stenosis
175. Pyloric stenosis
176. Red blood cell disorders
177. Respiratory distress syndrome
178. Respiratory failure
179. Respiratory syncytial virus (
180. Restless leg syndrome
181. Retractable testicles
182. Scoliosis
183. Scrotal masses
184. Scrotal pain
185. Sepsis
186. Severe acute respiratory syndrome
187. Sexually transmitted infections
188. Shaken baby syndrome
189. Short bowel syndrome
190. Shortness of breath
191. Sickle cell disease
192. Sjogren's syndrome
193. Skeletal dysplasias
194. Sleep disturbance
195. Slipped capital femoral epiphysis
196. Solitary kidney
197. Spina bifida
198. Staph infection
199. Strabismus
200. Sturge-Weber syndrome
201. Syncope
202. Synovitis
203. Tetralogy of Fallot
204. Thalassemia
205. Thyroid nodules
206. Tics and movement concerns
207. Toe walking
208. Toxic shock syndrome
209. Tracheomalacia
210. Transient tachypnea of the newborn
211. Transposition of the great arteries, D-type
212. Tricuspid atresia
213. Truncus arteriosus
214. Tuberculosis
215. Tumors/malignancies
216. Turner syndrome
217. Undescended testicle
218. Upper gastrointestinal tract X-ray (radiography)
219. Upper respiratory infection
220. Urinary incontinence
221. Urinary tract infection
222. Urticaria
223. Varicocele
224. Vascular abnormalities
225. Vascular lesions
226. Vascular ring
227. Vasculitis
228. Ventricular septal defect
229. Vesicoureteral reflux
230. Vocal cord paralysis
231. Vomiting



## APPENDIX F | PEDIATRIC NP IN ACUTE CARE COMMON CONDITIONS

### Pediatric Acute Care Common Conditions Diagnosed, Treated, or Recognized for Referral

1. Abdominal injuries
2. Abdominal wall defects
3. Acquired and genetic anemias
4. Acute respiratory distress syndrome
5. Adrenal disorders
6. Air leak syndromes
7. Airway obstructive/failure disorders
8. Anaphylaxis
9. Angelman's syndrome
10. Animal bites
11. Appendicitis
12. Arrhythmias
13. Arteriovenous malformation
14. Ascites
15. Bacterial infections
16. Blood cell tumors
17. Bowel dysfunction
18. Brain death
19. Brain tumor/cyst
20. Bronchiolitis
21. Burns
22. Cardiogenic Shock
23. Cardiomyopathy
24. Cellulitis
25. Cerebral palsy
26. Cerebral salt wasting syndrome
27. Cerebral vascular accidents
28. Chest wall deformities
29. Chiari malformations
30. Chromosomal abnormalities
31. Chronic lung disease
32. Coagulation disorders
33. Compartment syndrome
34. Concussion
35. Congenital central hypoventilation syndrome
36. Congenital diaphragmatic hernia
37. Congenital heart lesions
38. Congenital otolaryngological malformations
39. Congenital pulmonary lesions
40. Congenital soft tissue lesions
41. Congestive heart failure
42. Cystic fibrosis
43. Diabetes I/II
44. Diabetes insipidus
45. Diabetic ketoacidosis
46. Empyema
47. Encephalopathy
48. Epiglottitis
49. Epistaxis
50. Esophageal disorders
51. Fever
52. Foreign body aspiration/removal
53. Fracture/sprain
54. Fungal infections
55. Gastroenteritis
56. Gastroesophageal reflux disease
57. Gastrointestinal bleeding
58. Gastrointestinal malrotation
59. Genitorurinary disorders
60. Graft versus host disease
61. Hematuria
62. Hemo (HLH)
63. Hemothorax
64. Hepatic insufficiency/failure
65. Hepatitis
66. Hernias
67. Hydrocephalus
68. Hyperbilirubinemia in the neonate
69. Hypertension
70. Hypotonia
71. Immunodeficiencies
72. Inborn errors of metabolism
73. Inflammatory bowel disease (IBD)
74. Ingestions
75. Intestinal obstructions
76. Juvenile idiopathic arthritis
77. Kawasaki's disease
78. Legg-Calvé-Perthes disease
79. Long-term effects of cancer therapy
80. Mastoiditis
81. Melanoma
82. Meningitis
83. Metabolic syndromes
84. Mis-C
85. Multiple organ dysfunction syndrome
86. Murmurs
87. Muscular dystrophies
88. Myositis
89. Nephrotic syndrome
90. Neurofibromatosis
91. Neuropathy
92. Obstructive sleep apnea
93. Opportunistic infections
94. Orbital/periorbital cellulitis
95. Osteomyelitis
96. Pancreatitis
97. Parapneumonic infections
98. Patent ductus arteriosus
99. Pertussis
100. Pleural effusion
101. Pneumonia
102. Pneumothorax
103. Postpericardiotomy syndrome
104. Pressure ulcers
105. Pulmonary edema
106. Pulmonary hypertension
107. Pyelonephritis/nephritis
108. Renal insufficiency/failure
109. Renal tubular acidosis
110. Resistant organisms
111. Retropharyngeal abscess
112. Rhabdomyolysis
113. Rheumatic fever
114. Sarcoidosis
115. Scleroderma
116. Scoliosis
117. Seizure disorders
118. Septic arthritis
119. Septic shock
120. Smoke inhalation
121. Solid tumors
122. Spinal cord injury
123. Spinal fusion
124. Status asthmaticus
125. Status epilepticus
126. Stevens Johnson syndrome
127. Stoma care
128. Submersion injuries
129. Superior mesenteric artery syndrome
130. Syncope
131. Syndrome of inappropriate antidiuretic hormone
132. Systemic inflammatory response syndrome
133. Systemic lupus erythematosus

- 134. Thrombotic disorders
- 135. Thyroid/parathyroid disorders
- 136. Tracheitis
- 137. Transfusion reaction
- 138. Transplantation
- 139. Traumatic brain injury
- 140. Tuberculosis
- 141. Tumor lysis syndrome
- 142. Ulcers (H. pylori)
- 143. Urogenital/anorectal congenital malformations
- 144. Urosepsis
- 145. Vasculitis
- 146. Viral infections

## APPENDIX G | WOMEN'S HEALTH NP COMMON CONDITIONS

### Women's Health Conditions Diagnosed, Treated, or Recognized for Referral

1. Abnormal pap smear
2. Abnormal uterine bleeding
3. Abruptio placentae
4. Anxiety
5. Bacterial vaginosis
6. Bladder distention
7. Bladder prolapse
8. Bleeding in pregnancy
9. Breast masses, discharge, pain
10. Breastfeeding/lactogenesis
11. Cervical insufficiency
12. Congenital anomalies
13. Constipation
14. Detrusor instability
15. Diabetes
16. Dyspareunia
17. Ectopic pregnancy
18. Endometriosis
19. Fatigue/sleep disturbances
20. Fetal growth aberrations (IUGR, macrosomia)
21. Fibrocystic changes
22. Gastrointestinal symptoms
23. Gestational diabetes
24. Gynecologic cancers
25. Hematoma
26. Hematuria
27. Hemorrhage
28. Hemorrhoids
29. Hepatic disorders
30. Hyperemesis gravidarum
31. Hyperprolactinemia
32. Hypertensive disorders of pregnancy
33. Infection
34. Inflammatory bowel disorders
35. Interstitial cystitis
36. Intimate partner violence
37. Intraductal papilloma
38. Leiomyoma/periurethral edema
39. Lochia
40. Malpresentations
41. Miscarriage
42. Multiple gestation
43. Ovarian cysts
44. Pelvic inflammatory disease
45. Pelvic pain
46. Placenta accreta
47. Placenta previa
48. Placental anomalies
49. Polycystic ovary syndrome
50. Postdates
51. Postpartum care and complications
52. Postpartum depression/psychosis
53. Premenstrual dysphoric disorder
54. Premenstrual syndrome
55. Preterm labor
56. Rh isoimmunization
57. Sexual assault
58. Sexual dysfunction
59. Sexually transmitted infections
60. Thromboembolic disorders
61. Thyroid disorders
62. Trophoblastic disease
63. Urinary incontinence/overactive bladder
64. Urinary retention
65. Urinary tract infection
66. Uterine anomalies
67. Uterine fibroids
68. Uterine prolapse
69. Vaginal discharge
70. Vaginal dryness
71. Vaginal yeast infection
72. Vaginitis
73. Vesico- or uretero-vaginal fistulae
74. Vulvar dystrophy
75. Vulvar lesions
76. Vulvar pruritus or burning
77. Vulvovaginal abscess

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## APPENDIX H | PSYCHIATRIC MENTAL HEALTH NP COMMON CONDITIONS

### Psychiatric-Mental Health Common Conditions Diagnosed, Treated, or Recognized for Referral

1. Abscess
2. Acute stress disorder
3. Adjustment disorder
4. Agoraphobia
5. Akathisia
6. Alcohol-related disorders
7. Allergies
8. Alzheimer's
9. Anemia
10. Anorexia nervosa
11. Antisocial personality disorder
12. Asthma
13. Attention-deficit/hyperactivity disorder
14. Autism spectrum disorders
15. Avoidant personality disorder
16. Avoidant-restrictive food intake disorder
17. Behavioral disturbance
18. Benign neutropenia
19. Binge eating disorder
20. Bipolar I/II (with mixed features)
21. Body dysmorphic disorder
22. Borderline personality disorder
23. Brief psychotic disorder
24. Bulimia nervosa
25. Burns
26. Cancer
27. Catatonia
28. Celiac disease
29. Cellulitis
30. Chronic obstructive pulmonary disease
31. Chronic pain
32. Cirrhosis
33. Conduct disorder
34. Congestive heart failure
35. Constipation, nausea, vomiting, diarrhea
36. Conversion disorder
37. Crohn's disease
38. Cyclothymic disorder
39. Delirium
40. Delusional disorder
41. Dental caries/dentition problems
42. Dependent personality disorder
43. Depersonalization/derealization disorder
44. Depressive disorder due to another medical condition
45. Diabetes I/II
46. Disruptive mood dysregulation
47. Dissociative identity disorder
48. Dysrhythmias
49. Encopresis
50. Enuresis
51. Excoriation disorder
52. Factitious disorder
53. Fatty liver disease
54. Fibromyalgia
55. Gastroesophageal reflux disease
56. Gender dysphoria
57. Generalized anxiety disorder
58. Headache/migraine
59. Hearing/vision loss
60. Heart block
61. Hepatitis
62. Histrionic personality disorder
63. Hoarding disorder
64. H. pylori
65. Hyperprolactinemia
66. Hypertension
67. Hypocalcemia/hypercalcemia
68. Illness anxiety disorder
69. Intellectual development disorders
70. Intermittent explosive disorder
71. Irritable bowel syndrome
72. Kidney dysfunction
73. Kidney stones
74. Lewy body disease
75. Low platelets
76. Lupus
77. Macular degeneration
78. Major depressive disorder
79. Ménière's disease
80. Menopause/perimenopause
81. Methicillin-resistant Staphylococcus aureus (MRSA)
82. Narcissistic personality disorder
83. Neuroleptic malignant syndrome
84. Neutropenia
85. Obesity
86. Obsessive compulsive disorder
87. Obsessive compulsive personality disorder
88. Obstructive sleep apnea
89. Oppositional defiant disorder
90. Osteoarthritis
91. Pancreatitis
92. Panic disorder
93. Parkinsonism
94. Paranoid personality disorder
95. Parkinson's disease
96. Persistent depressive disorder
97. Posttraumatic stress disorder
98. Premenstrual dysphoric disorder
99. Presbyopia
100. Primary insomnia
101. Proteinuria
102. Psychotic disorder due to another medical condition
103. Rash
104. Reactive attachment disorder
105. Rhabdomyolysis
106. Rheumatoid arthritis
107. Schizoaffective disorder
108. Schizoid personality disorder
109. Schizophrenia
110. Schizotypal personality disorder
111. Scoliosis
112. Seizures
113. Serotonin syndrome
114. Sexually transmitted infections
115. Social anxiety disorder
116. Somatic symptom disorder
117. Specific phobias
118. Stevens Johnson Syndrome
119. Substance/medication-induced psychotic disorder
120. Substance-induced bipolar disorder
121. Substance-induced depressive disorder
122. Substance-related and addictive disorders
123. Tardive dyskinesia
124. Thyroid disorders
125. Tinnitus
126. Traumatic brain injury
127. Tremors
128. Trichotillomania
129. Urinary frequency
130. Urinary retention
131. Urinary tract infection
132. Vascular disorders
133. Vertigo
134. Viral infections
135. Vitamin B/D deficiencies

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## APPENDIX I | BIBLIOGRAPHY

- American Association of Nurse Practitioners. (2022, April 15). *State practice environment*. <https://www.aanp.org/advocacy/state/state-practice-environment>
- APRN Consensus Work Group & National Council of State Boards of Nursing APRN Advisory Committee. (2008, July 7). *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education*. [https://www.ncsbn.org/public-files/Consensus\\_Model\\_for\\_APRN\\_Regulation\\_July\\_2008.pdf](https://www.ncsbn.org/public-files/Consensus_Model_for_APRN_Regulation_July_2008.pdf)
- California Board of Registered Nursing. (1998). *An Explanation of Standardized Procedure Requirements for Nurse Practitioner Practice - NPR-B\_20*.
- California Medical Association. (2020, September 29). *California Medical Association Assembly Bill AB 890: An Overview for Physicians*. [https://www.cmadoocs.org/Portals/CMA/files/public/AB%20890%20Fact%20Sheet%20\(092920\).pdf?ver=2020-09-29-170119-440](https://www.cmadoocs.org/Portals/CMA/files/public/AB%20890%20Fact%20Sheet%20(092920).pdf?ver=2020-09-29-170119-440)
- California Medical Association. (2021, August 30). *NPAC Engagement on AB 890 Regulations and Implementation*. [Open letter signed by 325 physicians.]
- Chan, G. & Phillips, S. (2020, October 8). *Summary Overview of AB890*. HealthImpact. [Source for data: California Association for Nurse Practitioners.] <https://canpweb.org/canp/assets/File/AB%20890/AB%20890%20Summary%20Overview.pdf>
- CloseTheProviderGap.com. (n.d.). *Frequently Asked Questions: Nurse Practitioners and AB890*.
- Core Competencies Content Work Group. (2014). *Nurse Practitioner Core Competencies Content: A delineation of suggested content specific to the NP core competencies*. National Organization of Nurse Practitioner Faculties.
- GL Solutions. (2021, November 3). *Nurse Practitioner Study Eyes Scope of Practice, Labor Supply*. <https://glsolutions.com/nurse-practitioner-study-eyes-scope-of-practice-labor-supply/>
- Lo Sasso, A. T., Phelan, B. J., & Richards, M. R. (2022). *Occupational Licensing and the Healthcare Labor Market* [Working paper; Ser. 29665]. National Bureau of Economic Research.

Nurse Journal. (2021, May 19). *How Does Nurse Practitioner Authority Vary by State?*  
<https://www.nursepractitionerschools.com/faq/how-does-np-practice-authority-vary-by-state>

Nurse Journal. (2021, May 19). *What are the Nurse Practitioner Core Competencies?*  
<https://www.nursepractitionerschools.com/faq/what-are-the-np-core-competencies/5/19/2021>

Proffitt Lavin, R., Goodwin Veenema, T., Sasnett, L., Schneider-Firestone, S., Thornton, C. P., Saenz, D., Cobb, S., Shahid, M., Peacock, M., & Couig, M. P. (2022). Analysis of Nurse Practitioners' Educational Preparation, Credentialing, and Scope of Practice in U.S. Emergency Departments. *Journal of Nursing Regulation*, 12(4), 50–62.

Robeznieks Senior News Writer. (2021, October 19). *8 states defeat efforts to expand APRN scope of Practice*. American Medical Association. <https://www.ama-assn.org/practice-management/scope-practice/8-states-defeat-efforts-expand-aprn-scope-practice>

Simmons University. (2021, May 24). *State-by-state: Scope of practice for nurse practitioner* [blog post]. American Association of Nurse Practitioners. <https://online.simmons.edu/blog/nurse-practitioners-scope-of-practice-map-accessible/>