

CALIFORNIA BOARD OF REGISTERED NURSING GENERAL INSTRUCTIONS AND APPLICATION REQUIREMENTS REGARDING CLINICAL NURSE SPECIALIST (CNS) CERTIFICATION

GENERAL INSTRUCTIONS

I. General Application Requirements

Clinical Nurse Specialist certification eligibility requires the possession of a current, clear and active California RN license. The following must be submitted to the Board of Registered Nursing for Clinical Nurse Specialist certification purposes:

- 1. Completed Online Application for Clinical Nurse Specialist Certification.**
- 2. Clinical Nurse Specialist certification fee of \$500.00.**
- 3. Required documentation to determine certification eligibility. Please refer to the application requirements for Clinical Nurse Specialist certification (Page 5) and select the appropriate method by which to qualify.**

If you do not possess a current, clear and active California RN license and have never applied for a California RN license, an Application for California RN Licensure by Endorsement must also be submitted. If you have had a permanent California RN license, you must renew/reactivate the California RN license.

Clinical Nurse Specialist application fee is an earned fee; therefore, when an applicant is found ineligible the application fee is not refunded. Processing times for certification may vary, depending on the receipt of documentation from academic programs, associations/national organizations or evaluators. Processing a Clinical Nurse Specialist certification application indicating disciplinary action(s) and/or voluntary surrender(s) may take longer. A pending application file is not a public record; therefore, an applicant must sign a release of information before the Board of Registered Nursing will release information to the public, including employers, relatives or other third parties. Once you are certified, your address of record must be disclosed to the public upon request. All requests for information are mandatory.

GENERAL INSTRUCTIONS

II. Name and/or Address Changes

California Code of Regulations, Section 1409.1 requires that you notify the Board of Registered Nursing of all name and address changes within thirty (30) days of any change. You may call the Board of Registered Nursing regarding the change of address of record. If you have changed your name, please submit a letter of explanation regarding the requested name change plus applicable documentation such as a copy of a marriage certificate, divorce decree or a driver's license.

III. U.S. Social Security Number or Individual Taxpayer Identification Number (ITIN)

Disclosure of your U.S. Social Security Number/ITIN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C)) authorize collection of your U.S. Social Security Number/ITIN. Your U.S. Social Security Number/ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure, certification or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. **If you fail to disclose your U.S. Social Security Number/ITIN, your application for initial or renewal of licensure/certification will not be processed.** You will be reported to the Franchise Tax Board, who may assess a \$100 penalty against you.

ALERT: Effective July 1, 2012, the Board of Registered Nursing is required to deny an application for licensure and to suspend the license/certification/registration of any applicant or licensee who has outstanding tax obligations due to the Franchise Tax Board (FTB) of the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100.00. (AB 1424, Perea, Chapter 455, Statutes of 2011)

GENERAL INSTRUCTIONS

IV. Reporting ALL Discipline(s) and/or Voluntary Surrender(s) Against Licenses/Certificates

Applicants are required under law to report all disciplinary action(s) and/or voluntary surrender(s) against an applicant's clinical nurse specialist, registered nurse, practical nurse, vocational nurse or other professional license/certificate.

Failure to report prior disciplinary action(s) and/or voluntary surrender(s) is considered falsification of application and is grounds for denial of licensure/certification or revocation of license/certificate.

When reporting prior disciplinary action(s) and/or voluntary surrender(s), **applicants are required to provide a full written explanation of:** circumstances surrounding the disciplinary action(s) and/or voluntary surrender(s), the date of incident(s), disciplinary action(s) and/or voluntary surrender(s). State board determinations/decisions should also be included.

NOTE: Applicants must also submit a description of the rehabilitative changes in their lifestyle which would enable them to avoid future occurrences.

To make a determination in these cases, the Board of Registered Nursing considers the nature and severity of the offense, additional subsequent acts, recency of acts or crimes, compliance with court sanctions and evidence of rehabilitation.

The burden of proof lies with the applicant to demonstrate acceptable documented evidence of rehabilitation. Examples of rehabilitation evidence include, but are not limited to:

- Recent dated letter from applicant describing rehabilitative efforts or changes in life to prevent future problems.
- Letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse.
- Proof of community work, schooling, self-improvement efforts.

All of the above items should be mailed **directly** to the Board of Registered Nursing by the individual(s) or agency who is providing information about the applicant. Have these items sent to the Board of Registered Nursing, Licensing Unit – Advanced Practice Certification (CNS), P.O. Box 944210, Sacramento, CA 94244-2100.

It is the responsibility of the applicant to provide sufficient rehabilitation evidence on a timely basis so that a certification determination can be made.

An applicant is also required to immediately report, in writing, to the Board of Registered Nursing any disciplinary action(s) and/or voluntary surrender(s) which occur between the date the application was filed and the date that a California Clinical Nurse Specialist certificate is issued. Failure to report this information is grounds for denial of licensure/certification or revocation of license/certificate.

NOTE: The application must be completed and signed by the applicant under penalty of perjury.

GENERAL INSTRUCTIONS

V. Address Information

The Board of Registered Nursing's mailing address is:

Advanced Practice Unit – CNS Certification
Board of Registered Nursing
P. O. Box 944210, Sacramento, CA 94244-2100

The Board of Registered Nursing's street address for overnight mail is:

Advanced Practice Unit – CNS Certification
Board of Registered Nursing
1747 North Market Blvd., Suite 150, Sacramento, CA 95834

VI. Submission of Transcripts and Documents

Transcripts: Advanced Practice transcripts can be sent to our Board electronically from a certified third-party electronic transcripts vendor such as Parchment, National Student Clearinghouse*, or directly from your school. Electronic transcripts must be sent to **BRN.APRN.eTranscripts@dca.ca.gov**.

*If requesting transcripts via National Student Clearinghouse, refer to the Board's website for instructions for submission to ensure proper delivery of your electronic transcripts to the Board.

Required Documents: Additional required documents and forms will be accepted electronically. Required advanced practice forms and documents will not be accepted from applicants and will only be accepted from the appropriate school, national organizations, and associations electronically to the following Board email address: **BRN.APRN.eDocs@dca.ca.gov**.

VII. California Nursing Practice Act

California statutes and regulations pertaining to Registered Nurses/Clinical Nurse Specialists may be obtained by contacting:

LexisNexis at:
www.lexisnexis.com/bookstore (search: California Nursing)ervices

APPLICATION REQUIREMENTS FOR CLINICAL NURSE SPECIALIST (CNS) CERTIFICATION

METHOD ONE

Successful completion of a master's program with a clinical field of nursing which conforms with the standards set forth in the California Business and Professions Code Section 2838.2.

Documentation submitted directly to the Board of Registered Nursing:

1. Verification of the Completion of a Master's Degree in a Clinical Field of Nursing or Clinical Field Related to Nursing form submitted by the academic program. (Page 7)
2. Official transcripts for the completed master's program in a clinical field of nursing submitted by the academic program.
3. Verification of Clinical Nurse Specialist Clinical Experience form submitted by a valid verifier. (Page 9)

METHOD TWO

Certification by a national organization/association whose standards are equivalent to those set forth in the California Business and Professions Code Section 2838.2.

Documentation submitted directly to the Board of Registered Nursing:

1. Verification of the Completion of a Master's Degree in a Clinical Field of Nursing or Clinical Field Related to Nursing form submitted by the academic program. (Page 7)
2. Official transcripts for the completed master's program in a clinical field of nursing or clinical field related to nursing submitted by the academic program.
3. Verification of Clinical Nurse Specialist Certification by a National Organization/Association form submitted by the national organization/association. (Page 8)

Listed below are the national organization/associations that have met the Clinical Nurse Specialist certification requirements that are equivalent to the Board's standards for Clinical Nurse Specialist certification as defined in California Business and Professions Code Section 2838.2. A clinical nurse specialist (CNS) is a registered nurse with advanced education, who participates in expert clinical practice, education, research, consultation, and clinical leadership as the major components of his or her role.

American Association of Critical-Care Nurses

101 Columbia, Aliso Viejo, CA 92656-1491 (800) 899-2226 <http://www.aacn.org>

American Nurses Association - American Nurses Credentialing

Center (ANCC) 600 Maryland Ave., SW, Suite 100 West, Washington, DC 20024-2571 (800) 284-2378 <http://www.nursingworld.org/ancc>

Oncology Nursing Certification Corporation

501 Holiday Dr., Pittsburgh, PA 15220-2749 (412) 928-8597 <http://www.oncc.org>

(Above Information Subject to Change)

APPLICATION REQUIREMENTS FOR CLINICAL NURSE SPECIALIST (CNS) CERTIFICATION

VIII. HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES RECEIVE EXPEDITED REVIEW

Notwithstanding any other law, on and after July 1, 2016, a board within the department shall expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged (Business and Professions Code section 115.4.). If you would like to be considered for this expedited review and process, please provide the following documentation with your application:

1. Report of Separation form.

The report of separation form issued in most recent years is the **DD Form 214, Certificate of Release or Discharge from Active Duty**. Before January 1, 1950, several similar forms were used by the military services, including the WD AGO 53, WD AGO 55, WD AGO 53-55, NAVPERS 553, NAVMC 78PD and the NAVCG 553.

Information shown on the Report of Separation may include the service member's date and place of entry into active duty, date and place of release from active duty, last duty assignment and rank, military job specialty, military education, total creditable service, separation information, etc.



**VERIFICATION OF THE COMPLETION OF A MASTER'S DEGREE IN A
CLINICAL FIELD OF NURSING OR CLINICAL FIELD RELATED TO NURSING
(CNS)**

A. TO BE COMPLETED BY APPLICANT: Please complete Section A and forward to the program director/representative for the master's level academic program for completion. Official transcripts must include all completed course work with the master's degree status conferred and must be sent directly to the Board of Registered Nursing by the Registrar's Office/Transcript Office. A processing fee may be required for the submission of the official transcripts. Please print or type.

Name: (Last) (First) (Middle)	Previous Names (Including Maiden Name):
Address of Record: (Number & Street)	Date of Birth: (Month) (Day) (Year)
(City) (State) (Zip Code)	U.S. Social Security Number or Individual Taxpayer ID Number:
Telephone Number: Home () Work ()	California RN License Number: Expiration Date:
Name of Master's Level Academic Program:	
Entrance and Completion Dates:	Clinical Field:
Signature of Applicant: _____ Date: _____	

B. TO BE COMPLETED BY THE PROGRAM DIRECTOR/REPRESENTATIVE FOR THE MASTER'S LEVEL ACADEMIC PROGRAM: Please complete Part B regarding the above named applicant and return to the Board of Registered Nursing.

Name of Master's Academic Program:	Telephone Number: ()
Address: (Number & Street) (City) (State) (Zip Code)	
Clinical Field of Master's Program:	
Entrance and Completion Dates: From:	To:
(Month) (Day) (Year)	(Month) (Day) (Year)
Date Master's Degree Status Conferred:	
I certify under penalty of perjury that the documentation regarding the completion of the master's degree in a clinical field of nursing or clinical field related to nursing program for the above named applicant is true and correct.	
Signature: _____ Date: _____	
Title: _____ Telephone Number: () _____	



**VERIFICATION OF CLINICAL NURSE SPECIALIST (CNS) CERTIFICATION BY
A NATIONAL ORGANIZATION/ASSOCIATION
METHOD 2**

A. TO BE COMPLETED BY APPLICANT: Please complete Part A and submit to the applicable national organization/association to verify your Clinical Nurse Specialist certification status. **A fee is required by the national organization/association for the processing of the verification form.** Please print or type.

Name: (Last) (First) (Middle)		Previous Names (Including Maiden Name):	
Address of Record: (Number & Street)		Date of Birth: (Month) (Day) (Year)	
(City) (State) (Zip Code)		U.S. Social Security Number or Individual Taxpayer ID Number:	
Telephone Number: Home () Work ()		California RN License Number: Expiration Date:	
Name of Academic Program:			
Entrance and Completion Dates:		Clinical Field:	
Signature of Applicant: _____ Date: _____			

B. TO BE COMPLETED BY THE CERTIFYING NATIONAL ORGANIZATION/ASSOCIATION:

Please complete Part B regarding the above named applicant and return to the Board of Registered Nursing.

Name of Certifying National Organization/Association:		Telephone Number: ()	
Address: (Number & Street) (City) (State) (Zip Code)		Method of Certification:	
Certificate Number:		Original Date of Certification:	
Current Renewal Cycle Dates for Certification/Recertification: From: To: (If not applicable, please explain.) (Month) (Year) (Month) (Year)			

Clinical Nurse Specialist Specialty/Clinical Field:

I certify under penalty of perjury that the documentation regarding the Clinical Nurse Specialist certification status for the above named applicant is true and correct.

Signature: _____ Date: _____

Title: _____ Telephone Number: () _____ **(OFFICIAL SEAL)**



BOARD OF REGISTERED NURSING

PO Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 | F (916) 574-8637 | www.m.ca.gov

VERIFICATION OF CLINICAL NURSE SPECIALIST (CNS) CLINICAL EXPERIENCE

A. TO BE COMPLETED BY APPLICANT: Please complete Part A and submit to the appropriate verifier to evidence your clinical experience for the five nursing component areas. Please print or type.

Name: (Last) (First) (Middle)	Telephone Number: Home: () Work: ()
U.S. Social Security Number or Individual Taxpayer ID Number:	California RN License Number:

B. VERIFICATION OF CLINICAL NURSE SPECIALIST CLINICAL NURSING EXPERIENCE: Please complete Part B and return the completed form to the Board of Registered Nursing. A valid verifier of CNS clinical experience is one who is knowledgeable about the CNS's roles and must have observed you performing the roles for the five (5) advanced nursing component areas. **The person who has observed you only in your advanced practice setting in a field related to nursing (where you did not carry out the advanced nursing role) is not a valid verifier.**

Name of Verifier & Credentials: _____	Telephone Number: () _____
Position: _____	Profession: _____
Address: _____ (Number & Street) (City) (State) (Zip Code)	
Licensed By: _____	License Number: _____ Expiration Date: _____

Location of Clinical Nursing Experience: _____ (Name of Agency or Institution) (Address)	
Professional Relationship to Applicant: _____	
From: _____ Month) (Day) (Year)	To: _____ ((Month) (Day) (Year) Applicant's Clinical Specialty: _____

Please place a check mark (✓) in the appropriate square(s) to indicate the following advanced nursing component area(s) in which the above named applicant has participated for the above specified period of time:

- ☐ **Expert Clinical Nursing Practice** – Works with the staff to provide improved clinical care; assesses and intervenes in complex health care problems within the selected clinical specialty; management of client populations; mentor/preceptor for students.
- ☐ **Education** – Staff development; formal/informal classes; coaching; precepting; teaching in-services; community education; development of program materials; presentations.
- ☐ **Research** – Utilizes quality improvement as a basis for nursing care decision making process; stays abreast of current literature in clinical specialty; critical analysis of data; product evaluation; initiates research studies or publishes.
- ☐ **Consultation** – Provides clinical expertise and recommendations to physicians, other health care providers, insurance companies, patients and/or health organizations; review of standards and evaluation of policy and procedures for clinical practice; development of critical pathways or maps; internal (within the unit) and external (between units/agencies).
- ☐ **Clinical Leadership** – Professional involvement and development/participation in professional organizations; facilitating goal setting and achievement; serves as a change agent; leadership role in committees and nursing presentations; participation in setting and developing standards; publishing.

I certify under penalty of perjury that the **verification of clinical nurse specialist clinical experience** for the specified period for the above named applicant is true and correct.

Signature: _____ Date: _____



INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

Agency Name: BOARD OF REGISTERED NURSING	
Title of official responsible for information maintenance: EXECUTIVE OFFICER	
Address: P.O. BOX 944210, SACRAMENTO, CA 94244-2100	Telephone Number: (916) 322-3350
Authority which authorizes the maintenance of the information: SECTION 30, SECTION 2732.1(a), BUSINESS AND PROFESSIONS CODE	
ALL INFORMATION IS MANDATORY.	
The consequences, if any of not providing all or any part of the requested information: FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.	
The principal purpose(s) for which the information is to be used: TO DETERMINE ELIGIBILITY FOR LICENSURE. YOUR U.S. SOCIAL SECURITY NUMBER/ITIN WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 94-455 (42 USCA 405(c)(2)(C)) AUTHORIZE COLLECTION OF YOUR U.S. SOCIAL SECURITY NUMBER/ITIN. IF YOU FAIL TO DISCLOSE YOUR U.S. SOCIAL SECURITY NUMBER/ITIN, YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU. YOUR NAME AND ADDRESS LISTED ON THIS APPLICATION WILL BE DISCLOSED TO THE PUBLIC UPON REQUEST IF AND WHEN YOU BECOME LICENSED.	
Any known or foreseeable interagency or intergovernmental transfer which may be made of the information: POSSIBLE TRANSFER TO LAW ENFORCEMENT, OTHER GOVERNMENT AGENCIES AND REPORTING U.S. SOCIAL SECURITY NUMBER/ITIN TO THE FRANCHISE TAX BOARD OR FOR CHILD SUPPORT ENFORCEMENT PURPOSES PURSUANT TO SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE.	
EACH INDIVIDUAL HAS THE RIGHT TO REVIEW THE FILES ON RECORDS MAINTAINED ON THEM BY THE AGENCY, UNLESS THE RECORDS ARE EXEMPT FROM DISCLOSURE.	

MANDATORY REPORTER

Under California law each person licensed by the Board of Registered Nursing is a “Mandated Reporter” for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.

California Penal Code Section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both imprisonment and fine.

For further details about these requirements, consult Penal Code Section 11164, and subsequent sections.