

**State of California
Office of Administrative Law**

In re:
Board of Registered Nursing

Regulatory Action:

Title 16, California Code of Regulations

Amend sections: 1484

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Government Code Section 11349.3

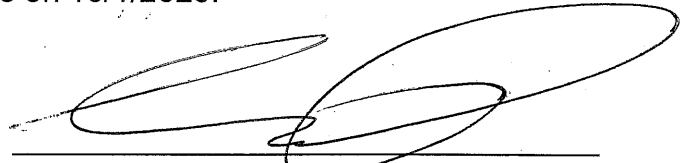
OAL Matter Number: 2025-0516-06

OAL Matter Type: Regular (S)

This rulemaking action by the Board of Registered Nursing replaces a previously incorporated document produced by the National Organization of Nurse Practitioner Faculties, "Nurse Practitioner Core Competencies Content" (2017), with a newer version, "Nurse Practitioner Role Core Competencies" (2022). This action also amends licensing requirements for both clinical preceptors and students in the nurse practitioner program for clinical preceptorships occurring outside of California.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 10/1/2025.

Date: June 27, 2025



Stephen P. Mehler
Senior Attorney

**For: Kenneth J. Pogue
Director**

**Original: Loretta Melby, Executive Officer
Copy: Ras Siddiqui**

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 10/2019)

REGULAR

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z-	2025-0516-065	
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY Board of Registered Nursing			

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

JUN 27 2025

3:36 pm

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE Nurse Practitioner Education		TITLE(S) 16	FIRST SECTION AFFECTED 1484	2. REQUESTED PUBLICATION DATE March 14, 2025
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON Marissa Clark	TELEPHONE NUMBER 916-574-7438	FAX NUMBER (Optional) 916-574-7700
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2025, 11-Z	PUBLICATION DATE 3/14/25

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Nurse Practitioner Education		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT	
TITLE(S) 16		AMEND 1484	
		REPEAL	
3. TYPE OF FILING			
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	
		<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____	
		<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only	
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) N/A			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> §100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal		<input checked="" type="checkbox"/> Other (Specify) <u>Kimberly Kirchmeyer, Director, Department of Consumer Affairs</u>	
7. CONTACT PERSON Ras Siddiqui	TELEPHONE NUMBER 916-574-7922	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) ras.siddiqui@dca.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 05/15/2025
TYPED NAME AND TITLE OF SIGNATORY Loretta Melby, Executive Officer, Board of Registered Nursing	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JUN 27 2025

Office of Administrative Law

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. BOARD OF REGISTERED NURSING

ORDER OF ADOPTION

Nurse Practitioner Education

Legend:	Added text is indicated with an <u>underline</u> . Deleted text is indicated by strikeout . Omitted text is indicated by (* * * *)
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§ 1484. Nurse Practitioner Education.

(a) The program of study preparing a nurse practitioner shall be approved by the board and be consistent with the nurse practitioner curriculum core competencies as specified by the National Organization of Nurse Practitioner Faculties (NONPF) in "Nurse Practitioner Role Core Competencies-Content" (20172022) which is hereby incorporated by reference.

(* * * *)

(f) Clinical Preceptor.

(1) A clinical preceptor in the nurse practitioner education program shall:

(A) If the clinical preceptorship is being provided in California, the preceptor shall
hold an active, valid, California license to practice his or her~~their~~ respective
profession and demonstrate current clinical competence.

(B) If the clinical preceptorship is being provided outside of California, the
preceptor shall hold an active, valid license to practice their respective profession
in the state where the clinical preceptorship is being performed in and demonstrate
current clinical competence.

(~~BC~~) Participate in teaching, supervising, and evaluating students, and shall be
competent in the content and skills being taught to the students.

(* * * *)

(g) Students shall hold either an active, valid California registered nurse license, or an
active, valid registered nurse license in the state they are receiving their preceptorship
in, to participate in nurse practitioner education program clinical experiences.

(h) Nurse Practitioner Education Program Curriculum.

(* * * *)

(7) The program may be full-time or part-time, and shall be consistent with standards as established by ~~The National Organization of Nurse Practitioner Faculties (NONPF)~~ in "Nurse Practitioner Role Core Competencies ~~Content~~" (2017~~2022~~) or the American Association of Colleges of Nursing (AACN) in "Criteria for Evaluation of Nurse Practitioner Programs" (2016), which is hereby incorporated by reference. The program must also include theory and supervised clinical practice.

(* * *)

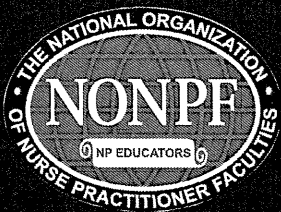
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NOTE: Authority cited: Sections 2715, 2835.7 and 2836, Business and Professions Code. Reference: Sections 2835, 2835.5, 2835.7, 2836, 2836.1, 2836.2, 2836.3 and 2837, Business and Professions Code.

2022

ADOPT

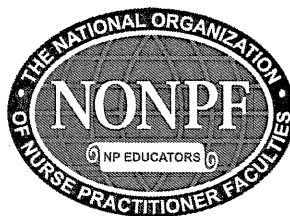
NURSE PRACTITIONER ROLE CORE COMPETENCIES



**The National Organization
of Nurse Practitioner Faculties**
Excellence in NP Education

The National Organization of Nurse Practitioner Faculties'

NURSE PRACTITIONER ROLE CORE COMPETENCIES



Excellence in NP Education

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INTRODUCTION

Since 1990, the National Organization of Nurse Practitioner Faculties (NONPF) has identified core competencies for all nurse practitioners (NPs). These represent the competencies achieved for entry into practice upon graduation from an NP educational program. In 2008, the NP Core Competency revisions were released to reflect NONPF's endorsement of the Doctor of Nursing Practice (DNP) as entry-level for NP practice. At that time, the core competencies were written at the doctoral level to measure and evaluate NP programs (NONPF, 2018).

In mid-2021, the NONPF Board charged the NONPF Curriculum Leadership Committee to revise the NP competencies to be congruent with the 2021 AACN Essentials. The committee drafted domains that were released in December 2021 and open for public comment. In March 2022, the committee released draft NP Role Core Competencies for public comment. All comments and edits were considered.

In July 2022, NONPF released the revised Nurse Practitioner Role Core Competencies, replacing the prior NP core competencies. They are written to be measured and evaluated at the clinical doctoral level. NONPF continues to endorse the DNP as entry into NP practice which is reflected in the competencies released.

These competencies are for entry to practice for all nurse practitioners regardless of population focus as the competencies are essential behaviors of all NPs. These competencies are demonstrated upon graduation and are necessary for NPs to meet the complex challenges of translating rapidly expanding knowledge into practice and function in a changing health care environment.

The NONPF NP Role Core Competencies cascade from The Essentials: Core Competencies for Professional Nursing Education, herein called the Essentials. The model of nursing education depicted in the Essentials, Figure 1 (page 22) defines Level 1 Entry-Level Professional Nursing Education sub-competencies and Level 2 Advanced-Level Nursing Education sub-competencies – and — specialty/role requirements/competencies. The NP Role Core Competencies are an extension of the Level 2 sub-competencies and are integrated with and complement the Essential competencies. NP Programs are to meet all the Essential competencies as well as NONPF's NP Role Core Competencies in the academic preparation of NP students. In addition, NP education programs are required to include three graduate-level courses delineated in The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education: Advanced physiology and pathophysiology, which includes general principles that apply across the lifespan; Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts, and approaches; and Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents (APRN Consensus Work Group & NCSBN APRN Advisory Committee, 2008).

The NP Role Core Competencies revisions include ten domains with unique NP descriptions. Each Domain has NP role-specific competencies. In some cases, the only difference between the NP Role Competencies and the Essential competency is the unique NP focus. In other cases, the domain has been expanded to include competencies specific to the NP scope of practice.

Nurse Practitioner graduates have knowledge, skills, and abilities that are essential to autonomous clinical practice. The NP Role Core Competencies are acquired through mentored patient care experiences with an emphasis on interprofessional practice; use of technology to deliver and enhance patient and population health outcomes; analytic skills for evaluating and providing evidence-based, person-centered care across settings; and advanced knowledge of the health care delivery system. Doctorally-prepared NPs apply knowledge of scientific foundations in practice for quality care and engage in practice inquiry to improve health outcomes, policy, and healthcare delivery. The competencies elaborated here build upon previous work that identified knowledge and skills essential to DNP NP competencies.

Using the Competency Table

The NP Role Core Competencies are an extension of the AACN Essential Level 2 sub-competencies and are integrated with and complement the Essential competencies. NP Programs are to meet all the Essential competencies as well as to NONPF's NP Role Core Competencies.

NONPF's Nurse Practitioner Role Core Competencies Table presented with the Essentials Level 2 Sub-Competencies to the left and the NP Role Competencies to the right. This design show how the NP Role Core Competencies are scaffolded from the AACN Essentials. The following pages present the complete table of competencies.

NONPF NP ROLE CORE COMPETENCIES

Domain 1: Knowledge of Nursing Practice

NP Domain 1: Knowledge of Practice

AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
Descriptor: Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.	The nurse practitioner integrates, translates, and applies established and evolving scientific knowledge from diverse sources as the basis for ethical clinical judgement, innovation, and diagnostic reasoning.
1.1 Demonstrate an understanding of the discipline of nursing's distinct perspective and where shared perspectives exist with other disciplines.	NP 1.1 Demonstrate an understanding of the discipline of nursing's and the NP's role distinct perspective and where shared perspectives exist with other disciplines.
1.1e Translate evidence from nursing science as well as other sciences into practice.	NP 1.1h: Integrate historical, foundational and population focused knowledge into NP practice.
1.1f Demonstrate the application of nursing science to practice.	NP 1.1i: Translate evidence from nursing science and other sciences into NP practice.
1.1g Integrate an understanding of nursing history in advancing nursing's influence in health care.	NP 1.1j: Evaluate the application of nursing science to NP practice.
1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences.	NP 1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences.
1.2f Synthesize knowledge from nursing and other disciplines to inform education, practice, and research.	NP 1.2k: Synthesize evidence from nursing and other disciplines to inform and improve NP practice at a micro, meso, and macro level.
1.2g Apply a systematic and defensible approach to nursing practice decisions.	NP 1.2l: Translate science-based theories and concepts to guide one's overall NP practice.
1.2h Employ ethical decision making to assess, intervene, and evaluate nursing care.	NP 1.2m: Employ ethical decision making to manage and evaluate patient care and population health.
1.2i Demonstrate socially responsible leadership.	NP 1.2n: Practice socially responsible leadership.
1.2j Translate theories from nursing and other disciplines to practice.	
1.3 Demonstrate clinical judgment founded on a broad knowledge base.	NP 1.3 Demonstrate clinical judgment founded on a broad knowledge base.
1.3d Integrate foundational and advanced specialty knowledge into clinical reasoning.	NP 1.3f: Demonstrate clinical judgement using a systematic approach to inform, improve, and advance NP practice processes and outcomes.
	NP 1.3g: Demonstrate clinical judgement to inform and improve NP practice based on the foundational knowledge of advanced physiology/pathophysiology, advanced health assessment and advanced pharmacology.
1.3e Synthesize current and emerging evidence to influence practice.	NP1.3h: Synthesize current and emerging evidence to influence NP practice.

Domain 2: Person-Centered Care

NP Domain 2: Person-Centered Care

AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
Descriptor: Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.	The nurse practitioner uses evidence-based and best practices to design, manage, and evaluate comprehensive person-centered care that is within the regulatory and educational scope of practice. Fundamental to person-centered care is respect for diversity, differences, preferences, values, needs, resources and determinates of health unique to the individual.
2.1 Engage with the individual in establishing a caring relationship.	NP 2.1 Engage with individuals and/or caregivers in establishing a caring relationship.
2.1d Promote caring relationships to effect positive outcomes.	NP 2.1f: Practice holistic person-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.
2.1e Foster caring relationships.	NP 2.1g: Engage in shared decision making with consideration of determinants of health.
2.2 Communicate effectively with individuals.	NP 2.2 Communicate effectively with individuals.
2.2g Demonstrate advanced communication skills and techniques using a variety of modalities with diverse audiences.	NP 2.2k: Utilize communication tools and techniques to promote therapeutic relationships with individuals and/or caregiver.
2.2h Design evidence-based, person-centered engagement materials.	NP 2.2l: Apply motivational interviewing techniques to engage individual and/or caregiver in management of health.
2.2i Apply individualized information, such as genetic/genomic, pharmacogenetic, and environmental exposure information in the delivery of personalized health care.	NP 2.2m: Communicate findings to the interprofessional team, including the preceptor, in a systematic, concise manner to accurately convey the health status of the patient.
2.2j Facilitate difficult conversations and disclosure of sensitive information.	NP 2.2n: Demonstrate empathy and compassion in communication with others.
2.3 Integrate assessment skills in practice.	NP 2.3 Integrate advanced assessment in NP practice.
2.3h Demonstrate that one's practice is informed by a comprehensive assessment appropriate to the functional area of advanced nursing practice.	NP 2.3i: Utilize advanced critical thinking to determine the appropriate focused or comprehensive relevant patient history.
	NP 2.3j: Apply advanced assessment skills to perform a comprehensive patient physical assessment utilizing appropriate techniques.
	NP 2.3k: Apply advanced assessment skills to perform a focused patient physical assessment utilizing appropriate techniques.
	NP 2.3l: Order the appropriate diagnostic and screening tests based on patient's risk factors and chief complaint.
	NP 2.3m: Identify health risk factors.
	NP 2.3n: Evaluate determinants of health that may influence the patient's well-being.
	NP 2.3o: Utilize appropriate evidence-based screening tools. NP 2.3p: Document comprehensive history, screening, and assessment.

Domain 2: Person-Centered Care
NP Domain 2: Person-Centered Care

AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
2.4 Diagnose actual or potential health problems and needs.	NP 2.4 Diagnose actual or potential health problems and needs.
2.4f Employ context driven, advanced reasoning to the diagnostic and decision-making process.	NP 2.4h: Analyze physical findings to differentiate between normal, variations of normal, and signs of pathology to formulate actual and differential diagnoses.
2.4g Integrate advanced scientific knowledge to guide decision making.	NP 2.4i: Utilize diagnostic reasoning to formulate actual and differential diagnoses.
2.5 Develop a plan of care.	NP 2.5 Manage care of individuals
2.5h Lead and collaborate with an interprofessional team to develop a comprehensive plan of care.	NP 2.5k: Provide holistic person-centered care by developing a mutually acceptable, cost-conscious, and evidence-based plan of care.
2.5i Prioritize risk mitigation strategies to prevent or reduce adverse outcomes.	NP 2.5l: Synthesize data to develop and initiate a person-centered plan of care.
2.5j Develop evidence-based interventions to improve outcomes and safety.	NP 2.5m: Prescribe medications safely and accurately using patient data and following legal and regulatory guidelines.
	NP 2.5n: Order appropriate nonpharmacological interventions.
	NP 2.5o: Anticipate risks and take action to mitigate adverse events.
2.5k Incorporate innovations into practice when evidence is not available.	NP 2.5p: Incorporate health promotion, maintenance and restoration of health into plan of care.
2.6 Demonstrate accountability for care delivery.	NP 2.6 Demonstrate accountability for care delivery.
2.6e Model best care practices to the team.	NP 2.6k: Provide healthcare services within scope of practice boundaries, which include health promotion, disease prevention, anticipatory guidance, counseling, disease management, palliative, and end of life care.
2.6f Monitor aggregate metrics to assure accountability for care outcomes.	NP 2.6l: Collaborate with the interprofessional team to formulate a plan of care.
2.6g Promote delivery of care that supports practice at the full scope of education.	NP 2.6m: Order consultations or referrals based on evidence and standards of professional care.
2.6h Contribute to the development of policies and processes that promote transparency and accountability.	NP 2.6n: Document the comprehensive care provided.
2.6i Apply current and emerging evidence to the development of care guidelines/tools.	NP 2.6o: Engage caregivers and support systems in care planning for the individual.
2.6j Ensure accountability throughout transitions of care across the health continuum.	
2.7 Evaluate outcomes of care.	NP 2.7 Evaluate outcomes of care.
2.7d Analyze data to identify gaps and inequities in care and monitor trends in outcomes.	NP 2.7g: Evaluate individual outcomes based on evidence-based interventions.
2.7e Monitor epidemiological and system-level aggregate data to determine healthcare outcomes and trends.	NP 2.7h: Revise plan of care based on effectiveness.
2.7f Synthesize outcome data to inform evidence-based practice, guidelines, and policies.	NP 2.7i: Analyze data to evaluate interventions, inequities, and gaps in care.

Domain 2: Person-Centered Care

NP Domain 2: Person-Centered Care

AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
2.8 Promote self-care management.	NP 2.8 Promote self-care management.
2.8f Develop strategies that promote self-care management.	NP 2.8k: Integrate the principles of self-care management.
2.8g Incorporate the use of current and emerging technologies to support self-care management.	
2.8h Employ counseling techniques, including motivational interviewing, to advance wellness and self-care management.	
2.8i Evaluate adequacy of resources available to support self-care management.	NP 2.8l: Incorporate coaching in patient and family self-care management.
2.8j Foster partnerships with community organizations to support self-care management.	
2.9 Provide care coordination.	NP 2.9 Provide care coordination.
2.9f Evaluate communication pathways among providers and others across settings, systems, and communities.	NP 2.9k: Implement evidence-based guidelines and strategies that enable effective transitions of care and care coordination.
2.9g Develop strategies to optimize care coordination and transitions of care.	
2.9h Guide the coordination of care across health systems.	
2.9i Analyze system-level and public policy influence on care coordination.	
2.9j Participate in system-level change to improve care coordination across settings.	

Domain 3: Population Health

NP Domain 3: Population Health

AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
Descriptor: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes. (Kindig & Stoddart, 2003; Kindig, 2007; Swartout & Bishop, 2017; CDC, 2020).	The nurse practitioner partners, across the care continuum, with public health, healthcare systems, community, academic community, governmental, and other entities to integrate foundational NP knowledge into culturally competent practices to increase health promotion and disease prevention strategies in effect the care of populations.
3.1 Manage population health.	NP 3.1 Manage population health.
3.1j Assess the efficacy of a system's capability to serve a target sub-population's healthcare needs.	NP 3.1o: Evaluate outcomes of population health using available sources of data to inform NP practice, guidelines, and policies.
3.1k Analyze primary and secondary population health data for multiple populations against relevant benchmarks.	
3.1l Use established or evolving methods to determine population-focused priorities for care.	
3.1m Develop a collaborative approach with relevant stakeholders to address population healthcare needs, including evaluation methods.	NP 3.1p: Integrate findings of population health data to impact competent care.
3.1n Collaborate with appropriate stakeholders to implement a sociocultural and linguistically responsive intervention plan.	
3.2 Engage in effective partnerships.	
3.2d Ascertain collaborative opportunities for individuals and organizations to improve population health.	NP 3.2i: Contribute clinical expertise and knowledge from advanced practice to interprofessional efforts to protect and improve health.
3.2e Challenge biases and barriers that impact population health outcomes.	
3.2f Evaluate the effectiveness of partnerships for achieving health equity.	
3.2g Lead partnerships to improve population health outcomes.	
3.2h Assess preparation and readiness of partners to organize during natural and manmade disasters.	
3.3 Consider the socioeconomic impact of the delivery of health care.	NP 3.3 Consider the socioeconomic impact of the delivery of health care.
3.3c Analyze cost-benefits of selected population-based interventions.	NP 3.3g: Appraise ethical, legal, and social factors to guide population health policy development.
3.3d Collaborate with partners to secure and leverage resources necessary for effective, sustainable interventions.	
3.3e Advocate for interventions that maximize cost-effective, accessible, and equitable resources for populations.	
3.3f Incorporate ethical principles in resource allocation in achieving equitable health.	

Domain 3: Population Health

NP Domain 3: Population Health

AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
3.4 Advance equitable population health policy.	NP 3.4 Advance equitable population health policy.
3.5f Appraise advocacy priorities for a population.	
3.5g Strategize with an interdisciplinary group and others to develop effective advocacy approaches.	
3.5h Engage in relationship-building activities with stakeholders at any level of influence, including system, local, state, national, and/or global.	
3.5i Demonstrate leadership skills to promote advocacy efforts that include principles of social justice, diversity, equity, and inclusion.	
3.5 Demonstrate advocacy strategies.	NP 3.5 Demonstrate advocacy strategies.
3.5f Appraise advocacy priorities for a population.	
3.5g Strategize with an interdisciplinary group and others to develop effective advocacy approaches.	
3.5h Engage in relationship-building activities with stakeholders at any level of influence, including system, local, state, national, and/or global.	
3.5i Demonstrate leadership skills to promote advocacy efforts that include principles of social justice, diversity, equity, and inclusion.	
3.6 Advance preparedness to protect population health during disasters and public health emergencies.	NP 3.6 Advance preparedness to protect population health during disasters and public health emergencies.
3.6f Collaboratively initiate rapid response activities to protect population health.	NP 3.6k: Summarize the unique roles and responsibilities of NPs in emergency preparedness and disaster response.
3.6g Participate in ethical decision making that includes diversity, equity, and inclusion in advanced preparedness to protect populations.	
3.6h Collaborate with interdisciplinary teams to lead preparedness and mitigation efforts to protect population health with attention to the most vulnerable populations.	3.6l: Collaborate with a team to advance preparedness for potential public health emergencies.
3.6i Coordinate the implementation of evidence-based infection control measures and proper use of personal protective equipment.	
3.6j Contribute to system-level planning, decision making, and evaluation for disasters and public health emergencies.	NP 3.6m: Evaluate the impact of globalization on population health.

Domain 4: Scholarship for the Nursing Discipline**NP Domain 4: Practice Scholarship and Translational Science**

AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
Descriptor: The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care (AACN, 2018).	The nurse practitioner generates, appraises, synthesizes, translates, integrates, and disseminates knowledge to improve person-centered health and systems of care.
4.1 Advance the scholarship of nursing.	NP 4.1 Advance the scholarship of NP nursing practice.
4.1h Apply and critically evaluate advanced knowledge in a defined area of nursing practice.	NP 4.1n: Translate advanced practice knowledge to inform practice and patient outcomes.
4.1i Engage in scholarship to advance health.	
4.1j Discern appropriate applications of quality improvement, research, and evaluation methodologies.	NP 4.1o: Lead scholarly activities resulting in the focus of the translation and dissemination of contemporary evidence into practice.
4.1k Collaborate to advance one's scholarship.	
4.1l Disseminate one's scholarship to diverse audiences using a variety of approaches or modalities.	NP 4.1p: Apply clinical investigative skills to improve health outcomes.
4.1m Advocate within the interprofessional team and with other stakeholders for the contributions of nursing scholarship.	
4.2 Integrate best evidence into nursing practice.	NP 4.2 Integrate best evidence into NP practice.
4.2f Use diverse sources of evidence to inform practice.	NP 4.2l: Evaluate quality improvement processes and evidence-based outcomes.
4.2g Lead the translation of evidence into practice.	
4.2h Address opportunities for innovation and changes in practice.	NP 4.2m: Disseminate findings from quality improvement, implementation science, and research to improve healthcare delivery and patient outcome.
4.2i Collaborate in the development of new/revised policy or regulation in the light of new evidence.	
4.2j Articulate inconsistencies between practice policies and best evidence.	
4.2k Evaluate outcomes and impact of new practices based on the evidence.	NP 4.3 Promote the ethical conduct of scholarly activities.
4.3 Promote the ethical conduct of scholarly activities.	
4.3e Identify and mitigate potential risks and areas of ethical concern in the conduct of scholarly activities.	
4.3f Apply IRB guidelines throughout the scholarship process.	NP 4.3j: Translate knowledge from clinical practice to improve population health outcomes through diversity, equity, and inclusion.
4.3g Ensure the protection of participants in the conduct of scholarship.	
4.3h Implement processes that support ethical conduct in practice and scholarship.	NP 4.3k: Utilize ethical principles to ensure participant safety through scholarship activities.
4.3i Apply ethical principles to the dissemination of nursing scholarship.	

Domain 5: Quality and Safety

NP Domain 5: Quality and Safety

AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
Descriptor: Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.	The nurse practitioner utilizes knowledge and principles of translational and improvement science methodologies to improve quality and safety for providers, patients, populations, and systems of care.
5.1 Apply quality improvement principles in care delivery.	NP 5.1 Apply quality improvement principles in care delivery.
5.1i Establish and incorporate data driven benchmarks to monitor system performance.	NP 5.1p: Systematically evaluate quality and outcomes of care using quality improvement principles.
5.1j Use national safety resources to lead team-based change initiatives.	
5.1k Integrate outcome metrics to inform change and policy recommendations.	
5.1l Collaborate in analyzing organizational process improvement initiatives.	
5.1m Lead the development of a business plan for quality improvement initiatives.	NP 5.1q: Evaluate the relationships and influence of access, populations, cost, quality, and safety on healthcare.
5.1n Advocate for change related to financial policies that impact the relationship between economics and quality care delivery.	
5.1o Advance quality improvement practices through dissemination of outcomes.	NP 5.1r: Evaluate the impact of organizational systems in healthcare to include care processes, financing, marketing, and policy.
5.2 Contribute to a culture of patient safety.	
5.2g Evaluate the alignment of system data and comparative patient safety benchmarks.	NP 5.2k: Build a culture of safety through quality improvement methods and evidence-based interventions.
5.2h Lead analysis of actual errors, near misses, and potential situations that would impact safety.	
5.2i Design evidence-based interventions to mitigate risk.	
5.2j Evaluate emergency preparedness system-level plans to protect safety.	
5.3 Contribute to a culture of provider and work environment safety.	NP 5.3 Contribute to a culture of provider and work environment safety.
5.3e Advocate for structures, policies, and processes that promote a culture of safety and prevent workplace risks and injury.	
5.3f Foster a just culture reflecting civility and respect.	
5.3g Create a safe and transparent culture for reporting incidents.	
5.3h Role model and lead well-being and resiliency for self and team.	

Domain 6: Interprofessional Partnerships
NP Domain 6: Interprofessional Collaboration in Practice

AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
<p>Descriptor: Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.</p>	<p>The nurse practitioner collaborates with the interprofessional team to provide care through meaningful communication and active participation in person-centered and population-centered care.</p>
<p>6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.</p>	<p>NP 6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.</p>
<p>6.1g Evaluate effectiveness of interprofessional communication tools and techniques to support and improve the efficacy of team-based interactions.</p>	<p>NP 6.1m: Engage in collaboration with multiple interprofessional stakeholders (e.g. individuals, community, integrated health care teams, and policy makers) to impact a diverse and inclusive healthcare system.</p>
<p>6.1h Facilitate improvements in interprofessional communications of individual information (e.g. EHR).</p>	<p>NP 6.1n: Demonstrate equitable and quality health care through interprofessional collaboration with the health care team.</p>
<p>6.1i Role model respect for diversity, equity, and inclusion in team-based communications.</p>	<p>NP 6.1o: Advocate for the patient as a member of the health care team.</p>
<p>6.1j Communicate nursing's unique disciplinary knowledge to strengthen interprofessional partnerships.</p>	
<p>6.1k Provide expert consultation for other members of the health care team in one's area of practice.</p>	<p>NP 6.1p: Demonstrate sensitivity to diverse organizations, cultures, and populations.</p>
<p>6.1l Demonstrate capacity to resolve interprofessional conflict.</p>	
<p>6.2 Perform effectively in different team roles, using principles and values of team dynamics.</p>	<p>NP 6.2 Perform effectively in different team roles, using principles and values of team dynamics.</p>
<p>6.2g Integrate evidence-based strategies and processes to improve team effectiveness and outcomes.</p>	<p>NP 6.2k: Assume different roles (e.g. member, leader) within the interprofessional, health care team.</p>
<p>6.2h Evaluate the impact of team dynamics and performance on desired outcomes.</p>	
<p>6.2i Reflect on how one's role and expertise influences team performance.</p>	
<p>6.2j Foster positive team dynamics to strengthen desired outcomes.</p>	
<p>6.3 Use knowledge of nursing and other professions to address healthcare needs.</p>	<p>NP 6.3 Use knowledge of nursing and other professions to address healthcare needs.</p>
<p>6.3d Direct interprofessional activities and initiatives.</p>	

Domain 6: Interprofessional Partnerships**NP Domain 6: Interprofessional Collaboration in Practice**

AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.	NP 6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.
6.4e Practice self-assessment to mitigate conscious and implicit biases toward other team members.	NP 6.4j: Promote a climate of respect, dignity, inclusion, integrity, civility, and trust to foster collaboration within the health care team.
6.4f Foster an environment that supports the constructive sharing of multiple perspectives and enhances interprofessional learning.	
6.4g Integrate diversity, equity, and inclusion into team practices.	NP 6.4k: Collaborate to develop, implement, and evaluate healthcare strategies to optimize safe, effective systems of care.
6.4h Manage disagreements, conflicts, and challenging conversations among team members.	
6.4i Promote an environment that advances interprofessional learning.	

Domain 7: Systems-Based Practice

NP Domain 7: Health Systems

AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
Descriptor: Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, and equitable care to diverse populations.	The nurse practitioner demonstrates organizational and systems leadership to improve healthcare outcome.
7.1 Apply knowledge of systems to work effectively across the continuum of care.	NP 7.1 Apply knowledge of systems to work effectively across the continuum of care.
7.1e Participate in organizational strategic planning.	NP 7.1i: Apply knowledge of organizational practices and complex systems to improve healthcare delivery.
7.1f Participate in system-wide initiatives that improve care delivery and/or outcomes.	
7.1g Analyze system-wide processes to optimize outcomes.	
7.1h Design policies to impact health equity and structural racism within systems, communities, and populations.	
7.2 Incorporate consideration of cost-effectiveness of care.	NP 7.2 Incorporate consideration of cost-effectiveness of care.
7.2g Analyze relevant internal and external factors that drive healthcare costs and reimbursement.	NP 7.2m: Demonstrate fiduciary stewardship in the delivery of quality care.
7.2h Design practices that enhance value, access, quality, and cost-effectiveness.	
7.2i Advocate for healthcare economic policies and regulations to enhance value, quality, and cost-effectiveness.	
7.2j Formulate, document, and disseminate the return on investment for improvement initiatives collaboratively with an interdisciplinary team.	
7.2k Recommend system-wide strategies that improve cost-effectiveness considering structure, leadership, and workforce needs.	
7.2l Evaluate health policies based on an ethical framework considering cost-effectiveness, health equity, and care outcomes.	
7.3 Optimize system effectiveness through application of innovation and evidence-based practice.	7.3 Optimize system effectiveness through application of innovation and evidence-based practice.
7.3e Apply innovative and evidence-based strategies focusing on system preparedness and capabilities.	
7.3f Design system improvement strategies based on performance data and metrics.	
7.3g Manage change to sustain system effectiveness.	
7.3h Design system improvement strategies that address internal and external system processes and structures that perpetuate structural racism and other forms of discrimination in healthcare systems.	

Domain 8: Informatics and Healthcare Technologies**NP Domain 8: Technology and Information Literacy**

AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
<p>Descriptor: Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.</p>	<p>The nurse practitioner envisions, appraises, and utilizes informatics and healthcare technologies to deliver care.</p>
<p>8.1 Describe the various information and communication technology tools used in the care of patients, communities, and populations.</p>	<p>NP 8.1 Appraise the available information and communication technologies used in the care of patients, communities, and populations.</p>
<p>8.1g Identify best evidence and practices for the application of information and communication technologies to support care.</p>	<p>NP 8.1l: Evaluate technologies and communication platforms in the care of patients.</p>
<p>8.1h Evaluate the unintended consequences of information and communication technologies on care processes, communications, and information flow across care settings.</p>	
<p>8.1i Propose a plan to influence the selection and implementation of new information and communication technologies.</p>	
<p>8.1j Explore the fiscal impact of information and communication technologies on health care.</p>	
<p>8.1k Identify the impact of information and communication technologies on workflow processes and healthcare outcomes.</p>	
<p>8.2 Use information and communication technology to gather data, create information, and generate knowledge.</p>	<p>8.2 Use information and communication technologies to gather data, create information, and generate knowledge.</p>
<p>8.2f Generate information and knowledge from health information technology databases.</p>	<p>NP 8.2k: Analyze data to impact care delivery at the person, population, or systems' levels.</p>
<p>8.2g Evaluate the use of communication technology to improve consumer health information literacy.</p>	
<p>8.2h Use standardized data to evaluate decision-making and outcomes across all systems levels.</p>	<p>NP 8.2l: Use technology systems to generate, analyze, and interpret data on variables for the evaluation of healthcare.</p>
<p>8.2i Clarify how the collection of standardized data advances the practice, understanding, and value of nursing and supports care.</p>	
<p>8.2j Interpret primary and secondary data and other information to support care.</p>	<p>NP 8.2m: Select appropriate technology and communication tools to promote engagement and share credible information that is congruent with patient needs, values, and learning styles.</p>

Domain 8: Informatics and Healthcare Technologies**NP Domain 8: Technology and Information Literacy**

AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
8.3 Use information and communication technologies and informatics processes to deliver safe nursing care to diverse populations in a variety of settings.	NP 8.3 Use information and communication technologies and informatics processes to deliver safe care to diverse populations in a variety of settings.
8.3g Evaluate the use of information and communication technology to address needs, gaps, and inefficiencies in care.	
8.3h Formulate a plan to influence decision-making processes for selecting, implementing, and evaluating support tools.	
8.3i Appraise the role of information and communication technologies in engaging the patient and supporting the nurse-patient relationship.	
8.3j Evaluate the potential uses and impact of emerging technologies in health care.	
8.3k Pose strategies to reduce inequities in digital access to data and information.	
8.4 Use information and communication technology to support documentation of care and communication among providers, patients, and all system levels.	NP 8.4 Use information and communication technology to support documentation of care and communication among providers, patients, and all system levels.
8.4e Assess best practices for the use of advanced information and communication technologies to support patient and team communications.	NP 8.4h: Assess the patient's and caregiver's learning and communication needs to address gaps in access, knowledge, and information literacy.
8.4f Employ electronic health, mobile health, and telehealth systems to enable quality, ethical, and efficient patient care.	NP 8.4i: Evaluate the design and implementation of clinical information systems within the contexts of quality care, accountability, ethics, and cost-effectiveness.
8.4g Evaluate the impact of health information exchange, interoperability, and integration to support patient-centered care.	
8.5 Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards, and workplace policies in the delivery of care.	NP 8.5 Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards, and workplace policies in the delivery of care.
8.5g Apply risk mitigation and security strategies to reduce misuse of information and communication technology.	NP 8.5m: Use information technology safely, legally, and ethically to manage data to ensure quality care and organizational accountability to promote interprofessional communication.
8.5h Assess potential ethical and legal issues associated with the use of information and communication technology.	
8.5i Recommend strategies to protect health information when using communication and information technology.	
8.5j Promote patient engagement with their personal health data.	
8.5k Advocate for policies and regulations that support the appropriate use of technologies impacting health care.	
8.5l Analyze the impact of federal and state policies and regulation on health data and technology in care settings.	

Domain 9: Professionalism
NP Domain 9: Professional Acumen

AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
<p>Descriptor: Formation and cultivation of a sustainable professional identity, including accountability, perspective, collaborative disposition, and comportment, that reflects nursing's characteristics and values.</p>	<p>The nurse practitioner demonstrates the attributes and perspectives of the nursing profession and adherence to ethical principles while functioning as a committed equal partner of the interprofessional health care team.</p>
<p>9.1 Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.</p>	<p>NP 9.1 Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.</p>
<p>9.1h Analyze current policies and practices in the context of an ethical framework.</p>	<p>NP 9.1l: Demonstrate the ability to apply ethical principles in complex health care situations.</p>
<p>9.1i Model ethical behaviors in practice and leadership roles.</p>	<p>NP 9.1m: Develop strategies to prevent one's own personal biases from interfering with delivery of quality care.</p>
<p>9.1j Suggest solutions when unethical behaviors are observed.</p>	<p>NP 9.1n: Actively seeks opportunities for continuous improvement in professional practice.</p>
<p>9.1k Assume accountability for working to resolve ethical dilemmas.</p>	
<p>9.2 Employ participatory approach to nursing care.</p>	<p>NP 9.2 Employ participatory approach to NP care.</p>
<p>9.2h Foster opportunities for intentional presence in practice.</p>	<p>NP 9.2m: Demonstrate an NP professional identity.</p>
<p>9.2i Identify innovative and evidence-based practices that promote person-centered care.</p>	
<p>9.2j Advocate for practices that advance diversity, equity, and inclusion.</p>	<p>NP 9.2n: Demonstrate accountability to practice within the regulatory standard and scope of educational preparation.</p>
<p>9.2k Model professional expectations for therapeutic relationships.</p>	
<p>9.2l Facilitate communication that promotes a participatory approach.</p>	
<p>9.3 Demonstrate accountability to the individual, society, and the profession.</p>	<p>NP 9.3 Demonstrate accountability to the individual, society, and profession.</p>
<p>9.3i Advocate for nursing's professional responsibility for ensuring optimal care outcomes</p>	<p>NP 9.3p: Participate in professional organizations to advance the NP profession and improve health.</p>
<p>9.3j Demonstrate leadership skills when participating in professional activities and/or organizations.</p>	
<p>9.3k Address actual or potential hazards and/or errors.</p>	
<p>9.3l Foster a practice environment that promotes accountability for care outcomes.</p>	
<p>9.3m Advocate for policies/practices that promote social justice and health equity.</p>	<p>NP 9.3q: Reflect on past experiences to guide present and future practice.</p>
<p>9.3n Foster strategies that promote a culture of civility across a variety of settings.</p>	
<p>9.3o Lead in the development of opportunities for professional and interprofessional activities.</p>	

Domain 9: Professionalism
NP Domain 9: Professional Acumen

AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
9.4 Comply with relevant laws, policies, and regulations.	NP 9.4 Comply with relevant laws, policies, and regulations.
9.4d Advocate for policies that enable nurses to practice to the full extent of their education.	NP 9.4i: Advocate for policies that support population focus NPs to practice at the full extent of their education.
9.4e Assess the interaction between regulatory agency requirements and quality, fiscal, and value-based indicators.	
9.4f Evaluate the effect of legal and regulatory policies on nursing practice and healthcare outcomes.	NP 9.4j: Articulate the regulatory process that guides NP practice at the national and individual state level.
9.4g Analyze efforts to change legal and regulatory policies that improve nursing practice and health outcomes.	
9.4h Participate in the implementation of policies and regulations to improve the professional practice environment and healthcare outcomes.	NP 9.4k: Analyze laws, policies, and regulations to describe scope of practice in future population focus.
9.5 Demonstrate the professional identity of nursing.	NP 9.5 Demonstrate the professional identity of nursing.
9.5f Articulate nursing's unique professional identity to other interprofessional team members and the public.	NP 9.5j: Articulate NPs unique professional identity to other interprofessional team members and the public.
9.5g Evaluate practice environment to ensure that nursing core values are demonstrated.	
9.5h Identify opportunities to lead with moral courage to influence team decision-making.	NP 9.5k: Demonstrate the ability to effectively educate and mentor peers, students or members of the interprofessional healthcare team.
9.5i Engage in professional organizations that reflect nursing's values and identity.	
9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.	NP 9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.
9.6d Model respect for diversity, equity, and inclusion for all team members.	
9.6e Critique one's personal and professional practices in the context of nursing's core values.	
9.6f Analyze the impact of structural and cultural influences on nursing's professional identity.	
9.6g Ensure that care provided by self and others is reflective of nursing's core values.	
9.6h Structure the practice environment to facilitate care that is culturally and linguistically appropriate.	
9.6i Ensure self and others are accountable in upholding moral, legal, and humanistic principles related to health.	

**Domain 10: Personal, Professional,
and Leadership Development**

**NP Domain 10: Personal and
Professional Leadership**

AACN Essentials Advanced-Level Nursing Education	NONPF Nurse Practitioner (NP) Role Core Competencies
Descriptor: Participation in activities and self-reflection that foster personal health, resilience, and well-being; contribute to lifelong learning; and support the acquisition of nursing expertise and the assertion of leadership.	The nurse practitioner participates in professional and personal growth activities to develop a sustainable progression toward professional and interpersonal maturity, improved resilience, and robust leadership capacity.
10.1 Demonstrate a commitment to personal health and well-being.	NP 10.1 Demonstrate a commitment to personal health and well-being.
10.1c Contribute to an environment that promotes self-care, personal health, and well-being.	NP 10.1e: Create an environment that promotes self-care, health, and well-being.
10.1d Evaluate the workplace environment to determine level of health and well-being.	NP 10.1f: Support for whole person health and holistic well-being of self.
10.2 Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.	NP 10.2 Demonstrate professional maturity.
10.2g Demonstrate cognitive flexibility in managing change within complex environments.	NP 10.2k: Demonstrate responsibility to practice in the NP population focus area defined by your education, certification and license.
10.2h Mentor others in the development of their professional growth and accountability.	NP 10.2l: Employ empathy to communicate effectively.
10.2i Foster activities that support a culture of lifelong learning.	NP 10.2m: Conduct self in a professional manner.
10.2j Expand leadership skills through professional service.	NP 10.2n: Uphold standards of the NP profession.
10.3 Develop capacity for leadership.	NP 10.3 Develop capacity for leadership.
10.3j Provide leadership to advance the nursing profession.	NP 10.3r: Articulate the complex leadership role of the NP.
10.3k Influence intentional change guided by leadership principles and theories.	NP 10.3s: Execute leadership skills in the translation of new knowledge to improve outcomes.
10.3l Evaluate the outcomes of intentional change.	
10.3m Evaluate strategies/methods for peer review.	NP 10.3t: Provide leadership on teams, and in different team roles, across a variety of practice settings.
10.3n Participate in the evaluation of other members of the care team.	
10.3o Demonstrate leadership skills in times of uncertainty and crisis.	NP 10.3u: Mentor peers.
10.3p Advocate for the promotion of social justice and eradication of structural racism and systematic inequity in nursing and society.	
10.3q Advocate for the nursing profession in a manner that is consistent, positive, relevant, accurate, and distinctive.	NP 10.3v: Engage in advocacy efforts to address health disparities, social justice, and equity to improve healthcare outcomes.

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Nurse Practitioner Core Competencies Content

A delineation of suggested content specific to the NP core competencies

2017

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* The 2017 Nurse Practitioner Core Competencies Content publication aligns the competencies with the 2016 Adult-Gerontology Acute Care And Primary Care NP Competencies.

REPEAL

Nurse Practitioner Core Competencies with Suggested Curriculum Content 2017

In the development of the nurse practitioner (NP) population-focused competencies, a task force had extensive discussions of competencies vs. content. The task force concluded that it would be beneficial to programs if some content could be included as exemplars of how to support curriculum development for addressing a competency. Within the 2013 edition of the NP population-focused competencies, the final column in each population's competency table presents the respective competency work group's ideas of relevant content.

NONPF convened a work group to identify the suggested curriculum content for the NP Core Competencies. This work group consisted of members of the task force that prepared the 2014 edition of the NP Core Competencies, as well as additional representation from the NONPF Board and Curricular Leadership Committee. A sub-group of the NONPF Curricular Leadership Committee completed a review of the draft content, and the work group incorporated the review feedback into the final document presented herein. Please see the cover page for a list of work group members and an acknowledgment of the reviewers.

The table that follows includes the NP Core Competencies and a list of suggested curriculum content. NONPF does not intend for the requirement of all of this content, nor is the content list comprehensive for all that a program would cover with population-focused competencies. The content column reflects only suggestions for content relative to the core competencies. This document should be used in combination with the population-focused competencies.

Competency Area	NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</i>
Scientific Foundation Competencies	<ol style="list-style-type: none"> 1. Critically analyzes data and evidence for improving advanced nursing practice. 2. Integrates knowledge from the humanities and sciences within the context of nursing science. 3. Translates research and other forms of knowledge to improve practice processes and outcomes. 4. Develops new practice approaches based on the integration of research, theory, and practice knowledge. 	<p>Comparison of patient data sets with evidence-based standards to improve care</p> <p>Scientific foundations to practice, including, but not limited to, knowledge of advanced pathophysiology, pharmacology, physiology, genetics, and communication skills</p> <p>Science from other disciplines relevant to health care</p>

Competency Area	NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</i>
		<p>Theories/conceptual frameworks/principles for practice:</p> <ul style="list-style-type: none"> • Translational research that guides practice • Critical evaluation of research findings • Mid-range nursing theories and concepts to guide nursing practice • Evidence-based care • Physiologic • Communication • Developmental • Genetic • Behavior change • Population health <p>Critical thinking development:</p> <ul style="list-style-type: none"> • Evidence appraisal • Formulating a practice problem • Use of science-based theories and concepts to assess, enhance, and ameliorate health care delivery phenomena • Use of PICO questions to initiate research and quality improvement projects <p>Qualitative and quantitative research and quality improvement methods</p> <p>Ethical and legal protection of human subjects</p> <p>Inquiry processes and practices related to health literacy, vulnerable populations, and culture</p> <p>Monitoring of health outcomes</p>
Leadership Competencies	<ol style="list-style-type: none"> 1. Assumes complex and advanced leadership roles to initiate and guide change. 2. Provides leadership to foster collaboration with multiple 	<p>Content related to:</p> <ul style="list-style-type: none"> • Crisis management and leadership • Stress management (for staff and patient/family) • Teams and teamwork, including team leadership, building

Competency Area	NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</i>
	<p>stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.</p> <p>3. Demonstrates leadership that uses critical and reflective thinking.</p> <p>4. Advocates for improved access, quality and cost effective health care.</p> <p>5. Advances practice through the development and implementation of innovations incorporating principles of change.</p> <p>6. Communicates practice knowledge effectively, both orally and in writing.</p> <p>7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.</p>	<p>effective teams, and nurturing team</p> <p>Leadership, change, and management theories with application to practice</p> <p>Political processes, political decision making processes, and health care advocacy</p> <p>Problem solving:</p> <ul style="list-style-type: none"> • Influencing and negotiation • Conflict management • Strategic thinking • Managing change <p>Business development:</p> <ul style="list-style-type: none"> • High reliability organization principles • Building and maintaining effective teams • Project management concepts • Principles of effective decision making • Principles of change management • Civility • Principles of innovation <p>Communications:</p> <ul style="list-style-type: none"> • Scholarly writing, manuscript, and abstract preparation • Structuring and presenting persuasive arguments <p>Peer review:</p> <ul style="list-style-type: none"> • Publications • Presentations • Research • Practice. <p>Leadership development:</p>

Competency Area	NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</i>
		<ul style="list-style-type: none"> • Skills to influence decision-making bodies at the system, state, or national level • Interprofessional leadership • Assuming leadership positions in professional, political, or regulatory organizations • Structure and functions of editorial/board roles • Ethical and critical decision making, effective working relationships, and a systems-perspective <p>Concepts of strategic planning process</p> <p>Leadership styles</p> <p>How to lead change in practice, manage practice changes</p> <ul style="list-style-type: none"> • Monitoring implementation and fidelity • Adaptation of change to patients, providers and organizational needs and resources • Interim feedback on achievements and efficiencies • Interpretation of data and articulating evidence <p>Self-reflection of leadership style e.g., personal leadership strengths and weaknesses; working with diverse skills sets and diverse teams</p>
Quality Competencies	<ol style="list-style-type: none"> 1. Uses best available evidence to continuously improve quality of clinical practice. 2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care. 3. Evaluates how organizational structure, care processes, financing, marketing, and policy decisions impact the quality of health care. 4. Applies skills in peer review to promote a culture of 	<p>Quality Safety Education in Nursing (QSEN) principles and content</p> <p>Evaluation of outcomes of care such as quality improvement projects with an evaluation component</p> <p>Reflective practice Culture of safety</p> <p>Quality improvement processes and practices</p> <p>Knowledge of quality improvement methods such as:</p> <ul style="list-style-type: none"> • Plan-Do-Study Act • Six Sigma

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	<p>excellence.</p> <p>5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality</p>	<p>Cost benefit analysis</p> <p>Peer review process</p> <ul style="list-style-type: none"> • Reviewer • Reviewee <p>Collaborative team processes and practices</p> <p>Leadership skills for leading change for quality clinical practice</p> <p>Methods and measures of quality assurance during transitions of care</p> <p>Laws and rules to enhance quality such as</p> <ul style="list-style-type: none"> • Meaningful use • Federal, state, and local quality data sources and indicators
Practice Inquiry Competencies	<p>1. Provides leadership in the translation of new knowledge into practice.</p> <p>2. Generates knowledge from clinical practice to improve practice and patient outcomes.</p> <p>3. Applies clinical investigative skills to improve health outcomes.</p> <p>4. Leads practice inquiry, individually or in partnership with others.</p> <p>5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.</p> <p>6. Analyzes clinical guidelines for individualized application into practice</p>	<p>Leadership for role in practice improvement</p> <p>Clinical investigation strategies:</p> <ul style="list-style-type: none"> • Identifying clinical practice problems • Appraising evidence for application to practice (e.g., design, methods, tools, analysis) • Literature search methods, including, but not limited to, the PICO Model to define a clinical questions and search for the best clinical evidence <p>Use of electronic databases, such as electronic health records:</p> <ul style="list-style-type: none"> • Assessing clinical practice • Reviewing patient technology • Exploring behaviors and risk factors • Using data to support evidence based changes in clinical management • Template development

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		<p>Patient management, including, but not limited to, discerning gaps in care and barriers to care needing resolution during patient encounters</p> <p>Project development and management:</p> <ul style="list-style-type: none"> • Synthesis and translation/extrapolation of research to selected populations • Frameworks to guide projects • Quality improvement methods • Assessment of resources needed and available for projects • Competing priorities of patients, payers, providers, and suppliers • Data-based, needs assessment for project • Processes used in conducting projects based on current and best evidence, including evaluation of the application of evidence or inquiry to the population of concern • Evaluation of outcomes (for health status of patient and population as well as system outcomes) • Evaluation of why expected results were or were not attained and lessons learned • Making recommendations for further work • Addressing issues of sustainability of project findings <p>Dissemination of work and findings:</p> <ul style="list-style-type: none"> • Abstract and manuscript writing to support the dissemination of project/research outcomes • Discussion of clinically meaningful results that may or may not be statistically significant • Presentation skill development with modification for different audiences

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		<p>Integration of findings:</p> <ul style="list-style-type: none"> • Results, methods, and tools, as appropriate, into care delivery • Identification of best practices • Opportunities for multidisciplinary team/inter-professional collaboration for patient care • Development and use of clinical guidelines • Use of clinical judgment to improve practice • Application of evidence to validate or change policy <p>Evaluation of alternative care delivery models and treatments, including costs, cost benefits, and return on investment</p> <p>Institutional review board policies and processes</p> <p>Interprofessional research and scholarship exemplars and opportunities</p>
Technology and Information Literacy Competencies	<ol style="list-style-type: none"> 1. Integrates appropriate technologies for knowledge management to improve health care. 2. Translates technical and scientific health information appropriate for various users' needs. <ol style="list-style-type: none"> 2.a Assesses the patient's and caregiver's educational needs to provide effective, personalized health care. 2.b Coaches the patient and caregiver for positive behavioral change. 3. Demonstrates information literacy skills in complex decision making. 4. Contributes to the design of clinical information systems 	<p>Technology available in clinical practice:</p> <ul style="list-style-type: none"> • Electronic resources that identify current evidenced-based care • Electronic resources that enhance patient safety • Technological care delivery systems • Telehealth • Information databases used by health care systems • Electronic communication with other professionals and patients • Encrypted and unencrypted technology • Electronic resources to support differential diagnosis, algorithmic thinking, and medical record review • Templates for documentation in nursing care • Use of electronic datasets to evaluate practice and improve quality, cost, and efficiency of care <p>Technology available to support education:</p> <ul style="list-style-type: none"> • Standardized patient encounters • Electronic/computer based learning modules based on characteristics such as cultural literacy, educational level,

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	<p>that promote safe, quality and cost effective care.</p> <p>5. Uses technology systems that capture data on variables for the evaluation of nursing care.</p>	<p>and home assessment</p> <ul style="list-style-type: none"> • Coaching/teaching resources adapted to population, health literacy, and age of patient learning styles, • Age-appropriate concepts and development of educational tools • Use of applications for references at point of care <p>Using telehealth to provide care for the adult population, considering benefits, methods, differences, and regulatory issues.</p> <p>IT resources such as:</p> <ul style="list-style-type: none"> • Informatics competencies from Technology Informatics Guiding Education Reform (TIGER) initiative • American Medical Informatics Association (AMIA) <p>Use of electronic communication methods, including social media, with healthcare professionals, patients, families, and caregivers</p> <p>Compliance issues related to patient privacy with use of technology</p> <p>Population-appropriate clinical indicators for incorporation into information systems, such as electronic health records</p> <p>Use of technologies to monitor and evaluate clinical problems, e.g.</p> <ul style="list-style-type: none"> • Blood pressure • Vital signs • Glucose • Weight
Policy Competencies	<ol style="list-style-type: none"> 1. Demonstrates an understanding of the interdependence of policy and practice. 2. Advocates for ethical policies that promote access, equity, quality, and cost. 3. Analyzes ethical, legal, and social factors influencing policy 	<p>Policy analysis process:</p> <ul style="list-style-type: none"> • Political environment • Political feasibility • Economic feasibility • Implementation strategy and planning • Outcomes evaluation at local, state, national, and international levels

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	<p>development.</p> <p>4. Contributes in the development of health policy.</p> <p>5. Analyzes the implications of health policy across disciplines.</p> <p>6. Evaluates the impact of globalization on health care policy development.</p> <p>7. Advocates for policies for safe and healthy practice environments.</p>	<ul style="list-style-type: none"> • Specific NP role for influencing health care agenda and patient advocacy <p>Health policy and health care reform:</p> <ul style="list-style-type: none"> • Federal budget • National health priorities • Methods for appropriation of funding • Vulnerable populations and needs • The relationship between the USPSTF guidelines and Affordable Care Act implementation <p>Legislative and regulatory processes:</p> <ul style="list-style-type: none"> • Origin of laws • Regulatory process • How to influence/impact passage of laws and their translation into regulation • Health care financing and third party reimbursement <p>Population health model and its impact on policy planning</p> <p>Introduction of global issues:</p> <ul style="list-style-type: none"> • Infections • Travel • Immigration • Disasters/terrorism • Access to health care <p>Ethical issues in health care planning:</p> <ul style="list-style-type: none"> • Fairness • Equity and health disparities • Access and resource allocation • Health behavior • Social determinants of health

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		<p>Comparative health systems</p> <p>Proactive and responsive use of media</p> <p>Barriers to NP practice</p> <p>Legislative process and resources, e.g., Congress.gov</p> <p>Policy theories</p> <p>Examples of policy making at multiple levels and individual and collective contributions to shape policy</p>
Health Delivery System Competencies	<ol style="list-style-type: none"> 1. Applies knowledge of organizational practices and complex systems to improve health care delivery. 2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering. 3. Minimizes risk to patients and providers at the individual and systems level. 4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders. 5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment. 6. Analyzes organizational structure, functions and resources to improve the delivery of care. 7. Collaborates in planning for transitions across the continuum of care. 	<p>Organizational practices:</p> <ul style="list-style-type: none"> • Organizational structure, tables of organization • Organizational decision making • Organizational theory • Principles of management <p>Interprofessional collaborative partnerships</p> <p>Informatics/information systems:</p> <ul style="list-style-type: none"> • Interpreting variations in outcomes • Use of data to improve practice • Use of collateral information • Organizational delivery subsystems, (e.g. electronic prescription writing-pharmacy software) <p>Needs assessment of populations served:</p> <ul style="list-style-type: none"> • Socioeconomic and cultural factors • Unique population needs • System resources to meet population needs (e.g. use interpreters to facilitate communication) • Community resources/system outreach to community • Diversity among providers

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		<p>Financial issues:</p> <ul style="list-style-type: none"> • Financial business principles • Health care system financing • Reimbursement systems • Resource management • Billing and coding principles <p>Interprofessional/team competencies:</p> <ul style="list-style-type: none"> • Communication (theory) • Collaboration • Conflict resolution • Consultations/referrals • Team building • Values and ethics • Roles and responsibilities <p>Safety and quality:</p> <ul style="list-style-type: none"> • Cost-effective care • Legal/ethical issues • Research and quality improvement • Continuous quality improvement • Quality and Safety Education in Nursing <p>Transitional care:</p> <ul style="list-style-type: none"> • Navigating transitions across health care settings • Coordination of services <p>Planning, delivering and/or evaluating models of care:</p> <ul style="list-style-type: none"> • Models of planned change • Process and evaluation design implementation • Evaluation models • Process of proposing changes in practice

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		<p>Legislative and regulatory issues:</p> <ul style="list-style-type: none"> • Relevant and current issues (e.g., Accountable Care Act implementation) • Process of health care legislation • Scope and standards of practice • Cultural competence • Theories of vulnerability • Social determinants of health <p>Policy and advocacy:</p> <ul style="list-style-type: none"> • Reducing environmental health risks • Implications of health policy • Variations in policy
Ethics Competencies	<ol style="list-style-type: none"> 1. Integrates ethical principles in decision making. 2. Evaluates the ethical consequences of decisions. 3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care. 	<p>Ethics in decision making:</p> <ul style="list-style-type: none"> • Ethical considerations in decision making in clinical practice • Applications of ethical principles in policy making and in care delivery • Sources of information to facilitate ethical decision making <ul style="list-style-type: none"> - theories of ethical decision making - ethics committee - genetic counseling - clinical research - legal statutes - cultural sensitivity - scope of practice <p>Evaluation of ethical decisions:</p> <ul style="list-style-type: none"> • Methods of evaluating outcomes (long-term and short-term) • Debriefing and assessment of outcomes • Ethical frameworks. <p>Population-specific complex ethical issues occurring in clinical practice</p>

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		<p>System-specific resources to implement ethical decisions (e.g. hospice care, palliative care)</p> <p>Spiritual resources for patients and families (e.g., on site and media based)</p>
Independent Practice Competencies	<ol style="list-style-type: none"> 1. Functions as a licensed independent practitioner. 2. Demonstrates the highest level of accountability for professional practice. 3. Practices independently managing previously diagnosed and undiagnosed patients. <ol style="list-style-type: none"> 3.a Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end-of-life care. 3.b Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings. 3.c Employs screening and diagnostic strategies in the development of diagnoses. 3.d Prescribes medications within scope of practice. 3.e Manages the health/illness status of patients and families over time. 4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making. <ol style="list-style-type: none"> 4.a Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration. 4.b Creates a climate of patient- centered care to include 	<p>Clinical decision making based on evidence and patient/provider partnership</p> <p>Current and emerging professional standards</p> <p>Novice to expert continuum of clinical practice</p> <p>Political, policy and regulatory issues regarding licensure, national certification, and scope of practice.</p> <p>Leadership approaches for employment contract negotiation, networking, and advancing professional standards and roles</p> <p>Application of select sciences to practice:</p> <ul style="list-style-type: none"> • Pharmacology • Physiology • Pathophysiology <p>Specific areas of assessment, including but not limited to:</p> <ul style="list-style-type: none"> • Physical • Psychosocial • Developmental • Family • Psychiatric mental health • Oral health <p>Screenings</p> <p>Diagnostics (tests, labs)</p> <p>Specific procedures</p>

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	<p>confidentiality, privacy, comfort, emotional support, mutual trust, and respect.</p> <p>4.c Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care. duplicate.</p> <p>4.d Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.</p> <p>4e. Develops strategies to prevent one's own personal biases from interfering with delivery of quality care.</p> <p>4f. Addresses cultural, spiritual, and ethnic influences that potentially create conflict among individuals, families, staff and caregivers.</p> <p>5. Educates professional and lay caregivers to provide culturally and spiritually sensitive, appropriate care</p> <p>6. Collaborates with both professional and other caregivers to achieve optimal care outcomes.</p> <p>7. Coordinates transitional care services in and across care settings.</p> <p>8. Participates in the development, use, and evaluation of professional standards and evidence-based care.</p>	<p>Health promotion, prevention, and disease management</p> <p>Pharmacology and complementary alternative therapies</p> <p>Provider-patient relationship:</p> <ul style="list-style-type: none"> • Role of culture in patient-centered care • Contracting a management plan with patient and/or family • Culture of trust in interpersonal relationship w/patient and/or families <p>Business of practice:</p> <ul style="list-style-type: none"> • Legal, business, and ethical issues • How to set up, finance and evaluate a practice , • Writing a business plan <p>Cultural issues</p> <p>Concepts of life-long learning</p>

