

CERTIFICATION
EXAMINATION
FOR
NURSE LIFE CARE
PLANNERS

HANDBOOK FOR CANDIDATES

CNLCP

Testing Periods

Application Deadline: February 28, 2012

Testing Begins: Saturday, April 14, 2012

Testing Ends: Saturday, April 28, 2012

Application Deadline: April 30, 2012

Testing Begins: Saturday, July 14, 2012

Testing Ends: Saturday July 28, 2012

Application Deadline: August 31, 2012

Testing Begins: Saturday, October 13, 2012

Testing Ends: Saturday October 27, 2012

Application Deadline: August 31, 2012

Paper and Pencil Testing: Date TBD, at AANLCP conference



PROFESSIONAL TESTING CORPORATION®

1350 BROADWAY · 17th FLOOR
NEW YORK, NY 10018
(212) 356-0660
WWW.PTCNY.COM

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CERTIFICATION

The Certified Nurse Life Care Planner (CNLCP®) Certification Board endorses voluntary certification by examination for all nurse life care planners. Registered nurses who meet eligibility requirements are eligible to take this examination. Certification in the specialty of nurse life care planning recognizes nurses who demonstrate a competent level of professional practice and conduct. Certification is an indication of current knowledge in a specialized area of practice.

PURPOSES OF CERTIFICATION

Certification in nurse life care planning provides formal recognition of life care planning knowledge and practice by

1. Formally recognizing those individuals who meet the eligibility requirements of the Certified Nurse Life Care Planner (CNLCP®) Certification Board and pass the Certification Examination for Nurse Life Care Planners or meet the requirements for the reciprocity method. Passing of the examination or meeting the reciprocity method requirements permits an RN to use the CNLCP credential.
2. Encouraging continued personal and professional growth in the practice of nurse life care planning.
3. Providing a standard of knowledge requisite for certification, thereby assisting the employer, public, and members of the health professions in the assessment of nurse life care planning.

ADMINISTRATION

The Certification Program is sponsored by the Certified Nurse Life Care Planner (CNLCP®) Certification Board. The Certification Examination for Nurse Life Care Planners is administered for the CNLCP® Certification Board by the Professional Testing Corporation (PTC), 1350 Broadway 17th Floor, New York, New York 10018, (212) 356 0660, www.ptcnyc.com. Questions concerning the examination should be referred to PTC.

ELIGIBILITY REQUIREMENTS

Candidates must meet the following eligibility criteria as of the application deadline indicated on the cover of the handbook:

- A. Be licensed as a Registered Nurse in the United States or the equivalent in other countries for at least the past five years. The license must be currently active, without any restrictions. **A copy of the current license must be submitted with the Application.**
- B. Have at least two years of full-time, paid nurse life care planning and/or case management experience, personally coordinating client services along the continuum of care.
- C. Candidates meeting criteria A and B must also meet one of the following eligibility routes pertaining to education and relevant experience:

Route 1: A minimum of 120 continuing nursing education units from a life care planning course within the past five (5) years immediately preceding the Application. This must be verified with Course Title, Provider Number, Date, and Location of Course.

OR

Route 2: A minimum of two years of life care planning experience within the past five years immediately preceding the Application. Experience must be verified on the Application by documentation from an employer or at least two referral sources.

OR

Route 3: Reciprocity: A copy of current Life Care Planner Certification (CLCP) and two letters verifying life care planning work experience for at least two years immediately preceding the submission of the Application. If the criteria are met in Route 3, reciprocity will be granted, thereby eliminating the need to sit for the Certified Nurse Life Care Planner (CNLCP) examination. The Application for Reciprocity (rather than the Application for the Certification Examination) must be submitted with the appropriate fees (see page 8).

ATTAINMENT OF CERTIFICATION AND RECERTIFICATION CRITERIA

Candidates who pass the Certification Examination for Nurse Life Care Planners or who are approved for the reciprocity method are eligible to use the registered designation CNLCP after their names and will receive certificates from PTC on behalf of the CNLCP® Certification Board. A registry of Certified Nurse Life Care Planners will be maintained by the Certified Nurse Life Care Planner (CNLCP®) Certification Board and may be reported in its publications.

Certification for Nurse Life Care Planners is recognized for a period of five (5) years at which time the candidate must retake and pass the current Certification Examination for Nurse Life Care Planners or meet such alternative requirements in effect at that time in order to retain certification.

Applications for Recertification along with proof of 60 continuing education units that comply with CNLCP® Certification Board recertification criteria are to be submitted as follows:

*Completed application and fees **must** be received by March 1 (if renewal is April) or September 1 (if renewal is October) for the year of renewal.

*Candidate must maintain an active, without restrictions, RN license throughout the certification period of five years.

*If recertification application is delinquent within 30 days of its expiration, there is a late fee of \$350.00.

*If recertification application is over 30 days of expiration, the candidate is no longer able to use the designation of CNLCP and must submit to retesting at the full testing fee of \$425.00 members, \$625.00 non-AANLCP members. To become a member, go to www.aanlcp.org.

*Candidate is responsible for maintaining a file of Certificates of Attendance/Course Completion and all continuing education units for five (5) years from date of certification.

REVOCATION OF CERTIFICATION

Certification will be revoked for any of the following reasons:

1. Falsification of an Application.
2. Failure to maintain an active, unrestricted RN license throughout certification period.
3. Revocation of current Registered Nurse license.
4. Misrepresentation of certification status.
5. Failure to apply for recertification within current CNLCP® Certification Board guidelines.

The Appeals Committee of the Certified Nurse Life Care Planner (CNLCP®) Certification Board provides the appeal mechanism for challenging revocation of Board certification. It is the responsibility of the individual to initiate any appeal process.

APPEALS

A. Eligibility

The appeal must be made in writing via certified letter to the Certified Nurse Life Care Planner (CNLCP®) Certification Board within 30 days of notification of ineligibility. The appeal should include a written explanation for the grounds for the appeal as well as any supportive documentation. The Certified Nurse Life Care Planner (CNLCP®) Certification Board will respond, in writing, within 30-90 days of receipt of the appeal request with a decision. The address for submission of appeals can be found on the CNLCP® Certification Board's website <http://www.cnlpcertboard.org>

B. Examination Appeals

Candidates with reason to believe that a discrepancy exists in the scoring and reporting of their test results may request a manual re-scoring of the test results through PTC within 30 days of notification of their scores via certified letter to the CNLCP® Certification Board. The letter must have documentation supporting the request. The CNLCP® Certification Board will respond in writing within 30-60 days of receipt of the request.

MISREPRESENTATION AND NONCOMPLIANCE POLICY

The Certified Nurse Life Care Planner (CNLCP®) Certification Board will investigate allegations concerning alleged misconduct by Certificants or CNLCPs. Reports of alleged misconduct must be in writing, signed, and submitted by certified mail to the Certified Nurse Life Care Planner (CNLCP®) Certification Board within 120 days of the alleged violation(s). Supporting documentation must accompany the complaint.

APPLICATION PROCEDURE

The Application and Handbook for Candidates and the Certification Examination for Nurse Life Care Planners may be viewed or downloaded on the CNLCP® Certification Board's website at www.cnlpcertboard.org or at www.ptcny.com. Read and follow the directions on the Application and in this Handbook for Candidates.

The Application for Reciprocity may also be viewed or downloaded on the CNLCP® Certification Board's website at www.cnlpcertboard.org or at www.ptcny.com.

COMPLETION OF APPLICATION

Complete or fill in as appropriate ALL information requested on the Application. Mark only one response unless otherwise indicated. An application that is not complete in its entirety will be sent back to the candidate and will need to be resubmitted following the original timeframes. **Candidates applying for Reciprocity must complete and submit the Application for Reciprocity only.**

NOTE: The name you enter on your Application must match exactly the name shown on your current government-issued photo ID such as driver's license or passport.

CANDIDATE INFORMATION: Starting at the top of the application, print your name, address, daytime phone number, evening phone number, e-mail address, and RN License number, state, and expiration date in the appropriate row of empty boxes. Include a copy of your current unrestricted nursing license. Only Registered Nurses with five years nursing experience are eligible to sit for this examination. Also indicate your choice of testing period.

BACKGROUND INFORMATION: All questions must be answered. Mark only one response unless otherwise indicated.

OPTIONAL INFORMATION: These questions are optional. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

VERIFICATION OF WORK EXPERIENCE: Candidates applying through Route 2 or Route 3 must have employer or at least two referral sources complete verification of work experience section.

SIGNATURE: When you have completed all required information, sign and date the Application in the space provided.

Mail the Application and required documentation with the appropriate fee (see FEES on page 8) and the required documentation (see CHECKLIST below) in time to be received by the deadline shown on the cover of this Handbook to:

CNLCP EXAMINATION
PROFESSIONAL TESTING CORPORATION
1350 Broadway – 17th Floor
New York, New York 10018

NOTE: Applications received after the deadline cannot be guaranteed acceptance.

CHECKLIST

To apply for the examination, be sure to include the following:

- A completed Application for the CNLCP Examination OR for Reciprocity
- A copy of a current, non-restricted RN license or computer-generated document from the candidate's State Board of Nursing demonstrating active licensure without restrictions
- The candidate's resume or curriculum vitae
- Full payment of the current required fee(s)
- Documentation as required in Route 1, 2, or 3

EXAMINATION ADMINISTRATION

The Certification Examination for Nurse Life Care Planners is administered during an established two-week testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by PSI. PSI has several hundred testing sites in the United States, as well as Canada. Scheduling is done on a first-come, first-serve basis. To find a testing center near you, visit: www.ptcny.com/cbt/sites.htm or call PSI at (800) 211-2754. Please note: Hours and days of availability vary at different centers. ***You will not be able to schedule your examination appointment until you have received an Eligibility Notice from PTC.***

ONLINE TESTING SOFTWARE DEMO

A Testing Software Demo can be viewed online by visiting <http://www.ptcny.com/cbt/demo.htm>. This online Testing Software Demo can give you an idea about the features of the testing software.

SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your Application has been received and processed, your eligibility will be verified. Within six (6) weeks prior to the first day of the testing window, you will be mailed an Eligibility Notice. The Eligibility Notice plus **current government-issued photo identification** must be presented in order to gain admission to the testing center. A candidate not receiving an Eligibility Notice or other correspondence at least three weeks before the beginning of the testing period should contact the Professional Testing Corporation by telephone at (212) 356-0660 with their fax number.

The Eligibility Notice will indicate where to call to schedule your examination appointment as well as the dates during which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Eligibility Notice in order to maximize your chance of testing at your preferred location and on your preferred date.

It is your responsibility as the candidate to call PSI to schedule the examination appointment.

It is highly recommended that you become familiar with the testing site.

Arrival at the testing site at the appointed time is the responsibility of the candidate. Please plan for weather, traffic, parking, and any security requirements that are specific to the testing location. Late arrival may prevent you from testing.

SPECIAL NEEDS

Special testing arrangements may be made for special needs individuals submitting the Application, examination fee, and a completed and signed Request for Special Accommodations Form, available from www.ptcny.com or by calling PTC at (212) 356-0660. Requests for special testing needs individuals must be received at least EIGHT weeks before the testing period begins.

Please notify PTC at least two weeks prior to your test appointment if you need to bring a service dog, medicine, food, or beverages necessary for a medical condition with you to the test center.

CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within the two-week testing period, you must contact PSI at (800) 211-2754 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment.

If you fail to arrive for your appointment or cancel without giving the required notice, you will forfeit your testing fee.

RULES FOR THE EXAMINATION

1. Electronic devices including but not limited to cell phones, pagers, palm pilots, Blackberries, Bluetooth type devices, voice recording devices, cameras, and MP3 players (IPOD, I-Touch, etc.) cannot be used during the examination.
2. No books, papers, or reference materials may be taken into nor removed from the examination room.
3. Simple, nonprogrammable calculators are permitted with the exception of calculators as part of cellular phones, Blackberries, etc. A calculator is also available on screen if needed.
4. No questions concerning content of the examination may be asked during the examination session. The candidate should read carefully the directions that are provided on screen at the beginning of the examination session.

FEES

Application fees for the Certification Examination for Nurse Life Care Planners or Reciprocity:

AANLCP Members	\$425.00
Non-members	\$625.00
Rescheduling of examination	\$200.00

Make check or money order payable to: CNLCP Examination. Visa, MasterCard, and American Express are also accepted. Please complete and sign the credit card payment form on the Application. **DO NOT SEND CASH.**

A candidate who does not take the examination may transfer to the next testing period for an additional fee of \$200.00. A written request must be received within four weeks of the original testing date and should be faxed to (212) 356-0678 or mailed to:

CNLCP EXAMINATION
PROFESSIONAL TESTING CORPORATION
1350 Broadway - 17th Floor
New York, New York 10018

Recertification Fees due at time of recertification:

AANLCP Members Recertification	\$375.00
AANLCP Non-Members Recertification	\$575.00
AANLCP Members Late Recertification (includes late fee of \$350 within 30 days of its expiration)	\$725.00
AANLCP Non-Members Late Recertification (includes late fee of \$350 within 30 days of its expiration)	\$925.00

To become a Member, go to www.aanlcp.org.

REFUNDS

There will be no refund of any fees.

REPORT OF RESULTS

Candidates will be notified within four weeks whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported to the candidate and the Certified Nurse Life Care Planner (CNLCP®) Certification Board. Successful candidates will also receive certificates from PTC on behalf of the Certified Nurse Life Care Planner (CNLCP®) Certification Board.

REEXAMINATION

The Certification Examination for Nurse Life Care Planners can be repeated two times upon filing of a new Application and fee. There must be a six (6) month waiting period between testing dates. The candidate must file a new Application and submit the full testing fee. After two failures to pass the examination, the candidate will be required to take a course on life care planning from a Board-approved program and show proof of passing.

CONFIDENTIALITY

1. The Certified Nurse Life Care Planner (CNLCP®) Certification Board will release the individual test scores ONLY to the individual candidate.
2. Any questions concerning test results should be referred to the Certified Nurse Life Care Planner (CNLCP®) Certification Board or the Professional Testing Corporation.

Upon request from individuals and/or the public, the Certified Nurse Life Care Planner (CNLCP®) Certification Board will verify the initial certification of a candidate as well as the date of renewal. Any disciplinary action will also be disclosed if a suspension and/or revocation of the CNLCP designation has been imposed.

CONTENT OF EXAMINATION

1. The Certification Examination for Nurse Life Care Planners is a computerized examination composed of a maximum of 250 multiple choice, objective questions with a total testing time of four (4) hours.
2. The content for the examination is described in the Content Outline starting on page 10.
3. The questions for the examination are obtained from individuals with expertise in nurse life care planning and are reviewed for construction, accuracy, and appropriateness by the Certified Nurse Life Care Planner (CNLCP®) Certification Board.
4. The Certified Nurse Life Care Planner (CNLCP®) Certification Board, with the advice and assistance of the Professional Testing Corporation, prepares the examination.
5. The Certification Examination for Nurse Life Care Planners will be weighted in approximately the following manner:
 - I. LIFE CARE PLANNING 35%
 - II. SPINAL CORD INJURIES 15%
 - III. BURNS AND AMPUTATIONS 10%
 - IV. ACQUIRED AND TRAUMATIC BRAIN INJURIES 15%
 - V. NEONATAL AND PEDIATRIC INJURIES/ILLNESSES 15%
 - VI. CHRONIC PAIN 10%

CONTENT OUTLINE

I. LIFE CARE PLANNING

- A. Definition and Principles
 - 1. Purpose
 - 2. Standards of Practice
 - 3. Ethical Considerations
 - a. Confidentiality
 - b. Informed Consent
 - c. Accountability
 - 4. Nursing Process
 - a. Assessment
 - b. Diagnosis
 - c. Plan
 - d. Implementation
 - e. Evaluation
- B. Life Care Plan
 - 1. Components
 - 2. Roles and Responsibilities of Nurse Life Care Planner
 - a. Assessment
 - 1. Interviewing
 - 2. Data Collection and Supportive Documentation
 - 3. Collaboration with Providers and Experts
 - b. Nursing Diagnosis
 - c. Outcome Identification
 - d. Planning and Implementation
 - 1. Cost Estimation
 - 2. Case Management of Life Care Plan
 - e. Evaluation
 - 3. Life Expectancy
- C. Litigation Process
 - 1. Legal Issues
 - a. Concepts
 - b. Tort Law
 - 2. Expert Testimony
 - 3. Trial/Deposition
 - a. Federal Rules of Evidence
 - b. Daubert Rule
 - c. Process
- D. Related Legislation
 - 1. Americans with Disabilities Act
 - 2. Rehabilitation Acts
 - 3. State and Federal Programs
- E. Rehabilitation Principles

II. SPINAL CORD INJURIES

- A. Anatomy and Physiology
 - 1. Cervical Level
 - 2. Thoracic Level
 - 3. Lumbar and Sacral Levels
 - 4. Clinical Syndromes (i.e., Cauda Equina, Central Cord, Brown-Sequard, Anterior Cord, Conus Medullaris)
- B. Neurological and Functional Classifications
 - 1. ASIA Impairment Scale
 - 2. FIM-FAM Scale
 - 3. Other
- C. Functional Losses and Associated Needs
 - 1. Medical Care
 - a. Evaluations
 - b. Therapy
 - c. Home Health Services

- d. Bowel and Bladder
- e. Sexuality Issues
- f. Potential Complications
- 2. Living Environment
 - a. Adaptive Equipment
 - b. Community Reintegration
 - 1. Mobility and Transportation
 - 2. Housing
 - 3. Vocational Adjustments
 - 4. Community Resources
- D. Psychosocial Aspects
 - 1. Client
 - 2. Family
 - 3. Other Supportive Systems

III. BURNS AND AMPUTATIONS

- A. Wounds
 - 1. Depth and Size
 - 2. Cellular and Vascular Responses
 - 3. Healing
 - 4. Treatment and Therapies
 - a. Grafting
 - b. Pressure Garments
 - c. Splinting
 - d. Prostheses
 - e. Specialized Therapies
- B. Equipment and Medical Supplies
- C. Complications
 - 1. Surgical
 - 2. Soft Tissue and Bone Injury
 - 3. Infection
 - 4. Neurologic
 - 5. Other
- D. Psychosocial Aspects
 - 1. Client
 - 2. Family
 - 3. Other Supportive Systems

IV. ACQUIRED AND TRAUMATIC BRAIN INJURIES

- A. Pathophysiology
 - 1. Primary Injury
 - 2. Secondary Injury
 - 3. Complications
- B. Measures of Injury Severity
 - 1. Glasgow Coma Scale
 - 2. Duration of Coma
 - 3. Duration of Post-Traumatic Amnesia
 - 4. Levels of Cognitive Functioning
 - 5. Other
- C. Outcome Predictors
 - 1. Premorbid Characteristics
 - 2. Clinical Presentation
 - 3. Neurologic Imaging
- D. Outcomes
 - 1. Cognitive Losses
 - 2. Behavioral Changes
 - 3. Social Isolation
 - 4. Functional Losses

- E. Rehabilitation
 - 1. Medical Care
 - 2. Neuropsychological Evaluations
 - 3. Therapies
 - 4. Home Health Services
 - 5. Potential Complications
- F. Psychosocial Aspects
 - 1. Client
 - 2. Family
 - 3. Other Supportive Systems

V. NEONATAL AND PEDIATRIC INJURIES/ILLNESSES

- A. Types of Cerebral Palsy
 - 1. Spastic
 - 2. Dyskinetic
 - 3. Hypotonic
- B. Problems Associated with Cerebral Palsy
 - 1. Neurologic
 - 2. Musculoskeletal
 - 3. Gastrointestinal
 - 4. Communication Disorders
 - 5. Behavioral and Emotional
- C. Management
 - 1. Medical Care
 - a. Evaluations
 - b. Therapies
 - c. Home Health Services
 - d. Medications
 - e. Surgery
 - 2. Growth and Developmental Considerations
 - 3. Schooling and Education
- D. Community Resources
 - 1. Collateral Sources of Funding
 - 2. Family

VI. CHRONIC PAIN

- A. Pathophysiology
- B. Assessment
- C. Management
 - 1. Medication
 - a. Types
 - b. Delivery Systems
 - 2. Cognitive Behavioral Methods
 - 3. Devices
 - a. Implantable
 - b. Noninvasive
 - 4. Nerve Blocks
 - 5. Neuroablation
- D. Psychosocial Aspects
 - 1. Client
 - 2. Family
 - 3. Other Supportive Systems

SAMPLE EXAMINATION QUESTIONS

In the following questions, choose the one best answer.

-
1. Collateral funding is most likely to be available from
1. religious organizations.
 2. state and federal agencies.
 3. managed care organizations.
 4. private health insurance companies.
-
2. According to the ASIA scale, which of the following best describes the degree of impairment for A?
1. No sensory or motor function preserved in the sacral segment S4-5
 2. Motor function normal but no sensory function preserved in the sacral segment S4-5
 3. Sensory but no motor function preserved below neurological level of injury
 4. Motor function preserved below neurological level of injury and majority of key muscles below neurological level of injury have a grade less than 3
-
3. In legal terminology, the complaint is best described as
1. evidence given by a competent witness.
 2. the formal process of obtaining information in preparation for litigation.
 3. a pleading filed with the court which initiates a legal action.
 4. a statement sworn to before an officer who has authority to administer an oath.
-
4. The life care plan should be written to achieve maximum
1. client independence.
 2. client satisfaction.
 3. settlement for client.
 4. adherence to treatment.
-
5. The pons area of the brain controls
1. vision.
 2. breathing.
 3. involuntary movement.
 4. sexual activity.

ANSWERS TO SAMPLE QUESTIONS:

1.2 2.1 3.3 4.1 5.2

REFERENCES

The Certified Nurse Life Care Planner (CNLCP®) Certification Board has prepared a suggested reference list to assist in preparing for the Certification Examination for Nurse Life Care Planners. These references contain journals and textbooks which include information of significance to life care planning. This list does not attempt to include all acceptable references nor is it suggested that the Certification Examination for Nurse Life Care Planners is necessarily based on these references.

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PTC12016

Application for Certification Reciprocity for Nurse Life Care Planners



Background Information

H. ARE YOU CURRENTLY OR HAVE YOU EVER BEEN CERTIFIED AS A CNLCP?

- No
- Yes, currently certified. Certification expires (indicate year): _____
- Yes, previously certified by certification. Lapsed on (indicate month/year): _____/_____/_____

I. ORGANIZATIONS TO WHICH YOU BELONG:

(Select all that apply)

- American Nurses Association
- Amer. Assoc. of Legal Nurse Consultants
- Case Management Society of America
- Association of Rehabilitation Nurses
- Sigma Theta Tau
- National Institute of Case Managers
- International Association of Rehabilitation Professionals /International Academy of Life Care Planners

J. HAVE YOU RECEIVED CERTIFICATION THROUGH RECIPROCITY BEFORE?

- No Yes

If yes, indicate month, year, and name under which reciprocity was given.

Date (month/year): _____

Name: _____

K. YEARS OF WORK EXPERIENCE AS AN RN:

- 5 years 9 to 12 years
- 6 to 8 years Over 12 years

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

Race:

- African American Native American
- Asian White
- Hispanic Other

Age Range:

- Under 25 40 to 49
- 25 to 29 50 to 59
- 30 to 39 60+

Gender:

- Male
- Female

Work Experience

Supervisor Name (please print)	Institution/Organization	Address
Title	City, State, Zip	Phone

Supervisor Name (please print)	Institution/Organization	Address
Title	City, State, Zip	Phone

Candidate Signature

I have read the Handbook for Candidates and understand that I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete. Information on a candidate's initial certification date, renewal dates, and any CNLCP suspensions or revocation of CNLCP will be released by the CNLCP® Certification Board upon request to any public entity or agency. By signing this Application, I am providing authorization for release of this information and for the use of aggregate data. Personal information outside of CNLCP status will not be accessed and/or released without my approval.

CANDIDATE SIGNATURE: _____ **DATE:** _____

CREDIT CARD PAYMENT *If you want to charge your application fee on your credit card provide all of the following information.*

Name (as it appears on your card): _____

Address (as it appears on your statement): _____

Charge my credit card for the total fee of: \$ _____

Expiration date (month/year): _____ / _____

Card type: Visa MasterCard American Express

Card Number: _____

SIGNATURE: _____

FOR OFFICE USE ONLY

Date _____ 0840

Date

Fee: _____

CC Check

35257

