

CERTIFICATION
EXAMINATION
FOR
SCHOOL
NURSES

Handbook for Candidates

WINTER 2010 TESTING PERIOD

Application Deadline: December 31, 2009
Testing Begins: Saturday, February 20, 2010
Testing Ends: Saturday, March 6, 2010

SUMMER 2010 TESTING PERIOD

Application Deadline: May 31, 2010
Testing Begins: Saturday, July 24, 2010
Testing Ends: Saturday, August 7, 2010



National Board for
Certification of
School Nurses, Inc.



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

TEST PREPARATION RECOMMENDATIONS FROM
RECENTLY CERTIFIED SCHOOL NURSES:

- ❖ Identify weak areas and utilize appropriate sources for review
- ❖ Read and review immunization schedules, contraindications, and concerns
- ❖ Review a growth and development chapter in a current pediatrics nursing textbook

CERTIFICATION

The National Board for Certification of School Nurses, Inc. (NBCSN) endorses the concept of voluntary certification by examination for all school nurses. Certification is one part of a process called credentialing. It focuses specifically on the individual and is an indication of current competence in a specialized area of practice. Board certification in school nursing is highly valued and provides formal recognition of school nursing knowledge and expertise. The NCSN credential is a personal commitment to higher standards that inspire credibility and confidence.

The NCSN program was granted accreditation by the American Board of Nursing Specialties (ABNS) in May 2008. ABNS is the standard setting body for specialty nursing certification programs, and offers a very stringent and comprehensive accreditation process. NBCSN provided extensive documentation demonstrating that it had met the 18 ABNS standards of quality. Briefly stated, this means that a nationally recognized accrediting body has determined that the NCSN credential is based on a valid and reliable testing process and that the structures in place to administer the examinations meet and even exceed the standards of the certification industry from a legal, regulatory and association management perspective.

Certification does not end with the successful completion of the examination. In order to maintain the NCSN credential, NCSNs must either document a minimum of continuing education credits in school health issues every five years, or retake the examination.

OBJECTIVES OF CERTIFICATION

TO PROMOTE DELIVERY OF SAFE AND EFFECTIVE CARE IN SCHOOL NURSING PRACTICE THROUGH THE CERTIFICATION OF QUALIFIED SCHOOL NURSES BY:

1. Recognizing formally those individuals who meet the eligibility requirements of the National Board for Certification of School Nurses, Inc. and pass the Certification Examination for School Nurses.
2. Promoting continued professional growth in the practice of school nursing.
3. Establishing and measuring the level of knowledge required for certification in school nursing.
4. Providing a standard of knowledge required for certification; thereby assisting the employer, public, and members of the health professions in the assessment of the school nurse.

ELIGIBILITY REQUIREMENTS

1. Currently licensed as a Registered Nurse in the United States. (A copy of current license must be submitted with the application.)
2. a. Attainment of bachelor's degree or higher, in nursing or health related field, or the equivalent in other countries. (Submit a copy of bachelor's degree or higher.)
OR
b. Current certification by NBCSN as an NCSN.
3. Must be currently employed in school health services or school health related services.
4. Completion and filing of the Application for the Certification Examination for School Nurses.
5. Payment of required fee.

THREE YEARS OF EXPERIENCE IN SCHOOL NURSING PRACTICE ARE RECOMMENDED.

Appeal to the NBCSN president to sit for the NCSN examination if eligibility criteria is questionable.

ADMINISTRATION

The Certification Program is sponsored by the National Board for Certification of School Nurses, Inc. (NBCSN). The Certification Examination for School Nurses is administered for the NBCSN by the Professional Testing Corporation (PTC), 1350 Broadway – 17th Floor, New York, New York 10018, (212) 356-0660, www.ptcny.com. Questions concerning the examination should be referred to PTC.

ATTAINMENT OF CERTIFICATION

Eligible candidates who pass the Certification Examination for School Nurses are eligible to use the registered credential NCSN after their names and will receive a certificate from the NBCSN. A registry of Certified School Nurses will be maintained by the NBCSN and may be reported in its publications.

School nurse certification is valid for a period of five years at which time the candidate must retake and pass the Certification Examination for School Nurses, or meet current continuing education requirements in order to retain certification.

REVOCACTION OF CERTIFICATION

Certification may be revoked for any of the following reasons:

1. Falsification of an Application, credentials, or documentation pertaining thereof.
2. Revocation of current Registered Nurse license.
3. Misrepresentation of certification status.

* Any misrepresentation may be reported to the appropriate state board of nursing.

The NBCSN provides the appeal mechanism for challenging revocation of Board Certification. It is the responsibility of the individual to initiate this process by directing any questions, complaints or concerns in writing, to the President for Board consideration within 30 days of the incident.

RECERTIFICATION

- ◆ Prior to the five year recertification, a reminder notice and an application to take the examination or to recertify by the continuing education process are sent to the candidate.
- ◆ The application for recertification by continuing education must be returned by December 31 for February/March candidates, and June 1 for August candidates.
- ◆ Applications may be obtained on the NBCSN website or from PTC at any time.
- ◆ Recertification by continuing education requires seventy-five (75) contact hours within the five year certification period.
- ◆ All contact hours must be in subjects related to school health issues and approved by a national, state or regional accrediting agency.
- ◆ Computer technology courses and CPR/FA and other basic assessment and staff development/orientation courses are not acceptable. PALS and ACLS will be accepted only when taken initially. For a complete description, please refer to the NBCSN website: www.nbcnsn.org
- ◆ Home study courses are limited to not more than 30 hours of the required contact hours.

- ◆ Online academic and workshop courses are acceptable, provide they are approved by a national, state or regional accrediting body.
- ◆ College or university credits from accredited institutions are granted 10 contact hours for each graduate or undergraduate credit.

All recertification applications are reviewed by members of the NBCSN. Twenty-percent (20%) of all applications are audited on a random basis. If audited, an applicant is required to send copies of CE documentation to the NBCSN President for review.

Late fees will be charged for documents not received in a timely manner, and the NCSN credential will be revoked for individuals not meeting recertification requirements.

It is suggested that applicants retain documentation for a minimum of one year from the date of expiration of certification.

The NBCSN does not discriminate in the eligibility or administration of its certification program on the basis of age, sex, race, religion, ethnic or national orientation, disabilities, veteran status, or marital status.

The NBCSN provides the appeal mechanism for denying acceptance of CE credit or revocation of Board Certification. It is the responsibility of the individual to initiate this process by directing any questions, complaints or concerns in writing to the President for Board consideration within 30 days of the incident.

DENIAL OF RECERTIFICATION BY CONTINUING EDUCATION

Certification by continuing education may be denied for any of the following reasons:

1. Failure to meet criteria of 75 contact hours.
2. Falsification or misrepresentation of contact hour information.
3. Failure to submit contact hours in subjects related to school health issues which are approved by a national, state or regional accrediting agency.
4. Failure to apply within recertification deadlines.
5. Failure to verify contact hour information when documentation is requested.

APPLICATION PROCEDURE

Obtain an Application for the Certification Examination for School Nurses from the NBCSN website www.nbcnsn.org or Professional Testing Corporation, 1350 Broadway – 17th Floor, New York, New York 10018, (212) 356-0660, www.ptcny.com.

Read and follow the directions on the Application and in this Handbook for Candidates.

COMPLETION OF APPLICATION

Complete or fill in as appropriate ALL information requested on the Application. Mark only one response unless otherwise indicated.

CANDIDATE INFORMATION: Starting at the top of the Application, print your name, address, e-mail address, daytime phone number, evening phone number, and RN License Number in the appropriate row of empty boxes.

ELIGIBILITY AND 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 or to assist NBCSN in surveying its candidates and will be used only in statistical summaries or to develop programs and materials to assist its applicants and certificants. Such information will in no way affect your test results.

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

Mail the Application with a copy of bachelor's degree or higher, proof of current RN license (either a copy or notarized verification), and the appropriate fee (see FEES on page 6) in time to be received by the deadline shown on the cover of this Handbook to:

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

FEES

Application fee for the 2010 Certification Examination for School Nurses:..... \$325.00

MAKE CHECK OR MONEY ORDER PAYABLE TO:

NBCSN EXAMINATION

Visa, MasterCard, and American Express are also accepted. Please complete and sign the credit card payment form on the application.

REFUNDS

There will be no refund of fees. Fees will not be transferred from one testing period to another.

EXAMINATION ADMINISTRATION

The Certification Examination for School Nurses 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/LaserGrade Computer Testing, Inc. PSI/LaserGrade 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.lasergrade.com or call PSI/LaserGrade 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 TUTORIAL AND SAMPLE TEST

A Tutorial and a Sample Demonstration Test can be viewed online.

- Browse to www.lasergrade.com
- Select Test Taker/Candidates menu
- Select Testing Software Demo
- Select the "General Education Demo Test"
- Click on the "Start LaserGrade Online Demo Test" button.

This online Tutorial and Sample Test can give you an idea about the features of the testing software.

SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your application has been received and processed, and your eligibility verified, you will be sent a postcard from PTC confirming receipt. Within 6 weeks prior to the first day of the testing window, you will be sent 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 at least three weeks before the beginning of the two-week testing period should contact the Professional Testing Corporation by telephone at (212) 356-0660.

The Eligibility Notice will indicate where to call to schedule your examination appointment as well as the dates in 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 highly recommended that each candidate becomes familiar with the location of 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.

SPECIAL NEEDS

Special testing arrangements will be made for individuals with special needs. Submit 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 testing accommodations for individuals with special needs must be received at least EIGHT weeks before the testing period starts.

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/LaserGrade at (800) 211-2754 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment.

ABOUT THE COMPUTER BASED TESTING FORMAT

The NCSN exam has been formatted for the computer since 2007. Questions are displayed, one at a time, on the computer screen. The candidate has the ability to "bookmark" a specific question, and return to the item whenever the individual chooses. The answers to any item may be changed at anytime during the testing period. None of the answers are submitted until the candidate completes the exam or designates "SUBMIT" on the last page of the examination. After that time, the answers may not be changed for any item.

Results of the exam are NOT provided immediately upon completion of the exam. Results are tabulated by PTC at the end of the two week testing period, and then mailed to the individual candidates, usually within four weeks after the close of the testing window.

QUESTIONS/COMMENTS

The NBCSN provides a mechanism for answering candidate questions and responding to comments or challenges made by a candidate. It is the responsibility of the candidate to initiate this process in writing within 30 days of the receipt of the examination results or within 30 days of the incident, whichever is sooner. All questions/comments should be directed to NBCSN with the exception of those concerning the administration of the examination or the testing site which should be referred to PTC.

RULES FOR THE EXAMINATION

1. No signaling devices, including pagers, cellular phones, and alarms, may be operative during the examination.
2. No books or reference materials may be taken into the examination room.
3. Simple, non-programmable calculators are permitted. A calculator is also available on screen if needed.
4. No questions concerning content of the examination may be asked during the testing period. The candidate should carefully read the directions that are provided on screen at the beginning of the examination session.
5. Testing sites may require additional security measures, based on local or institutional policies. It is the responsibility of the candidate to inquire about additional procedures or requirements, and to abide by the policies of the individual testing site. Questions or concerns about additional security measures or procedures should be directed to PTC at (212) 356-0660.

REPORT OF RESULTS

Candidates will be notified in writing by PTC within four weeks of the close of the testing period whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported. Results related to Individual test items will not be shared. Information related to a candidates' score or test history is confidential and only provided to the candidate. No specific information will be shared with employers or any other individual. Successful candidates will also receive certificates from the NBCSN.

REEXAMINATION

The Certification Examination for School Nurses may be taken by eligible candidates as often as desired upon filing of a new Application and payment of fees. There is no limit to the number of times the examination may be repeated.

CONFIDENTIALITY

1. The NBCSN will release the individual test scores ONLY to the individual candidate, state or other jurisdictions previously authorized by the candidate for state certification purposes will receive notification of Pass/Fail status of the applicant.
2. Any questions concerning test results should be referred to NBCSN or the Professional Testing Corporation.
3. A registry of Certified School Nurses will be maintained by the NBCSN and may be reported in its publications.
4. NBCSN will provide a letter to the employer regarding the Pass/Fail status, at the written request of the candidate.

CONTENT OF EXAMINATION

1. The Certification Examination for School Nurses is a computer-based 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 11.
3. The questions for the examination are obtained through a rigorous process of item writing and item review from individuals with expertise in school nursing and school health issues and are evaluated on a regular basis for construction, accuracy, and appropriateness by the NBCSN.
4. The NBCSN, with the advice and assistance of the Professional Testing Corporation, prepares the examination.
5. The Certification Examination for School Nurses will be weighted in approximately the following manner:
 - I. HEALTH APPRAISAL 27%
 - II. HEALTH PROBLEMS AND NURSING
MANAGEMENT 28%
 - III. HEALTH PROMOTION/DISEASE PREVENTION..... 20%
 - IV. SPECIAL HEALTH ISSUES..... 10%
 - V. PROFESSIONAL ISSUES 15%

CONTENT OUTLINE

I. HEALTH APPRAISAL

- A. General Physical and Psychosocial Health
 - 1. Data Collection
 - a. Subjective
 - b. Objective
 - 2. Interpretation of Data
 - 3. Intervention/Referral
- B. Systems
 - 1. Cardiovascular
 - a. Data Collection
 - b. Interpretation
 - c. Intervention/Referral
 - 2. Ears
 - a. Data Collection
 - b. Interpretation
 - c. Intervention/Referral
 - 3. Endocrine
 - a. Data Collection
 - b. Interpretation
 - c. Intervention/Referral
 - 4. Eyes
 - a. Data Collection
 - b. Interpretation
 - c. Intervention/Referral
 - 5. Gastrointestinal
 - a. Data Collection
 - b. Interpretation
 - c. Intervention/Referral
 - 6. Musculoskeletal
 - a. Data Collection
 - b. Interpretation
 - c. Intervention/Referral
 - 7. Neuro-developmental
 - a. Data Collection
 - b. Interpretation
 - c. Intervention/Referral
 - 8. Nose, Mouth, and Throat
 - a. Data Collection
 - b. Interpretation
 - c. Intervention/Referral
 - 9. Reproductive/Genitourinary
 - a. Data Collection
 - b. Interpretation
 - c. Intervention/Referral
 - 10. Respiratory
 - a. Data Collection
 - b. Interpretation
 - c. Intervention/Referral
 - 11. Skin and Scalp
 - a. Data Collection

- b. Interpretation
- c. Intervention/Referral

II. HEALTH PROBLEMS AND NURSING MANAGEMENT

- A. Emergency Care
 - 1. Abdominal Injuries
 - 2. Anaphylaxis
 - 3. Burns
 - 4. Cardiac Arrest
 - 5. Chest Injuries
 - 6. Dental/Oral
 - 7. Head Injury
 - 8. Hemorrhage
 - 9. Lacerations/Punctures/Avulsions
 - 10. Poisoning and Exposure to Noxious Fumes
 - 11. Respiratory Arrest
 - 12. Respiratory Distress
 - 13. Spinal Cord Injury
 - 14. Unconsciousness
 - 15. Other
- B. Acute, Episodic, and Chronic Conditions
 - 1. Cardiovascular
 - 2. Gastrointestinal
 - 3. Genitourinary/Reproductive
 - 4. Eye, Ear, Nose, and Throat
 - 5. Integumentary
 - 6. Metabolic and Endocrine
 - 7. Multisystem
 - a. Autoimmune Diseases
 - b. Allergies/Asthma
 - c. Cancer
 - d. Genetic/Birth Defects
 - e. Other
 - 8. Musculoskeletal
 - 9. Neurosensory
 - 10. Respiratory
- C. Communicable Diseases
 - 1. Bacterial
 - 2. Infestations
 - 3. Fungal
 - 4. Sexually Transmitted
 - 5. Viral
- D. Disaster Preparedness

III. HEALTH PROMOTION/DISEASE PREVENTION

- A. Immunizations
- B. Risk Reduction and Infection Control
 - 1. Identification of Risk Factors
 - 2. Prevention Methods
 - a. Self-Care Skills
 - b. Group Programs
- C. Health Education
 - 1. Dental Issues
 - 2. Nutritional Issues
 - 3. Staff Wellness
 - 4. Student
- D. Counseling
- E. Community Health Needs
- F. Environmental Concerns
- G. Safety Education

IV. SPECIAL HEALTH ISSUES

- A. Special Health Needs
 - 1. Abuse and Neglect
 - 2. Assistive Care
 - 3. Eating Disorders
 - 4. Human Sexuality
 - 5. Parenting
 - 6. Physical Problems Including Organ Transplants
 - 7. Psychosocial Problems
 - 8. Substance Use, Abuse, and Addiction
 - 9. Suicide
 - 10. Technology Assistance
 - 11. Other
- B. Educational/Health Management
 - 1. Individualized Education Plan
 - 2. Individualized Healthcare Plan
 - 3. School-based Resources
- C. Legal Considerations
 - 1. Americans with Disabilities (504)
 - 2. Confidentiality
 - 3. Due Process
 - 4. Laws Relating to Special Education
 - 5. Local Policy, State, and Federal Laws
 - 6. Nursing Practice Act

V. PROFESSIONAL ISSUES

- A. Code of Ethics (ANA/NASN)
- B. Nurse Practice Act/Licensure/Certification/Standards of Practice
- C. Administrative
 - 1. Accountability/Responsibility
 - a. Job Description
 - b. Malpractice
 - c. Documentation
 - 2. Consent for Health Services
 - 3. Supervision and Delegation
 - a. Professional Licensed Staff
 - b. Unlicensed Personnel
 - c. Volunteers
- D. Consultation to Administration on Health Issues
 - 1. State and Federal Laws, Regulations, and Guidelines
 - 2. School Board Policy
 - 3. Scope of School Health Services
- E. Electronic and Hard Copy Health Records
 - 1. Accuracy
 - 2. Confidentiality
 - 3. Storage
 - 4. Student and Parent Rights
 - 5. Access to Records
 - 6. Authorization for Release of Information
- F. Medication Policy
 - 1. Administration
 - a. Prescription
 - b. Nonprescription
 - 2. Authorization
 - a. Medical
 - b. Parental
 - 3. Documentation
 - 4. Storage and Safety
- G. Treatment Policy
 - 1. Authorization for Treatment
 - 2. Protocols and Procedures
- H. Legal Issues
 - 1. Child Abuse/Neglect Reporting
 - 2. Minor Consent for Health Services
 - 3. Individual Rights to Privacy
 - 4. Communicable Disease Reporting
 - 5. Harassment

SAMPLE EXAMINATION QUESTIONS

In the following questions, choose the one best answer.

1. In the school setting, a student with a seizure disorder should:
 1. wear a helmet for protection
 2. have a seizure action plan on file
 3. sit near the teacher for close supervision
 4. have a medic alert tag for field trips
2. When writing a Health Plan for a student with seizures, the nurse may want to consider all but one of the following nursing diagnoses:
 1. altered health maintenance related to knowledge deficit of benefits of compliance to prescribed regimen
 2. potential for infection related to chronic conditions
 3. potential for self esteem disturbance related to chronic condition
 4. potential for aspiration related to seizure activity
3. A doctor has faxed the nurse the medical information about an 8th grade student's newly diagnosed seizure condition. In order to manage this student's care at school, the nurse should first:
 1. talk with the teacher about the student's need for classroom safety
 2. talk with the parent to determine how the family and student are coping with the condition
 3. talk with the campus administrator about the student needing additional services
 4. talk with the PE teacher about changes in the student's activity level
4. There has been an accident on the playground. When the nurse arrives, a 10 year old student is observed to be holding his front tooth. The nurse asks the teacher to call the parent because the child must be transported to a dentist immediately. The nurse then should:
 1. clean off the tooth by rubbing and rinsing with normal saline
 2. protect the tooth by wrapping in a gauze pad or tissue
 3. rinse the tooth with water while holding it by the crown
 4. drop in milk solution while holding the tooth by the crown

5. The nurse suspects a medication protocol in the district is not best practice. Which of the following is the least appropriate method for investigation?
 1. contact the state's school nurse consultant
 2. conduct a literature review
 3. ask a colleague in a neighboring district
 4. survey the state's regulations, legislation and guidelines

6. The health department conducts vision and hearing screening as a contracted service to the school district. The students' vision and hearing screening records are:
 1. subject to the privacy accorded by the Family Education Rights Privacy Act (FERPA) and belong to the school district
 2. subject to the privacy accorded by Health Insurance Portability and Accountability Act (HIPAA) and belong to the health department
 3. subject to the privacy accorded by Section 504 of the Rehabilitation Act of 1973 and belong to the school district
 4. considered mandated health information and not subject to privacy rules

7. A Methacillin Resistant Staph Aureus (MRSA) outbreak in the school is best combated by
 1. isolation of infected students
 2. notifying health department
 3. frequent hand washing
 4. closing the school for decontamination

8. A nine year old student with Type I Diabetes presents to the school nurse to report that his blood sugar is high and he needs to self-administer a correction dose of insulin. He has an individualized health care plan in place with parental signature, as well as signed written orders for short acting insulin daily at lunch and "as needed" for blood glucose readings >150 from his health care provider. His meter reads 242 and the equation for determining the correction dose is:

Blood Glucose-150

50

He has his insulin pen and asks the nurse to double check that he has dialed in the correct number of units. It is 10am and his scheduled lunchtime does is at noon.

The appropriate correction dose of insulin to administer would be:

1. 2 units of Lantus insulin
 2. 1.5 units of Lantus insulin
 3. 2 units of Novalog insulin
 4. 1.5 units of Novalog insulin
9. A 6th grade female student has transferred into the district during the absence of the school nurse. Upon return, the nurse finds a written health care plan with parent signature, orders from the physician for an EpiPen to be administered "as needed" for severe allergy reactions to nut products, and an unexpired auto-injectable epinephrine 0.15mg. pen in the mailbox. After introducing herself to the student and noting that the student is of normal height and weight for her age, the most appropriate next action for the school nurse would be to:
1. make copies of all paperwork and distribute to all staff and volunteers who may have contact with the student
 2. call the parent to obtain an additional "back up" dose of medication to be used for field trips
 3. call the ordering physician to clarify the correct dose of the epinephrine
 4. take a photo of the child and attach to the health care plan to assist appropriate staff in identifying this at risk student

10. A middle school cheerleader has experienced her second fracture within the past nine months. The concerned school nurse should first:
1. speak to the PE to remove the student from activities, including the cheerleading squad
 2. counsel the student to eat more dairy products rich in calcium
 3. suspect rickets and contact the parent to recommend bone-density screening
 4. contact the student's physician to explore the possibility of a neurological problem presenting with poor balance
11. During a health lesson, the school nurse is talking to middle school students about the importance of building strong bones now to prevent fractures and osteoporosis. All of the facts below are important to include except:
1. bone growth doubles during ages 9-18, so calcium requirements double
 2. in addition to calcium rich foods, sunlight and weight-bearing exercise build strong bones
 3. calcium rich foods include broccoli, cheese and yogurt
 4. when fractures occur in children, bone density screening is recommended to detect rickets or osteoporosis
12. A 13 year old boy has become a "frequent flyer" complaining of severe headaches. Upon his most recent visit, the nurse notices bruises on his neck and petechiae around his eyes, and suspects that he may be involved in the "choking game". The nurse's first course of action should be to:
1. refer to the counselor for suicide assessment
 2. visit with the principal to determine if other students have talked about this dangerous activity
 3. talk to the student about his activities during time spent alone
 4. call his parents to warn them about her suspicions and to increase their vigilance

Correct Answers to Sample Questions:

1.2; 2.2; 3.2; 4.4; 5.3; 6.1; 7.3; 8.3; 9.3; 10.3; 11.1; 12.3

RESOURCES

The following is a list of resources which may be helpful in preparing for the examination, but do not constitute a complete listing nor an endorsement by the NBCSN.

NASN PUBLICATIONS:

Publications from the National Association of School Nurses, Inc. For prices contact: NASN; 8484 Georgia Avenue, Suite 420, Silver Spring, MD 20910; (240) 821-1130. Website address www.nasn.org.

American Nurses Association and NASN (2005) School Nursing Scope and Standards of Practice.

ASHA. NASN & NASSNC: (2000) Guidelines for Protecting Confidential Student Health Information.

Champion, C., RN, MSN, NCSN (2005). Occupational Exposure to Blood-Borne Pathogens.

Doyle, J., and Loyacono, T.R. (2007). Disaster Preparedness Guidelines For School Nurses.

Green, M. (2002). Beneath the Surface of Eating Disorders. An Overview of Anorexia, Bulimia, and Binge Eating Disorders for the School Nurse.

Gregory, E. (2004). The Ear and Hearing: A Guide for School Nurses.

NASN: current edition: Code of Ethics with Interpretive Statements for the School Nurse.

Praeger, S., Zickler, C. (2002). Care of Students with Asthma in Schools: Applications of Professional School Nursing Practice Standards.

Praeger, S., Zickler, C., Mosca, N. (2002). Care of Students with Special Needs in Schools: Applications of Professional School Nursing Practice Standards.

Ryberg, J. (2004) Postural Screening Guidelines for School Nurses.

Schwab, N. et al. (1998). Guidelines for School Nursing Documentation: Standards, Issues, and Models. (2nd ed.).

Selekman, J (2006) School Nursing: A Comprehensive Text.

Selekman, J. and Wolfe, L. (2008) School Nursing Certification Review.

OTHER PUBLICATIONS:

Most recent edition of these standard texts and guidelines.

American Heart Association or American Red Cross. Cardio-Pulmonary Resuscitation.

American Academy of Pediatrics (current edition). Report on the Committee on Infectious Diseases. (The Red Book). P.O. Box 027, 141 Northwest Point Blvd, Elk Grove Village, IL 60009-0927.

Bates, B. Bates' Guide to Physical Examinations and History Taking. American Public Health Association, 1015 15th St. NW, Washington, DC 20005.

CDC. School Health Index

Dworkin, P. NMS (Northland Medical Series) Pediatrics. (3rd Ed.). Williams and Wilkins, Suite 5025, Rose Tree Corporate Center Building Two, 1400 No. Providence Rd, Media, PA 19063.

Goldbloom, R. Pediatric Clinical Skills. Churchill Livingstone, ATTN: Department JB, 650 Avenue of the Americas, New York, NY 10011.

Hay, W.W., Goothuis, J.R., Hayward, A.R., and Levin, M.J. Current Pediatric Diagnosis and Treatment. New York, NY: McGraw Hill.

Lewis, K., Bear, B. (2002). Manual of School Health. (2nd Ed.). Saunders: St. Louis.

Merck Manual. (Current edition)

Melnyk, B et al (2005) Evidence-based Practice in Nursing and Healthcare: A Guide to Best Practice. Philadelphia, Lippencott.

Nursing Drug Handbook. (Current edition). Springhouse Corporation.

Schwab, N., Gelfman, M. (2001). Legal Issues in School Health Services. North Branch, MN: Sun River Press.

Schwab, N., Ruben, M. et al (2005) Protecting and Disclosing Student Health Information: Guidelines for Developing School District Policies and Procedures. American School Health Association, Kent, OH

Seidel, H.M., Ball, J.W., Davis, J.E., and Benedict, G.W. Mosby's Guide to Physical Examination. (4th Ed.). St. Louis: Mosby Year Book.

Silkworth, C, Arnold, M, et al (2005) Individualized Healthcare Plans for the School Nurse. North Branch, MN. Sunrise River Press.

Taketomo, CK, et al (2008) Pediatric Dosages Handbook. Lexi-comps.

Wong, D. (2000). Essentials of Pediatric Nursing. (6th ed.). St. Louis: Mosby.

PTC09059



Application for Certification Examination for School Nurses

Please read the directions in the Handbook for Candidates carefully before completing this Application.

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →

A	B	C	D	E	F	1	2	3	4	5	6
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Candidate Information

Last Name

First Name

Middle Initial

Number and Street

Apartment Number

City

State/Province

Zip/Postal Code

E-mail Address

Daytime Phone
 - -

Evening Phone
 - -

Examination Date:
 Winter Summer

RN License Number (proof of current RN License must be provided):

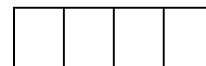
Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

- A. ARE YOU CURRENTLY CERTIFIED IN SCHOOL NURSING BY THE NBCSN?**
 No Yes *If yes, indicate month/year of expiration below and enclose copy of NCSN certificate.*
 EXPIRATION DATE: _____ / _____
- B. PERCENT OF WORKING TIME CURRENTLY SPENT IN SCHOOL NURSING:**
 Less than 25% 51 to 75%
 25 to 50% More than 75%
- C. PRESENT POSITION IN SCHOOL NURSING:**
 School Nurse Consultant
 Supervisor Other
 Administrator
- D. EXPERIENCE IN SCHOOL NURSING:**
 Less than 1 year 4 to 5 years
 1 to 2 years 6 to 10 years
 3 years More than 10 years
- E. PRIMARY PRACTICE SETTING:**
(Darken only one response.)
 Preschool Senior High School
 Elementary School Combination or multilevel
 Middle-Junior High School Other

- F. PRIMARY PRACTICE EMPHASIS:**
(Darken only one response.)
 Regular Education Combination
 Special Education Other
 Funded Assessment Programs
 (EPSDT, Chapter 1, Migrant Program, etc.)
- G. HAVE YOU PARTICIPATED IN A REVIEW COURSE OR STRUCTURED STUDY GROUP?**
 No Yes, review course Yes, structured study group
- H. ARE YOU A MEMBER OF NASN?**
 No Yes
NOTE: Membership in NASN is not required.)
- I. HAVE YOU TAKEN THIS EXAMINATION BEFORE?**
 No Yes
If yes, indicate month, year, and name under which the examination was taken.
 Date (month/year): _____
 Name: _____

(Complete Page 2)





Eligibility and Background Information

J. TYPE OF NURSE PRACTITIONER:

(Darken all that apply.)

- Not a Nurse Practitioner, School Nurse Practitioner, Pediatric Nurse Practitioner, Maternal-Child Nurse Practitioner, Community Nurse Practitioner, Family Nurse Practitioner, Other Nurse Practitioner

K. PREVIOUS NURSING EXPERIENCE:

(Darken all that apply.)

- General Nursing, Public or Community Health, Pediatrics, Maternal and Child Health, Emergency Nursing, Other

L. HIGHEST ACADEMIC LEVEL:

(Note: Candidates without a NCSN MUST include copy of Bachelor's, or higher, degree.)

- Associate Degree in Nursing, Diploma in Nursing, Bachelor's Degree in Nursing, Bachelor's Degree (non-Nursing), Master's Degree in Nursing, Master's Degree (non-Nursing), Doctoral Degree

M. ARE YOU A MEMBER OF YOUR STATE SCHOOL NURSE ASSOCIATION?

- No, Yes

N. ARE YOU CERTIFIED IN NURSING BY ANY ORGANIZATION OTHER THAN NBCSN?

- No, Yes

If yes, indicate the name of the Organization:

O. ARE YOU USING THE CERTIFICATION EXAMINATION FOR SCHOOL NURSES TO ATTAIN STATE CERTIFICATION?

- No, Yes

If yes, provide the two letter abbreviation of the state to receive your test results, then sign the release authorization below.

State box

I authorize NBCSN to release my test results to the state or jurisdiction I have indicated above.

CANDIDATE SIGNATURE:

P. ARE YOU CERTIFIED IN NURSING BY NBCSN?

- No, Yes

Most Recent Certificate Number

Grid for certificate number

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.

Race:

- African American, Asian, Hispanic, Native American, White, No Response

Age Range:

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

Gender:

- Male, Female

Candidate Signature

COMPLETE ENTIRE APPLICATION BEFORE SIGNING BELOW.

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.

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

Fee:

CC, Check

