

## **Question regarding the 2008 changes in ANCC Advanced Practice Credentials for NPs and CNSs.**

**Question:** Why does the new credential for NPs include a letter for the specialty (e.g. FNP-BC or Family Nurse Practitioner Board Certified), while the new credential for ANCC-certified CNSs, CNS-BC (Clinical Nurse Specialist – Board Certified) does not have a letter to indicate the specialty?

**Answer:** The primary reason for the difference is that there are many more CNS specialties than NP specialties, and using one or more letters to represent a CNS specialty would likely lead to confusion; credentials lack utility if they are not recognized.

The ANCC Commission on Certification surveyed thousands of board certified advanced practice nurses (CNSs and NPs), and fully incorporated that feedback into the decision-making process. The key criteria which advanced practice nurses wanted in a credential were simplicity, clarity and succinctness. NPs in particular expressed a preference for having specialty highlighted along with role (e.g. 'F' for Family, followed by NP). Otherwise the Commission on Certification very well might have gone with NP-BC for the nurse practitioners as well, and skipped the prefix letter for specialty.

While the convention already exists for the use of a prefix representing specialty for the limited number of NP groups (e.g. FNP, ANP, etc.) the CNS role, with a far wider range of specialties has not generally applied such a convention, and to do so would be likely to lead to confusion and would clearly not be simple or succinct. For the CNS specialties, the fact that 'CNS' has three letters instead of two, also makes it less convenient to add additional prefixes.

The major CNS stakeholders (APNA and NACNS) see a uniform CNS credential as supportive of continued public recognition of the role. Adding prefixes would also make the role less recognizable to the public. There are many more CNS specialties than NP specialties, which would add to the "alphabet soup". (ANCC is currently developing a Core CNS exam in order to create a methodology for certification of many of the smaller CNS groups that lack sufficient numbers to support a psychometrically sound and legally defensible exam; the core exam will be used in conjunction with a portfolio evaluation method to assess specialty knowledge).

What ANCC does wish to suggest is that although the ANCC credential is CNS-BC, the certified CNS may choose to write out their specialty either before or after the credential; for example: 'Jane Doe, MSN, CNS-BC Forensics'.

The decision to use the uniform credential of CNS-BC for all CNS specialties was not a slight, but was a unique credential solution for a nursing role that continues to expand its already broad range of specialty areas.