

## Nurse Practitioner Certification: Myths and Realities

by Margaret A. Fitzgerald, DNP, FNP-BC, FNP-C, FAANP, CSP

President, Fitzgerald Health Education Associates, Inc., North Andover, MA

Family nurse practitioner, Adjunct Faculty, Family Practice Residency

Greater Lawrence (MA) Family Health Center

You are completing your nurse practitioner education, likely one of the most challenging tasks you have ever taken on. Now, NP certification and licensure loom in your future. You probably have spoken to a number of certified and practicing NPs about these issues. Much of the information shared is helpful. However, there is also a good deal of inaccurate information circulating about. Here are some common myths and realities about these important subjects.

***Myth:** Once I am nationally certified, I am also licensed to practice as an NP.*

**Reality:** In nearly all states, achievement of national certification is one of a number of requirements to obtain a license as a nurse practitioner. Nurse practitioner licensure is handled at the state level through the board of nursing. Information about your state's NP practice act can be obtained by contacting your state board of nursing. Links to all of these state agencies can be found at <http://www.ncsbn.org>.

***Myth:** Once I am a certified NP and licensed to practice in one state, I will be able to practice in every state.*

**Reality:** NP licensure is handled at the state level, and regulations vary from state to state. As a result, you must meet the requirements for and obtain a license in every state where you practice.

***Myth:** From state to state, NP practice acts are quite similar.*

**Reality:** State NP practice acts differ significantly in a number of ways. For example, in some states, an NP must have a physician collaborator to obtain prescriptive authority. Other states do not have this requirement, and NPs are able to prescribe without any physician oversight. In certain states, state law mandates third-party reimbursement to NPs (this rate of reimbursement can vary significantly). While NPs have the authority to prescribe controlled substances in all but five states, the prescriptions permitted range from schedules II through V to IV and V only. Make sure you are aware of the scope of NP practice and particulars of the NP practice act in each state where you are licensed.

***Myth:** You should have at least 6 months of NP practice experience prior to sitting for the certification exam.*

**Reality:** The certification examination content is primarily focused on entry-level NP knowledge. As adult learners, NPs tend to feel more ownership of information that has been used in clinical practice. As a result, you might feel more comfortable sitting for the examination after a few months of practice. However, some states limit the length of time

or put other restrictions on NP practice prior to obtaining certification. In addition, you cannot apply for the provider numbers needed for reimbursement by Medicare and some private insurers until certified. As a result, a potential employer could require certification as a condition of employment.

*Myth: The content of the test tends to be limited to a few areas.*

**Reality:** Examination content tends to be broad, reflecting the depth and breadth of NP practice. It represents the array of patients seen in the average NP's practice over an extended period of time, such as a year, rather than the mix seen in an average day. The examination candidate who reports that the test content was narrowly focused likely can only recall the areas he or she had the most difficulty.

*Myth: The test questions are presented in topic groups.*

**Reality:** The topics covered in the exam are presented in random order. For example, a family nurse practitioner candidate could face a question about a middle-aged man with diabetes mellitus followed by one about a child with a fever, followed by one about prescribing an antimicrobial for a pregnant woman with a urinary tract infection. The acute care NP candidate might face a question about a person with altered mental status followed by a question about a person presenting with chest pain.

*Myth: On the computer-based tests, you cannot go back to change an answer or review a question.*

**Reality:** The computer-based NP exams do have a mechanism for flagging questions for review. You can also change an answer prior to signing off.

*Myth: Many certification candidates run out of time and are unable to complete the test.*

**Reality:** The length of time provided to complete the examinations is sufficient for most candidates, allowing for both answering the questions and review of difficult items. The American Nurses Credentialing Center allots 3½ hours for a 175-item test (ANCC; Web site at [www.nursecredentialing.org](http://www.nursecredentialing.org)) while the American Academy of Nurse Practitioners allows 3 hours for a 150-item test (AANP; Web site at [www.aanpcertification.org](http://www.aanpcertification.org)). The National Certification Corp. allots 3 hours for a 160-item test (NCC; Web site at [www.nccnet.org](http://www.nccnet.org)), while the Pediatric Nursing Certification Board allows 3 ½ hours for a 200-item test (PNCB; Web site at [www.pncb.org](http://www.pncb.org)).

**Myth:** Practice tests represent the best way to prepare.

**Reality:** While practice tests are a helpful study aid, this method is best used to finish, not start, your study. Your study time is best spent developing a deep understanding of the nature of NP practice. Knowing what to expect on the exam will help you prepare — for the test as well as for actual practice.

For further information about NP certification and how to prepare for this important examination, please visit [www.fhea.com](http://www.fhea.com)

Copyright © 2008 Margaret Fitzgerald