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**BOARD OF REGISTERED NURSING**  
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## CERTIFICATION OF CLINICAL NURSE SPECIALIST

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### **Background:**

In 1993, the Board of Registered Nursing (BRN) conducted a study regarding the recognition and definition of the title *Clinical Nurse Specialist*, (Business and Professions Code, Division 2. Healing Arts, Chapter 6. Nursing, Article 1. Administration, Section 2718). To conduct the study, the BRN developed a task force who consulted with clinical nurse specialists (CNSs); statewide professional associations representing registered nurses (RNs); physicians and surgeons who have experience working with CNSs; employers of CNSs; and other interested parties as determined by the Board. The study addressed the following areas:

1. The appropriate level of education, including clinical experience and didactic education, for a CNS;
2. The alternative means for measuring and ensuring competencies of an RN who holds or wishes to hold her-/himself out to be a CNS;
3. The means for protecting the public from confusion regarding the use of the title *CNS*;
4. The barriers to practice facing a CNS
5. The relationships of a CNS to other health professionals, including, but not limited to, physicians, surgeons, and other RNs. (Added by Stats.1993, c.77 (AB 518), 2.)

The Board reported the results of the study to the California State Legislature in December of 1994. The Legislature declared that various and conflicting definitions of a CNS were being created and applied by public agencies and private employers within the State of California. In addition, the Legislature found that the public was being harmed by conflicting usage of the title *CNS* due to the disparity in qualifications of the RN using this title. Therefore, the Legislature declared that the public interest would be served by determining the legitimate uses of the title *CNS* by RNs. (Added by Stats.1997, c.6(AB 90).

Effective July 1, 1998, the Legislature added Article 9., "Clinical Nurse Specialists," commencing with the addition of section 2838 of the Nursing Practice Act, to Chapter 6 of Division 2 of the Business and Professions Code, Section 2838. This code requires that any RN who holds out as a CNS, or who desires to hold out as a CNS, **must** be certified by the BRN for the State of California. A registered nurse cannot use the title *CNS*, **unless** certified by the BRN.

**Clinical Nurse Specialist Certification:** The BRN has accepted the standards of the National Association of Clinical Nurse Specialists (NACNS) Statement on CNS Practice and Education, and the American Association of Colleges of Nursing (AACN) Essentials of Masters Education for Advanced Practice. In addition, the national organizations/associations that have met the Clinical Nurse Specialist certification requirements and are equivalent to the BRN standards for CNS certification are the American Nurse Association-American Nurses Credentialing Center (ANCC), Oncology Nursing Certification Corporation (ONCC), and the American Association of Critical Care Nurses (AACCN).

### **Five Component Areas of Competency for Clinical Nurse Specialists.**

In order to be eligible to be certified as a CNS in the state of California, an RN must have completed **an accredited advance practice nursing program, and a** minimum of 500 hours of clinical

experience concurrently with Master's level course work in the five component areas of competency. This course work may be completed at any nationally accredited master's/post-master's nursing academic program.

There are five major components of the CNS role. Activities within these role components may include the following:

#### **Expert Clinical Practice \***

1. Works with staff to improve clinical care.
2. Uses advanced theoretical and empirical knowledge of physiology, pathophysiology, pharmacology, and health assessment.
3. Assesses and intervenes in complex health care problems within a selected clinical specialty area and selects, uses, and/or evaluates technology, products, and devices appropriate to the specialty area of practice.
4. Manages populations of clients with disease states and non-disease based etiologies to improve and to promote health care outcomes.
5. Precepts students and mentors other nursing staff.

#### **Education**

1. Assists with and promotes staff development.
2. Provides formal education classes (i.e., community education and/or presentations) and informal education classes (i.e., in-services).
3. Serves as a preceptor to nursing students, new RN graduates, RNs reentering the workforce, and advanced practice RN students and RNs.
4. Mentors and coaches staff and students.

#### **Research**

1. Uses clinical inquiry and research in an advanced specialty area of practice.
2. Uses a performance improvement model as an avenue to improve advanced clinical practice and care.
3. Stays abreast of current literature in the specialty area of practice.
4. Initiates research into topics that directly impact nursing care and uses measurement and evaluation methodologies to assess outcomes.
5. Publishes data from research topics related to the specialty area of practice.

#### **Consultation**

1. Performs consultative functions in multiple health care settings.
2. Provides clinical expertise and makes recommendations to physicians, other health care providers, insurance companies, patients, and health care organizations.
3. Reviews standards of practice to determine appropriateness and to reflect current nursing clinical practice.
4. Evaluates policy and procedures for clinical practice in a specialty area.
5. Uses evidence-based clinical practice to develop methods to improve patient care and patient care outcomes.

#### **Clinical Leadership**

1. Uses theory/research as a foundation for clinical leadership and CNS research based practice.
2. Demonstrates mastery in theories including Change Theory, Persuasion, Influence, and Negotiation Theory, Systems Theory, Consultation Theory, Research Theory, and Research Utilization.
3. Participates in the professional development of self, others, and the nursing profession.
4. Belongs to and participates in professional organizations.
5. Serves as a change agent in health care settings by developing health care standards, assisting in the implementation of standards, facilitating goal setting and achievement, and evaluating outcomes.
6. Serves in a leadership role in the community.

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**NOTE:** A CNS has completed *an advanced nursing education program with a clinical focus* with an identified patient population concurrently with component areas of competency. An applicant with expert clinical practice in a given field of nursing (i.e. a nurse who has worked *fifteen years* (entire career) in Labor and Delivery *with accompanying clinical expertise*, or an applicant in a field related to nursing are NOT advanced practice nurses. These nurses will need to remediate in the five component areas of competency *in order to qualify for CNS certification*\*\*NOTE: A valid verifier of CNS experience is one who is knowledgeable about CNS roles and must have observed the applicant performing the roles of the five advanced nursing **CNS** component areas of competency.

**The Process of Application and Requirements for Clinical Nurse Specialist Certification:**

**An RN may meet the requirements for CNS certification through one of the following methods.** (Please note that it is the responsibility of the employer to verify CNS status when verifying the RN's licensure status at time of employment or at the time of RN license renewal.)

**Method One:** Possess a master's degree in a clinical field of nursing that conforms to the standards set forth in 2838.2 and expert clinical practice.\*

**Method Two:** Possess a master's degree in a clinical field of nursing or a clinical field related to nursing,\*\* and certification by a national organization/association whose standards are equivalent to those set forth in 2832.2.

**Method Three:** Possess a master's degree in a clinical field related to nursing, \* and is able to demonstrate graduate level advanced practice nursing course work and clinical experience for the following CNS component areas of competency: a) Expert Clinical Practice; b) Education; c) Research; d) Consultation; and e) Clinical Leadership.

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**\*NOTE:** Clinically competent means that one possesses and exercises the degree of learning, skill, care, and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice. (CCR 1480).

**\*\*NOTE:** A "clinical field related to nursing" is defined by the existence of a therapeutic relationship between a client and the health care provider. The clinical fields related to nursing include, but are not limited to, psychology, public health, social work, education, health sciences, behavioral sciences, nutrition, and bioethics.

References

Beecroft, Pauline, PhD., R.N., Editor.(1997). National association of clinical nurse specialists statement on clinical nurse specialist practice and education. Lippincott: Philadelphia, Pa.

American Association of Colleges of Nursing Task Force. (1996).Essentials of masters education for advanced practice nursing. AACN:Washington, D.C.