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About CPEN®
The Certified Pediatric Emergency Nurse (CPEN®) certification program was originally jointly developed by the Board of Certification for Emergency Nursing (BCEN®) and the Pediatric Certification Board (PNCB®). In June 2016, BCEN acquired sole ownership of the CPEN certification program.

Independent Testing Agency
BCEN has contracted with Applied Measurement Professionals, Inc. (AMP) to assist in the development, administration, scoring and analysis of the CPEN® examination. AMP, located in the greater Kansas City area, is a leading provider of licensing and certification examinations for professional organizations.

Nondiscrimination Policy
AMP and BCEN do not discriminate among candidates on the basis of race, color, creed, gender, religion, national origin, disability, marital status, sexual orientation or veteran status.

Eligibility Requirements
BCEN recommends that applicants have two years of full-time experience in pediatric emergency nursing care. Pediatric emergency nursing care as defined by BCEN includes providing direct care, health care facilitation, education, and advocacy for pediatric emergency patients and their families.

However, recognizing that nurses prepare for their role in pediatric emergency nursing in various ways, the *minimum* eligibility requirements to apply for the CPEN® examination include:

- Holding a current unrestricted license to practice as an RN in the United States or Canada (a nursing certificate equivalent to a RN license in the US is also acceptable), and
- Having practiced at least 1,000 hours* in pediatric emergency nursing practice in the past 24 months.

* The 1,000 hours in pediatric emergency practice requirement may be obtained through RN practice in any U.S. or Canadian urgent care setting or emergency setting, and may include providing direct care, health care facilitation, education, and advocacy for patients and families. Examples of ways in which the 1,000-hour requirement may be met include:
  - full-time employment as an emergency nurse in a pediatric emergency setting for six months,
  - full-time employment as an emergency nurse in a mixed-age emergency setting for two years with a population of approximately 20 percent pediatric patients.

  - part-time employment as an emergency nurse in a pediatric emergency setting, for example, for 20 hours per week for one year, or
  - any other combination of practice involving direct care, health care facilitation, education, and advocacy for pediatric emergency patients and their families for a total of 1,000 hours in the past 24 months.

Examination Administration
The Examination is delivered by computer at more than 190 Assessment Centers throughout the United States and selected international locations. The Examination is administered by appointment only, Monday through Saturday at 9:00 a.m. and 1:30 p.m. Available dates will be indicated when scheduling your Examination. Scheduling is done on a first-come, first-served basis. (See Scheduling an Examination, page 3.)

Examinations are not offered on the following holidays.
- New Year’s Day
- Martin Luther King, Jr. Day
- Presidents’ Day
- Good Friday
- Memorial Day
- Independence Day (July 4)
- Labor Day
- Columbus Day
- Veterans’ Day
- Thanksgiving Day (and the following Friday)
- Christmas Eve Day
- Christmas Day
- New Year’s Eve Day

Requests for International Test Centers (Outside the United States)
BCEN and AMP are making computerized examinations available outside of the United States. For information regarding the availability of international computerized Assessment Centers, please visit the AMP website at www.goAMP.com. AMP is continuing to expand its international locations and more locations are being added throughout the year. Individuals residing outside of the United States who are interested in testing at an international Assessment Center will need to submit a completed application form and an international testing fee of $340. All rules and regulations regarding the computerized examination apply to international examination applicants. All examinations will be given in computerized format only. International applicants will not receive instant score reports. Results will be sent via U.S. mail in two business days after completion of the examination to the applicant’s address of record.
**Examination Fee**

- Initial Testing Fee: $280
- Retesting Fee for Initial Certification: $240
- International Testing Fee: $340
- Recertification Fee by Continuing Education: $200
- Recertification Fee by Clinical Practice Hours plus CE: $200
- Recertification Fee by Examination: $280

**Scheduling the Examination**

At the time of registering online or following receipt of notification of eligibility by email or post card, there are two ways to schedule a CPEN® examination.

1. **Online Scheduling:** Complete the scheduling process in one online session by visiting [www.goAMP.com](http://www.goAMP.com) and clicking on "Schedule/Apply For An Exam" and choose the Healthcare category. The computer screens guide you through the complete process and you are prompted to schedule an examination appointment.

   If special accommodations have been approved do not schedule an appointment with AMP online. Individuals who request special accommodations at time of application will need to contact AMP at 888-519-9901 for further instructions. Please see the accommodations request form included in this handbook.

2. **Telephone Scheduling:** Call AMP at 888-519-9901. Be prepared to confirm a location and a preferred date and time for testing. As part of AMP protocol you will be asked to provide your CPEN® Candidate ID Number that was included on your eligibility notification from CPEN®, Confirmation of the date and time you scheduled via phone will be emailed to you.

**Rescheduling an Examination**

If you are unable to test as scheduled, you may opt to reschedule one time at no extra charge.

- You may reschedule the examination once at no charge by calling AMP at 888-519-9901 at least 2 business days prior to a scheduled computer administration. For a computer administration, the following schedule applies.

<table>
<thead>
<tr>
<th>If the examination is scheduled on...</th>
<th>You must contact AMP by 3:00 p.m. Central Time to reschedule the examination by the previous...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Thursday</td>
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<tr>
<td>Wednesday</td>
<td>Friday</td>
</tr>
<tr>
<td>Thursday</td>
<td>Monday</td>
</tr>
<tr>
<td>Friday</td>
<td>Tuesday</td>
</tr>
</tbody>
</table>

**Withdrawal, Cancellation, or Extension**

If you want to withdraw your eligibility, cancel your testing appointment, or extend your eligibility, you are permitted to do so. Requests for withdrawal, cancellation, or extension must be received by AMP no later than five (5) business days prior to the completion of your eligibility period. An extension of eligibility will be subject to a fee as specified on the Extension of Eligibility form. Cancellation or withdrawal will result in a partial refund of your Certification Exam Fee, as specified on the Withdrawal Request Form. These forms will be available at [www.goAMP.com](http://www.goAMP.com) or upon request by calling AMP.

A new application and full examination fee are required if you:

- wish to reschedule a second time within your original 90 day window,
- appear more than 15 minutes late for an examination and cannot be seated
- fail to report for the scheduled examination
- fail to schedule an appointment with AMP within the assigned 90-day testing period
- wish to re-schedule an examination but fail to contact AMP at least two (2) full business days prior to the scheduled testing session
- fail to submit a Withdrawal Request Form so that it is received by AMP five (5) business days before termination of an assigned 90-day testing period, or
• fail to submit an Extension of Eligibility Form so that it is received by AMP with proper payment five (5) business days before termination of an assigned 90-day testing period.

**Assessment Center Locations**

AMP Assessment Centers have been selected to provide accessibility to most candidates in all states and major metropolitan areas. A current listing of AMP Assessment Centers, including addresses and driving directions, may be viewed at AMP’s website located at [www.goAMP.com](http://www.goAMP.com). Specific address information will be provided when a candidate schedules an examination appointment.

**Special Arrangements for Candidates with Disabilities**

AMP and BCEN comply with the Americans with Disabilities Act and strive to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability.

AMP and BCEN recognize that at times a candidate may request special testing accommodations. AMP and BCEN make every attempt to address requests for testing accommodations based upon review of documented health needs. In all cases, requests for special accommodations and documentation of disability needs are required at the time of application and are included in this handbook. Call AMP (913-895-4600) if you have any questions.

1. Wheelchair access is available at all established Assessment Centers. Candidates must advise AMP at the time of scheduling that wheelchair access is necessary.

2. Candidates with visual, sensory, physical or learning disabilities that would prevent them from taking the examination under standard conditions may request special accommodations.

Verification of the disability and a statement of the specific type of assistance needed must be made in writing to AMP at least forty-five (45) calendar days prior to your desired examination date by completing the Request for Special Examination Accommodations and Documentation of Disability-Related Needs forms included in this handbook. AMP will contact you regarding your request for accommodations within ten (10) business days of receipt.

**Telecommunication Devices for the Deaf**

AMP is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available 8:30 a.m. to 5:00 p.m. (Central Time) Monday-Friday at 913-895-4637. This TDD phone option is for individuals equipped with compatible TDD machinery.

**Inclement Weather, Power Failure or Emergency**

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center.

You may visit AMP’s website at [www.goAMP.com](http://www.goAMP.com) prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to an Assessment Center is temporarily interrupted during an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

**Taking the Examination**

Your examination will be given by computer at an AMP Assessment Center. You do not need any computer experience or typing skills to take your examination. On the day of your examination appointment, report to the Assessment Center no later than your scheduled testing time. Look for the signs indicating AMP Assessment Center Check-in. IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME, YOU WILL NOT BE ADMITTED.
Examination Information

The CPEN® examination will consist of 175 questions, with 150 scored items and 25 unscored, pretest items. You will be given three hours to complete the examination.

The following concepts are integrated throughout the examination, appropriate to the stated task:
• Diversity (cultural, ethnic)
• Communication
• Growth and development
• Pharmacology (e.g., medication reactions)
• Health promotion and injury prevention
• Medication administration (e.g., weight based calculations)
• Discharge planning
• Collaboration with other health care providers
• Conflict resolution
• Family-centered care
• Evidence-based practice
• Pain management

Approximately 7% of the examination will require only recall on the part of the candidate, 55% will require application of knowledge, and 38% will require analysis of pediatric emergency situations.

The Detailed Content Outline that follows is based on a practice analysis study. This research study, also known as a job analysis or role delineation study, was conducted by an Advisory Committee (AC) of subject matter experts selected by BCEN. The AC developed a survey instrument that was distributed throughout the United States. Responses were received from more than 1,000 pediatric emergency nurses who overwhelmingly agreed that the list of tasks (activities) and related knowledge areas on the survey covered their role of a pediatric emergency nurse. Decision rules were established by the AC to determine which tasks and knowledge areas were commonly performed and significant enough to practice to be included on the Detailed Content Outline. The integrated concepts, cognitive level distribution, and the number of items (questions) specified within each content area were developed by an iterative process resulting in the unanimous agreement of the AC. Various forms (versions) of the examination will be developed, but all will exactly match the specifications identified in the Detailed Content Outline.
## Certified Pediatric Emergency Nurse
### Detailed Content Outline

<table>
<thead>
<tr>
<th>Knowledge Domains (and associated tasks and topics)</th>
<th># of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Triage Process</td>
<td>23</td>
</tr>
<tr>
<td>A. Emergency Intake</td>
<td></td>
</tr>
<tr>
<td>1. Perform visual assessment</td>
<td></td>
</tr>
<tr>
<td>a. Sick vs. not sick</td>
<td></td>
</tr>
<tr>
<td>b. Pediatric Assessment Triangle (PAT)</td>
<td></td>
</tr>
<tr>
<td>2. Emergency Intake</td>
<td></td>
</tr>
<tr>
<td>a. Intervene for life or limb threatening illnesses or injuries</td>
<td></td>
</tr>
<tr>
<td>b. Identify triage priority</td>
<td></td>
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<tr>
<td>c. Identify the need for isolation</td>
<td></td>
</tr>
<tr>
<td>d. Identify the need for decontamination (e.g., chemical or biological agents)</td>
<td></td>
</tr>
<tr>
<td>e. Prioritize resource utilization based on volume (e.g., surge, mass casualty)</td>
<td></td>
</tr>
<tr>
<td>B. Perform Triage Interventions</td>
<td></td>
</tr>
<tr>
<td>1. Perform initial interventions (e.g., first aid, splint, ice, eyewash)</td>
<td></td>
</tr>
<tr>
<td>2. Select and administer medications</td>
<td></td>
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<tr>
<td>2. Assessment</td>
<td>34</td>
</tr>
<tr>
<td>A. History and Physical</td>
<td></td>
</tr>
<tr>
<td>1. Perform a primary survey</td>
<td></td>
</tr>
<tr>
<td>2. Perform secondary survey</td>
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<tr>
<td>3. Assess behavioral status and risk for harm (e.g., risk-taking behaviors, self-harm, violence)</td>
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<tr>
<td>4. Evaluate assessment findings related to developmental milestones</td>
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<tr>
<td>5. Customize the assessment for children with special needs (i.e., developmental diversity)</td>
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<tr>
<td>6. Identify caregivers’ perception of child’s baseline and current status</td>
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<tr>
<td>7. Identify suspected maltreatment</td>
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<tr>
<td>B. Pain</td>
<td></td>
</tr>
<tr>
<td>1. Perform age appropriate assessment of pain</td>
<td></td>
</tr>
<tr>
<td>C. Family</td>
<td></td>
</tr>
<tr>
<td>1. Assess family functioning and dynamics (e.g. coping strategies, support systems, parenting skills, learning style)</td>
<td></td>
</tr>
<tr>
<td>3. Technical Skills</td>
<td>20</td>
</tr>
<tr>
<td>A. Perform or Assist with Technical Skills</td>
<td></td>
</tr>
<tr>
<td>1. Airway management</td>
<td></td>
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<tr>
<td>2. Capnography</td>
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<tr>
<td>3. Cardioversion</td>
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<tr>
<td>4. 12-lead ECG</td>
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<tr>
<td>5. Defibrillation</td>
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<tr>
<td>6. Cardiac pacing</td>
<td></td>
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<tr>
<td>7. Peripheral IV access</td>
<td></td>
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<tr>
<td>8. Rapid fluid infusers/warmers</td>
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<tr>
<td>9. Intraosseous access</td>
<td></td>
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<tr>
<td>10. Central IV access (including PICC, venous access ports)</td>
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<tr>
<td>11. Incision and drainage</td>
<td></td>
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<tr>
<td>12. Dressings</td>
<td></td>
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<tr>
<td>13. Wound closure</td>
<td></td>
</tr>
<tr>
<td>14. Chest tubes</td>
<td></td>
</tr>
<tr>
<td>15. Specimen collection (e.g., sputum, urine, blood, nasopharyngeal)</td>
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<tr>
<td>16. Splinting</td>
<td></td>
</tr>
<tr>
<td>17. Enteral tubes (e.g., nasogastric, orogastric, PEG)</td>
<td></td>
</tr>
<tr>
<td>18. Chemical or biological decontamination</td>
<td></td>
</tr>
</tbody>
</table>
### Knowledge Domains (and associated tasks and topics) # of Items

<table>
<thead>
<tr>
<th>No.</th>
<th>Task Description</th>
<th>Knowledge Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.</td>
<td>Spinal stabilization (including safety seat removal)</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Positioning for procedures [e.g., lumbar puncture, bladder catheterization, IV]</td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Infant warmer</td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Medication administration</td>
<td></td>
</tr>
</tbody>
</table>

### 4. Medical Conditions 27

#### A. Manage Airway Conditions
1. **Mechanical** (e.g., foreign body)
2. **Pathophysiologic** (e.g., anaphylaxis, distributive shock, infections)
3. **Congenital** (e.g., stenosis, malacia)

#### B. Manage Respiratory (Upper and Lower) Conditions
1. **Mechanical** (e.g., pneumothorax, foreign body, embolism)
2. **Pathophysiologic** (e.g., bronchiolitis, reactive airway disease, pneumonia)
3. **Congenital** (e.g., chronic lung disease)

#### C. Manage Cardiovascular Conditions
1. **Mechanical** (e.g., tamponade, tension pneumothorax)
2. **Pathophysiologic** (e.g., cardiogenic and hypovolemic shock, rhythm disturbances, congestive heart failure, infections)
3. **Congenital** (e.g., aortic stenosis)

#### D. Manage Neurological Conditions
1. **Mechanical** (e.g., shunt malfunction, tumors)
2. **Pathophysiologic** (e.g., seizures, infections, stroke, headache)
3. **Congenital** (e.g., hydrocephalus, arteriovenous malformation)

#### E. Manage Gastrointestinal Conditions
1. **Mechanical** (e.g., obstructions, intussusception)
2. **Pathophysiologic** (e.g., infections, necrotizing enterocolitis, fluid-electrolyte imbalance)
3. **Congenital** (e.g., tracheoesophageal fistula)
4. **Nutrition** (e.g., failure to thrive, formula intolerance, obesity)

#### F. Manage Genitourinary and Reproductive Conditions
1. **Mechanical** (e.g., stricture, ovarian cyst)
2. **Pathophysiologic** (e.g., urinary tract infections, renal failure, sexually transmitted infections)

#### G. Manage Emergent Neonatal Conditions
1. **Pathophysiologic** (e.g., infections, necrotizing enterocolitis, fluid-electrolyte imbalance, jaundice, thermoregulation)
2. **Congenital** (e.g., ductal dependent lesions, tracheoesophageal fistula, obstructive uropathy)
3. **Care of the newly born** (e.g., resuscitation following delivery)

#### H. Manage Environmental and Toxicology Conditions
1. Heat and cold
2. Bites and stings
3. Substance exposures [e.g., nuclear, chemical, radiologic, biologic, organophosphates]
4. Poisoning [e.g., medications, alcohol]

#### I. Manage Other Medical Conditions
1. **Hematology** (e.g., sickle cell, bleeding or clotting disorders)
2. **Oncology** (e.g., fever and neutropenia, tumor lysis syndrome)
3. **Endocrine** (e.g., congenital adrenal disorders, glucose disturbance)
4. **Musculoskeletal** (e.g., osteogenesis imperfecta, septic arthritis)
5. **Eyes, ears, nose, and throat** (e.g., strep throat, cleft palate)
6. **Dermatology** (e.g., rashes, infections)
7. **Infectious** diseases
8. Sepsis

### 5. Surgical and Trauma Emergencies, and Procedural Sedation 26

#### A. Manage Surgical Emergencies
1. **Gastrointestinal** (e.g., acute abdomen, appendicitis, malrotation/volvulus, strangulated hernia, pyloric stenosis, intussusception)
### Knowledge Domains (and associated tasks and topics) # of Items

<table>
<thead>
<tr>
<th>Domain</th>
<th>Tasks and Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Genitourinary and reproductive (e.g., testicular torsion, ectopic pregnancy, phimosis, priapism)</td>
<td></td>
</tr>
<tr>
<td>3. Musculoskeletal (e.g., compartment syndrome, slipped capital femoral epiphysis [SCFE])</td>
<td></td>
</tr>
<tr>
<td>4. Postoperative hemorrhage (e.g., tonsillectomy)</td>
<td></td>
</tr>
<tr>
<td>5. Neurological (e.g., shunt failure, herniation syndrome)</td>
<td></td>
</tr>
</tbody>
</table>

#### B. Manage Trauma Emergencies

1. Burns (e.g., heat, electrical, inhalation)
2. Submersion injuries (e.g., near drowning, positional asphyxia)
3. Neurological trauma (e.g., neurogenic shock, head trauma)
4. Musculoskeletal trauma (e.g., fractures, lacerations, joint dislocations, sprains and strains)
5. Cardiothoracic trauma (e.g., pneumothorax, hemothorax, cardiac tamponade)
6. Abdominal trauma
7. Maxillofacial and dental trauma
8. Multi-system trauma

#### C. Manage Procedural Sedation

1. Patient monitoring
2. Essential equipment
3. Medications and reversal agents

#### 6. Special Considerations 20

##### A. Behavioral and Maltreatment Emergencies

1. Manage behavioral emergencies
   a. Suicidal ideations/attempts
   b. Homicidal ideations/attempts
   c. Acute psychosis
   d. Aggressive behavior
   e. Substance abuse
   f. Post-traumatic stress disorder

2. Manage maltreatment emergencies
   a. Sexual assault (including rape and drug-facilitated rape)

3. Manage abuse emergencies
   a. Emotional abuse
   b. Physical abuse
   c. Sexual abuse
   d. Neglect

##### B. Legal and Professional Issues

1. Legal Issues
   a. Ensure that informed consent has been obtained
   b. Ensure preservation of forensic evidence and chain of custody

2. Comply with government regulation
   a. EMTALA
   b. HIPAA
   c. Mandatory reportable situations (e.g., gunshot wounds, infectious diseases)

3. Professional Issues
   a. Resolve conflicts with family members
   b. Promote safety and health/wellness in the community
   c. Participate in emergency preparedness activities
   d. Facilitate critical incident stress management (debriefing)

---

**Total Number of Scored Items**: 150

In addition to the 150 items specified to compute candidate scores, 25 unscored pretest items will be administered to each candidate.
Sample Items
The following items (questions) are intended to illustrate the format that will appear on the examination. All items will include four options, one of which is the best response from among the four provided. An example of items that require recall, application, and analysis are included. These sample items are not necessarily intended to represent the difficulty of the items that will appear on the examination.

1. In addition to work of breathing, which of the following are components of the Pediatric Assessment Triangle (PAT)?
   A. general appearance and circulation to the skin
   B. patency of airway and circulation to the skin
   C. general appearance and developmental level
   D. patency of airway and developmental level

2. A 12 year old arrives in the emergency department with a history of infrequent but unusual activity consisting of facial grimacing, picking at her clothes, and not responding to her teacher’s questions. This behavior is most suggestive of
   A. absence seizure.
   B. pseudoseizure.
   C. complex partial seizure.
   D. simple partial seizure.

3. An 8 year old presents to triage with nausea, left shoulder pain of 8/10, and diffuse abdominal pain of 2/10. The history is unremarkable except for fall from tree one day prior to arrival. Vital signs are as follows:
   - temperature: 98.6°F (37°C)
   - heart rate: 120 beats per minute
   - respirations: 28 breaths per minute
   - blood pressure: 90/50 mm Hg

Which of the following injuries should the nurse suspect?
   A. clavicle fracture
   B. humerus fracture
   C. liver laceration
   D. splenic laceration

Answer Key
<table>
<thead>
<tr>
<th>Item #</th>
<th>Content Area</th>
<th>Cognitive Level</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 A 1b</td>
<td>Recall</td>
<td>A</td>
</tr>
<tr>
<td>2</td>
<td>4 D 2</td>
<td>Application</td>
<td>C</td>
</tr>
<tr>
<td>3</td>
<td>5 B 6</td>
<td>Analysis</td>
<td>D</td>
</tr>
</tbody>
</table>

Identification
To gain admission to the assessment center, you must present two forms of identification. The primary form must be government issued, current and include your name, signature and photograph. No form of temporary identification will be accepted. You will also be required to sign a roster for verification of identity.

- Examples of valid primary forms of identification are: driver’s license with photograph; state identification card with photograph; passport; military identification card with photograph.
- The secondary form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).
- If your name on your registration is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order)

Candidates must have proper identification to gain admission to the Assessment Center. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of examination fees.

Security
AMP and BCEN maintain examination administration and security standards that are designed to assure that all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, pagers or cellular/smart phones are allowed in the testing room. Possession of a cellular/smart phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- No calculators are permitted.
- No guests, visitors or family members are allowed in the testing room or reception areas.
Personal Belongings

No personal items, valuables, or weapons should be brought to the Assessment Center. Only wallets and keys are permitted. Coats must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. The proctor will lock the soft locker prior to you entering the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker.

- watches
- hats
- wallets
- keys

Once you have placed everything into the soft locker, you will be asked to pull your pockets out to ensure they are empty. If all personal items will not fit in the soft locker you will not be able to test. The site will not store any personal belongings.

If any personal items are observed or heard (e.g., cellular/smart phones, alarms) in the testing room after the examination is started, the administration will be forfeited.

Examination Restrictions

- Pencils will be provided during check-in.
- You will be provided with one piece of scratch paper at a time to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive your score report.
- No documents or notes of any kind may be removed from the Assessment Center.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

Misconduct

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

- create a disturbance, are abusive, or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular/smart phones;
- talk or participate in conversation with other examination candidates;
- give or receive help or is suspected of doing so;
- leave the Assessment Center during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings, or
- are observed with notes, books or other aids without it being noted on the roster.

Copyrighted Examination Questions

All examination questions are the copyrighted property of BCEN. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

Computer Login

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your candidate identification number. You will take your photograph which will remain on screen throughout your examination session. This photograph will also print on your score report.

Practice Examination

Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.
**Timed Examination**

Following the practice examination, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen.

The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the “Time” box in the lower right-hand corner of the screen or select the Time key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right portion of the screen. Choices of answers to the examination question are identified as A, B, C, or D. You must indicate your choice by either typing in the letter in the response box in the lower left hand of the computer screen or clicking on the option using the mouse. To change your answer, enter a different option by pressing the A, B, C, or D key or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen or select the NEXT key. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key. When the examination is completed, the number of examination questions answered is reported. If all questions have not been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing.

**Candidate Comments**

During the examination, comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.

**Following the Examination**

After completing the examination, candidates are asked to complete a short evaluation of their examination experience. Candidates will report to the Assessment Center proctor to receive their score reports. Scores are reported in written form only, in person or by U.S. mail. Scores are not reported over the telephone, by electronic mail or by facsimile.

Your score report will indicate a “pass” or “fail.” Your pass/fail status is determined by your raw score. A raw score is the number of questions you answered correctly. Additional detail is provided in the form of raw scores by major content category.

**Pass/Fail Score Determination**

The methodology used to set the minimum passing score is the Angoff method, applied during the performance of a Passing Point Study by a panel of experts in the field. The experts evaluated each question on the examination to determine how many correct answers are necessary to demonstrate the knowledge and skills required to pass this examination. Your ability to pass the examination depends on the knowledge and skill you display, not on the performance of other candidates.

Passing scores may vary slightly for each version of the examination. To ensure fairness to all candidates, a process of statistical equating is used. This involves selecting an appropriate mix of individual questions for each version of the examination that meet the content distribution requirements of the examination content blueprint. Because each question has been pretested, a difficulty level can be assigned. The process then considers the difficulty level of each question selected for each version of the examination, attempting to match the difficulty level of each version as closely as possible.
To assure fairness, slight variations in difficulty level are addressed by adjusting the passing score up or down, depending on the overall difficulty level statistics for the group of scored questions that appear on a particular version of the examination.

Scores Cancelled
AMP and BCEN are responsible for the validity and integrity of the scores they report. On occasion, computer malfunction or misconduct by a candidate, may cause a score to be suspect. AMP and BCEN reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

If You Pass the Examination
Candidates who pass the examination will receive a certificate from AMP; if you do not receive a certificate within four weeks of receipt of a passing score report, please contact AMP.

If You Do Not Pass the Examination
Unsuccessful candidates who wish to take the examination again must reapply and submit all applicable fees and documentation. There is a 90-day waiting period between examination attempts.

Failing to Report for an Examination
If you fail to report for an examination, you will forfeit the registration and all fees paid to take the examination. A new, complete application and fee are required.

Confidentiality
Information about candidates for testing and their examination results are considered confidential. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

Duplicate Score Report
You may purchase additional copies of your results up to one year after your examination date at a cost of $25 per copy. Requests must be submitted to AMP in writing. The request must include your name, candidate identification number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to AMP in the form of a money order or cashier’s check to AMP, 18000 W 105th St., Olathe, KS 66061. Duplicate score reports will be mailed within approximately five business days after receipt of the request and fee.
Certified Pediatric Emergency Nurse Examination Application

Complete all sections of this application and submit with payment by mail to:
AMP. Attn: Examination Services, 18000 W. 105th St., Olathe, KS 66061.

First Name ___________________________ MI ___________________________ Last Name ___________________________

Street Address or PO Box ___________________________

City ___________________________ State ___________________________ Zip Code ___________________________ Country ___________________________

Home Phone Number ___________________________ Work Phone Number ___________________________ Cell Number ___________________________

E-mail Address ___________________________

Please note that social security and/or birthdate are asked for in order to locate your record (within the BCEN data base) and avoid duplication.

Social Security Number (last 4 digits) ___________________________ Birthdate ___________________________ RN License Number ___________________________ Expiration Date ___________________________

State of License if U.S. ___________________________ Province of License if Canadian ___________________________

Are you applying for an International Test location?    ☐ Yes    ☐ No

You will be contacted by e-mail by an AMP representative to determine the location and scheduled date.

*Individuals testing outside the U.S. will be required to pay an international testing fee of $340.

Required Documentation Attestation:

By completing this application, I attest that I have completed 1,000 hours as a RN in pediatric emergency nursing practice in the past 24 months.

The 1,000 hours in pediatric emergency practice requirement may be obtained through practice in any urgent care or emergency setting, and may include providing direct care, health care facilitation, education, and advocacy for patients and families.

*BCEN reserves the right to conduct an audit of the applicant’s attestation, and may require that the applicant provide confirmation, for example through agreement of a supervisor (or supervisors), of completion of the practice requirement in pediatric emergency nursing.

Validation Commitment – This section is required in order to complete the application process.

By signing below, I affirm that I presently hold a current unrestricted license to practice as an RN in the United States or Canada (a nursing certificate equivalent to a RN license in the US is also acceptable). I understand that a false statement regarding validity of any documentation could result in the Board revoking my certification as well as filing any civil charges as may apply.

Applicant Signature ___________________________ Date ___________________________

Certification Exam Fee: Please check the appropriate payment amount below:

☐ Initial Testing Fee: $280  ☐ International Testing Fee: $340
☐ Retesting Fee for Initial Certification: $240  ☐ Recertification Fee by Examination: $280

To recertify by Continuing Education and/or Clinical Practice Hours, visit https://cpenmember.goamp.com/CpenRecert.

Payment Method: Acceptable forms of payment include personal check, money order, cashier check and credit card. If paying by credit card, please provide the following information:

☐ VISA    ☐ MasterCard    ☐ American Express    ☐ Discover

Credit Card Account Number ___________________________ Expiration Date (Month/Year) ___________________________

Please print your name as it appears on the credit card.

I agree to pay above amount according to card issuer agreement.

Signature ___________________________ Date ___________________________

Membership Status (optional)

☐ ASTNA Member    ☐ ENA Member: ENA Membership Number ___________________________  ☐ NAPNAP Member    ☐ SPN Member
Demographics

Responses to these questions will be used by BCEN only in the aggregate to evaluate the CPEN® Certification Program. (Select only one response unless directed otherwise.)

1. Initial RN preparation
   - Diploma
   - Associate degree
   - Bachelor’s
   - Master’s
   - Post Master’s Certificate
   - Doctorate

2. Highest degree in nursing
   - Diploma
   - Associate’s Degree
   - Bachelor’s Degree
   - Master’s Degree
   - Post Master’s Certificate
   - Doctoral Degree

3. How many years have you been a registered nurse? Please enter whole numbers using numeric characters only on the lines below (e.g., 5).
   _____ Years

4. How many years have you been a pediatric emergency nurse? Please enter whole numbers using numeric characters only on the lines below (e.g., 5).
   _____ Years

5. Which of the following best describes your primary practice?
   - Pediatric Emergency Department in a Pediatric Hospital
   - Pediatric Emergency Department in an All Age Hospital
   - All Age Emergency in an All Age Hospital
   - Freestanding Emergency Center or Urgent Care Facility
   - Flight or Ground Transportation

6. Which of the following best describes your facility?
   - Children’s Hospital
   - Community Hospital
   - Major Medical Center

7. Which of the following best describes your current primary position?
   - Staff nurse or Charge nurse
   - Manager/Supervisor/Administrator
   - Educator
   - Advanced Practice
   - Trauma Coordinator
   - Transport Nurse

8. Please provide your Country of Education

9. Please provide your Hospital Employer (Include City and State)

10. Hours per Week in nursing practice
    - < 20
    - 20-30
    - 31-40
    - >40

11. Are you a RN in one of the following?
    - Air Force
    - Army
    - National Guard
    - Navy
    - Reserves
    - None of the Above

12. Which of the following was your primary method of preparing for this examination?
    - Self-study
    - Informal study group
    - Hospital-organized review course or study group
    - Review course not organized by hospital
    - Practice exam
    - None of the above

13. Who paid for you to take this exam?
    - Myself
    - My employer paid the full exam cost up front.
    - My employer will reimburse me for the full exam cost if I pass.

14. Which of the following certification financial benefits do nurses at your facility receive?
    - One-time bonus
    - Increased hourly rate/pay increase
    - Both a bonus and a pay increase
    - Neither a bonus nor a pay increase

15. Of the following certification benefits, which is most important to you?
    - Credentials added to name badge
    - Professional advancement
    - Recognition in a newsletter or other publication
    - Recognition by a ceremony or a plaque with certified nurses’ names, etc.
    - Nurses receive no other benefits at our facility

16. Which of the following was the way that you first heard about the CPEN® examination?
    - Exam brochure
    -ENA Conference
    - Magnet Conference
    - SPN Conference
    - BCEN website
    - NCB website
    - Colleague
    - Supervisor
    - Journal advertisement or article
    - Newsletter advertisement or article
    - Internet search

17. Which of the following was your primary motivation to seek certification as a pediatric emergency nurse?
    - Personal sense of achievement
    - Required for advancement
    - Professional recognition
    - Verification of clinical competency
    - Increase in pay
    - Supervisor encouragement
    - Magnet program requirement
    - Colleague encouragement
    - Career enhancement
    - Increased autonomy
    - None of the above

18. Which of the following best describes your future employment plans?
    - No change planned
    - Planning to change employer
    - Planning to retire within the next 12 months
    - Planning to leave the nursing field
    - Unsure about future plans

19. Which of the following best describes how certification is viewed by your employer?
    - Mandatory for practice and advancement
    - Voluntary for practice and advancement
    - Mandatory for practice, voluntary for advancement
    - Voluntary for practice, mandatory for advancement

20. What national nursing certifications do you hold?
    - Yes
    - No
    - CCRN
    - CEN
    - CFRN
    - CPN
    - CTRN

21. Which of the following courses have you completed?
    - Yes
    - No
    - ACLS
    - ENPC
    - NRP
    - PALS
    - TNCC
Extension of Eligibility

Directions: Use this form to request a 90-day extension of eligibility. Complete all requested information. This form and $100 fee must be received by AMP no later than five (5) business days prior to the completion of your eligibility period. Requests for extension of eligibility received after eligibility periods have expired will not be honored. Your new 90-day eligibility period will begin on the date your request is processed by AMP.

First Name MI Last Name Other Name Used

Street Address or PO Box

City State Zip Code Country

Home Phone Work Phone Cell Phone

E-mail Address

Fee: $100

Payment Method: Acceptable forms of payment include personal check, money order, cashier check and credit card. If paying by credit card, please provide the following information:

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Account Number Expiration Date (Month/Year)

I agree to pay above amount according to card issuer agreement.

Signature Date
Withdrawal Request Form

Directions: Use this form to withdraw from the examination. Complete all requested information. This form must be received by AMP no later than five (5) business days prior to completion of your 90-day eligibility period. You will receive a refund of your examination fee less a $65 processing fee. Withdrawal requests received after termination of your 90-day eligibility period will not be honored and fees will not be refunded.

First Name
MI
Last Name
Other Name Used

Street Address or PO Box

City
State
Zip Code
Country

Home Phone
Work Phone
Cell Phone

E-mail Address

Reason for Request:


Signature
Date

Mail/Fax this form to:
Applied Measurement Professionals, Inc.
Attn: Examination Services
18000 W 105th St.
Olathe, Kansas 66061
Fax: 913-895-4650
Request for Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side and submit it with your application at least 45 days prior to your requested examination date. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

Candidate Information

Social Security Number _____ - _____________ (last four digits)

Name [Last, First, Middle]

Street Address

City _____________ State _____________ Zip Code/Postal Code _____________ Country

Daytime Telephone Number _____________ Fax Number _____________ E-mail Address _____________

Special Accommodations

I request special accommodations for the __________________________ examination.

Please provide (check all that apply):

_____ Reader

_____ Extended testing time (time and a half)

_____ Reduced distraction environment

_____ Other special accommodations (Please specify.)

________________________________________________________________________

________________________________________________________________________

Comments:

________________________________________________________________________

________________________________________________________________________

PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with AMP staff my records and history as they relate to the requested accommodation.

Signature: ___________________________ Date: ___________________________

Return this form at the time of your application to:
AMP, Examination Services, 18000 W. 105th St., Olathe, KS 66061-7543, Fax 913-895-4650.
Documentation of Disability-Related Needs

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required test accommodations.

Professional Documentation

I have known ______________________________ since ___/___/_____ in my capacity as a

Candidate Name

Date

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate’s disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Describe disability below:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signed: ______________________________ Title: ______________________________

Printed Name: ______________________________

Address: ______________________________

Telephone Number: ______________________________

Date: ______________________________ License #: ______________________________

Return this form at the time of your application to:
AMP, Examination Services, 18000 W. 105th St., Olathe, KS 66061-7543, Fax 913-895-4650.