

Dear CPSN Candidate:

Thank you for your interest in becoming a Certified Plastic Surgical Nurse (CPSN).

This brochure contains the application for the certification examination of the Plastic Surgical Nursing Certification Board, Inc. (PSNCB). The PSNCB is comprised of registered nurses with content expertise in plastic surgical nursing. The Board collaborates with the Center for Nursing Education and Testing (C-NET) in test development, test administration, and test evaluation.

The PSNCB was established in 1989 for the purpose of promoting the highest standards of plastic surgical nursing practice through the development, implementation, coordination, and evaluation of all aspects of the certification and recertification processes.

The PSNCB believes that attainment of a common knowledge base, utilization of the nursing process, and a high level of skill in the practice setting are required for proficient practice in the specialty of plastic and reconstructive surgical nursing. Certification provides professional recognition for these achievements. The Board recognizes the value of education, administration, research, and clinical practice in fostering personal and professional growth.

Please be sure to read the enclosed information and complete the application form. If you have any questions regarding certification that are not answered in this brochure, contact C-NET at 800-463-0786.

Good luck on the exam!

Sincerely,

*Jacqueline Frazee, BSN, CNOR, RNFA, CPSN*

Jacqueline Frazee, BSN, CNOR, RNFA, CPSN  
President



## ELIGIBILITY CRITERIA FOR CERTIFICATION

To be eligible to apply for certification, the candidate must:

1. Be currently licensed as a Registered Nurse in the United States, its territories or Canada, and
2. Have a minimum of two (2) years of plastic surgical nursing experience as a registered nurse in a general staff, administrative, teaching, or research capacity within three (3) years prior to application, and
3. Have spent at least 1,000 practice hours in plastic surgical nursing during two (2) of the preceding three (3) years.

## CERTIFICATION APPLICATION INSTRUCTIONS

1. Complete all sections of the application. Be sure to include your Social Security number since it will serve as your identification number for the certification files.
2. Print or type all information except your signature.
3. Attach to the application a photocopy of your current RN license and, if applicable, a photocopy of your current ASPSN membership card. This can be found in the members only area of the ASPSN website.
4. Mail the application form with attachments and your check/money order to:

**PSNCB Certification Program**  
c/o C-NET  
35 Journal Square, Suite 901  
Jersey City, NJ 07306  
Phone: 201-217-9083 ♦ Fax: 201-217-9785  
E-mail: [info@cnetnurse.com](mailto:info@cnetnurse.com)

The application will be considered incomplete if any of the requested information or the appropriate fee is not provided. Candidates will be informed of the measures to take to complete their applications. Examination permits are issued only to candidates with complete applications.

The complete application and appropriate fee must be received by C-NET no later than the deadline date specified on the test schedule. A two-week late submission window following the deadline will permit applications to arrive late; applications arriving in this two-week period are subject to a \$25 late fee. Applications and fees received after the deadline may be applied to a certification examination scheduled during the next twelve (12) months.

Cancellations will be accepted until two weeks prior to the examination. Cancellations after that time will not be refunded, but the application and fee may be applied to a certification examination scheduled during the next twelve (12) months only. The fee will not be applied to any exam after that 12 month period.

Substitution of candidates cannot be made and no such requests will be honored. The Plastic Surgical Nursing Certification Board reserves the right to verify the employment and licensure status of any applicant.



## APPLICATION FEES

### ***CERTIFICATION EXAMINATION FEE***

\$195 for ASPSN members\*

\$295 for non-members.

There is a nonrefundable application fee of \$25.

### ***OTHER FEES***

A \$20 fee is charged for returned checks.

A \$10 fee is charged for the reissuance of certification certificate 60 days after initial issuance.

\*Membership in the American Society of Plastic Surgical Nurses (ASPSN) must be current through the date of the examination to be eligible for the reduced fee.

### ***RE-EXAMINATION FEE***

A candidate who does not pass the examination has two years in which to re-take the examination at a reduced fee. The fee is \$100 for ASPSN members and \$150 for nonmembers.

A candidate who does not pass the second examination is considered to have failed. Any repeat examination will require completion of a new application and payment of the full examination fee.

## EXAMINATION PERMIT

Pending the completion of your application, you will receive an examination permit approximately two weeks before the test date. The permit will include the test date, test center address, and the time you should report to the test center. You will not be admitted to the examination without the permit.

If you do not receive your examination permit two weeks prior to the examination date, please notify C-NET at 800- 463-0786. If you lose your permit, notify C-NET immediately. Exam managers are instructed to admit only those candidates who are listed on the attendance roster for the test center and who have examination permits or special authorization.

## NOTIFICATION OF EXAMINATION SCORES

Candidates will be notified of their scores approximately four – six (4-6) weeks after test administration. C-NET will forward all examination scores to the candidate as follows:

1. A total score will be provided for candidates who successfully pass the examination.
2. A total score and sub scores in all the major test areas of concentration will be provided for candidates who do not pass the examination.



## DESIGNATION OF CERTIFICATION

Certification is awarded to those who successfully complete the certification process by meeting the eligibility criteria and passing a written multiple-choice examination. The designated credential is Certified Plastic Surgical Nurse (CPSN). This credential (CPSN) may be used in all correspondence or professional activities.

Certification in plastic surgical nursing is valid for a period of three (3) years. Recertification is available by examination or by continuing education. Certified plastic surgical nurses will be sent application forms for recertification approximately six (6) months in advance of the expiration of their certification.

## CONFIDENTIALITY OF EXAM

To ensure the security of the examination, the test materials are confidential and will not be released to any person or agency. A candidate's individual test results will be released only upon the candidate's written request.

## RIGHT OF APPEAL

A candidate who has been deferred, failed, or had their certification revoked has the right of appeal. This appeal must be submitted in writing to the President of the Plastic Surgical Nursing Certification Board within three (3) months of notification. The appeal shall state specific reasons why the candidate feels entitled to certification. At the candidate's request and expense, the President shall appoint a Grievance Hearing Committee of three (3) PSNCB members who will meet with the candidate and make recommendations to PSNCB. The Grievance Hearing Committee will meet in conjunction with a regularly scheduled PSNCB meeting. The final decision of PSNCB will be communicated in writing to the candidate within one month of the PSNCB meeting. Failure of the candidate to request an appeal or appear before the Grievance Hearing Committee shall constitute a waiver of the candidate's right of appeal.

## CERTIFICATION EXAMINATION

### OBJECTIVES

The PSNCB examination measures the nurse's ability to:

1. Synthesize the nursing process in the care of patients with plastic and reconstructive surgical procedures.
2. Apply principles of bio-psychosocial sciences in the care of patients with plastic and reconstructive surgical procedures.

The certification examination consists of approximately 175 multiple-choice items written to measure attainment of the above objectives. The questions are designed to measure proficiency in plastic surgical nursing practice and are written within the framework of the nursing process. Approximately four (4) hours are given to complete the examination.



The breakdown of the test items by content area is given below:

<u>Content Area</u>	<u>% of Total Test</u>
I. Reconstructive	
Head and Neck	15%
Breast	25%
Extremities	10%
Abdomen/Trunk	15%
II. Cosmetic/Aesthetic	
Surgical	30%
Nonsurgical Aesthetic	5%

**[Review CPSN Test Specification Blueprint](#)**

For information about test preparation, contact PSNCB at 877-337-9315.

**Certification granted by PSNCB is pursuant to a voluntary procedure intended solely to test for special knowledge.**

**PSNCB does not purport to license, to confer a right or privilege upon, nor otherwise to define qualifications of, any person for nursing practice.**

**The significance of certification is determined by appropriate institutions and state boards of nursing. The candidate should contact the appropriate state board of nursing or institution in order to determine practice implications.**



**PSNCB CPSN CERTIFICATION EXAMINATION APPLICATION**

Please fill in applicable date and site:

Exam Date: \_\_\_\_\_

Exam Site: \_\_\_\_\_

**ALL APPLICATION MATERIALS MUST BE POSTMARKED BY THE DEADLINE DATE,  
EIGHT WEEKS PRIOR TO TEST DATE**

*Print or type all information requested.*

1. Name \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Last Maiden First Middle Initial

2. Social Security Number \_\_\_\_\_

3. Home Address \_\_\_\_\_

State

Zip

4. Phone ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Home (area code) number Work (area code) number

5. Email Address \_\_\_\_\_

6. RN License: State \_\_\_\_\_ Permanent Number \_\_\_\_\_

Date of Original License \_\_\_\_\_ Expiration Date: \_\_\_\_\_

7. Years of experience as an RN in plastic surgical nursing: \_\_\_\_\_

8. a. Have you practiced as an RN in plastic surgical nursing for the past two (2) years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

b. During the above work experience, did you work at least 1,000 practice hours in plastic surgical nursing?

\_\_\_\_\_ Yes \_\_\_\_\_ No

9. Check the appropriate current plastic surgical nursing field: *(check all that apply)*

\_\_\_\_\_ (1) Cosmetic \_\_\_\_\_ (3) Reconstruction \_\_\_\_\_ (5) Other – Specify: \_\_\_\_\_

\_\_\_\_\_ (2) Hand \_\_\_\_\_ (4) Burn/Wound Care

10. Check the appropriate current position:

\_\_\_\_\_ (1) Nurse Manager/Supervisor \_\_\_\_\_ (4) Administrator \_\_\_\_\_ (7) Educator

\_\_\_\_\_ (2) Nurse Practitioner \_\_\_\_\_ (5) Clinical Researcher \_\_\_\_\_ (8) Other – Specify:

\_\_\_\_\_ (3) Office/Staff Nurse \_\_\_\_\_ (6) Clinical Nurse Specialist \_\_\_\_\_



11. Check the appropriate practice setting:

(1) Ambulatory Surgery       (3) Outpatient Clinic       (5) School of Nursing  
 (2) Hospital       (4) Physician's Office       (6) Other

12. Highest level of education completed:

(1) Diploma       (5) Bachelor's Degree--Other  
 (2) Associate Degree--Nursing       (6) Master's Degree--Nursing  
 (3) Associate Degree—Other       (7) Master's Degree--Other  
 (4) Bachelor's Degree--Nursing       (8) Doctorate

13. Check the appropriate fee and submit payment with this application:

\$195.00 ASPSN member       \$295.00 nonmember

14. Employment history beginning with present employment. Please do not send resumes. (Use a blank sheet of paper if additional space is needed.)

Dates	Employer Address and Contact Information	Position Title	Supervisor	Hrs/Wk
<b>FROM:</b> ___/___ Month/Year  <b>To:</b> ___/___ Month/Year	_____ _____ _____ (_____) _____ Email: _____			
<b>FROM:</b> ___/___ Month/Year  <b>To:</b> ___/___ Month/Year	_____ _____ _____ -(_____) _____ Email: _____			
<b>FROM:</b> ___/___ Month/Year  <b>To:</b> ___/___ Month/Year	_____ _____ _____ -(_____) _____ Email: _____			



15. To be completed by a physician, supervisor or administrator:

\_\_\_\_\_ is/has been employed in plastic surgical nursing at least two years during the past three years by: \_\_\_\_\_  
(Employer)

\_\_\_\_\_  
(City) (State) (Zip)

I further attest that \_\_\_\_\_ is currently licensed as a registered nurse in the state of \_\_\_\_\_.

\_\_\_\_\_  
Signature and Title of the Above-Named Endorser Date

16. **Denial, Suspension, or Revocation of Certification.** The occurrence of any of the following actions will result in the denial, suspension, or revocation of Plastic Surgical Nursing Certification: (1) falsification of the PSNCB application; (2) falsification of any material information requested by the PSNCB; (3) any restrictions such as revocation, suspension, probation, or other sanctions of professional RN license by nursing authority; (4) misrepresentation of CPSN status; (5) cheating on the PSNCB examination.

I hereby attest that I have read and understand the PSNCB policy on Denial, Suspension, or Revocation of Certification and that its terms shall be binding on all applicants for certification and all Certified Plastic Surgical Nurses for the duration of their certification.

I hereby apply for certification offered by the Plastic Surgical Nursing Certification Board. I understand that certification depends upon successful completion of the specified requirements. I further understand that the information accrued in the certification process may be used for statistical purposes and for evaluation of the certification program. I further understand that the information from my certification records shall be held in confidence and shall not be used for any other purpose without my permission. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I understand that the Plastic Surgical Nursing Certification Board reserves the right to verify any or all information on this application.

\_\_\_\_\_  
Legal Signature Date

17. Attach a photocopy of your current RN license and, if applicable, your current ASPSN membership card. Make sure expiration dates are clearly visible, Attach the photocopies to this application. Send the application and check or money order payable to **C-NET** to:

**PSNCB Certification Program**  
c/o C-NET  
35 Journal Square, Suite 901  
Jersey City, New Jersey 07306

Phone: 201-217-9083 ♦ Fax: 201-217-9785  
E-mail: [info@cnetnurse.com](mailto:info@cnetnurse.com)

