Dear CANS Candidate:

Thank you for your interest in becoming a Certified Aesthetic Nurse Specialist (CANS).

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.

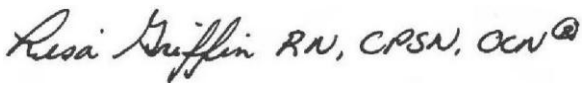
The PSNCB was established in 1989 for the purpose of promoting the highest standards of plastic surgical nursing practice through the development, implementation, coordination, and evaluation of all aspects of the certification and recertification processes.

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,



Lisa G. Griffin, RN, CPSN, OCN
President

Plastic Surgical Nursing psncb CERTIFICATION BOARD

500 Cummings Center, Suite 4400 ♦ Beverly, MA 01915 ♦ info@psncb.org

EIJGIBIIJ1Y 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, holding a current full and unrestricted license.
2. Have spent at least 1,000 practice hours within the core specialties during the last two (2) years.
3. Have a minimum of two (2) years of nursing experience as a registered nurse within the four Core Specialties in collaboration or in a practice with a physician that is board Certified within a core specialty. This can be in a general staff, administrative, teaching, or research capacity within three (3) years prior to application.
4. Be currently working in collaboration or in a practice with a physician that is Board Certified within one of the following specialties: Plastic/Aesthetic Surgery, Ophthalmology, Dermatology, or Facial Plastic Surgery (ENT).
5. Have your supervising core physician, who holds a current full and unrestricted license, endorse your application.

CERTIFICATION APPIJCATION 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. Ensure the physician you work with has endorsed your application
4. Attach to the application a photocopy of your current RN license and, if applicable, a photocopy of your current ISPAN membership card. This can be found in the members only area of the ISPAN website.
5. Mail the application form with attachments and your check/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

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 and a rescheduling fee paid to C-NET will be required, 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

CERTIHCATION EXAMINATION FEE
$325 for ISPAN members*†
$495 for non-members†

OTHERFEES
A $25 nonrefundable application fee
A $100 late application fee
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 International Society of Plastic and Aesthetic Nurses (ISPAN) must be current through the date of the examination to be eligible for the reduced fee.
†Please note that $25 of the exam fee is non-refundable should an application be withdrawn in accordance with PSNCB policy

RE-EXAMINATIONFEE
A candidate who does not pass the examination has one year in which to re-take the examination at a reduced fee. The fee is $100 for **ISPAN** 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

If your application is approved, you will receive an email from C-NET containing information for test-takers to select the date and location to sit for their exam.

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 Aesthetic Nurse Specialist (CANS). This credential (CANS) may be used in all correspondence or professional activities.

Certification is valid for a period of three (3) years. Recertification is available by examination or by continuing education. Certified Aesthetic Nurse Specialists receive access to their online recertification application portal via their password protected Members Only Page of the PSNCB website 30 days after passing their certification examination.

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. The PSNCB Appeals Policy and Procedure is publicly available on the PSNCB website psncb.org and can be found on the Get Certified page for the CANS Examination.

Certified Aesthetics Nurse Specialist (CANS) Examination

The Certified Aesthetics Nurse Specialist (CANS) Examination is designed to help ensure the safety of individuals undergoing nonsurgical aesthetic procedures by measuring the registered nurse's knowledge and ability to:

1. Plan and administer nonsurgical aesthetic procedures, which include (a) aesthetic injectables, (b) laser, light, and energy- based therapies, and (c) clinical skin care.
2. Assess and monitor the physical and psychological status of patients before, during, and after procedures.
3. Select appropriate strategies to meet the educational, health promotion, and psycho-sociocultural needs of patients.
4. Coordinate care to ensure safe, efficient delivery of high-quality care, in collaboration with other healthcare providers.

The certification examination consists of approximately **150** multiple-choice items written to measure attainment of the above objectives. The questions are designed to measure proficiency in non-surgical aesthetic procedures 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:

Content Area	% of Total Test
Aesthetic Injectables	

Light, Laser, and Energy-based therapies	30%
Clinical Skin Care	15%

Review CANS 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 o 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 CERTIFICATION EXAMINATION APPLICATION
CERTIFIED AESTHETIC NURSE SPECIALIST (CANS) EXAM

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 practicing in one of the core specialties:_____

8. a. Are you currently practicing as an RN in one of the four core specialties for the past two (2) years?
___ Yes ___ No

b. During the above work experience, do you work at least 1,000 practice hours in one of the four core specialties?
___ Yes ___ No

9. Check the appropriate current plastic surgical nursing field: *(check aJJ that apply)*
__ (1) Lasers/Light-Based Therapies__ (3) Skin Care __ (5) Other- Specify:
__ (2) Dermal Fillers (4) Neuromodulators _____

10. Check the appropriate current position:
__ (1) Administrator __ (4) Manager __ (7) Supervisor
__ (2) Clinical Nurse Specialist __ (5) Nurse Practitioner __ (8) Educator/frainer
___ (3) Educator __ (6) Staff nurse __ (9) Other- Specify: _____

11. Check the appropriate practice setting:
(1) MedSpa __ (3) Outpatient Clinic (5) School of Nursing

__ __

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__ (2) Hospital __ (4) Physician's Office __ (6) Other

12. Highest level of education completed:

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

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

__ $295.00 ISPAN member __ $395.00 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 Name, Address, and Contact Information	Position Title	Supervising Physician	Hrs./Wk
FROM: _!_ Month/Year To: _!_ Month/Year	_____ _____ _____ _____( ) Email:			
FROM: _!_ Month/Year To: _!_ Month/Year	_____ _____ _____ _( ) Email:			
FROM: _!_ Month/Year To: _!_ Month/Year	_____ _____ _____ _( ) Email:			

15. To be completed by your Supervising Core Physician:

_____is/has been employed in plastic surgical nursing by:

_____

Supervising Core Physician

_____

(City) (State) (Zip)

I further attest that _____ is currently licensed as a registered nurse in

the state of _____

I further attest that I, _____, am a Board-certified physician in one of the following

Core Specialties: _ Plastic/Aesthetic Surgery _ Ophthalmology

_ Dermatology _ Facial Plastic Surgery (ENT)

_____ _____

Supervising Core Physician Signature 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 CANS status (i.e., no longer working within the specified core specialties; (5) cheating on the PSNCB examination.

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

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

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 Aesthetic Nurse Specialists 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