



*CMRN*  
*Exam Application*  
*Guide*

Please return completed application to:

MSNCB  
Medical-Surgical Nursing Certification Board  
East Holly Avenue Box 56  
Pitman, New Jersey 08071

Delivery Service  
200 East Holly Avenue  
Sewell, New Jersey 08080

Telephone Toll-Free: 866-877-2676  
Fax: 856-589-7463  
[www.msncb.org](http://www.msncb.org)  
[cmsrn@ajj.com](mailto:cmsrn@ajj.com)

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## **INTRODUCTION**

Congratulations on your decision to take the Certified Medical-Surgical Registered Nurse (CMSRN<sup>®</sup>) exam. The purpose of this guide is to assist you in learning about the exam and study resources, and to help you in completing the application.

## **TOP FIVE REASONS TO BECOME A CMSRN**

5. Job Satisfaction: You'll achieve higher-level positions and greater earning power.
4. Pride inside: Your confidence will jump, and you'll gain peer and employer respect.
3. Custom fit: The CMSRN credential identifies your specialty and promotes medical-surgical nursing.
2. Well deserved recognition: The credential validates your advanced clinical knowledge.
1. And the #1 Reason to Get Certified: Certification helps you protect the public.

## **ELIGIBILITY CRITERIA**

To become certified, candidates must meet all eligibility criteria at the time of application, complete the application form (online or paper), submit all fees, and successfully pass the certification exam. No person shall be excluded from the opportunity to participate in the MSNCB certification program on the basis of race, color, national origin, religion, sex, age, affiliation, or disability. To be eligible to participate in the exam, candidates must meet the following requirements at the time of application:

1. Hold a current, full, and unrestricted license as a registered nurse (RN) in the United States or its territories, **OR**  
Hold a current, full, and unrestricted license as a first-level nurse in the country in which one's nursing education was completed, AND meet the eligibility for licensure as a registered nurse (RN) in the United States in accordance with the requirements of the Commission on Graduates of Foreign Nursing Schools (CGFNS).  
**AND**
2. Have practiced a minimum of two (2) calendar years as a registered nurse (RN) in a medical-surgical setting.  
**AND**
3. Have accrued a minimum of 2,000 hours within the past three (3) years of practice in a medical-surgical setting. Practice may include clinical, management, or education.

## **EXAM FORMATS**

The CMSRN exam is available in two formats: Paper and Pencil (P&P) or Computer-based Testing (CBT).

For information about P&P testing sites and CBT testing centers, go to [www.msncb.org/calendar](http://www.msncb.org/calendar), then click the link for either the P&P or CBT exams under "*Location*" in the tables and review the testing locations. Before choosing a test format on the application, make sure there is a P&P testing site or CBT testing center in your area by checking these online lists.

P&P	CBT
<p><b>Frequency:</b> This exam format is administered four times a year.</p> <p><b>Dates and Locations:</b> The exam is administered at over 50 testing sites across the country on a specific date in May and October. Special sites are arranged by a facility to administer the exam at its location on the nationally scheduled testing date. It is also administered at the end of the AMSN national convention in the fall and at the Nursing 201X Symposium in the spring.</p> <p><b>Exam:</b> The P&amp;P exam consists of 175 questions: 150 scored questions and 25 experimental questions which are not scored. The time allotted for the exam is 4 hours.</p> <p><b>Results:</b> Any problem questions are examined and eliminated from scoring, if necessary. The remaining questions are then scored two more times to verify total scores. Results of paper exams will be mailed approximately 8 weeks after the exam. All candidates receive a total score report. Those candidates who fail the exam also receive a detailed report of their performance in all the major test areas of concentration.</p>	<p><b>Frequency:</b> This exam format is available throughout the year.</p> <p><b>Dates and Locations:</b> The exam is administered at over 250 specified computer testing centers across the country. Do not adjust your personal and/or work calendar until you officially schedule a test appointment.</p> <p><b>Exam:</b> The CBT exam consists of 150 scored questions. There are no experimental questions in this format. The time allotted for the exam is 3 hours.</p> <p><b>Results:</b> Results of the CBT exams are provided immediately upon completion of the exam. All candidates receive a total score report. Those candidates who fail the exam also receive a detailed report of their performance in all the major test areas of concentration.</p>

**Transferring from One Exam Format to Another:**

- Candidates transferring from a P&P exam to a CBT exam may transfer to CBT until the application deadline date of the P&P exam. Requests to transfer received after this time frame will not be honored. When transferring from P&P to CBT, you must test within the 90-day window given.  
Example: A P&P candidate is scheduled to take the exam in October. The P&P candidate must notify MSNCB in writing by August 1 (the application deadline date for October P&P test) of their request to transfer to CBT.
- Candidates will not be able to transfer from CBT to P&P due to room capacity and other considerations for the paper and pencil exam.
- Transfer requests must be submitted in writing to cmsrn@ajj.com, by mail, or fax.

**Transferring Application From One Person to Another:**

Substitution of candidates cannot be made and no such request will be honored.

**CERTIFICATION PROGRAM ADMINISTRATION**

MSNCB works with a testing company, the Center for Nursing Education and Testing (C-NET®), to offer the CMSRN certification exam. C-NET staff members have extensive experience in the development and administration of certification and licensure exams for nurses.

**EXAM APPLICATION INSTRUCTIONS**

**IMPORTANT:** Make your decision to take the exam by Paper and Pencil (P&P) or Computer-Based Testing (CBT) before starting the application. Applications may be submitted through online registration or by completing a written application and submitting it by mail. Online applications have required fields which must be completed. Your application will not move forward if required fields are blank. Before completing either the online registration or the written application, go online to [www.msncb.org/calendar](http://www.msncb.org/calendar). Then click the link for either the P&P or CBT

exams under “Location” in the tables and review the testing locations. **It is the applicant’s responsibility to have the most current application and information.**

The last four (4) digits of your Social Security Number must be included as they serve as part of your identifier for the testing agency.

You **must** include an email address. Email is required when registering online. Email is the primary contact for questions about your application, last-minute information regarding permits and scheduling, and other important notifications prior to the exam. It also is our primary contact when notifying you about your recertification. Please ensure that you identify ‘MSNCB’ and ‘CMSRN’ as trusted addresses for your email program, if needed by your email provider. If completing a written application, print clearly or type all information except for your signature. Illegible applications will be returned.

Indicate the appropriate fee for the application. If paying by check, make check payable to MSNCB. If paying by credit card, include all requested information.

If submitting the application by mail, make and retain a complete copy of application and any items submitted for your personal records. Mail the application form with any attachments and your check, money order, or credit card information to:

CMSRN Certification Program  
MSNCB  
East Holly Avenue Box 56  
Pitman, NJ 08071-0056

If submitting the application online, complete the application fully and print your confirmation page.

### **APPLICATION DEADLINES and PROCESS**

**Deadlines:**

P&P	CBT										
<p>All paper and pencil exam applications must be postmarked by the first of the month two (2) months prior to the testing month.</p> <p>Examples:  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b><u>Test Month</u></b></td> <td style="width: 50%;"><b><u>Deadline</u></b></td> </tr> <tr> <td>April</td> <td>February 1</td> </tr> <tr> <td>May</td> <td>March 1</td> </tr> <tr> <td>September</td> <td>July 1</td> </tr> <tr> <td>October</td> <td>August 1</td> </tr> </table> <p>Applications postmarked after these dates will not be accepted and the application will be returned to the applicant.</p> </p>	<b><u>Test Month</u></b>	<b><u>Deadline</u></b>	April	February 1	May	March 1	September	July 1	October	August 1	<p>Applications for the CBT have no submission deadline. The application will be processed in the order in which it is received. Applicants should receive testing instructions up to 8 weeks after submitting their application. Application must be complete to be processed in this time frame.</p>
<b><u>Test Month</u></b>	<b><u>Deadline</u></b>										
April	February 1										
May	March 1										
September	July 1										
October	August 1										

**Process:**

The application process may take up to 8 weeks. Application must be complete to be processed in this time frame.

**Step One:** Applications are processed by MSNCB. Our staff reviews your application for completeness and processes your payment. If your application is considered incomplete, you will be contacted by email and/or phone. You must provide the missing information within the requested time frame. If requested information is not received, your application process will **STOP** and you will not be able to test. A refund will be processed, less the \$75 processing/administrative fee, by the same method of the original payment (i.e. a check payment will be refunded as a check to the payer and a credit card payment will be refunded as a credit to the credit card charged).

Incomplete information may include, but is not limited to:

- exam format (Paper and Pencil or Computer-based Testing)
- exam date and location (city, state and facility name for P&P test sites)
- all RN license information
- supervisor’s name, phone number, and email address

- last four digits of your social security number
- required signatures and dates – Sections 4 and 6
- demographic information
- full payment

**Step Two:** Application information is sent electronically to our testing agency, C-NET. The testing agency verifies the information submitted in the application to ensure criteria eligibility to take the exam.

**Step Three:** C-NET mails the exam permits – see following.

### **EXAM PERMIT AND CBT SCHEDULING INFORMATION**

Prior to your exam, you will receive information from the testing agency, C-NET, depending on the method of exam administration, as indicated below. C-NET is responsible for verifying that you meet eligibility criteria.

<b>P&amp;P</b>	<b>CBT</b>
<p>You will receive a letter confirming eligibility after it has been verified. Approximately two (2) weeks prior to the test date your exam permit will be mailed to you. The exam permit will include the test date, test site address, and the time you should report.</p> <p>You must bring the exam permit to the testing site.</p> <p>Exam managers are instructed to admit only those candidates who are listed on the attendance roster for the test site and who have exam permits.</p> <p><u>If you have not received your exam permit three (3) days (72 hours) prior to the paper and pencil exam date</u>, email C-NET at <a href="mailto:info@cnetnurse.com">info@cnetnurse.com</a> immediately and request that a duplicate exam permit be sent to you by email. This request must be submitted at least 72 hours prior to your scheduled testing date to allow C-NET the time to reissue your permit.</p>	<p>Approximately 8 weeks after submitting your application, C-NET will send you an exam permit. The application must be complete to be processed in this time frame. This permit will contain information about how to contact the testing center company to schedule your exam and the expiration date of the 90-day window assigned to you.</p> <p>The 90-day testing window starts when the permit is sent. You will need to schedule and take your exam before the expiration date shown on your permit.</p> <p>CBT candidates may reschedule their exam appointment up to forty-eight (48) hours before a scheduled exam date and time by contacting the testing center company <u>as instructed on the exam permit</u>.</p>

#### **IMPORTANT INFORMATION:**

- **All candidates taking either the written exam or the CBT exam must bring a photo ID** (e.g. driver's license). The name on your application must match the name on your government issued photo I.D. If they do not match, bring supporting documentation of your name change.
- You are not required to bring a copy of your nursing license.
- If you are denied testing because you do not have your permit or your photo I.D., your application payment will be **forfeited**.
- If you lose your permit, notify C-NET at [info@cnetnurse.com](mailto:info@cnetnurse.com) immediately and request that a duplicate exam permit be sent to you by email or mail.

### **AUDITS**

The testing agency performs a 5% random audit on all applications received. You will be notified by mail if your application has been randomly selected for audit. Your supervisor will be contacted and requested to verify information you submitted. If you receive a letter about the audit, please inform your supervisor that this is a random audit and to expect a letter from the testing agency that needs to be completed and returned promptly. Applicants whose supervisors do not respond to the audit request may not be allowed to take the exam. The applicant will be refunded the application payment minus the processing fee. It is the applicant's responsibility to ensure that all requested audit information is sent and that their supervisor has returned the verification.

## SPECIAL ARRANGEMENTS

MSNCB and C-NET will make special arrangements to accommodate candidates with disabilities. You must first apply to take the exam before contacting C-NET to request these arrangements.

MSNCB and C-NET will make special arrangements to accommodate candidates with disabilities that interfere with test taking. If you wish to make such arrangements, check the appropriate box on the application. Provide and notify C-NET with documentation of the disability in writing no later than eight (8) weeks prior to the test month with documentation of the disability in order for special arrangements to be made. You must first apply to take the exam before contacting C-NET to request these arrangements.

It is the candidate's responsibility to request special arrangements with the testing agency, C-NET, and to ensure that the testing agency receives the request. To accommodate some requests, a change of exam date or exam location may be required. C-NET contact information:

Center for Nursing Education & Testing  
601 Pavonia Ave. Suite 201  
Jersey City, NJ 07306  
800-463-0786

## NOTIFICATION OF EXAM SCORE

A standard score of 95, or approximately 71% correct, is required to pass the exam. A total score will be provided for candidates who successfully pass the exam. A total score and subscores in all the major test areas will be provided for candidates who do not pass the exam.

P&P	CBT
Candidates will be notified by C-NET of the test results approximately 8 weeks after test administration. C-NET will forward all exam scores to the candidate.	Candidates who take the exam via computer-based testing will receive their test results at the end of the exam.

**Successful Candidates:** MSNCB will send a certificate, wallet card, and CMSRN pin to successful candidate approximately 8 weeks after we receive notification from C-NET of exam pass/fail status. MSNCB receives pass/fail information after the candidates receive it.

## FEE STRUCTURE

Prices are subject to change without notice. It is the applicant's professional responsibility to have the most current information. To ensure you have the most up to date information, check [www.msncb.org/fees](http://www.msncb.org/fees).

### Application Fee

*All application fees include a non-refundable processing/administrative fee of \$75.00*

- \$375 Regular
- \$255 AMSN member - Memberships must be current through the exam month to be eligible for the reduced fee.
- \$240 AMSN member whose membership fee is paid by a facility participating in AMSN's Hospital Group Membership Program. Memberships must be current through the exam month to be eligible.

**NOTE:** If you are joining AMSN at the same time as applying for the exam:

- Online Exam Application: Join AMSN before completing the certification application to receive the reduced member fee. Go to [www.amsn.org](http://www.amsn.org), click on *Membership* on the left side and then click *Join or Renew* in the pop-out menu. Click the button to complete the *Online Membership Application*.
- Mail Exam Application: Go to [www.amsn.org](http://www.amsn.org), click on *Membership* on the left side and then click *Join or Renew* in the pop-out menu. Click the button to *Download Application*. Make membership

check payable to AMSN and make certification check payable to MSNCB. Mail the membership and the certification applications to MSNCB in the same envelope.

**CBT Extension Fee - \$75**

If you are unable to test within the 90-day window, a one-time only extension request is available. To request a CBT extension, send an email to msnbc@ajj.com. The new testing window may be less than an additional 90 days, depending on the circumstances and the expiration date of the original permit. The new testing window will be no more than 90 days beyond the expiration date of the original testing permit. The new CBT window will start immediately following the original 90-day window, regardless of the extension payment date. You will retain your original exam permit, and receive a new expiration date from C-NET by email to the email address on record.

MSNCB recommends you schedule your exam in the beginning of your second testing window to allow for rescheduling, if needed. The candidate must test within the second testing window or all fees will be forfeited. If the candidate does not test within the second testing window, the candidate must submit a new application and pay the full appropriate CBT fee.

The CBT Extension Fee is a service fee and is non-refundable.

**Returned Check Fee - \$30**

Any candidate whose check is returned for insufficient funds is required to pay this fee. Remittance of fees thereafter must be made by money order, certified check, or credit card.

**First Time Retake Fee**

\$300 Regular  
\$180 AMSN member

A candidate who does not pass his/her initial exam may retake the exam at a one-time-only reduced fee in the P&P format or in the CBT format. MSNCB sends candidates a discount coupon code via email to be used when applying online or by mail. Candidates who take the P&P exam will receive their discount coupon code approximately 6 weeks after the exam. Candidates who take the CBT exam will receive their discount coupon code approximately 4 weeks after the exam. For those candidates without email addresses, C-NET mails a special abbreviated application that indicates this one-time only reduced fee. Only the original of this application is acceptable. Photocopies of this form will not be accepted. A candidate who does not pass his/her second or subsequent exams must complete a new application and pay the full fee. Postmark deadlines for the next exam date apply.

<b>P&amp;P</b>	<b>CBT</b>
The retake exam must be taken at the next available national testing date. All P&P application deadlines must be met.	The retake CBT application must be submitted no later than four (4) months from the testing date on which you were unsuccessful.

**CANCELLATIONS**

Cancellations are not accepted for either the paper and pencil (P&P) or the computer-based testing (CBT) exams. If you do not show up to take the exam, your application payment will be forfeited.

MSNCB understands that emergencies happen. If an emergency occurs which prevents you from testing, you may submit an email to msnbc@ajj.com to request to cancel and give the special circumstances of the emergency. Supporting documentation must be provided. Each request will be handled on a case-by-case basis. If your cancellation is accepted, you will be refunded the application payment minus the processing fee.

**CONTENT AREAS OF EXAM AND THE EXAM BLUEPRINT**

The exam blueprint is the framework for the Certified Medical-Surgical Registered Nurse (CMSRN) certification exam. The blueprint is valuable to the test taker because it breaks down the sections of the test. Use it to help you focus your study as you prepare for the exam.

### **Content Areas:**

Each test question stems from the exam blueprint and is based on a Patient Problem and a Nursing Role Domains of Nursing. For example, an exam question may ask about instructing a patient with diabetes. The patient problem is diabetes and the Domain of Nursing Practice is teaching/coaching.

The follow table provides the percentage of exam questions for each Patient Problem and Domain of Nursing Practice areas.

<u>Patient Problems by Physiological System:</u>	<u>% of Test</u>
Gastrointestinal	18-20%
Pulmonary	18-20%
Cardiovascular	14-16%
Diabetes & Other Endocrine	14-16%
Genitourinary, Renal, Reproductive	11-13%
Musculoskeletal & Neurological	10-12%
Hematological, Immunological, Integumentary	8-10%

  

<u>Domains of Nursing Practice (Benner)</u>	<u>% of Test *</u>
Diagnostic & patient monitoring function	24-26%
Administering/monitoring therapeutic interventions	24-26%
Helping role	16-18%
Teaching/coaching function	16-18%
Managing rapidly changing situations	9-11%
Monitoring/ensuring quality of health care practices	2-4%
Organizational & work-role competencies	2-4%

Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park, CA: Addison-Wesley.

### **Topics Excluded From the Exam**

The exam does not include the care of patients who are on ventilators, immediate postoperative care of patients with open-heart or transplant surgery, telemetry, monitored conscious-sedation analgesia, or hemodialysis.

### **Domains of Medical-Surgical Nursing Practice**

#### **1. Helping Role**

- a) Use a culturally-sensitive and age-specific instrument to assess patient's level of comfort (e.g., pain, fatigue, nausea, dyspnea, anxiety, depression, dementia, etc.).
- b) Assist patient to achieve optimal level of comfort using a multidisciplinary approach.
- c) Modify plan of care to achieve patient's optimal level of comfort (e.g., pharmacologic interventions, heat, cold, massage, positioning, touch, etc.).
- d) Act as an advocate to help patient meet needs/goals, giving consideration to patient's rights.
- e) Work on behalf of patient/family to identify and help resolve ethical and clinical concerns.
- f) Provide a therapeutic environment, considering privacy, noise, light, visitors'/providers' patterns of interaction with patient, incorporation of pet therapy/music therapy, etc.
- g) Recognize and incorporate diversity in the provision of patient care (e.g., ethnicity, gender, disability, spirituality, lifestyle, socioeconomic and education level, etc.).
- h) Support family involvement, in accordance with patient's wishes, regarding caregiving and decision making.
- i) Maintain an environment in which patient confidentiality is assured.
- j) Acknowledge, respect, and support the emotional state of patient and/or family as they experience and/or express their emotions.
- k) Identify need of patient/family for support systems/resources and make appropriate referrals.
- l) Identify, acknowledge, support, and facilitate patient/family decisions regarding end-of-life care.

#### **2. Teaching/Coaching Function**

- a) Assess the patient's and family's readiness and ability to learn.
  - b) Identify barriers to learning.
  - c) Encourage the patient's and family's participation in establishing educational goals.
  - d) Develop and implement an individualized teaching plan for patient and/or family.
  - e) Evaluate and modify teaching plan based on achievement of pre-established and ongoing learning needs.
  - f) Utilize opportunities for spontaneous education.
  - g) Teach patient and family about available community resources that they may need post-discharge.
  - h) Provide information and rationale related to diagnosis, procedures, self-care, prognosis, wellness, and modifiable risk factors.
  - i) Provide information in a sensitive manner to make culturally-avoided aspects of illness approachable and understandable.
3. Diagnostic and Patient Monitoring Function
- a) Conduct and document a comprehensive assessment to obtain individual baseline data.
  - b) Identify risk factors for illness and complications of illness.
  - c) Reassess patient based on established standards and at appropriate intervals, using clinical judgment.
  - d) Use invasive and non-invasive methods to collect data.
  - e) Analyze all patient data in formulating a plan of care.
  - f) Develop an individualized plan of care.
  - g) Prioritize identified problems and modify the plan of care to achieve the best possible outcome.
  - h) Anticipate patient's responses and needs related to physiologic, psychosocial, spiritual, and cultural aspects of his/her illness.
  - i) Anticipate patient's response to treatment and monitor for potential problems.
  - j) Identify subtle changes in patient assessment to prevent deterioration of patient status.
  - k) Identify, document, and report deviations from expected findings.
4. Administering and Monitoring Therapeutic Interventions
- a) Administer medications using appropriate routes accurately and safely.
  - b) Monitor patient for therapeutic responses, reactions, untoward effects, toxicity, and incompatibilities of administered medications.
  - c) Maintain patent airway.
  - d) Take measures to ensure adequate oxygenation and gas exchange (e.g., suctioning, oxygen delivery, tracheotomy care, chest physical therapy, etc.).
  - e) Maintain effectiveness and patency of chest drainage systems.
  - f) Create and implement a wound management strategy that fosters healing, comfort, and appropriate drainage.
  - g) Monitor for signs and symptoms of infections and other complications.
  - h) Monitor and take measures to prevent alteration in skin integrity, including peristomal skin.
  - i) Maintain integrity and prevent infection of invasive drainage systems (e.g., catheters, percutaneous drains, etc.). Appropriately and correctly use adaptive/assistive devices for mobility, immobility, positioning, and comfort.
  - j) Assess and monitor the effectiveness of adaptive/assistive devices.
  - k) Apply and/or monitor devices used to immobilize affected area (e.g., cast, splint, collar, etc.).
  - l) Perform neurovascular assessment of compromised extremity or other area.
  - m) Provide optimum nutrition during hospitalization, allowing for cultural and individual preferences.
  - n) Monitor effectiveness of nutritional interventions.
  - o) Initiate, maintain, and monitor intravenous therapy appropriately and correctly to minimize risks and prevent complications.
  - p) Take measures to prevent infection and treat infection.
  - q) Maintain a safe environment.
  - r) Take measures to maintain adequate hydration and electrolyte balance.
  - s) Use existing guidelines/protocols/policies to respond to changing patient situations.
5. Effective Management of Rapidly Changing Situations
- a) Coordinate complex situations by rapidly assessing priorities and delegating responsibilities to meet the needs of the patient and family.
  - b) Identify and manage a patient crisis.
  - c) Rapidly match demands and resources in emergency situations.
  - d) Initiate basic life support.

- e) Use existing guidelines/protocols/policies to respond to urgent and emergent situations.
6. Monitoring/Ensuring Quality Health Care Practices
- a) Participate in quality improvement activities.
  - b) Collect and report data regarding system failures (e.g., safety, medication administration, chain of command, equipment, computer system, environment--loss of power, outlet failure, etc.).
  - c) Incorporate evidence-based practice into the patient's plan of care.
  - d) Question/clarify orders as appropriate.
  - e) Communicate clearly and concisely with health care team members to meet patient care needs.
7. Organizational and Work-Role Competencies
- a) Question/evaluate own practice based on established standards of care, review of the literature, research, and education.
  - b) Set priorities based on assignment, unit, and institutional needs.
  - c) Delegate patient care assignments based on competency levels and scope of practice of health care team members.
  - d) Follow institutional policies and procedures in response to an internal or external crisis or event.
  - e) Adhere to the Scope and Standards of Medical-Surgical Nursing Practice.
  - f) Practice in accordance with the rules and regulations of state board of nursing in state(s) of licensure.
  - g) Use the chain of command appropriately in own work setting.
  - h) Recognize unsafe work practices (e.g., nurse/patient ratio; ergonomics, standard precautions, etc.) and appropriately intervene.
  - i) Incorporate strategies that support effective team dynamics in a caring and nurturing environment.

**CMSRN Certification Exam Blueprint  
Ideal Distribution of 175 Exam Items**

See below to interpret this blueprint.\*

→ Domain of Practice Patient problem ↓	1 Helping Role	2 Teaching/ Coaching	3 Assessing/ Monitoring	4 Therapeutic Intervention	5 Managing Emergency	6 Ensuring Quality	7 Org/Work role Competency	TOTAL
<b>A</b> Gastrointestinal	5-6	5-6	8-9	8-9	2-3	1-2	1-2	(19%) [31-35]
<b>B</b> Pulmonary	5-6	5-6	8-9	8-9	2-3	1-2	1-2	(19%) [31-35]
<b>C</b> Cardiovascular	4-5	4-5	6-7	6-7	2-3	0-1	0-1	(15%) [24-28]
<b>D</b> Diabetes/Other Endocrine	4-5	4-5	6-7	6-7	2-3	0-1	0-1	(15%) [24-28]
<b>E</b> GU/Renal/Reproductive	3-4	3-4	5-6	5-6	2-3	0-1	0-1	(12%) [19-23]
<b>F</b> Musculoskeletal/Neuro	3-4	3-4	5-6	5-6	1-2	0-1	0-1	(11%) [18-22]
<b>G</b> Hematological/Immuno/ Integumentary	2-3	2-3	4-5	4-5	1-2	0-1	0-1	(9%) [14-18]
<b>Total</b>	(17%) [28-32]	(17%) [28-32]	(25%) [42-46]	(25%) [42-46]	(10%) [15-19]	(3%) [3-7]	(3%) [3-7]	175 (100%)

\*The numbers below the columns labeled 1-7 refer to the number of exam items (or questions) in each of the sections. For example, in Row A, Column 1, there are 5-6 questions on the exam related to Gastrointestinal Patient Problems and the Helping Role.

The Total column and row show the percentage of exam items followed by the total number of exam items in the respective areas. For example, in the TOTAL column for Gastrointestinal, 19% of the entire exam or 31-35 exam items are related to Gastrointestinal Patient Problem

## **EXAM PREPARATION RESOURCES**

The following resources will be helpful in preparing for the exam. Check the AMSN Web site, [www.amsn.org](http://www.amsn.org) for more information on these valuable resources for preparing for the exam.

### **Sample Exam Questions for Practice**

For sample questions that give you the correct answer, the rationale for the answer, and the Domain of Practice for that question, go to [www.msncb.org/sample-questions](http://www.msncb.org/sample-questions).

### **Study Courses**

Academy of Medical-Surgical Nurses. (2009) *Medical-Surgical Nursing Overview and Certification Review Course*. This course includes a review of anatomy and physiology as well as objective and subjective data to gather. A review of all the body systems and important nursing interventions are covered. Presented by CMSRN faculty. This course is available in a variety of formats:

- Online Library: a recording of the 2-day course presented at the AMSN Convention and updated annually. View the course presentation slides on your computer while listening to nearly 14 hours of instruction. 13.75 CNE contact hours available online. Download handouts and MP3 audio.
- CD-ROM: a recording of the 2-day course presented at the AMSN Convention and updated biennially. View the course presentation slides on your computer while listening to nearly 14 hours of instruction. 13.75 CNE contact hours available by mail for an additional fee.
- Live: AMSN Certification Review Course On-the-Road. Arrange to have AMSN faculty present the Certification Review Course to your facility/group at your location. The course is a two-day event offering 14 contact hours. Also available at the AMSN National Convention each fall and Nursing 201X Symposium each spring. Contact AMSN for more information (866-877-2676).
- Self-Study Book - Academy of Medical-Surgical Nurses. (2009). *Medical-Surgical Nursing Certification Review: A Self-Study Program*. This independent study book was compiled from the slides and notes used by the CRC faculty. Practice questions are included. This text is recommended as a companion to the AMSN Certification Review Course CD Rom and is updated biennially. Contact AMSN for more information (866-877-2676)..

### **Books**

Academy of Medical-Surgical Nurses. (2007). *Scope and Standards of Medical-Surgical Nursing Practice* (4th ed.). Pitman, NJ.

Craven, H. (Ed.). (2009). *Core Curriculum for Medical-Surgical Nursing*. (4<sup>th</sup> ed.). Pitman, NJ: Academy of Medical-Surgical Nurses.

Pasero, C. & McCaffery, M. (2011). *Pain Assessment and Pharmacologic Management*. St. Louis: Elsevier/Mosby.

Roberts, D. (Ed.). (2008). *Medical–Surgical Nursing Review Questions* (2<sup>nd</sup> ed.). Pitman, NJ: Academy of Medical Surgical Nurses.

### **Current Medical-Surgical Nursing Textbook**, such as.:

Black, J.M. & Hawks, J.H. (2009). *Medical-Surgical Nursing: Clinical Management for Positive Outcomes* (8th ed.). Philadelphia: Elsevier/Saunders.

Ignatavicius, D.D. & Workman, M.L. (2010). *Medical-Surgical Nursing: Patient-Centered Collaborative Care* (6th ed.). Philadelphia: Elsevier/Saunders.

LeMone, P., Burke, K.M., & Bauldoff, G. (2011). *Medical-Surgical Nursing: Critical Thinking in Client Care* (5th ed.). Upper Saddle River, NJ: Pearson/Prentice Hall.

Lewis, S.M., Dirkse, S.R., Heitkemper, M.M., & Bucher, L. (2010). *Medical-Surgical Nursing: Assessment and Management of Clinical Problems* (7th ed.). St. Louis: Mosby.

Smeltzer, S.C., Bare, B.G., Hinkle, J.L., & Cheever, K.H. (2010). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (12th ed.). Philadelphia: Lippincott Williams & Wilkins.

**Pathophysiology Textbook for Nurses, such as:**

McCance, K.L. & Huether, S.E. (2009). *Pathophysiology: The Biologic Basis for Disease in Adults and Children* (6th ed.). St. Louis: Elsevier/Mosby.

Porth, C.M. (2009). *Pathophysiology: Concepts of Altered Health States* (8th ed.). Philadelphia: Lippincott Williams & Wilkins.

**Nurse's Drug Guide, such as:**

Skidmore-Roth, L. (2011). *Mosby's 2011 Nursing Drug Reference* (24<sup>th</sup> ed.). St. Louis: Elsevier/Mosby.

Wilson, B.A., Shannon, M.T., & Shields, K. (2011). *Nurse's Drug Guide 2011*. Upper Saddle River, NJ: Pearson/Prentice Hall.

**Professional Journals, such as:**

*American Journal of Nursing*  
*MEDSURG Nursing Journal*  
*Nursing Clinics of North America*  
*Nursing 201X*

**CONFIDENTIALITY OF APPLICATION, EXAM AND SCORES**

All application information is considered confidential and is not shared with ANY outside party. It is used only by MSNCB, C-NET, the testing agency, and PSI, the computer testing center company, for certification processing purposes. To insure the security of the exam, the test materials are confidential and will not be released to any person or agency. Pass/fail status will be released to outside parties only when submitted with a written authorization signed by the candidate. Any additional information about a candidate's individual test results will be released only to the candidate, upon written request. MSNCB maintains a searchable directory of all CMSRNs on its Web site, [www.msncb.org/directory](http://www.msncb.org/directory).

**CERTIFICATION CREDENTIAL AND RECERTIFICATION**

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

Certification as a CMSRN is valid for a period of five years. Recertification is available by exam or by continuing education. Certified nurses will begin to receive recertification notices approximately one (1) year in advance of the expiration of their certification. For further information on recertification, visit our website, [www.msncb.org/recertification](http://www.msncb.org/recertification). It is the certificant's professional responsibility to be aware of his/her certification expiration date and to apply for recertification in a timely manner before the certification expiration date.

Certification granted by MSNCB is a voluntary process intended solely to test for special knowledge. MSNCB does not license or define the qualifications of any person to practice nursing. The significance of certification in any jurisdiction or institution is the responsibility of the candidate to determine. The candidate should contact the appropriate state board of nursing or institution in order to determine practice implications.

## **DENIAL, SUSPENSION OR REVOCATION OF CERTIFICATION**

The occurrence of any of the following actions will result in the denial, suspension, or revocation of CMSRN certification:

- denial of any restrictions of the professional RN license by a nursing authority such as revocation, suspension, probation, or other sanction
- practicing nursing with a restricted nursing license
- falsification of the application information
- misrepresentation of CMSRN status
- cheating on the CMSRN exam
- failure to pay appropriate fees

A letter of notification will be sent to the certificant/candidate by traceable, secure mail (i.e. UPS or FedEx) and a copy of the letter will be sent to his/her employer.

## **RIGHT OF APPEAL**

A candidate who has failed or a certificant who has had his/her certification denied or revoked has the right to appeal. The appeal request must be submitted in writing within thirty (30) days of notification of the pass/fail status, denial, or revocation of certification. The appeal request should state the specific reasons for the appeal. For more information go to [www.msncb.org/policies](http://www.msncb.org/policies).

The MSNCB shall appoint an Appeals Committee of CMSRNs who will review blinded copies of materials sent by applicant/certificant for review. The final decision of the Appeals Committee will be communicated in writing by the chair to the candidate and to MSNCB within one (1) month of the start of the review process. All decisions of the Appeals committee will be final.

## **ABOUT MSNCB**

The Medical-Surgical Nursing Certification Board (MSNCB) is a nonprofit organization whose mission is to recognize the professionalism and expertise of the medical-surgical nurse. MSNCB was formed in 2002 as a task force of the Academy of Medical-Surgical Nurses (AMSN). Our goal was two-fold: to validate the request from AMSN members that another option for certification for medical-surgical nurses was needed and that we could fulfill that need. We gave our pilot exam in October of the same year. Our first national test was given in May 2003. Today, MSNCB certifies thousands of medical-surgical nurses each year.

MSNCB is composed of five (5) board members who are experienced medical-surgical nurses, one (1) public member and one (1) ex officio member (the current president of AMSN). MSNCB nurse members are appointed to represent the diverse roles and settings in which medical-surgical nurses practice, as well as varied demographic characteristics.

Certification in Medical-Surgical Nursing demonstrates to nurse colleagues, patients, employers, and others in the healthcare system that you are knowledgeable of, experienced in, and committed to medical-surgical nursing specialty practice. Individuals who earn the certified medical-surgical registered nurse (CMSRN<sup>®</sup>) credential obtain objective validation of their expertise. The process of becoming certified enhances your professional development and provides opportunities for professional growth.

The CMSRN exam is the only medical-surgical certification test endorsed by the Academy of Medical-Surgical Nurses.

Contact information:

MSNCB National Office  
East Holly Avenue, Box 56  
Pitman, NJ 080710056

Toll-Free Telephone: 866-877-2676  
Fax: 856-589-7463  
Email: [msncb@ajj.com](mailto:msncb@ajj.com)  
Web Site: [www.msncb.org](http://www.msncb.org)

## **ABOUT AMSN**

AMSN is the only national professional nursing specialty organization dedicated to the practice of medical-surgical nursing. For further information about the Academy of Medical-Surgical Nurses (AMSN), please visit the AMSN website at [www.amsn.org](http://www.amsn.org), or contact AMSN at:

AMSN National Office  
East Holly Avenue, Box 56  
Pitman, NJ 08071-0056

Toll-Free Telephone: 866-877-AMSN (2676)  
Fax: 856-589-7463  
Email: [amsn@ajj.com](mailto:amsn@ajj.com)  
Web Site: [www.amsn.org](http://www.amsn.org)

## **ABSNC ACCREDITATION**

In January 2009, the CMSRN exam received accreditation from the Accreditation Board for Specialty Nursing Certification (ABSNC), the accreditation organization for nursing certification exams to certify registered nurses in specialty practice within the United States. The ABSNC promotes the highest quality of specialty nursing practice through the establishment of standards of professional specialty nursing certification. The CMSRN exam received its accreditation from ABSNC in January 2009. ABSNC accreditation is valid for 5 years.

## **CHANGE OF NAME, ADDRESS, PHONE, and/or E-MAIL ADDRESS**

It is the professional responsibility of the candidate/certificant to notify MSNCB of any change in name, address, phone, and email either before testing or during the 5-year certification period. Send your changes to MSNCB at:

MSNCB National Office  
East Holly Avenue, Box 56  
Pitman, NJ 080710056

Phone: 866-877-2676  
Fax: 856-589-7463  
Email: [cmsrn@ajj.com](mailto:cmsrn@ajj.com)



# APPLICATION FOR THE CMSRN EXAM

CHOOSE ONE OPTION:

**P&P** (Paper & Pencil)

Obtaining your CMSRN credential by taking the exam **OR** Recertification by Exam.

Check [www.msncb.org/calendar](http://www.msncb.org/calendar) for P&P dates and location links.

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

**Exam Location:**  
\_\_\_\_\_

**OR**

**CBT** (Computer-Based Testing)

Obtaining your CMSRN credential by taking the exam **OR** Recertification by Exam

It is not necessary to choose a location or date at this time. After your application has been reviewed and criteria verified, you will receive a permit from the testing agency with a phone number and Web site which for scheduling the date and time of your exam.

Check [www.msncb.org/calendar](http://www.msncb.org/calendar) for CBT location link.

It is your professional responsibility to read the most current CMSRN Exam Application Guide, available online at [www.msncb.org](http://www.msncb.org). The Guide contains important information regarding this application as well as information on test content.

**1. PERSONAL INFORMATION:**

↑ Last Name Enter name as it appears on your government issued photo I.D.	↑ First Name	↑ Middle Name or Initial	↑ Last 4 digits of Soc. Sec. #
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↑ Home Street Address

↑ City	↑ State	↑ Zip Code
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↑ Daytime Phone w Area Code	↑ Email (required)
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**2. RN LICENSE INFORMATION:**

↑ RN License State/Province	↑ RN Permanent Number	↑ Initial RN Issue Date	↑ Current RN Expiration Date
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**3. EMPLOYER INFORMATION:**

↑ Employer Name

↑ Employer Address	↑ Dept./Unit	↑ Work Phone w Area Code
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↑ City	↑ State	↑ Zip Code
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↑ Supervisor's Name	↑ Supervisor's Contact Email	↑ Supervisor's Contact Phone Number w Area Code
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#### 4. ATTESTATIONS:

I attest that I hold a current, full, and unrestricted license as a registered nurse (RN) in the United States or its territories, **OR** Hold a current, full, and unrestricted license as a first-level nurse in the country in which my nursing education was completed, **AND** I meet the eligibility for licensure as a registered nurse (RN) in the United States in accordance with the requirements of the Commission on Graduates of Foreign Nursing Schools (CGFNS).

**AND**

I attest that I have practiced a minimum of two (2) calendar years as a registered nurse (RN) in a medical-surgical setting.

**AND**

Have accrued a minimum of 2,000 hours of nursing practice within the past three (3) years of practice in a medical-surgical setting. Practice may include clinical, management, or education.

By entering my name and the date, I attest that I meet the criteria to take the exam.

➡ **Legal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ ⬅

#### 5. POLICY ON DENIAL, SUSPENSION OR REVOCATION OF CERTIFICATION:

The occurrence of any of the following actions will result in the denial, suspension, or revocation of CMSRN certification: denial of any restrictions of the professional RN license by a nursing authority such as revocation, suspension, probation, or other sanction; practicing nursing with a restricted nursing license; falsification of the application information; misrepresentation of CMSRN status; cheating on the CMSRN exam; or, failure to pay appropriate fees. A letter of notification will be sent to the certificant/candidate by certified mail and a copy of the letter will be sent to their employer and to the state licensing board.

#### 6. STATEMENT OF UNDERSTANDING:

I hereby attest that I have read and understand the policy of the Medical-Surgical Nursing Certification Board (MSNCB) concerning Denial, Suspension, or Revocation of Certification as explained in Section 6 and that its terms shall be binding on all applicants for certification and all certified CMSRN nurses for the duration of their certification. I hereby apply for certification offered by MSNCB. 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 understand MSNCB shall post a list of successful candidates on its Website and maintain a searchable directory of all CMSRNs. I 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 MSNCB reserves the right to verify any or all information on the application.

By entering my name and the date, I attest that I understand the above Policy on Denial, Suspension or Revocation of Certification **and** the Statement of Understanding.

➡ **Legal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ ⬅

#### 7. DEMOGRAPHIC INFORMATION:

##### 1. Professional Status:

1.  RN
2.  LPN/LVN
3.  Other

##### 2. Years of experience as an RN:

1.  Less than 2
2.  2-5
3.  6-10
4.  11-15
5.  16-20
6.  21-25
7.  26 or more

##### 3. Years of experience in medical-surgical nursing:

1.  Less than 2
2.  2-5
3.  6-10
4.  11-15
5.  16-20
6.  21-25
7.  26 or more

##### 4. Primary Practice:

1.  Inpatient acute
2.  Inpatient critical care
3.  Ambulatory services
4.  School of Nursing
5.  Other:

##### 5. Current Position:

1.  Staff Nurse
2.  Clinical Nurse Specialist
3.  Nurse Practitioner
4.  Educator/Faculty
5.  Researcher
6.  Unit Manager/Head Nurse
7.  Administrator/Director
8.  Student
9.  Other:

##### 6. Highest Level of Education completed:

1.  Diploma-nursing
2.  Associate degree-nursing
3.  Associate degree-other
4.  Baccalaureate degree-nursing
5.  Baccalaureate degree-other
6.  Master's degree-nursing
7.  Master's degree-other
8.  Doctoral degree-nursing
9.  Doctoral degree-other

##### 7. Your Gender:

1.  Male
2.  Female

##### 8. Are you Med-Surg certified?

1.  Yes, CMSRN
2.  Yes, ANCC
3.  No

9. What is your birthday month? \_\_\_\_\_

10. What is your birthday year? \_\_\_\_\_

**8. SPECIAL ARRANGEMENTS**

MSNCB and C-NET will make special arrangements to accommodate candidates with disabilities that interfere with test taking. If you require such arrangements, notify C-NET in writing (with documentation) no later than 8 weeks prior to the test date or test window expiration (CBT). (C-NET address in Guide)

I require special testing conditions due to a disability for the P&P or CBT exam and will send C-NET my request in writing with documentation.  Y  N

**9. PAYMENT INFORMATION**

Prices are subject to change without notice. It is the applicant’s responsibility to have the most current application form and information. For the most up to date application and guide, please check our Web site, www.msncb.org.

**All fees include a \$75.00 non-refundable processing fee.**

Check the appropriate fee and submit payment with application.

\$375.00 Regular fee  \$255.00 AMSN member fee (Membership must be current through exam month)

\$240.00 Hospital Group member fee (AMSN member whose membership fee is paid by a facility participating in the AMSN Hospital Group Membership Program)

**Check or Money Order Enclosed - Made payable to MSNCB**

**Payment by Credit Card**

American Express  Discover  Master Card  Visa

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By entering my name and the date, I attest that I agree to this credit card charge.

**Card Holder’s Billing Address (if different from application address):**

\_\_\_\_\_  
\_\_\_\_\_

7/2010

**RETURNED CHECK FEE: \$30.00** - If a check is returned for insufficient funds, an additional fee of \$30.00 will be charged. Fees thereafter must be paid by money order, certified check, or credit card.

**CANCELLATIONS** - Cancellations are **NOT** accepted for either the paper and pencil (P&P) or the computer-based testing (CBT) exams. Candidates are expected to study for the exam from the time they submit their application to the time they test. P&P candidates have approximately ten (10) weeks to study for the exam from the deadline date to the testing date. CBT candidates may test anytime within their 90-day window. CBT candidates may reschedule up to two (2) days before a scheduled exam date. MSNCB feels that there is sufficient time to study and test within these time frames.

MSNCB understands that emergencies happen. If an emergency occurs which prevents you from testing, you may submit a written request to cancel giving the circumstances of the emergency. Supporting documentation must also be provided. Each request will be handled on a case by case basis. If your cancellation is accepted, you will be refunded the application payment minus the processing fee. Email request to msncb@ajj.com or mail request to the address below.

**CBT EXTENSIONS** – A one time only option. A written extension request is required, email msncb@ajj.com. There is a \$75.00 extension fee.

**DENIAL, SUSPENSION OR REVOCATION OF CERTIFICATION** - The occurrence of any of the following actions will result in the denial, suspension, or revocation of CMSRN certification: denial of any restrictions of the professional RN license by a nursing authority such as revocation, suspension, probation, or other sanction; practicing nursing with a restricted nursing license; falsification of the application information; misrepresentation of CMSRN status; cheating on the CMSRN exam; failure to pay appropriate fees. A letter of notification will be sent to the certificant/candidate by traceable, secure mail (i.e. UPS or FedEx) and a copy of the letter will be sent to their employer and to the state licensing board. **If your certification is denied, suspended, or revoked for any of the above reasons, no fee will be refunded.**

**MAIL TO: MSNCB  
CMSRN Exam  
East Holly Avenue Box 56  
Pitman, NJ 08071**

## *REMEMBER:*

- COMPLETE ALL SECTIONS
  
- READ, SIGN AND DATE BOTH SECTIONS #4 **AND** #6 ON PAGE 2
  
- IF YOU NEED TO MAKE SPECIAL ARRANGEMENTS FOR DISABILITY TESTING, DON'T FORGET TO SEND A WRITTEN REQUEST WITH DOCUMENTATION TO C-NET
  
- MAKE A COPY OF THIS APPLICATION
  
- SEND **ORIGINAL** TO MSNCB AND KEEP THE COPY FOR YOUR RECORDS

### **IF YOU RECEIVED JUST THE APPLICATION TO COMPLETE:**

Please be sure to read the ***CMSRN EXAM APPLICATION GUIDE*** which contains important information about the exam. Go to [www.msncb.org](http://www.msncb.org) and download and read the current application with guide.

***IT IS YOUR PROFESSIONAL RESPONSIBILITY TO SUBMIT THE MOST CURRENT INFORMATION AND APPLICATION.***