



CMSRN[®]

Certification Handbook



CMSRN® Certification Handbook

All information is subject to change without notice, including test content, fees, and policies.

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330 N. Wabash Avenue Suite 2000

Chicago, IL 60611

msncb@msncb.org

866-877-2676

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Introduction

About this Handbook

The CMSRN® Certification Handbook provides essential information about certification of the Certified Medical-Surgical Registered Nurse (CMSRN®) credential from the Medical-Surgical Nursing Certification Board (MSNCB).

We encourage you to read through each section carefully. You are responsible for following all policies and procedures in this handbook. Failure to follow all policies and procedures may result in denial, suspension, or revocation of certification and the forfeiture of your exam or application fees.

Refer to the CMSRN® Recertification Handbook for certification maintenance and credential verification information.

MSNCB Policies

Please see [MSNCB Certification Policies](#) for a list of policies from MSNCB that are relevant to candidates and CMSRN certificants. Policies covered pertain to ethics, general administration, initial certification, and recertification. These policies are not directly referenced in this handbook, but they were used in its creation.

Non-Discrimination Statement

MSNCB shall not discriminate against any certification candidate on the basis of age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, and gender identity. MSNCB shall not publish materials with discriminatory content, graphics, or language that may be offensive to population subgroups.

Maintain your records

MSNCB will retain electronic records of all certificants for at least five (5) years. It is your professional responsibility to notify MSNCB of any change in name, mailing address, phone number, and email address during your application process. This information must be kept current within the [Certification Portal](#) to ensure that you will receive important notices from MSNCB relating to your application or certification.

Code of Ethics

All certificants seeking certification through MSNCB are expected to uphold high standards of ethical and professional conduct throughout the application process and during subsequent certification periods.

By submitting a certification application, you agree to:

- Act honestly, fairly, and with integrity in all interactions with MSNCB
- Provide accurate, complete, and truthful information
- Comply with all MSNCB policies, procedures, and applicable laws and regulations
- Act in a way that supports and upholds the reputation of MSNCB and the medical-surgical nursing profession

Failure to comply with this Code of Ethics, including falsification of information or noncompliance with audit requirements, may result in denial of eligibility, revocation of certification, or other actions as determined by MSNCB policy.

Revocation, denial, or suspension of credential

MSNCB considers misrepresentation or noncompliance with certification policies or misuse of the CMSRN credential serious issues that require investigation and possible disciplinary or legal action. If certification is denied, suspended, or revoked for any reason, no fee will be refunded.

MSNCB may revoke, deny, or suspend certification for causes including but not limited to:

- Falsifying information on an application
- Falsifying any supporting documentation requested by MSNCB
- Suspected pre-knowledge of test content
- Impersonating someone else to take the exam, or using a proxy to impersonate you
- Cheating on the exam or any other evidence of compromising the exam
- Sharing exam knowledge with others
- Misrepresentation or fraudulent use of the CMSRN credential, such as using the CMSRN designation after your credential has expired

About the CMSRN EXAM

The CMSRN certification exam requires:

- Thorough understanding of the knowledge, skills, and abilities in the CMSRN exam blueprint. The CMSRN exam is based on what a registered nurse (RN) with 2,000 hours of practice in a medical-surgical setting is expected to know.
- Understanding the test format and all policies and procedures. You will be expected to follow all exam policies and procedures laid out in this handbook and by the test administrator.

CMSRN Exam Blueprint

The following Domains of Medical-Surgical Nursing Practice comprise the subject areas on the CMSRN exam as of May 15, 2023. For a complete list of activities associated with each Domain, please see [Appendix A](#).

Domains of MedSurg Nursing Practice

1. Patient/Care Management
2. Holistic Patient Care
3. Elements of Interprofessional Care
4. Professional Concepts
5. Nursing Teamwork and Collaboration

Exam Format

The CMSRN exam is a computer-based, multiple-choice exam with 150 questions. 125 questions are scored, and 25 questions are unscored to gather statistical data on item performance for future test forms. You will not know which questions are scored or unscored.

You will have three hours to complete the exam at a test center or via a remote proctored exam.

A Pass/Fail result is communicated immediately after completing the exam. Your score report will be available for download in your Pearson profile within 24 hours of completing the exam.

Raw scores (the number of correct items) are converted on a scale of 0-120, producing a scaled score that is equivalent across test forms. The passing standard is a scaled score of 95.

Eligibility Requirements

You must meet eligibility requirements at the time you apply for the exam and during your ninety (90)-day eligibility period.

Two requirements to be eligible for the CMSRN

1. **License.** You must hold an unencumbered and current license as a Registered Nurse (RN) in the United States, its territories, or Canada.
 - International nurses can also apply.
2. **Hours of practice.** You must have worked 2,000 practice hours within the past three (3) years in a medical-surgical setting. Practice may be as a clinical nurse, as a nurse leader, or as an educator.
 - It is recommended to have practiced at least two (2) full years in a medical-surgical setting with your RN license.

Medical-Surgical Practice Hours

Don't know if you work in a medical-surgical setting? Review the *Domains of Medical-Surgical Nursing Practice* in [Appendix A](#). The Domains are based on a practice analysis of medical-surgical nursing. If your nursing practice encompasses most of these activities, then you do meet this eligibility requirement.

Still not sure if your practice experience is in a medical-surgical setting? The Academy of Medical-Surgical Nurses (AMSΝ) provides this definition in *Scope and Standards of Medical-Surgical Nursing Practice* (2023):

Medical-surgical nursing is the single largest nursing specialty in the United States (AACN, 2023). Medical-surgical nurses provide care to populations ranging from adolescents to adults with a variety of medical and surgical needs, including preparing for and recovering from surgery or procedures. They have a broad knowledge base and can become certified in their practice. The practice of medical-surgical nursing is grounded in ethical principles (ANA, 2015). Medical-surgical nurses have skills in organization, prioritization, assessment, and communication. Medical-surgical nurses are competent caregivers, lifelong learners and utilize critical thinking to provide quality care. They are leaders in coordinating care among the interprofessional health care team. Medical-surgical nursing is practiced in settings across the health care industry. The specialty of medical-surgical nursing happens in a variety of care environments because it is what a medical-surgical nurse practices, not where.

Settings that are **not** medical-surgical include but are not limited to:

- Pediatrics
- Psychiatry
- Obstetrics and gynecology
- Operating room
- Emergency room

International Applicants

The CMSRN is also available to first-level nurses practicing outside of the United States, its territories, and Canada.

Applicants who are currently practicing internationally **and** do not hold a U.S. or Canadian RN license must meet international testing eligibility requirements.

Equivalent Eligibility Requirements for International Applicants

IMPORTANT: The CMSRN certification exam is based on medical-surgical nursing practice in the United States. The CMSRN exam is reflective of U.S. practice, regulations, and culture.

1. **License.** You must hold a current, full, and unrestricted nursing license, which has been verified for equivalency by an agency such as the Commission on Graduates of Foreign Nursing Schools (CGFNS) or World Education Services (WES). MSNCB reserves the right to request additional documentation following an agency's evaluation.
2. **Hours of practice.** You must have worked 2,000 hours of practice within the past three (3) years in a medical-surgical setting. Practice may be as a clinical nurse, as a nurse leader, or as an educator.
 - a. If you can only meet the requirement for hours of practice by combining international practice with a U.S. RN license held for less than three years, then you must also provide the CGFNS or WES to verify the equivalency of your international education and nursing license.

Locations for international testing

International testing is offered as computer-based testing and the exam is delivered by Pearson. Not all countries have a Pearson testing center, but you can take a remote proctored exam from any location.

[Check here](#) to see test center locations near you.

Apply for the CMSRN

Confirm your eligibility for certification and:	
✓	1. Create an account in MSNCB's Certification Portal . 1.1 The name associated with your account must match the government-issued ID you present on test day.
✓	2. Enter your RN license details.
✓	3. Submit medical-surgical work experience from the past three years, and a supervisor contact for verification.
✓	4. Review and submit your certification application. 4.1. Upload the Exam Accommodations Request Form , if needed.
✓	5. Pay the required fees or enter your FailSafe voucher number and await your Authorization To Test.
✓	6. Schedule your exam within ninety (90) days.

For detailed instructions with visual aids, please refer to the [Certification Application User Guide](#).

[Go to the certification portal](#)

Fees

Exam application fees are due at the time you submit your application.

AMSN members receive a discount on the exam application fees. You must be a member of AMSN at the time you apply to receive the AMSN member exam fee.

Retake the exam

If you did not pass the exam, you will receive a discount on your retake application. The retake application opens automatically after a failed result and can be submitted within one year of your previous attempt. A second failure requires a new application.

	AMSN Member Fee	Standard Fee
Initial Exam	\$267	\$394
Retake Exam	\$189	\$315

- All application fees include a non-refundable processing fee of \$90.
- An extension fee of \$90 is required for approved candidates. See Extending your test period.
- The CertAssure fee is \$100 for AMSN members and \$200 for all other applicants.
- Fees are subject to change without notice.

Did you know?

- The **FailSafe Program** allows CMSRN-eligible nurses at participating facilities to apply for the CMSRN exam twice within a twelve (12) month period, while only paying for the first attempt.
- Is your organization not signed up for FailSafe? **CertAssure** is an application add-on to cover a potential retake attempt up front.

Exam Application Audits

MSNCB conducts random audits for 5% of certification applications. All applications with an unverified RN license are also reviewed.

What to know if your exam application is selected for audit

- 1. Notification.** You will be notified by MSNCB within five (5) business days of submitting your certification application if you are selected for an audit.
- 2. Verification.** The supervisor(s) listed in your work experience entry will be contacted to attest to the following:
 - a.** You are an RN with a current and unencumbered license,
 - b.** You have accrued 2,000 hours in medical-surgical practice within the last three (3) years as an RN.
- 3. Inquiry.** If needed, requests for information will be sent to the applicant's primary email address. Please consistently check for communication from MSNCB, including in your junk and spam folders, until the audit process is complete.
 - a.** Failure to respond to information requests within thirty (30) days will result in your application being denied with no refund.

- 4. Results.** You will receive an email with the results of your audit within ten (10) days of work history verification.

- a.** If any information in the application is found to be false, or inquiries are unaddressed, your certification application will close. No refund will be provided. You will also be notified of the appeal process.
- b.** If you successfully pass the audit, you will receive your Authorization to Test.

Appeal MSNCB decisions

If you are denied eligibility or certification, you may appeal the decision in certain circumstances. All eligible appeals must be filed within thirty (30) days of notification of denial, revocation, or suspension or the right to appeal is forfeit.

Ineligible for appeals

- Failure to complete the certification exam in the time allotted.
- The validity of a specific test item.
- Failure to meet deadline dates for supporting documentation, audit requests, or any other requests by MSNCB.
- Action against the individual's credential due to disciplinary action of the RN license by a licensing authority.

Test Accommodations

MSNCB and its test administrator will provide reasonable and appropriate test accommodations in accordance with the Americans with Disabilities Act (ADA) for individuals with documented disabilities.

Test accommodations are changes to the regular testing environment and auxiliary aids and services that allow individuals with disabilities to demonstrate their true aptitude or achievement level on standardized exams.

Examples of test accommodations include, but are not limited to:

- Hearing aid/cochlear implants
- Mobility aids
- Screen reading technologies
- Reasonable extensions of testing time
- Distraction-free rooms
- Permission to bring and take medications

Devices that have cellular, wireless, or Bluetooth capabilities must be pre-authorized by MSNCB and our test administrator before you schedule your exam, or you may not be allowed to test on your test day.

Qualifications for test accommodations

Under the ADA, an individual with a disability is a) a person who has a physical or mental impairment that b) substantially limits a major life activity (e.g., seeing, hearing, learning, reading, concentrating, or thinking) or a major bodily function (e.g., the neurological, endocrine, or digestive system) as c) compared to the general population.

Anxiety solely in the testing context is not a disability under the ADA. However, a diagnosis of ADHD, generalized anxiety disorder, or a specific learning disability does warrant approval of test accommodations.

Requests for test accommodations due to temporary impairment (i.e., a broken leg) will be evaluated on a case-by-case basis.

Request test accommodations

Download the [Exam Accommodations Request Form](#), complete it with a licensed physician, psychiatrist, or clinical psychologist, and upload it to your certification application.

The professional evaluation must be a) less than three years old and b) made by a licensed individual who is qualified to diagnose the specific illness or disability.

- a. Candidates who select the option for testing accommodations but do not respond to our requests for further information within thirty (30) days will have their application closed and exam application fee refunded, minus the administrative processing fee.

MSNCB will approve/deny your test accommodations request within fifteen (15) days.

- b. All reasonable attempts will be made by MSNCB to accommodate the needs of individuals with disabilities. The content and validity of the exam may not be compromised by these accommodations. If we are unable to accommodate your request, you will be refunded the exam application fees minus the administrative processing fee.

For some test accommodations, you may be required to call the test administrator to schedule your exam. In these instances, MSNCB will provide you with the number to call after your accommodation has been approved.

Score reports will not indicate the use of testing accommodations.

Testing Policies and Procedures

The CMSRN exam is offered year-round, excluding holidays, at Pearson testing centers and via OnVUE remote proctoring.

Please fully read the following policies and procedures before scheduling your exam. You will not be provided a refund of your exam application fee if you miss or are removed from an exam appointment due to failure to follow these policies and procedures.

Requirements to Test

Identification Requirements

The identification and name requirements apply to exams taken at testing centers **and** via OnVUE.

Identification to bring with you to the exam

You must present a government-issued photo ID with a signature and expiration date on the day of your exam appointment. Your ID must be unexpired, or accompanied by renewal paperwork.

Whether or not you are a citizen of the country you are testing in, any of the following can be your primary form of ID:

- Driver's license
- Military ID card
- Passport
- National identification card
- Alien registration card (green card/permanent resident/visa)

Read Global ID Policy 1S [here](#).

Name on ID must match name on exam application

Your ID name must match your exam application name. Only MSNCB can change the name in your exam application after you submit it. You must contact us two (2) weeks in advance of your exam appointment with supporting documentation for the name change. If you are unable to check in to your exam due to improper identification, your application will close, and you will be required to reapply.

Test Center Requirements

The CMSRN exam is delivered by computer at Pearson testing centers widely available across the United States and around the world. Most metropolitan areas have at least one testing center that offers the exam three to four days per week and one to two times per day. You can search for test center locations before you apply for the exam on [Pearson's website](#).

Read the [Candidate Rules Agreement](#) to understand test center requirements.

You will be contacted if your test site is closed

Occasionally, a testing site may need to temporarily close for various reasons, including unforeseen events, such as extreme weather, natural disasters, power outages, technical issues, or other circumstances.

You will be directly informed of the closure and asked to reschedule your exam appointment at no cost if your test center closes and your appointment is canceled.

OnVUE Remote Proctoring Requirements

OnVUE remote proctoring allows you to launch the exam online via computer at a secure location of your choice. Proctors are there for you in real-time to assist with any problems you may encounter and to maintain the security and integrity of the exam.

Review the [OnVUE testing requirements](#) to determine if online testing is an option for you.

Still unsure? [Use this decision tree to weigh your options.](#)

Managing Your Exam Appointment

Your test period

You will receive your **Authorization to Test (ATT)** once your certification application is approved. **You have ninety (90) days to take the exam from the time you receive your ATT.**

Schedule your exam

You can choose your test center location, test date, and time by clicking the “Manage Exam” button on your application.

You can schedule an exam up to three (3) days before your desired exam date.

Availability may be limited, so we recommend checking for exam appointments at least two weeks in advance.

- a. If testing with accommodations-** Ensure that your accommodation details are included on the Exam Appointment Details screen. If not, please contact Pearson for assistance at 800-274-8979.

Change your exam appointment

For test-center appointments, you can reschedule or cancel up to two (2) days before your currently scheduled exam.

For OnVUE test appointments, you can reschedule or cancel up to the exam time.

View your upcoming appointment through the “Manage Exam” button on your application. If you would like to change your appointment time or location, reschedule your exam. If you would like to change your test modality, cancel your current appointment.

One exam for one exam registration

You may only test once during your test period. **Your test period ends after your exam appointment, whether or not you took the exam**, unless you are granted an eligibility extension.

Extending your test period

You can request a one-time extension for two reasons:

- Your 90-day test period will expire before you can schedule an exam.
- You miss a scheduled exam.

You may request an extension within ten (10) days of a missed exam or the expiration of your test period. Your exam application fee will not be refunded, and you will have to reapply for the exam and pay full fees again if you miss this 10-day deadline.

The cost for an extension is \$90 and is non-refundable. You will only be charged if your extension is approved. Some exceptions may apply.

Go to Manage Exam within your exam application to request an extension.

Withdraw your application

You **cannot** withdraw your CMSRN application if you have an exam scheduled.

Cancel any scheduled exam before you request to withdraw your CMSRN application. We review refund requests, minus the non-refundable \$90 processing fee, on a case-by-case basis. Supporting documentation must be provided.

Exam Preparation

Studying for the Exam

The CMSRN Exam Blueprint (Appendix A) is your primary study guide. Use it to identify your study priorities.

Refer to the [exam reference list](#) to find relevant study materials. The AMSN Core Curriculum for Medical-Surgical Nursing and AMSN's Scope and Standards of Medical-Surgical Nursing Practice are highly recommended.

AMSN does provide [additional materials](#), including Certification Review Courses, an online practice test, and practice question booklet, to help you prepare for the CMSRN examination.

DISCLAIMER: These resources do not include current examination questions and are not a requirement to sit for the CMSRN certification examination. They are not the only route to adequate preparation. Using these study resources does not imply advantage or successful performance on the examination.

Know what to expect on exam day

Before your exam, make sure you are well rested, properly fueled, and can comfortably sit through the three (3)-hour exam without scheduled breaks.

We recommend you arrive at the testing center or launch the remote-proctored exam application thirty (30) minutes before the start of your exam.

Learn about the check-in process for your test modality: [Exam Resources and Test Preparation-Pearson](#)

There is a help screen with information on how to use the exam application available during the exam.

Familiarize yourself with the look and feel of the test: launch the Pearson VUE demo test from [this page](#).

At the end of the exam is an optional exit survey. Your participation in this survey helps us improve the candidate experience.

Appendix A: CMSRN Exam Blueprint

Domain		Percentage Weight	Number of Items on Text
Patient/Care Management		32%	40 Items
Patient Safety	1.	Nursing process - assessment, diagnosis, planning, implementation, evaluation	
	2.	Patient safety protocols (e.g., skin, falls, restraints, rounding, suicide)	
	3.	Risk factors (e.g., pharmacological, environment, equipment, demographics)	
	4.	Patient safety culture (e.g., near miss reporting, “just culture”, “speak up”, high accountable organizations)	
	5.	Care bundles (e.g., checklist, algorithms)	
	6.	Patient safety assessments and reporting (e.g., abuse, human trafficking, social determinants)	
	7.	Risk assessment methods (e.g., Root Cause Analysis [RCA], Failure Mode and Effects Analysis [FMEA], safety rounds, safety huddles)	
Infection Prevention	1.	Universal and transmission-based precautions	
	2.	Infection control practices and standards	
	3.	Current evidence-based practice for infection control and prevention procedures	
	4.	Antimicrobial stewardship (e.g., surgical scrub, antibiotics, probiotics)	
Medication Management	1.	Safe medication administration practices (e.g., interaction, adverse reaction, intravenous therapy)	
	2.	Patient medication education	
	3.	Polypharmacy	
	4.	Safe drug management and disposal (e.g., stewardship, home medication management)	
	5.	Advanced access devices (i.e., ports, central lines, epidurals)	
	6.	Financial implications to patients	

Pain Management	1. Chronic and/or acute pain management (e.g., pharmacological, non-pharmacological, multimodal)
	2. Patient pain management expectations
	3. Patient advocacy
Non-Pharmacological Interventions	1. Non-pharmacological interventions (e.g., repositioning, heat or cold)
	2. Complementary and alternative therapies (e.g., acupuncture, aromatherapy)
Surgical/Procedural Nursing Management	1. Pre- and post-procedural unit standards (e.g., consent, timeout, frequent monitoring)
	2. Pertinent potential complications and management
	3. Scope of practice related to procedures (e.g., moderate/procedural sedation)
	4. Supplies, instruments, and equipment
Nutrition	1. Individualized nutritional needs (e.g., malnutrition, disease processes, complications, cultural)
	2. Nutrition administration modalities (e.g., enteral, parenteral)

Domain	Percentage Weight	Number of Items on Text
Holistic Patient Care	15%	19 Items
Pain-Centered Care	1.	Patient-centered care (e.g., active listening, communication preferences, family involvement, health goals).
	2.	Resources for patient-centered care
	3.	Patient advocacy
	4.	Patient satisfaction management (e.g., grievances, concerns regarding practices, second opinion, service recovery)
Diversity and Inclusion	1.	Cultural and linguistic needs (e.g., sign, oral, and written languages)
	2.	Cultural and linguistic resources (e.g., translated materials, interpreter services)
	3.	Implicit bias
Education of Patients and Families	1.	Health maintenance and disease prevention
	2.	Health literacy
	3.	Teaching methods
Health Promotion	1.	Health promotion goals
	2.	Resources available for patient/family
	3.	Health information to meet patient needs
Palliative/End-of-Life Care	1.	Palliative or end-of-life patient/caregiver resources (e.g., hospice, spiritual, cultural, physical)
	2.	End-of-life preferences (e.g., advance directives, code status)
	3.	Post-mortem care
	4.	Organ donation process
	5.	Regulatory requirements for reporting death (e.g., coroner's case)

Elements of Interprofessional Care		17%	21 Items
Nursing Process/ Clinical Judgement Measurement Model	1.	Nursing process – assessment, diagnosis, planning, implementation, evaluation	
	2.	Strategies to individualize care	
Interprofessional Collaboration	1.	Role within the interdisciplinary team (e.g., teamwork, communication skills)	
	2.	Interprofessional rounding	
	3.	Care coordination	
	4.	Collaborative problem solving	
Care Coordination and Transition Management	1.	Community resources	
	2.	Interdisciplinary collaboration integration methods (e.g., discharge planning, mobility, physical therapy)	
	3.	Health history assessment from multiple sources	
	4.	Discharge procedures (e.g., medication reconciliation)	
	5.	Patient/family centered care	
	6.	Care coordination and transition	
	7.	Interprofessional roles and responsibilities	
	8.	Continuum of care	
	9.	Patients at risk for readmissions	
	10.	Social determinants of health	
	11.	Quality patient outcome measures	
Documentation	1.	Documentation of patient care	
	2.	Electronic health records	
	3.	Downtime procedures	
	4.	Coaching for documentation performance improvement	
Technology	1.	Technology, equipment use, and troubleshooting	
	2.	Technology trends in health care	
	3.	Nursing informatics	

Domain	Percentage Weight	Number of Items on Text
Professional Concepts	15%	19 Items
Communication	1.	Chain of command
	2.	Communication skills (e.g., active listening, verbal, non-verbal, written, conflict resolution, mediation)
	3.	Information sharing (e.g., Situation, Background, Assessment, Recommendation [SBAR], hand-off, closed-loop, check-back, read-back, huddle, verbal orders, bedside report, interdisciplinary)
	4.	Communication barriers (e.g., need for interpreter/translator, physical and cognitive limitations)
	5.	De-escalation techniques (e.g., verbal intervention, calm communication)
Critical Thinking	1.	Time management and prioritization of care
	2.	Crisis situations and resources (e.g., rapid response team, deteriorating patients, early warning systems)
	3.	Crisis management
	4.	Critical thinking (e.g., self-regulation, problem solving, analysis, interpretation, inference)
Healthy Practice Environment	1.	Workplace safety (e.g., physical, emotional, environmental)
	2.	Nurse resiliency and well-being
	3.	Unintended consequences (e.g., moral distress, moral injury, compassion fatigue, burnout)
	4.	Resource allocation (e.g., staffing, equipment)
	5.	Peer accountability
Scope of Practice and Ethics	1.	Scope of practice and code of ethics for nurses per local and regional nursing bodies (e.g., Code of Ethics for Nurses with Interpretive Statements, Standard V of the AMSN Scope and Standards, local governing Scope of Practice)
	2.	Patients' rights and responsibilities
	3.	Professional reporting and resources (e.g., ethics, scope of practice, unsafe practice)
	4.	Policies, procedures, regulatory and licensure requirements, standards of practice, and applicable state, federal, and local laws

Quality Management	1. Evidence-based guidelines for nursing sensitive indicators
	2. Quality standards and policies
	3. Continuous quality and process improvement
	4. Nursing professional practice model
	5. Adverse event reporting
	6. Patient customer experience based on data results (e.g., surveys, value-based purchasing)
	7. Service recovery
	8. Project development
Evidence-Based Practice and Research	1. Legislative and licensure requirements
	2. Evidence-based practice principles
	3. Research process

Domain	Percentage Weight	Number of Items on Text
Nursing Teamwork and Collaboration	21%	26 Items
Delegation and Supervision	1.	Delegation and/or supervision practices
	2.	Scope of practice (e.g., licensed and unlicensed team members)
	3.	Prioritization skills (e.g., disease process)
	4.	Budgetary considerations (e.g., supplies, staffing, fiscal efficiency)
Career Development Relationships	1.	Professional engagement
	2.	Mentoring and coaching resources
	3.	Reflective practice
	4.	Roles and responsibilities
	5.	Coaching and learning theories
	6.	Professional empowerment
	7.	Orientation planning and preceptor best practices
	8.	Career development resources (e.g., education, training)
Professional Development	1.	Professional nursing practice and individual competencies
	2.	Professional behaviors (e.g., network, participate in professional organization)
	3.	Clinical judgement
	4.	Peer review methods
	5.	Educational needs assessment

Leadership	1. Regulatory and compliance standards
	2. Organizational structure
	3. Shared decision-making
	4. Nursing philosophy
	5. Leadership models
	6. Nursing care delivery systems
	7. Change management (e.g., Awareness, Desire, Knowledge, Ability, Reinforcement [ADKAR])
	8. Recruitment and retention
	9. Employee engagement
	10. Staff advocacy
	11. Conflict management
	12. Financial stewardship
Disaster Planning and Management	1. Emergency procedures
	2. Hospital incident command structure

Appendix B: Exam References

A minimum of two references must be cited for each item on the CMSRN examination to verify its correctness. It is preferred that the most recent edition of the **AMSN Core Curriculum for Medical-Surgical Nursing** be cited as a reference whenever possible. Another reference is the current Scope and Standards of Medical-Surgical Nursing Practice from AMSN.

Other reference texts include:

- Bauldoff, G., Carno, M., Gubrud, P. (2019). Lemone & Burke's Medical-surgical nursing: Critical reasoning in patient care (7th ed.). Pearson/Prentice Hall.
- Cheever, K.H., Hinkle, J.L., Overbaugh, K. (2021). Brunner & Suddarth's textbook of medical-surgical nursing (15th ed.). Wolters Kluwer.
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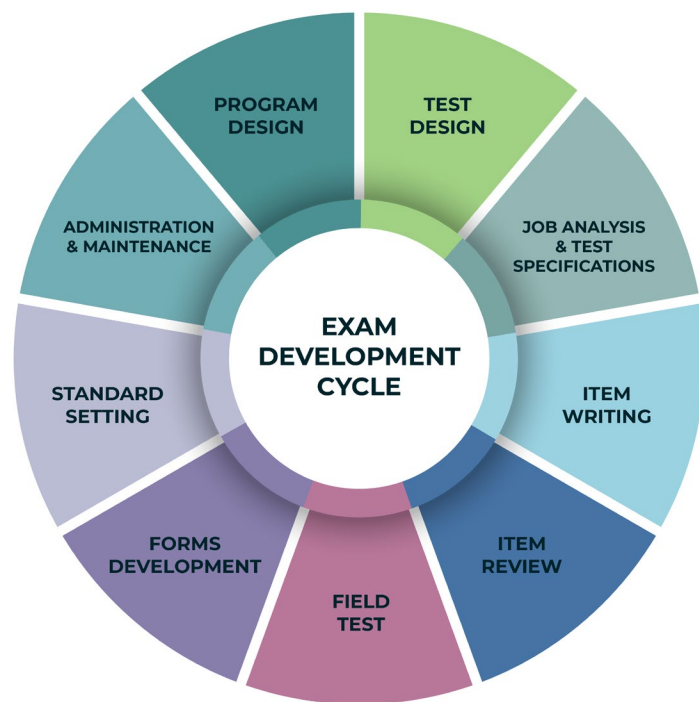
In addition, a few authoritative, commonly used sources, such as the Centers for Disease Control and Prevention (CDC) website, may be used.

Appendix C:

Exam Development Process

The Medical-Surgical Nursing Certification Board (MSNCB) participates in and provides oversight for the development and ongoing maintenance of the Certified Medical-Surgical Registered Nurse (CMSRN) exam. We work in partnership with our test development partner, the Data Recognition Corporation (DRC), to ensure exam forms are developed and maintained according to psychometric, testing, and national accreditation standards for certification programs.

MSNCB has several committees that conduct test development work. These committees are composed of volunteer subject matter experts (SMEs) who are CMSRN-certified nurses. Our SMEs work alongside our test development partner at every stage of the exam development process described below.



1. Conduct a Job Task Analysis

Job Analysis Studies are conducted to identify and validate the knowledge and skills that are measured by the exam. The results of the Job Analysis will serve as the basis for the exam.

MSNCB has determined that a Job Analysis will be conducted every five (5) years or more frequently as needed. This determination is based on the frequency of substantive changes in the field and compliance with standards for professional certification programs.

2. Determine Exam Specifications

The content for the exam is determined based on the recommended content outline and content area weights developed following each Job Analysis. The final content outline and corresponding content weights are approved by the MSNCB Board of Directors.

3. Write and Review Items

The questions and answers on the exam are referred to as “items.” Item writing and reviewing are usually conducted annually. Item writers and reviewers are required to complete item development training delivered by our test development partner prior to writing and reviewing exam items.

The development of all items is directly linked to the approved content outline.

Once items have been written by trained subject matter experts, they are reviewed for accuracy and to avoid bias. Once an item has satisfactorily completed this initial review it will be added to the item bank. Newly written items will be pretested as unscored items before being included as scored items on a test form.

4. Maintain an Item Bank

An item bank includes all items developed for the exam. The test development partner oversees the maintenance and security of the item bank. Each item in the item bank is reviewed at least every three (3) years for quality control.

5. Assemble and Approve Exam Forms

New exam forms are typically launched on an annual basis. Any exam form in use for more than two (2) testing windows undergoes an obsolescence review facilitated by the psychometric consultant with a subject matter expert committee to ensure continued item accuracy and relevance. Decisions regarding the number of exam forms and the frequency for replacing the exam forms are made each year by the MSNCB Board in consultation with the psychometric consultant.

Draft exam forms are assembled by the psychometric consultant to meet the exam specifications and are reviewed and approved by the Test Development Committee. The draft forms meet the requirements of the test specifications with respect to content and weighting and are reviewed for bias and sensitivity. Each exam form includes unscored questions to be pre-tested.

6. Set the Passing Score

The passing score for the certification exam is determined by a modified-Angoff procedure. The modified-Angoff procedure is performed by the Test Development Committee in collaboration with psychometric consultants from our test administrator, using a criterion-referenced methodology. The criterion is what a minimally competent nurse with 2,000 hours of experience should know.

The process used to determine the passing point is documented as part of a cut score study report. The final passing point resulting from this process is approved by the MSNCB Board of Directors. Any modifications to the recommended passing point are documented in the final passing point study report along with the rationale for those changes.

Specific methodologies for establishing the passing score for exams and ensuring exam forms are equivalent are selected and documented by the psychometric consultant based on compliance with national accreditation standards.

A standard-setting study is conducted following completion of each Job Analysis Study, at a minimum, but the study can be conducted more frequently to support programmatic requirements. Forms developed between job analysis studies will be equated to the base form.

7. Analyze the Exam Results

Performance statistics are calculated and retained for each exam item and each exam form. A statistical analysis is performed by the psychometric consultant following each administration of the exam.

At least annually, a test analysis or technical report is produced by the psychometric consultant and reviewed by MSNCB to evaluate the reliability and effectiveness of the exam and to determine any areas that must be reviewed or revised.

At a minimum, the technical reports include a summary of the exam administration, the number of exam takers, the passing point and number of exam items, measures of average performance, measures of performance variability, reliability indices, pass-fail percentages, and recommendations from the psychometric consultant. The psychometric analyzes performance across all exam administration modalities to ensure comparability and identify potential irregularities.