

# CERTIFICATION EXAMINATION FOR NURSE LIFE CARE PLANNERS

Handbook for Candidates



**PROFESSIONAL TESTING CORPORATION**® 1350 BROADWAY • 17th FLOOR • NEW YORK, NY 10018

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This handbook, though subject to change from time to time, contains essential information regarding current pathways and processes for obtaining the certification in nurse life care planning (CNLCP®). Candidates are responsible for reading and following the instructions contained herein.

The policies and procedures used by the Certified Nurse Life Care Planner (CNLCP) Certification Board to construct and review items and examination forms for the CNLCP examination are consistent with guidelines recommended by the American Educational Research Association, the American Psychological Association, and the National Council on Measurement in Education (AERA, APA, NCME; 2014) as well as other industry standards such as: Standards for the Accreditation of Certification Programs (National Commission for Certifying Agencies, 2014) and Conformity assessment — General requirements for bodies operating certification of persons (ISO/IEC 17024).

## CERTIFICATION

Certification in nurse life care planning demonstrates achievement of a basic level of knowledge within this specialized area of nursing practice.

The Certified Nurse Life Care Planner (CNLCP®) Certification Board endorses voluntary certification for all Nurse Life Care Planners.

CNLCP® is a registered trademark of the CNLCP® Certification Board.

## PURPOSE OF CERTIFICATION

Certification in nurse life care planning provides:

1. Formal recognition of those individuals who have met the eligibility requirements determined by the Certified Nurse Life Care Planner (CNLCP®) Certification Board and passed the Certification Examination for Nurse Life Care Planners permits an RN to use the CNLCP® credential.
2. Encouragement of continued personal and professional growth in the practice of nurse life care planning through certification maintenance requirements.
3. Assurance to employers, the public, and members of the healthcare professions of the existence of a basic requisite level of knowledge in the specialty of nurse life care planning.

## ADMINISTRATION

The Certification Program is sponsored by the Certified Nurse Life Care Planner (CNLCP®) Certification Board. The Certification Examination for Nurse Life Care Planners is administered for the CNLCP® Certification Board by a professional testing corporation, currently, Professional Testing Corporation (PTC), located at 1350 Broadway, 17<sup>th</sup> Floor, New York, New York, 10018, (212) 356-0660, [www.ptcny.com](http://www.ptcny.com).

Questions concerning the examination should be referred to PTC.



## CERTIFICATION BY EXAM

### ELIGIBILITY REQUIREMENTS

Candidates must meet the following eligibility criteria at the time of application:

- A. Provision of proof of valid Registered Nurse licensure or its equivalent in other countries, for at least the prior three (3) years immediately preceding application. The license must be active, without any restrictions, and a current copy of the license must be submitted with the Candidate's application
- B. Verification of a minimum of two (2) years full time paid professional experience in a role (e.g., life care planning, community based case management, medical cost projections, Medicare set-aside allocations, lifetime nurse care planning, community based rehabilitation nursing, public health nursing, community based legal nurse consulting) that utilizes the nursing process in assessing and determining an individual's long term/lifetime treatment needs and costs, across the continuum of care.

Candidates meeting criteria A and B must also meet one of the following eligibility 'Routes' pertaining to education and relevant experience:

**Route 1:** Completion of *120 continuing education units\** relating to life care planning or in *equivalent areas* (see the Content Outline depicted on pages 15-20) that can be applied to the development of a life care plan, or pertain to the *service delivery* applicable to life care planning, within the five (5) years immediately preceding application

*\* There must be a minimum of 8 hours specific to a basic orientation, methodology, and standards of practice relevant to the nurse life care planning process contained within the continuing education curriculum*

**Route 2:** Verification\* of *two (2) years life care planning experience*, or a *variant thereof* (e.g., lifetime nurse care planning, etc.), that incorporates the nursing process and skill set inherent to the assessment and determination of treatment needs and their respective costs, across the continuum of care, within the past five years immediately preceding the application.

*\*Verification must be authenticated by an employer or a minimum of two referral sources*

**Checklist for CNLCP® Initial Certification Application submission:**

- A completed Application for the CNLCP® Examination
- A copy of a current, unrestricted RN license or computer generated document from the Candidate's State Board of Nursing demonstrating active licensure without restrictions
- The Candidate's resume or curriculum vitae
- Route 2-Verification indicative of two (2) years full time, paid, professional work experience in the field of life care planning or a variant thereof, as described above
- Full payment of the current required fee(s)

**It should be noted that if ambiguity exists in terms of pathway interpretation/qualification, a final decision will be made by the CNLCP® Certification Board Application Committee, consisting of the Certification Board Chairman, Certification Board Co-Chairman and the Certification Board Secretary.**

## ATTAINMENT OF CERTIFICATION AND RECERTIFICATION

### CRITERIA

Candidates who pass the Nurse Life Care Planners Certification Examination are eligible to use the registered designation CNLCP® after their names. They will receive certificates from the testing entity on behalf of the CNLCP® Certification Board. A registry of Certified Nurse Life Care Planners will be maintained by the CNLCP® Certification Board and may be reported in its publications.

Certification in nurse life care planning is recognized for a period of five (5) years, at which time the Candidate must retake and pass the current Nurse Life Care Planners Certification Examination or meet such requirements\* in effect at that time in order to retain certification.

*\*See the Educational Requirements section below for further details*

Applications for Recertification, along with appropriate documentation supporting the completion of the CNLCP® Certification Board recertification criteria, must be submitted in accordance with the following:

1. Completed application and recertification fees must be received no later than the first day of the month immediately preceding the expiration date on the certificate
2. Continuing Education credits must be verified by inclusion of a provider certificate of course completion that includes the: name and provider number of the course presenter, course title, course description, date, location, and number of course hours
3. Candidate must have maintained active RN licensure, without restrictions, throughout the certification period of five years
4. Candidates are responsible for maintenance of their own continuing education file, including Certificates of Attendance/Course Completion and all documentation of continuing education units or points of credit for five (5) years from the date of their certification/recertification

A total of 60 points of credit are needed every five (5) years for renewal. The CNLCP® Certification Board *points of credit* renewal system is designed to encourage professional development. The system affords the CNLCP® the latitude to select from a variety of educational activities that meet both professional and personal needs as described in the following categories:

Category 1: Continuing Education Hours: one hour (60 minutes) of approved nursing continuing education pertaining to life care planning equals 1 contact hour

*Examples of courses that would be approved include, but are not limited to:* Life Care Planning relevant to SCI, TBI, prosthetics, amputations, burns, chronic pain; nurse case management; nursing process; etc. Questions regarding applicability of a particular course can be resolved through submission of course outlines to the CNLCP® Certification Board for review/approval of contact hours 90 days prior to the application renewal deadline

Category 2: Academic Credit: verification of twelve (12) academic semester credits of nursing coursework related to nurse life care planning. Course semester outlines should be submitted to the CNLCP® Certification Board for review/approval of points of credit 90 days prior to the application renewal deadline

Category 3: Presentations: five (5) points of credit, for a maximum of ten (10) points within the five (5) year renewal period for each presentation, for which national or state approved continuing education units have been granted to participants. Presentation outlines should be submitted to the CNLCP® Certification Board for review/approval of points of credit 90 days prior to the application renewal deadline

Category 4: Publications or Research: publications or research articles related to nurse life care planning should be submitted to the CNLCP® Certification Board for review/approval of points of credit 90 days prior to the application renewal deadline

Category 5: Item Writing / Test Questions: one (1) point of credit, for a maximum of ten (10) points of credit, within the five (5) year renewal period for every five questions submitted that are supported by evidence based nursing practice/medical references. Questions with reference supported answers should be submitted to the CNLCP® Certification Board for review/approval of points of credit 90 days prior to the application renewal deadline



Category 6: Participation on the AANLCP® Executive Board; the CNLCP® Certification Board, an AANLCP® Committee; a webinar presentation and/or survey. Ten (10) points of credit per year will be granted, up to a maximum of 20 points within the five (5) year renewal period. Documentation, with proof of participation\* should be submitted to the CNLCP® Certification Board for review/approval of points of credit 90 days prior to the application renewal deadline

*\*Participation is defined as 85% involvement on/in the various activities indicated*

## REVOCATION OF CERTIFICATION

Certification may be revoked by the CNLCP® Certification Board for any of the following reasons:

1. Falsification of an Application
2. Failure to maintain an active, unrestricted RN license throughout the five-year certification period
3. Revocation of an RN license
4. Misrepresentation of certification status
5. Failure to apply for recertification within current CNLCP® Certification Board guidelines

*The Appeals Committee of the Certified Nurse Life Care Planner (CNLCP®) Certification Board provides the appeal mechanism for challenging revocation of Board certification. It is the responsibility of the individual to initiate any appeal process.*

## APPEALS

### A. Eligibility

The appeal must be made in writing, via certified letter/US Postal Service, fax or email correspondence, to the Certified Nurse Life Care Planner (CNLCP®) Certification Board within 30 days of notification of ineligibility. The appeal should include a written explanation for the grounds for the appeal, as well as any supporting documentation related to the appeal.

The Certified Nurse Life Care Planner (CNLCP®) Certification Board will respond, in writing, within 60 days of receipt of the appeal in one of the following formats: US Postal Service, fax or email correspondence. The

response will include a contact name and number for a member of the CNLCP® Certification Board.

*Information regarding the submission of appeals can be found on the CNLCP® Certification Board's website <http://www.cnlcp.org>.*

**Decisions of the CNLCP® Certification Board regarding an appeal are final.**

## B. Examination Appeals

Candidates with reason to believe that a discrepancy exists in the scoring and/or reporting of their test results may appeal within 30 days of notification of their scores via certified letter/US Postal Service, fax or email correspondence to the Certified Nurse Life Care Planner (CNLCP®) Certification Board. The letter must have supporting documentation relevant to the appeal.

The Certified Nurse Life Care Planner (CNLCP®) Certification Board will respond via certified letter/US Postal Service, fax, or email correspondence within 60 days of receipt of the appeal request.

**Decisions of the CNLCP® Certification Board regarding an appeal are final.**

### Contact Address:

Jan Roughan, BSN, RN, PHN, CRRN/ABNS, CNLCP®, CCM  
CNLCP Certification Board Chairman  
114 W. Colorado Blvd.  
Monrovia, CA 91016

Telephone: (626) 303-6333, Ext. 216  
Fax: (626) 303-8080  
Email: [janr@linc.biz](mailto:janr@linc.biz)

The CNLCP® Certification Board will investigate all reported allegations concerning misconduct by Certified Nurses or Candidates applying for certification. Reports of alleged misconduct must be in writing, signed, and sent by certified mail to the Certified Nurse Life Planner Certification Board within 120 days of the alleged violation(s). Documentation relevant to the matter must accompany the complaint.

Complaints can include, but are not limited to:

- 1) Ineligibility for certification
- 2) Irregularity in respect to the certification examination
- 3) Material misrepresentation and/or fraud related to any statement to the CNLCP® Certification Board or to the public, including but not limited to, statements made to assist the Certified Nurse or others applying for certification; gross or repeated negligence in one's professional work; the convocation of plea of guilty or plea of no contest to a felony or misdemeanor that is directly related to the practice of nurse life care planning
- 4) Failure to adhere to the eligibility requirements for certification candidacy or continuing certification requirements

## COMPLETION OF APPLICATION

Complete, or fill in as appropriate, ALL information requested on the Application. Mark only one response unless otherwise indicated. An application that is not complete in its entirety will be sent back to the Candidate and will need to be resubmitted within the designated timeframes.

NOTE: The name entered on an Application must match exactly the name shown on the Candidate's current government-issued photo ID such as a driver's license or passport.

CANDIDATE INFORMATION: Starting at the top of the application, print your name, address, daytime phone number, evening phone number, e-mail address, RN License number, state, and expiration date in the appropriate row of empty boxes. Include a copy of your current, unrestricted nursing license. Indicate your choice of testing period.

BACKGROUND INFORMATION: All questions must be answered. Mark only one response unless otherwise indicated.

OPTIONAL INFORMATION: It is not mandatory that questions within this section be answered. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect a Candidate's test results.

**VERIFICATION OF WORK EXPERIENCE:** Candidates applying through Certification by Examination/Route 2 must have their employer or at least two referral sources complete the verification of work experience section.

**SIGNATURE:** When you have completed all required information, sign and date the Application in the space provided.

Mail the Application and required documentation with the appropriate fee (see Fee Schedule on page 12) to:

CNLCP® EXAMINATION  
PROFESSIONAL TESTING CORPORATION  
1350 Broadway, 17th Floor  
New York, New York 10018

**Please note:** Candidates should mail their applications approximately one month prior to their preferred testing date to allow for application review and processing.

## SCHEDULING YOUR EXAMINATION APPOINTMENT

Scheduling Authorizations will be emailed to Candidates approximately 10 days after the application has been received, reviewed, and processed. The Scheduling Authorization will indicate how to schedule your examination appointment, as well as the dates during which testing is available. Appointment times are first-come, first-served, so schedule your appointment as soon as you receive your Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date.

If you do not receive a Scheduling Authorization from [notices@ptcny.com](mailto:notices@ptcny.com) within four weeks after submitting your application, contact the Professional Testing Corporation at (212) 356-0660.

**Your current driver's license, passport, or US Military ID must be presented in order to gain admission to the testing center.** PTC also recommends you bring a paper copy of your Scheduling Authorization and your PSI appointment confirmation with you to the testing center.

After you make your test appointment, PSI will send you a confirmation email with the date, time, and location of your exam. Please check this confirmation carefully for the correct date, time, and location. Contact PSI at (800) 733-9267 if you do not receive this email confirmation or if there is a mistake with your appointment.

Candidates have three (3) months from the date their application is processed to sit for the examination. After the three-month period, Candidates will need to reapply for the examination and pay a rescheduling fee to be moved to a new three-month window.

- It is the Candidate's responsibility to ensure receipt of the Scheduling Authorization email. Candidates should contact PTC at (212) 356-0660 if a

Scheduling Authorization has not been received within two weeks of submitting the application.

- It is the Candidate's responsibility to contact PSI to schedule the examination appointment, either online or by calling PSI at (800) 733-9267
- It is highly recommended that the Candidate become familiar with the testing site prior to the scheduled appointment
- Arrival at the testing site at the appointed time is the responsibility of the Candidate. Please plan for weather, traffic, parking, and any security requirements that are specific to the testing location. Late arrival may prevent testing
- Candidates should schedule their testing appointment early during their three-month testing window. If a Candidate needs to reschedule, there will be time during their testing period to move the appointment and avoid transfer fees

## CHANGING YOUR EXAMINATION APPOINTMENT

Candidates have a three-month window to take their examination. If a candidate makes an appointment during that window and cannot keep that appointment, the Candidate may call PSI (1-800-733-9267) to reschedule to a different date within the three-month window. There is no fee for rescheduling within the testing window.

- Candidates must contact PSI to change their testing date no later than two business days before their originally scheduled appointment.
- Candidates who fail to arrive for their appointment or do not cancel/reschedule their appointment two business days prior to their originally scheduled appointment will forfeit their examination fees.
- Candidates who do not schedule an appointment during the three-month testing window will forfeit their examination fees.

A Candidate who does not take the examination within their three-month testing window may request to be transferred to a new window for an additional fee of \$200.00. A written request must be received within four weeks of the original testing date and should be faxed to (212) 356-0678 or mailed to:

CNLCP EXAMINATION  
PROFESSIONAL TESTING CORPORATION  
1350 Broadway -17th Floor  
New York, New York 10018

## EXAMINATION ADMINISTRATION

The Certification Examination for Nurse Life Care Planners is administered on an on demand basis, Monday through Saturday, excluding holidays, at computer-based

testing facilities managed by PSI. PSI has several hundred testing sites in the United States and Canada. Scheduling is handled on a first-come, first-served basis.

To find a testing center near you, visit [www.ptcny.com/cbt/sites.htm](http://www.ptcny.com/cbt/sites.htm) or call PSI at (800) 733-9267. Please note: Hours and days of availability vary at different centers.

*Candidates cannot schedule an examination appointment until they have received a Scheduling Authorization from PTC via email. Please add [notices@ptcny.com](mailto:notices@ptcny.com) to your contacts or safe email lists to ensure your Scheduling Authorization does not go to your junk/spam mail folder.*

Those Candidates who wish to test outside of the United States or Canada should contact PTC to discuss testing options.

### ONLINE TESTING SOFTWARE TUTORIAL

A Testing Tutorial can be viewed online by visiting: [www.ptcny.com/cbt/demo.htm](http://www.ptcny.com/cbt/demo.htm). This document can familiarize the Candidate with the features of online testing.

## SPECIAL NEEDS

The CNLCP® Certification Board, Professional Testing Corporation, and PSI support the intent of, and comply with, the Americans with Disabilities Act (ADA). The CNLCP® Certification Board will take steps reasonably necessary to make certification accessible to persons with disabilities covered by the ADA. Appropriate and effective modification and/or auxiliary aids will be provided to persons with such disabilities unless doing so would impose an undue burden on the CNLCP® Certification Board's program or fundamentally alter the measurement of skills or knowledge that the programs are intended to test.

Special testing arrangements may be made by submitting a completed and signed Request for Special Needs Accommodations Form available from [www.ptcny.com](http://www.ptcny.com) or by calling (212)-356-0660. This form must be included with the application.

Please notify PTC at least two weeks prior to your test appointment if you have a medical condition that necessitates that you bring a service dog, medicine, food, or beverages with you to the test center.

## RULES FOR THE EXAMINATION

- 1) All electronic devices that can be used to record, transmit, receive, or play back audio, photographic, text, or video content, including but not limited to, cellular

phones, laptop computers, tablets, Bluetooth devices; wearable tech gear such as smart watches; MP3 players such as iPods; pagers, cameras, and voice recorders are not permitted to be used and cannot be taken into the examination room.

- 2) Simple, nonprogrammable calculators are permitted with the exception of calculators as part of cellular phones and other prohibited electronic devices. A calculator is also available on screen if needed.
- 3) No questions concerning content of the examination may be asked during the examination session. The Candidate should carefully read the directions that are provided on screen at the beginning of the examination session.
- 4) Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.
- 5) No papers, books, or reference materials may be taken into or removed from the examination room.
- 6) Accommodations for visual disabilities, such as the need for a reader, must be arranged prior to the examination date. See section on Special Needs on Page 11.

## FEES\*

### APPLICATION FEES FOR THE CERTIFICATION EXAMINATION FOR NURSE LIFE CARE PLANNERS

Examination, AANLCP® Association Member:.....	\$425.00
Examination, Non-Member:.....	\$525.00
Rescheduling of Examination (to a new three-month testing window): .....	\$200.00
Retesting Fee (failure less than or equal to 80%):.....	\$210.00

Check or money order should be made payable to: **Professional Testing Corporation.**

Visa, MasterCard and American Express may be used for payment; however, an additional, nominal, processing fee of \$20.00 will be assessed for credit card usage. Candidates who wish to utilize this mode of payment will need to complete and sign the credit card payment form on the Application.

### RECERTIFICATION FEES DUE AT TIME OF CNLCP® RECERTIFICATION

CNLCP® Recertification by points, AANLCP® Association Member.....	\$375.00
CNLCP® Recertification by points, Non-Member .....	\$475.00

CNLCP® Recertification by exam, Member .....	\$425.00
CNLCP® Recertification by exam, Non-Member.....	\$525.00
CNLCP® Exam Re-testing (failure less than or equal to 80%) .....	\$210.00
Late Recertification, AANLCP® Association Member (Late fee \$200 within 30 days of expiration): .....	\$575.00
Late Recertification, Non-Member (Late Fee \$200 within 30 days of expiration):.....	\$675.00

*\* If the recertification application is delinquent and received beyond 30 days of the expiration date, the Candidate is no longer able to use the designation of CNLCP® and, as such, must submit to re-testing at the full examination fee of \$425.00 for members and \$525.00 for non-members.*

\*Cash payments are not accepted

**REFUNDS**

There will be no refund of any fees.

**REPORT OF RESULTS**

Candidates will be notified, via mail, within 5 to 7 business days of taking the examination whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported to the Candidate and the Certified Nurse Life Care Planner (CNLCP®) Certification Board. Successful Candidates will also receive certificates from PTC on behalf of the Certified Nurse Life Care Planner (CNLCP®) Certification Board. Certificates will be mailed at the end of the month the successful Candidate tested.

**RE-EXAMINATION**

The Certification Examination for Nurse Life Care Planners may be repeated two times. Candidates must wait two months before re-testing (e.g. a Candidate may retest in March if the original testing date was in January, etc.).

The Candidate must file a new Application and submit the re-testing fee of \$210.00.

*The Candidate will be required to take and pass a formal life care planning course from a Board-approved program if unsuccessful with achievement of a passing score after two additional examination attempts.*

**CONFIDENTIALITY**

1. The Certified Nurse Life Care Planner (CNLCP®) Certification Board will release the individual test scores to the Candidate only.



2. Any questions concerning test results should be referred to the Certified Nurse Life Care Planner (CNLCP®) Certification Board or the Professional Testing Corporation.

Upon request from individuals and/or the public, the Certified Nurse Life Care Planner (CNLCP®) Certification Board will verify the initial certification of a Candidate, as well as the date of renewal. Verification can also be obtained via the website.

Any disciplinary action will also be disclosed if a suspension and/or revocation of the CNLCP® designation has been imposed.

## CONTENT OF EXAMINATION

1. The Certification Examination for Nurse Life Care Planners is a computerized examination composed of a maximum of 250 multiple choice, objective questions with a total testing time of four (4) hours.
2. The content for the examination is described in the Content Outline section of this Handbook located on page 15.
3. The questions for the examination are obtained from individuals with expertise in nurse life care planning and are reviewed for construction, accuracy, and appropriateness by the Certified Nurse Life Care Planner (CNLCP®) Certification Board.
4. The Certified Nurse Life Care Planner (CNLCP®) Certification Board, with the advice and assistance of the Professional Testing Corporation, prepares the examination.
5. The Certification Examination for Nurse Life Care Planners will be weighted in approximately the following manner:

I.	LIFE CARE PLANNING .....	35%
II.	SPINAL CORD INJURIES .....	10%
III.	BURNS AND AMPUTATIONS .....	10%
IV.	ACQUIRED AND TRAUMATIC BRAIN INJURIES .....	12%
V.	NEONATAL AND PEDIATRIC INJURIES/ILLNESSES .....	8%
VI.	CHRONIC PAIN .....	10%
VII.	LIFE CARE PLAN CONSTRUCTION .....	15%

## CONTENT OUTLINE

### I. LIFE CARE PLANNING

#### A. Definition and Principles

1. Purpose
2. Standards of Practice
3. Ethical Considerations

- 
- a. Confidentiality
  - b. Informed Consent
  - c. Accountability
  - 4. Nursing Process
    - a. Assessment
    - b. Diagnosis
    - c. Plan
    - d. Implementation
    - e. Evaluation
  - B. Life Care Plan
    - 1. Components
    - 2. Roles and Responsibilities of Nurse Life Care Planner
      - a. Assessment
        - 1. Interviewing
        - 2. Data Collection and Supportive Documentation
        - 3. Collaboration with Providers and Experts
      - b. Nursing Diagnosis
      - c. Outcome Estimation
      - d. Planning and Implementation
        - 1. Cost Estimation
        - 2. Case Management of Life Care Plan
      - e. Evaluation
    - 3. Life Expectancy
  - C. Litigation Process
    - 1. Legal Issues
      - a. Concepts
      - b. Tort Law
    - 2. Expert Testimony
    - 3. Trial/Deposition
      - a. Federal Rules of Evidence
      - b. Daubert Rule
      - c. Process
  - D. Related Legislation
    - 1. Americans with Disabilities Act
    - 2. Rehabilitation Acts
    - 3. State and Federal Programs
  - E. Rehabilitation Principles

## II. SPINAL CORD INJURIES

- A. Anatomy and Physiology
  - 1. Cervical Level
  - 2. Thoracic Level
  - 3. Lumbar and Sacral Levels
  - 4. Clinical Syndromes (i.e., Cauda Equina, Central Cord, Brown-Sequard, Anterior Cord, Conus Medullaris)
- B. Neurological and Functional Classifications
  - 1. ASIA Impairment Scale
  - 2. FIM-FAM Scale
  - 3. Other
- C. Functional Losses and Associated Needs
  - 1. Medical Care
    - a. Evaluations
    - b. Therapy
    - c. Home Health Services
    - d. Bowel and Bladder
    - e. Sexuality Issues
    - f. Potential Complications
  - 2. Living Environment
    - a. Adaptive Equipment
    - b. Community Reintegration
      - 1. Mobility and Transportation
      - 2. Housing
      - 3. Vocational Adjustments
      - 4. Community Resources
- D. Psychosocial Aspects
  - 1. Client
  - 2. Family
  - 3. Other Supportive Systems

## III. BURNS AND AMPUTATIONS

- A. Wounds
  - 1. Depth and Size
  - 2. Cellular and Vascular Responses
  - 3. Healing
  - 4. Treatment and Therapies
    - a. Grafting
    - b. Pressure Garments
    - c. Splinting
    - d. Prostheses
    - e. Specialized Therapies
- B. Equipment and Medical Supplies

- C. Complications
  - 1. Surgical
  - 2. Soft Tissue and Bone Injury
  - 3. Infection
  - 4. Neurologic
  - 5. Other
- D. Psychosocial Aspects
  - 1. Client
  - 2. Family
  - 3. Other Supportive Systems
- E. Anatomy and Physiology

#### IV. ACQUIRED AND TRAUMATIC BRAIN INJURIES

- A. Pathophysiology
  - 1. Primary Injury
  - 2. Secondary Injury
  - 3. Complications
- B. Measures of Injury Severity
  - 1. Glasgow Coma Scale
  - 2. Duration of Coma
  - 3. Duration of Post-Traumatic Amnesia
  - 4. Levels of Cognitive Functioning
  - 5. Other
- C. Outcome Predictors
  - 1. Premorbid Characteristics
  - 2. Clinical Presentation
  - 3. Neurologic Imaging
- D. Outcomes
  - 1. Cognitive Losses
  - 2. Behavioral Changes
  - 3. Social Isolation
  - 4. Functional Losses
- E. Rehabilitation
  - 1. Medical Care
  - 2. Neuropsychological Evaluations
  - 3. Therapies
  - 4. Home Health Services
  - 5. Potential Complications
- F. Psychosocial Aspects
  - 1. Client
  - 2. Family
  - 3. Other Supportive Systems

#### V. NEONATAL AND PEDIATRIC INJURIES/ILLNESSES

- A. Types of Cerebral Palsy
  - 1. Spastic
  - 2. Dyskinetic
  - 3. Hypotonic
- B. Problems Associated with Cerebral Palsy
  - 1. Neurologic
  - 2. Musculoskeletal
  - 3. Gastrointestinal
  - 4. Communication Disorders
  - 5. Behavioral and Emotional
- C. Management
  - 1. Medical Care
    - a. Evaluations
    - b. Therapies
    - c. Home Health Services
    - d. Medications
    - e. Surgery
  - 2. Growth and Developmental Considerations
  - 3. Schooling and Education
- D. Community Resources
  - 1. Collateral Sources of Funding
  - 2. Family

## VI. CHRONIC PAIN

- A. Pathophysiology
- B. Assessment
- C. Management
  - 1. Medication
    - a. Types
    - b. Delivery Systems
  - 2. Cognitive Behavioral Methods
  - 3. Devices
    - a. Implantable
    - b. Noninvasive
  - 4. Nerve Blocks
  - 5. Neuroablation
- D. Psychosocial Aspects
  - 1. Client
  - 2. Family
  - 3. Other Supportive Systems

## VII. LIFE CARE PLAN CONSTRUCTION

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### A. Assessment of Patient

1. Face-to-Face Versus Telephone or No Contact
2. Documentation of Demographics of the Injured Person
3. Family Dynamics (including financial profile, work history, guardianship/power of attorney, social profile)
4. Documentation of Daily Routine (functional capabilities, pre/post incident)
5. Current Medications
6. Assessment of Home/Environment
7. Collateral Interviews

### B. Collaboration with Others

1. Identify Needs for Experts or Specialists
2. Consult with Experts or Specialists
3. Request Information from Treating Physicians/Ancillary Providers as Able
4. Consult Other Resources
  - a. Published Standards/Clinical Practice Guidelines
  - b. Provider or Expert Report
  - c. Depositions
  - d. Literature
  - e. Medical Records
  - f. Professional Education, Training and/or Experience

### C. Life Care Plan Development

1. Review Records
  - a. Pre-Morbid
  - b. Post-Accident
2. Prepare Chronology
3. Identify/Request Missing Records
4. Review Depositions
5. Review Expert Reports
6. Determine Nursing Diagnoses
7. Assess Life Expectancy
8. Assess Need For
  - a. Medical Care
  - b. Therapeutic Care (including therapies, nutrition, health and strength maintenance)
  - c. Diagnostic Tests
  - d. Mobility Needs
  - e. Home Care/Attendant Care/Facility Care
  - f. Equipment (including assistive technology, recreational equipment, and orthotics/prosthetics)
  - g. Home Furnishings
  - h. Medications
  - i. Supplies

- j. Transportation
- k. Home Modifications
- l. Case Management Services

D. Cost Research

- 1. Provider/Vendors
- 2. Internet
- 3. National Database with Geographic Adjustment
- 4. Recent Billing
- 5. Usual and Customary
- 6. Personal Experience
- 7. Patient/Family Preferences
- 8. Medical Coding

E. Reporting Writing

- 1. Projected Evaluations
- 2. Standardized Tables
- 3. Narrative Portion
- 4. Medical Provider
- 5. Resource List/Bibliography
- 6. Medical Diagnoses
- 7. Nursing Diagnoses
- 8. Rationale for Recommendations
- 9. Annual/Lifetime Costs

**SAMPLE EXAMINATION QUESTIONS**

1. Collateral funding is most likely to be available from
  1. religious organizations.
  2. state and federal agencies.
  3. managed care organizations.
  4. private health insurance companies.
  
2. According to the ASIA scale, which of the following best describes the degree of impairment for ASIA “A”?
  1. No sensory or motor function preserved in the sacral segment S4-5
  2. Motor function normal, but no sensory function preserved in the sacral segment S4-5
  3. Sensory, but no motor function preserved below neurological level of injury
  4. Motor function preserved below neurological level of injury and majority of key muscles below neurological level of injury have a grade less than 3
  
3. In legal terminology, the complaint is best described as
  1. evidence given by a competent witness.
  2. the formal process of obtaining information in preparation for litigation.
  3. a pleading filed with the court which initiates a legal action.
  4. a statement sworn to before an officer who has authority to administer an oath.
  
4. The life care plan should be written to achieve maximum
  1. client independence.
  2. client satisfaction.
  3. settlement for client.
  4. adherence to treatment.
  
5. The pons area of the brain controls
  1. vision.
  2. breathing.
  3. involuntary movement.
  4. sexual activity.

**ANSWERS TO SAMPLE QUESTIONS:**

1.2; 2.1; 3.3; 4.1; 5.2



## REFERENCES

The Certified Nurse Life Care Planner (CNLCP®) Certification Board has prepared a suggested reference list to assist in preparing for the Certification Examination for Nurse Life Care Planners. These references contain journals and textbooks, which include information of significance to life care planning. This list does not attempt to include all acceptable references, nor is it suggested that the Certification Examination for Nurse Life Care Planners is necessarily based on these references.

Ackley, B., Ladwig, G. (2014). *Nursing Diagnosis Handbook*. Maryland Heights, MO: Mosby Inc.

Ashburn, M.A., & Rice, L.J. (1998). *The Management of Pain*. New York, NY: Churchill Livingstone, Inc.

Bostwick, J.A. (1987). *The Art and Science of Burn Care*. Rockville, MD: Aspen Publishers.

Braddom, R.L. (2011). *Physical Medicine and Rehabilitation*; Philadelphia, PA: W.B. Saunders Company.

De Lisa, J.A., Gans, B.M. Walsh, N.E. (2010). *Physical Medicine: Principles and Practice*. Philadelphia, PA: Lippincott, Williams and Wilkins.

Gianino, J.M., York, M., & Paice, J. (1996). *Intrathecal Drug Therapy for Spasticity and Pain*. New York, NY: Springer.

Jacobs, D. S., Demott, W.R., & Oxley, W.K. (2004). *Laboratory Test Handbook: Concise with Disease Index*. Cleveland, OH: Lexi-Comp, Inc.

Kasper, D. L., Fauci, A., Hauser, S., Longo, D., Loscalzo, J., & Jameson, J.L. (2012). *Harrison's Principles of Internal Medicine*. New York NY: McGraw-Hill.

O'Sullivan, S.B., & Schmitz, T.J. (2013). *Physical Rehabilitation Assessment and Treatment*. Philadelphia, PA: FA Davis.

Physicians' Desk Reference (2013). Montvale, NJ: PDR Network.

Richard, R.L., Staley, M.J. (Eds). (1994). *Burn Care and Rehabilitation: Principles and Practice*. Philadelphia, PA: F.A. Davis Company.

Riddick-Grisham, S., & Deming, L. (2011). *Pediatric Life Care Planning and Case Management*. Boca Raton, FL: CRC Press.

Umphred, D.A. (2013). *Neurological Rehabilitation*. St. Louis, MO: Elsevier, Mosby.

Venes, D., Thomas, C.L. (2013). *Taber's Cyclopedic Medical Dictionary*. Philadelphia, PA: F. A. Davis Company.

Apuna-Grummer, D. & Howland, W.A. (2013). *A Core Curriculum for Nurse Life Care Planning*. Bloomington, IN: iUniverse.

Ashley, M. (2010). *Traumatic Brain Injury Rehabilitation, Treatment, and Case Management*. Boca Raton, FL: CRC Press.

Bottos, M., Feliciangeli, A., Sciuto, L., Gericke, C., & Vianello, A. (2001). Functional Status of Adults with Cerebral Palsy and Implications for Treatment of Children. *Developmental Medicine & Child Neurology*, 43:516-528.

Dealey, C., (2012). *The Care of Wounds: A Guide for Nurses*. West Sussex, UK: Willey-Blackwell.

Dorland, W.A. N. (2012). *Dorland's Illustrated Medical Dictionary*. Philadelphia, PA: Elsevier, Saunders.

Herdman, T.H., & Shigemi, K. (2014). *NANDA Nursing Diagnoses: Definitions and Classifications. 2015-2017*, Chichester, UK: Wiley-Blackwell.

Horn, L. J., & Zasler, N. (1996). *Medical Rehabilitation of Traumatic Brain Injury*. Philadelphia, PA: Hanley & Belfus.

Lazar, R.B. (1998). *Principles of Neurological Rehabilitation*. New York, NY: McGraw-Hill.

Rabow, M., McPhee, S.P., & Papadakis, M.A. (2013). *Current Medical Diagnosis & Treatment*. New York, NY: McGraw-Hill.

Manduchi, R., & Kurniawan, S. (2013). *Assistive Technology for Blindness and Low Vision*. Boca Raton, FL: CRC Press.

Rosenthal, M., Griffith, E. R. & Kreutzer, J. S. (Eds.) (1999). *Rehabilitation of the Adult and Child with Traumatic Brain Injury*. Philadelphia, PA: F.A. Davis Company.

Standing, S. (2008). *Gray's Anatomy*. London. UK: Churchill Livingstone, Elsevier.

Weed, R.O. & Berens, D.E. (2009). *Life Care Planning and Case Management Handbook*. Boca Raton, FL: CRC Press.

Arnoff, G.M. (1999). *Evaluation and Treatment of Chronic Pain*. Baltimore, MD: Williams and Wilkins.

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Beers, M. & Berkow, R. (2006). *The Merck Manual of Diagnosis and Therapy*. Whitehouse Station, NJ: Merck & Co., Inc.

Blackwell. T.L., Steins, S.A., Winkler, T., & Krause, J.S. (2001). *Spinal Cord Injury Desk Reference: Guidelines for Life Care Planning and Case Management*. New York, NY: Demos Medical Publishing Inc.

Deutsch, P., & Sawyer, H. (2004). *Guide to Rehabilitation*. White Plains, NY: Ahab Press.

Ditmar, S., & Gresham, G. (1997.) *Functional Assessment and Outcome Measures for the Rehabilitation Health Professional*. Gaithersburg, MD: Aspen Publishers, Inc.

Herndon, D. (2012). *Total Burn Care*. Philadelphia, PA: Elsevier, Saunders.

McCaffery, M., & Pasero, C. (1999). *Pain: Clinical Manual*. St. Louis, MO: Mosby, Inc.

Michlovitz, S.L. (1996). *Thermal Agents in Rehabilitation*. Philadelphia, PA: FA Davis.

Rapp, C.E., & Torres, M.M. (2000). The Adult with Cerebral Palsy. *Archives Family Medicine*, 9, 466-472.

Reed, P. (2006). *The Medical Disability Advisor*. Westminster, CO: Reed Group Ltd.

Snyder-Mackler, L., & Robinson, A.J. (2008). *Clinical Electrophysiology: Electrotherapy and Electrophysiologic Testing*. Philadelphia, PA: Wolters Kluwer/Lippincott, Williams & Wilkins.

Thomas, T.H. (2013). *Clinical Guide to Skin and Wound Care*. Ambler, PA: Lippincott, Williams & Wilkins.

Wilson, D., & Hockenberry, M. (2011). *Wong's Clinical Manual of Pediatric Nursing*. St. Louis, MO: Elsevier, Mosby.

# Application for Certification Examination for Nurse Life Care Planners



Please read the directions in the Handbook for Candidates carefully before completing this Application.

**MARKING INSTRUCTIONS:** This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →

A	B	C	D	E	F	1	2	3	4	5	6
---	---	---	---	---	---	---	---	---	---	---	---

## Candidate Information

Please enter your Name exactly as it appears on your current Government-Issued Photo I.D.

Mr. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Dr. \_\_\_\_\_  
 Last Name \_\_\_\_\_ Suffix (Jr., Sr., etc.) \_\_\_\_\_  
 Home Address - Number and Street \_\_\_\_\_ Apartment Number \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Current Employer \_\_\_\_\_  
 Employer Address - Number and Street \_\_\_\_\_ Suite/Room/Floor \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 RN License Number: \_\_\_\_\_ License State: \_\_\_\_\_ License Expiration (Month/Year) \_\_\_\_\_  
 Most Recent Certification Date (day/month/year) \_\_\_\_\_ Most Recent Certificate Number \_\_\_\_\_

## Background Information

Darken only one choice for each question unless otherwise directed.

**A. Eligibility Route-An unrestricted RN license for a minimum of three years and a minimum of two years paid professional experience in a role (e.g., life care planning, community based case management, medical cost projections, Medicare set-aside allocations, lifetime nurse care planning, community based rehabilitation nursing, public health nursing, community based legal nurse consulting) that utilizes the nursing process in assessing an individual's long term/lifetime treatment needs and costs across the continuum of care. Candidates must meet one of the following eligibility routes:**

**Route 1:** A minimum of one hundred and twenty (120) continuing nursing education units\*relating to life care planning, or in equivalent areas that can be applied to the development of a life care plan, or pertain to the service delivery applicable to life care planning, within 5 years immediately preceding application. \*There must be a minimum of 16 hours specific to a basic orientation, methodology, and standards of practice relevant to the nurse life care planning process contained within the continuing education curriculum. This must be verified with Course Title, Provider Number, Date, and Location of Course.

**Route 2:** Verification\* of two years life care planning experience, or, a variant thereof (e.g., lifetime nurse care planning), that incorporates the nursing process and skill set inherent to determination of treatment needs and their respective costs, across the continuum of care, within the past five years immediately preceding the application.

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**B. EXPERIENCE IN CASE MANAGEMENT:**

2 years       6 to 7 years  
 3 years       8 to 9 years  
 4 to 5 years     10 or more years

**C. EXPERIENCE IN LIFE CARE PLANNING:**

Less than 1 year     7 to 10 years  
 1 to 3 years         Over 10 years  
 4 to 6 years

**D. PERCENT OF WORKING TIME CURRENTLY SPENT IN LIFE CARE PLANNING:**

Less than 25%       51% to 75%  
 25% to 50%         More than 75%

**E. PRIMARY PRACTICE SETTING:**  
(Darken only one response.)

Independent Practice  
 Insurance  
 Law Firm  
 Case Management Company  
 Government Agency  
 Managed Care Organization  
 Integrated Network  
 Hospital  
 Other: \_\_\_\_\_

**F. HIGHEST ACADEMIC LEVEL:**

Associate Degree  
 Diploma in Nursing  
 Bachelor's Degree, Nursing  
 Bachelor's Degree, Non-nursing  
 Master's Degree, Nursing  
 Master's Degree, Non-nursing  
 Doctoral Degree

**G. ARE YOU CURRENTLY A MEMBER OF AANLCP?**

No     Yes  
 If Yes, Membership No: \_\_\_\_\_  
**NOTE: Membership in AANLCP is not required.**

(Complete Page 2)

7139

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## Background Information

**H. ARE YOU CURRENTLY OR HAVE YOU EVER BEEN CERTIFIED AS A CNLCP?**

- No
- Yes, currently certified. Certification expires (indicate year): \_\_\_\_\_
- Yes, previously certified by certification. Lapsed on (indicate month/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**I. ORGANIZATIONS TO WHICH YOU BELONG:**  
*(Select all that apply)*

- American Nurses Association
- Amer. Assoc. of Legal Nurse Consultants
- Case Management Society of America
- Association of Rehabilitation Nurses
- Sigma Theta Tau
- National Institute of Case Managers
- International Association of Rehabilitation Professionals /International Academy of Life Care Planners

**J. HAVE YOU TAKEN THIS EXAMINATION BEFORE?**

- No  Yes

*If yes, indicate month, year, and name under which the examination was taken.*

Date (month/year): \_\_\_\_\_

Name: \_\_\_\_\_

**K. YEARS OF WORK EXPERIENCE AS AN RN:**

- 5 years  9 to 12 years
- 6 to 8 years  Over 12 years

## Optional Information

**Note:** Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.

**Race:**

- African American
- Asian
- Hispanic
- Native American
- White
- Other

**Age Range:**

- Under 25
- 25 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60+

**Gender:**

- Male
- Female

## Verification of Work Experience

**ELIGIBILITY BY ROUTE 2 ONLY.** To be completed by candidate's immediate supervisor or Human Resources Director.

I verify that to the best of my knowledge this candidate has at least two years of life care planning experience within the past five years.

Supervisor Name (please print) \_\_\_\_\_ Institution/Organization \_\_\_\_\_ Address \_\_\_\_\_

Title \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Name (please print) \_\_\_\_\_ Institution/Organization \_\_\_\_\_ Address \_\_\_\_\_

Title \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

## Candidate Signature

**COMPLETE ENTIRE APPLICATION BEFORE SIGNING BELOW.**

I have read the Handbook for Candidates and understand that I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete. Information of a candidate's initial certification date, renewal dates, and any CNLCP suspensions or revocation of CNLCP® will be released by the CNLCP® Certification Board upon requests to any public entity or agency. Verification is also available via the website tool. By signing this Application, I am providing authorization for release of this information and for the use of aggregate data. Personal information outside of CNLCP® status will not be assessed and/or released without my approval.

**CANDIDATE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CREDIT CARD PAYMENT**

*If you want to charge your application fee on your credit card provide all of the following information.*

Name (as it appears on your card): \_\_\_\_\_

Address (as it appears on your statement): \_\_\_\_\_

Charge my credit card for the total fee of: \$ \_\_\_\_\_

Expiration date (month/year): \_\_\_\_\_ / \_\_\_\_\_

Card type:  Visa  MasterCard  American Express

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

SIGNATURE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

0820

Date

Fee: \_\_\_\_\_

CC  Check

