



## SEE Handbook

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Note: Where used in this Handbook, the phrases “irregular behavior” or “improper behavior” refer to (1) provision of false or incomplete information to the NBCRNA in relation to the credentialing process; (2) violation of any of the rules or regulations governing any NBCRNA examination or assessment; or (3) engaging in any activity which is grounds for disciplinary action as described in the NBCRNA Policies and Procedures for Discipline, Administrative Action and Appeals.

*This publication contains information about NBCRNA’s Self-Evaluation Examination (SEE). Candidates are responsible for knowing the contents of this handbook as well as any additional applicable NBCRNA policies (e.g., please see NBCRNA’s General Information and Policies Handbook).*

*All correspondence and requests for information should be sent to the NBCRNA at [certification@nbcrna.com](mailto:certification@nbcrna.com). The NBCRNA does not discriminate on the basis of age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, and gender identity.*

*NBCRNA primary certification and recertification programs are accredited by the following organizations:*



# NBCRNA Overview

The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) is a not-for-profit corporation organized under the laws of the state of Illinois. NBCRNA credentialing provides assurances to the public that certified individuals have met objective, predetermined qualifications for providing nurse anesthesia services. A nurse anesthetist who is certified by the NBCRNA is expected to: respect basic human rights and the dignity of all patients; protect the patient from harm; advocate for the patient's welfare and collaborate with other members of the health professions; be responsible and accountable for his or her actions; maintain confidentiality of patient information, except when disclosure is required by law; and maintain the knowledge and skill necessary for competent nurse anesthesia practice.

While state licensure provides the legal credential for the practice of professional nursing, private voluntary certification indicates compliance with the professional standards for practice in this clinical nursing specialty. The certification credential for nurse anesthetists has been institutionalized in many position descriptions as a practice requirement or as the standard for demonstrating equivalency. It has been recognized in state nurse practice acts and state rules and regulations.

The primary purpose of the NBCRNA is to seek to ensure that nurse anesthetists have the necessary knowledge and skills to practice safely and effectively. In so doing, it also protects the value of the CRNA credential. The NBCRNA has designed objective criteria intended to determine whether an individual holding the NBCRNA-issued CRNA credential is properly licensed, has attested to engagement in the practice of nurse anesthesia; has participated in continuing education and other activities sufficient to indicate an effort to keep current with advances, and is free of any mental, physical, or other problems that may interfere with the practice of nurse anesthesia. Whenever program eligibility criteria are developed and/or revised, the NBCRNA engages multiple stakeholders to ensure appropriate consideration has been given as to the impact of NBCRNA decisions.

NCCA defines competence as "the ability to perform a task, function, or role at a level that meets or exceeds prescribed standards in the work environment" (NCCA, 2016) and continuing competence as demonstrating "specified levels of knowledge, skills, or ability throughout an individual's professional career" (NCCA, 2016). These concepts serve as the foundation underpinning the NBCRNA certification and continued certification programs.

## Vision

The vision of the NBCRNA is to be recognized as the leader in advanced practice nurse credentialing.

## Mission

The mission of the NBCRNA is to promote patient safety through credentialing programs that support lifelong learning.

## History

The primary certification program for nurse anesthetists was introduced by the American Association of Nurse Anesthetists (AANA) in 1945. It was initially administered by the Credentials Committee of the AANA. In 1975, the AANA approved the establishment of councils for the accreditation and certification

processes, and the Council on Certification of Nurse Anesthetists (CCNA) assumed the responsibility for the National Certification Examination (NCE). By this action, the profession recognized that credentialing mechanisms, which include examination and certification, function to protect and benefit the public.

Realizing that evidence of continued professional excellence was becoming increasingly important in our society, the AANA Board of Directors in 1968 directed the AANA Education Committee to study the issue of recertification. At the AANA Annual Meeting in 1969, a bylaw was adopted to establish an optional program to provide certificates to members who had demonstrated they had completed clinical and didactic experiences reflective of the changes in nurse anesthesia practice within a five-year period. Recognizing that continuing education provides one means to assess current educational and knowledge levels of practitioners, a mandatory continuing education program was adopted by the AANA membership at the 1976 Annual Meeting, with full implementation effective August 1, 1978.

In September 1978, the AANA membership adopted the bylaw revisions providing for an organizational restructuring of the Association and establishing a Council on Recertification of Nurse Anesthetists (COR). Bylaw provisions granting the COR autonomy were adopted in 1983. In 2007, the CCNA and the COR became independent of the AANA, and together they incorporated as the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA).

With its continued mission to promote patient safety, the NBCRNA implemented the Nonsurgical Pain Management subspecialty certification in 2015 and the Continued Professional Certification (CPC) Program in 2016.

## Purpose

The purpose of the NBCRNA includes, but is not limited to, seeking to ensure that nurse anesthetists have the necessary knowledge and skills to practice safely and effectively. In so doing, it also protects the value of the CRNA credential. The NBCRNA is responsible for:

- Formulating, adopting and confirming compliance of initial and subspecialty certification eligibility requirements for nurse anesthetists
- Formulating, adopting and confirming compliance of recertification and continued professional certification (CPC) eligibility requirements for nurse anesthetists
- Formulating, adopting and confirming compliance of the requirements for eligibility for admission to NBCRNA-administered examinations or assessments including, but not limited to, the SEE, NCE, NSPM exam, and the CPC Assessment
- Formulating, adopting and administering NBCRNA-created examinations or assessments to candidates who have met all requirements for examination or assessment and have been found eligible

No national organization can expect to determine the specific procedures that any individual nurse anesthetist is qualified to perform. Neither can any national organization determine whether an individual nurse anesthetist may have developed an impairment that could interfere with the proper administration of anesthesia. Ultimately, these judgments must be entrusted to the individual nurse anesthetist and to those with whom he or she works.

## Structure

The NBCRNA Board of Directors is composed of nurse anesthetists who hold the NBCRNA-issued CRNA credential and who are actively engaged in clinical practice or in teaching or administration of a nurse anesthesia educational program; a board-certified surgeon and a board-certified anesthesiologist, both of whom have a current working relationship with nurse anesthetists; and a representative of the public at large.

## NCCA Accreditation

The primary certification and recertification programs of the NBCRNA are accredited through April 2022 by the National Commission for Certifying Agencies (NCCA), a private not-for-profit organization. The NCCA is the accrediting branch of the Institute for Credentialing Excellence (ICE), which is the national standard-setting organization for credentialing groups, including certification boards, licensing boards, and associations. The NBCRNA (and before it, the CCNA and COR) has been continuously accredited by the NCCA since 1980.

NCCA accreditation means that the NBCRNA credentialing programs meet the highest national voluntary standards for private certification. It means that the programs have been reviewed by an impartial commission and deemed to have met the nationally accepted criteria and guidelines of the NCCA.

## ABSNC Accreditation

The primary certification and recertification programs of the NBCRNA are accredited through July 2022 by the Accreditation Board for Specialty Nursing Certification (ABSNC) of the American Board of Nursing Specialties (ABNS). The NBCRNA (and before it, the CCNA and COR) was one of the first national credentialing organizations to be recognized and accredited by the ABSNC.

The ABNS, established in 1991, is the national peer review program for specialty nursing credentialing organizations. ABNS serves as the national umbrella organization for nursing specialty certification boards authorized and recognized to certify nurse specialists in the United States. It promotes the highest quality of specialty nursing practice through the establishment of standards of professional specialty nursing certification.

# Examination information

## Purpose of the SEE

The NBCRNA Self-Evaluation Examination (SEE) has three objectives: 1) to provide information to students about their progress in the nurse anesthesia educational program; 2) to provide information to program administrators on how well their programs are preparing students with the knowledge they need for anesthesia practice; and 3) to prepare students for the National Certification Examination (NCE) experience. To meet these objectives, the examination has specifications similar to those of the NCE, is administered under secure conditions, and has a reporting system designed to provide maximum feedback to students and program administrators.

## Requirements

All students currently enrolled in an accredited nurse anesthesia educational program are eligible to be registered for the SEE. Once registered, a student will receive an official NBCRNA eligibility notification by email that indicates the eligibility expiration date to take the SEE. A student must test prior to that date. If a student was enrolled in a nurse anesthesia educational program at the time he or she was registered to take the SEE and subsequently is dismissed from the program, he or she is no longer eligible to take the SEE. Students are not allowed to take the SEE after the official completion date of their nurse anesthesia educational program.

## Description of the SEE

The SEE is a computerized adaptive test that is intended to help both students and programs identify their respective strengths and weaknesses before students take the NCE. The SEE includes multiple-choice questions and alternative question formats such as multiple correct response, calculations, hotspot, and drag and drop. The Certification page of the NBCRNA website contains an Exam Tutorial as well as two documents located in the Item-writing section with samples and frequently asked questions about the alternative question format.

The questions are presented one at a time on a computer screen. Each question can be viewed for as long as the student wishes, but he or she cannot go back to previous questions once an answer has been recorded.

All students must answer a total of 240 questions during the four-hour testing period. The examination will stop when all the questions have been presented or the four-hour time limit is reached.

The four content areas tested on the SEE are 1) Basic Sciences; 2) Equipment, Instrumentation and Technology; 3) General Principles of Anesthesia; and 4) Anesthesia for Surgical Procedures and Special Populations.

The Self-Evaluation Examination Subcommittee is appointed by the NBCRNA Board of Directors and is composed of a representative group of certified registered nurse anesthetists. The subcommittee writes test questions and reviews all questions before they are used on the examination.

## **Administration**

The NBCRNA assumes responsibility for the examination content outline and test specifications and maintains and approves an item bank of approved test questions for administration. The NBCRNA has contracted with Pearson VUE to provide administration of the examination.

## **Examination Content Outline**

The content outline for the SEE reflects the curriculum requirements adopted by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA).

The content outline that follows is provided to assist students in preparing for the SEE. It is only a guide that suggests topics and topic areas used to generate and categorize examination questions. It is not all-inclusive, as some elements apply to more than one area. The percentage of questions in each major content area is also noted.

# Examination Content Outline

## I. Basic Sciences (25%)

### A. Anatomy, physiology and pathophysiology

#### 1. Cardiovascular

- a. Ischemic heart disease
- b. Valvular heart disease
- c. Congenital heart defects
- d. Cardiac conduction and rhythm abnormalities
- e. Cardiovascular and peripheral vascular complications
- f. Infectious diseases
- g. Pericardial diseases
- h. Cardiomyopathy and heart failure

#### 2. Respiratory

- a. Obstructive diseases
- b. Restrictive diseases
- c. Infectious diseases
- d. Pulmonary vascular complications
- e. Altered airway anatomy
- f. Genetic respiratory disorders

#### 3. Central nervous system

- a. Neurodegenerative diseases
- b. Myelin diseases
- c. Cerebrovascular diseases
- d. Neuropathies and myopathies
- e. Psychiatric disorders
- f. Spinal cord disorders
- g. Intracranial tumor

#### h. Congenital anomalies (e.g., cerebral palsy)

- i. Seizure disorders
- j. Genetic nervous system disorders
- k. Intracranial hypertension
- l. Thermoregulation

#### 4. Musculoskeletal

- a. Myopathies/metabolic complications
- b. Neuromuscular diseases
- c. Skeletal diseases
- d. Musculoskeletal disorders
- e. Genetic musculoskeletal disorders

#### 5. Endocrine

- a. Thyroid and parathyroid disorders
- b. Pituitary disorders
- c. Adrenal disorders
- d. Pancreatic disorders
- e. Metabolic disorders
- f. Genetic endocrine disorders

#### 6. Hepatic

- a. Infectious diseases
- b. Biliary tract and bilirubin disorders
- c. Cirrhotic disorders
- d. Hepatovascular complications

#### 7. Renal

- a. Primary kidney diseases and disorders
- b. Acute kidney injury
- c. Chronic kidney injury

#### 8. Hematologic

- a. Anemias
- b. Hemoglobin disorders
- c. Coagulation disorders
- d. Infectious diseases

#### 9. Gastrointestinal

- a. Esophageal disorders
- b. Gastric disorders
- c. Pancreatic disorders
- d. Intestinal disorders
- e. Tumors/secretory lesions
- f. Malabsorption disorders

#### 10. Immune

- a. Infectious disorders
- b. Hyper- and hypo-immune disorders (allergic response)
- c. Autoimmune diseases

#### 11. Other conditions

- a. Cancer
- b. Glaucoma
- c. Burns
- d. Trauma
- e. Substance abuse (alcohol, tobacco, other)

## B. Pharmacology

- 1. General principles**
  - a. Pharmacodynamics
  - b. Pharmacokinetics
  - c. Drug interactions
- 2. Inhalation anesthetics**
- 3. Intravenous agents**
  - a. Barbiturates
  - b. Sedative/hypnotics
  - c. Opioid agonists
  - d. Opioid agonist-antagonists
  - e. Opioid antagonists
  - f. Benzodiazepines
  - g. Benzodiazepine antagonists
- 4. Local anesthetics**
- 5. Muscle paralytics**
- 6. Anticholinesterase agents**
- 7. Selective relaxant binding agents**
- 8. Neuraxial analgesics**
- 9. Anticholinergics/ Cholinergic agonists**
- 10. Nonsteroidal anti-inflammatory drugs**
- 11. Miscellaneous analgesics**
- 12. Sympathomimetics**
- 13. Inotropes**
- 14. PDE inhibitors**
- 15. Digitalis and related drugs**
- 16. Alpha- and beta-receptor antagonists**
- 17. Antihypertensives**
  - a. Sympatholytics
  - b. Centrally acting alpha<sub>2</sub>-adrenergic agonists
  - c. ACE inhibitors
  - d. Angiotensin II receptor inhibitors
  - e. Nitrovasodilators
  - f. Nitric oxide
- 18. Antidysrhythmics**
- 19. Calcium channel blockers**
- 20. Bronchodilators**
- 21. Psychopharmacologic therapy**
  - a. Selective serotonin reuptake inhibitors
  - b. Tricyclic antidepressants
  - c. MAO inhibitors
  - d. Lithium
- 22. Prostaglandins**
- 23. Histamine receptor antagonists**
- 24. Serotonin antagonists**
- 25. Insulin**
- 26. Oral hypoglycemic**
- 27. Diuretics**
- 28. Antacids**
- 29. Gastrointestinal prokinetic medications (metoclopramide)**
- 30. Anticoagulants**
  - a. Heparin and low-molecular-weight heparins
  - b. Heparin reversal protamine
  - c. Antiplatelet medications
  - d. Oral anticoagulants
  - e. Oral anticoagulant reversal
  - f. Thrombolytics
  - g. Thrombin inhibitors
- 31. Antimicrobials**
- 32. Chemotherapeutics**
- 33. Antiepileptic drugs**
- 34. Antiparkinsonian drugs**
- 35. Lipid-lowering agents**
- 36. Herbal remedies and dietary supplements**
- 37. Minerals and electrolytes**
- 38. Dantrolene**
- 39. Corticosteroids**
- 40. Tocolytics**
- 41. Uterotonics**
- 42. Antifibrinolytics**
- 43. Intravenous dyes**

## C. Applied chemistry, biochemistry, physics

<b>1. Chemistry</b> <ul style="list-style-type: none"><li>a. Aqueous solutions and concentrations</li><li>b. Acids, bases and salts</li><li>c. Chemical reactions: oxidation, reduction, hydrolysis, and conjugation</li></ul>	<b>2. Biochemistry</b> <ul style="list-style-type: none"><li>a. Metabolism</li><li>b. Cellular mechanisms for action</li><li>c. Drug receptor interaction</li></ul>	<ul style="list-style-type: none"><li>c. Solubility, diffusion and osmosis</li><li>d. Pressure and fluid flow</li><li>e. Electricity and electrical safety</li><li>f. Vaporization and humidification</li><li>g. Measurement of oxygen, carbon dioxide and hydrogen ion</li></ul>
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## II. Equipment, Instrumentation and Technology (25%)

### A. Anesthetic delivery systems

<b>1. High/low pressure gas sources</b>	<b>5. Proportioning systems</b>	<b>9. Carbon dioxide absorbent</b>
<b>2. Regulators/manifolds</b>	<b>6. Pressure failure safety devices</b>	<b>10. Anesthetic circuits</b>
<b>3. Flowmeters, valves, floats</b>	<b>7. Fail-safe devices</b>	<ul style="list-style-type: none"><li>a. Rebreathing, circle system</li><li>b. Nonrebreathing</li><li>c. Modified nonrebreathing</li></ul>
<b>4. Vaporizers</b>	<b>8. Ventilator</b>	<b>11. Pneumatic and electronic alarm devices</b>

### B. Airway equipment

<b>1. Face masks</b>	<b>5. Endobronchial tube</b> <ul style="list-style-type: none"><li>a. including double lumen tubes</li></ul>	<b>10. Jet ventilation</b>
<b>2. Laryngoscope</b> <ul style="list-style-type: none"><li>a. Rigid</li><li>b. Videoscope</li><li>c. Optically enhanced scopes</li></ul>	<b>6. Airways</b> <ul style="list-style-type: none"><li>a. Oral</li><li>b. Nasal</li></ul>	<b>11. Intubating stylets</b>
<b>3. Flexible fiberoptic bronchoscope</b>	<b>7. Tracheostomy tubes</b>	<b>12. Lighted stylet</b>
<b>4. Endotracheal tube</b>	<b>8. Supraglottic Airways (i.e., LMA)</b>	<b>13. Cricothyrotomy (needle and surgical)</b>
	<b>9. Intubating supraglottic airways</b>	<b>14. Other</b> <ul style="list-style-type: none"><li>a. Eschmann catheter (i.e., "bougie")</li><li>b. Combitube</li><li>c. Exchange catheter</li></ul>

## C. Monitoring devices

- 1. Central nervous system**
  - a. Evoked potential
  - b. Intracranial pressure
  - c. Modified EEG monitor (BIS, PSArray)
  - d. Cerebral oximetry
- 2. Cardiovascular**
  - a. Electrocardiogram
  - b. Arterial pressure monitoring
  - c. Noninvasive blood pressure monitoring
  - d. Central venous pressure monitoring
- 3. Pulmonary/airway monitoring**
  - a. Capnography
  - b. Airway gas analysis
  - c. Pulse oximetry
  - d. Airway pressure
  - e. Blood gas analysis
- 4. Peripheral nerve stimulator**
- 5. Urinary output monitoring**
- 6. Temperature monitoring**
- 7. Maternal/fetal monitoring issues**
- 8. Others**
  - a. Fluid/blood warmers
  - b. Forced air warming blanket
  - c. Heat and moisture exchanger (HME)
  - d. Blood salvage (cell saver)

## D. Imaging

- 1. Ultrasound**
- 2. Fluoroscopy**
- 3. Radiography**

## III. General Principles of Anesthesia (25%)

### A. Ethical considerations

### B. Legal issues

### C. Safety and wellness

- 1. Substance abuse (impairment, disorder and other considerations)**
- 2. Issues surrounding patient safety**

### D. Preoperative assessment and preparation of patient

### E. Fluid volume assessment and management

- 1. Fluid/blood component therapy replacement**
- 2. Bloodless medicine (including cell saver and hemodilution techniques)**

### F. Positioning

## **G. Utilization and interpretation of data**

## **H. Airway management**

<b>1. Assessment</b>	<b>3. Complications</b>	<b>5. Retrograde intubation</b>
<b>2. Techniques, procedures, and devices</b>	<b>4. Difficult airway management</b>	

## **I. Local/regional anesthetics (technique, physiologic alterations, complications)**

<b>1. Anatomy</b>	<b>3. Topical</b>	<b>6. Other blocks (airway, retrobulbar)</b>
<b>2. Infiltration</b>	<b>4. Neuraxial blocks</b>	<b>7. Ultrasound and/or nerve stimulator guided concepts and techniques</b>
	<b>5. Peripheral blocks</b>	

## **J. Light, moderate and deep sedation (monitored anesthesia care)**

## **K. Pain management**

<b>1. Acute</b>	<b>2. Chronic (pathophysiology, techniques, management of patients)</b>	<b>a. Pathophysiology</b>
		<b>b. Techniques</b>
		<b>c. Management of Patients</b>

## **L. Pain Theory (Anatomy, physiology, pathology, and psychodynamics)**

## **M. Other Techniques**

<b>1. Hypotensive</b>	<b>2. Enhanced recovery after surgery (ERAS)</b>
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## IV. Anesthesia for Surgical Procedures and Special Populations (25%)

### A. Surgical and diagnostic anesthesia, including management of complications

- 1. Intraabdominal-laparoscopic versus open**
  - a. Hepatobiliary system
  - b. Gastrointestinal tract procedures
  - c. Endocrine organ procedures
  - d. Renal/genitourinary
  - e. Gynecologic procedures
  - f. Peritoneal procedures (including hernia repair)
- 2. Extrathoracic**
  - a. Breast
  - b. Plastics and/or reconstructive
- 3. Head**
  - a. Extracranial
    - i. Otolaryngological
    - ii. Ophthalmologic
    - iii. Nasal
    - iv. Craniofacial
    - v. Plastics and/or reconstructive
    - vi. Orthodontic/dental
  - b. Intracranial
    - i. Decompression (burr holes, ventriculoperitoneal shunt)
    - ii. Space-occupying lesion
    - iii. Vascular
    - iv. Transsphenoidal hypophysectomy
    - v. Stereotactic procedures
- 4. Intrathoracic (including open and thoracoscopic approach)**
  - a. Diaphragm
- 5. Neck**
  - a. Larynx/trachea (including tracheostomy)
  - b. Lymph node biopsies
  - c. Parathyroid/thyroid
  - d. Neck tumors
  - e. Radical neck dissection
- 6. Neuroskeletal**
  - a. Cervical spine (anterior and posterior approach)
  - b. Laminectomy/discectomy fusions at all levels
  - c. Pain management procedures
  - d. Spinal cord procedures
  - e. Surgical sympathectomy
  - f. Vertebroplasty
  - g. Scoliosis repair
- 7. Orthopedic**
  - a. Arthroscopic procedures
  - b. Closed reduction
  - c. Fractures
  - d. Total joint replacements/arthroplasty
  - e. Procedures of the hand and foot
- 8. Perineal and pelvic procedures**
  - a. Gynecologic
  - b. Genitourinary
  - c. Anal/rectal
- 9. Vascular (open versus endovascular)**
  - a. Carotid
  - b. Thoracic
  - c. Abdominal (including renal)
  - d. Extremity
    - i. Occlusive disease
    - ii. Vascular access
    - iii. Vein stripping
  - e. Thromboembolic prevention
  - f. Surgical management of portal hypertension
- 10. Diagnostic/therapeutic**
  - a. Venous/arterial catheterization
  - b. Interventional cardiology
    - i. Cardioversion
    - ii. Defibrillation (including AED)
    - iii. Pacemakers
    - iv. Automated internal cardiac defibrillator devices
  - c. Diagnostic imaging
  - d. Electroconvulsive therapy
  - e. Interventional radiology
  - f. Radiation therapy
  - g. Endoscopy
- 11. Other surgical procedures**
  - a. Trauma
  - b. Burns
  - c. Resuscitation
  - d. Organ transplants (including management of posttransplant patient for nontransplant surgery)
  - e. Organ procurement
  - f. Laser procedures

## B. Anesthesia for special populations

### 1. Pediatrics

- a. Anatomy, physiology and pathophysiology
  - i. Normal
  - ii. Prematurity
  - iii. Congenital anomalies
- b. Pharmacology
- c. Anesthesia techniques/procedures
- d. Management of complications

### 2. Obstetrics

- a. Anatomy, physiology and pathophysiology

### b. Pharmacology

- c. Anesthesia techniques/procedures
- d. High-risk parturients
- e. Nonobstetric surgery in the parturient
- f. Management of complications

### c. Anesthesia techniques/procedures

- d. Management of complications

### 4. Obesity

- a. Anatomy, physiology and pathophysiology
- b. Pharmacology
- c. Anesthesia techniques/procedures (including bariatric)
- d. Management of complications

### 3. Geriatrics

- a. Anatomy, physiology and pathophysiology
- b. Pharmacology

## References for Review

The principal anesthesia textbooks used in nurse anesthesia educational programs should provide information related to all the major content areas on the SEE. Research articles and review books are not used as references. Candidates may choose to review the SEE bibliography available on the NBCRNA website at [www.nbcrna.com](http://www.nbcrna.com).

# Registration Information

## Examination Dates and Application Deadlines

The SEE is offered year round. A student currently enrolled in a nurse anesthesia educational program may be registered to take the SEE. The SEE may be taken after the student has been registered by the program administrator, fee paid, and an eligibility notification received via email from the NBCRNA.

## Fees

The SEE fee (at time of publication \$250) is **per student per examination**. All fees must be paid electronically before the online registration created by the program administrator can be processed. Institutional checks, personal checks or money orders will not be processed. The NBCRNA does not directly invoice individuals or institutions for payment of any examination fees.

## Application Process

The process for online registration and payment of fees is in the Program Administration section of the Certification page on the NBCRNA website. It is the responsibility of the program administrator to create the SEE registration online for the student; however, the registration cannot be processed by the NBCRNA until all fees have been paid.

## Notification of Student Eligibility

After one or more students in the nurse anesthesia educational program have been registered and have paid for the examination, the registrations are reviewed and processed by the NBCRNA. Notification of eligibility is sent to each student by the NBCRNA via email after the registration has been processed. The information in the eligibility notification is used to schedule an appointment to take the SEE with Pearson VUE, via either its website or its Candidate Call Center. Upon receipt of the eligibility notification from the NBCRNA, the student should make sure his or her first and last names are spelled correctly and match the two forms of acceptable identification for admission to the test center. The NBCRNA should be contacted immediately by email at [certification@nbcrna.com](mailto:certification@nbcrna.com) with any necessary corrections.

## Change of Name or Address

The name that was used to register the student for the SEE is the name that is submitted to Pearson VUE on the eligibility file. When the student appears at the test center, the first and last names as they appear on the original NBCRNA eligibility notification **and** two pieces of identification (both bearing a signature and one bearing a photo) must all match. Students will not be allowed to take the SEE if their identification does not have the same first and last names as on their eligibility file at the test center.

Name or address changes are not accepted at the test center. If a student changes his or her name and/or address after the eligibility notification has been sent, the NBCRNA should be notified immediately via email at [certification@nbcrna.com](mailto:certification@nbcrna.com) of the change.

## **Reasonable Accommodation for Persons with Documented Disabilities**

The NBCRNA complies with the Americans with Disabilities Act (ADA). To ensure equal opportunity for all qualified persons, a candidate with a documented disability may request a reasonable testing accommodation by submitting a written request along with supporting documentation to the NBCRNA with their completed application. Supporting documentation includes the following:

1. A written personal statement identifying the basis of your need for accommodation and how that impacts your testing ability.
2. A current, complete and comprehensive evaluation from a qualified healthcare professional performed within the past three years. Qualified healthcare professionals must be licensed or otherwise properly credentialed, who possess expertise in the disability for which the accommodations are sought and who have made an individualized assessment of the candidate that supports the need for the requested testing accommodations.
3. Documentation from qualified healthcare professional must include the following:
  - a. Official letterhead from a licensed or qualified healthcare professional who has examined the applicant
  - b. Official diagnosis, date of diagnosis, and identification of current need for testing accommodations
  - c. Recommended accommodations/modifications
  - d. Dated and Signed by qualified healthcare professional
  - e. Results of psycho-educational or other professional evaluation
4. Nurse Anesthesia supporting documentation. A letter from the nurse anesthesia educational program administrator documenting the types of prior academic/test accommodations provided to the candidate during their nurse anesthesia educational program or a statement that no accommodations were given; faculty or supervisor feedback if applicable.

## **Scheduling Information**

The eligibility notification contains detailed information about scheduling an appointment with Pearson VUE to take the SEE. This information will include the expiration date of the student's eligibility for the SEE. Appointments cannot be scheduled before the student receives the eligibility notification via email from the NBCRNA or after the expiration date. Scheduling appointments to take the SEE is between the student and Pearson VUE directly; the NBCRNA will not intervene in these arrangements. A confirmation number for the scheduled appointment will be given to the student by Pearson VUE and should be retained until the SEE has been taken. Students should be aware that not all test centers are open seven days a week, operate on the same schedule, or have the same seating capacity. Pearson VUE usually

schedules appointments at least two weeks in advance. **No refunds will be made if a student is unable to schedule the exam before his or her eligibility expiration date.**

Students must take the exam prior to their eligibility expiration date. **No students will be allowed to test after the completion date of their nurse anesthesia educational program.**

## Refunds for Cancellations and No-Shows

There are no refunds issued for **any of** the following reasons: 1) not scheduling the exam; 2) canceling a scheduled examination less than 24 hours in advance of the date and time of the scheduled appointment; 3) arriving more than 15 minutes after the scheduled starting time for the test; 4) failing to appear for the scheduled test; or 5) not taking the SEE on or before the eligibility expiration date. A new online registration must be created by the program administrator and payment of the fee for the SEE must be submitted to the NBCRNA before the student is eligible to reschedule the examination.

The previous application fee cannot be applied to another examination.

If the student experiences an emergency, he or she must provide the NBCRNA with a written description and documentation for review. Requests must be submitted within 48 hours of the scheduled test date.

**NOTE: Recording the wrong date or time for the scheduled appointment or forgetting to bring the required current, valid identification is not considered an emergency.**

# Examination Administration

## Admission to the Test Center

Students arriving at the test center will be asked for the following before admission to the test: presentation of two separate forms of **current**, valid identification (ID), both of which must bear a signature and one of which must bear a photo. The photo ID must be a current government-issued ID such as a passport, driver's license, state ID or military ID; an unexpired school ID or employee ID. Both pieces of ID must have the same first and last names as they appear on the SEE eligibility notification sent via email by the NBCRNA. Students who appear without the specified identification will not be permitted to take the SEE and will be required to reapply and pay the full examination fee in order to receive a new eligibility notification.

## Admission Procedures

After the initial verification of identity, the student will be asked to sign a roster, to place both palms on a palm vein scanner and have his or her photo taken. The use of biometric technology at Pearson VUE test centers for added security is part of the admission procedures for all NBCRNA examinations.

Electronic devices (including but not limited to cell phones, tablets and e-readers), reference books, notes and other study materials may not under any circumstances be brought into the test center. Personal belongings (including bags, watches and wallets) may not be taken into the testing room; they

must be stored in designated areas. An erasable note board will be available at the test center for use during the examination; scratch paper is not permitted.

## Test Center Environment

It is unlikely that a student will be the only person taking an examination in the test room. Individuals taking other examinations may be present. Some examinations may require full use of the computer keyboard, and there may be accompanying keyboard noise. In addition, Pearson VUE personnel and other individuals may leave and enter the test room during the student's test period.

Test centers will make every effort to keep movement of personnel and noise levels to a minimum during examination administrations. However, if a student believes that noise may be a distraction, he or she should request earplugs at the test center to use during the SEE. Individual test rooms are not available at test centers.

Students with a documented disability shown to require accommodations should refer to the [Reasonable Accommodation for Persons with Documented Disabilities](#) section within this handbook.

## Taking the Test

At the beginning of the SEE, a Statement of Confidentiality and Nondisclosure Agreement will appear that students must read, acknowledge and agree to. If the student does not indicate agreement, he or she will not be allowed to begin the SEE and will have to contact the NBCRNA in writing for reauthorization and pay the \$75 reauthorization fee. The content of the SEE, and each individual SEE question, is the property of the NBCRNA, is copyrighted and is strictly confidential information. The retention, possession, copying, distribution, disclosure, discussion or receipt of any SEE question, in whole or in part, by written, electronic, oral or other form of communication, including but not limited to emailing, copying or printing of electronic files, and reconstruction through memorization and/or dictation, before, during or after the SEE is strictly prohibited.

Students should read the directions for entering responses carefully before beginning the test. There is a tutorial with practice questions. There is a "help" screen that can be referred to at any time during the SEE to refresh the student's memory as to how to enter responses. At any time before or after the SEE, students may request help regarding the use of the computer.

Questions are presented one at a time on the computer screen. Each question must be answered as it is presented. The question on the screen must be answered before the candidate can move on to the next screen. Students should consider each answer carefully and make their best choice.

Once a student confirms an answer and goes on to the next question, he or she is not allowed to go back to any previous questions. Psychometric research has shown that, in general, candidates do not significantly improve their scores by reviewing and changing answers.

## Improper Behavior at the Examination

During the SEE, the performance of all students will be monitored. Any student who gives or receives assistance, or otherwise engages in dishonest or improper behavior during the SEE, will be required to

cease taking the SEE and leave the test center. The test center personnel will notify the NBCRNA office of any improper behavior during the SEE.

After reviewing a reported incident, the NBCRNA will determine whether there is reason to believe that a student has engaged in cheating or other improper behavior or has otherwise violated the security of the SEE. If the NBCRNA determines that there is a reason to so believe, it may, at its discretion, determine what action should be taken.

## Post Examination

### Improper Behavior After the Examination

The content of the SEE, and each individual SEE question, is the property of the NBCRNA, is copyrighted and is strictly confidential information. The retention, possession, copying, distribution, disclosure, discussion, or receipt of any SEE question, in whole or in part, by written, electronic, oral, or other forms of communication, including but not limited to emailing, copying, or printing of electronic files, and reconstruction through memorization and/or dictation, before, during, or after the SEE is strictly prohibited and may result in disciplinary action, assessment of monetary damages, and legal liability.

Candidates who are aware of improper behavior should report it to NBCRNA's anonymous, third-party tip line at 844-703-1790 or [www.nbcrna.ethicspoint.com](http://www.nbcrna.ethicspoint.com).

### Sanctions for Improper Behavior

Any student may be disqualified from taking or continuing to sit for an examination, or from receiving examination scores, if the NBCRNA determines, through proctor observation, statistical analysis or any other means, that he or she was engaged in collaborative, disruptive, or other irregular behavior before, during the administration of, or following the examination.

The consequences of engaging in irregular behavior may include, but are not limited to, the following:

- Loss of eligibility to take the NCE in the future
- Invalidation of examination results
- Assessment of monetary damages

Any student who engages in such improper behavior also may be subject to legal action for monetary damages.

### Problems at the Test Center

Students will have access to a proctor at the test center. As a rule, if a problem occurs with the computer and the student has to restart his or her test on the scheduled test day, the test will be resumed at the point of interruption since the questions and answers are saved. However, if the test cannot be resumed on the same day and the student has to reschedule his or her test, a new test will be

administered. There will be no charge to the student for rescheduling a test if the problem was caused by circumstances at the Pearson VUE test center.

Problems encountered by the student related to admission or administration of the SEE, including any problems related to conditions at a testing center, must be reported immediately at the test center before leaving, and as soon as possible, but no later than three days after the examination, by email to the NBCRNA office at [certification@nbcrna.com](mailto:certification@nbcrna.com). Reports to the NBCRNA must include the student's full name and address, as well as a description of the conditions that caused the problem(s) at the test center. After reviewing a report of a problem at a test center, the NBCRNA may, at its discretion, determine whether a new SEE should be administered or another action should be taken. Reports submitted from a program administrator will be considered only if they are timely and are accompanied by the student's report. **The NBCRNA will not consider notice of test administration problems that are received more than three days after the examination date.**

## Notification of Examination Results

**Students:** Students will receive their test results at the test center when they check out. The student SEE results report contains the following information: 1) a scaled score for the total test; and 2) a scaled score for all four content areas. Students may obtain the Interpretive Guide with cumulative frequency distributions to determine their percentile rank in each area from the SEE Resources section located on the NBCRNA website.

Results will not routinely be given over the telephone, by fax or by email. The release of results to any other persons requires the written authorization of the examinee.

The only information available to students regarding the SEE is that which is provided on the results report. The NBCRNA does not provide tests for review or a list of the questions answered incorrectly.

Failure to receive the report of test results at the test center should be reported to the NBCRNA by email at [certification@nbcrna.com](mailto:certification@nbcrna.com).

**Program Administrators:** Program administrators may obtain a list of all their students' scores from the NBCRNA online system. The Interpretive Guide contains cumulative frequency distributions for determining percentile ranks in each area and is located in the Program Administration area on the Certification page of the NBCRNA website.

## Policies and Procedures for Discipline, Administrative Action and Appeals

Pursuant to NBCRNA Policies & Procedures for Discipline, Administrative Action and Appeals ("Policies"), Certified Registered Nurse Anesthetists, examinees, and applicants for Certification, Recertification or Continued Professional Certification (collectively "certification") are subject to disciplinary or administrative action for engaging in conduct that NBCRNA regards as inconsistent with unrestricted recertification. The Policies sets forth the conduct that can lead to sanctions, the procedures that will govern, the sanctions that

can be imposed, the appeal rights of any individual who is sanctioned, and provisions for reinstatement of certification. The Policies can be accessed on the NBCRNA website, [www.NBCRNA.com](http://www.NBCRNA.com), or requested from the NBCRNA.