



CNS NATIONAL CERTIFICATION EXAM WAIVER APPLICATION

Under the provisions of R4-19-505 (A)(8) for a period of a year beginning November 13, 2005, a CNS applicant may request a waiver of CNS national certification. To qualify for the waiver, this document and all accompanying documents must be submitted with the CNS application accompanied by the appropriate fees.

Name of Applicant: First Name

Last Name

RN license #

Date submitted: / /

Specialty Area:

Please submit the following documents:

1. A description of your current scope of practice consistent with the definition of clinical nurse specialist in ARS § 32-1601 (5)

5. "Clinical nurse specialist" means a professional nurse who:
 - (a) is certified by the board as a clinical nurse specialist.
 - (b) holds a graduate degree with a major in nursing.
 - (c) is certified in a clinical specialty or, if certification is not available, provides proof of competence to the board.
 - (d) has an expanded scope of practice in a specialty that includes:
 - (i) assessing clients, synthesizing and analyzing data and understanding and applying nursing principles at an advanced level.
 - (ii) managing directly and indirectly a client's physical and psychosocial health.
 - (iii) analyzing multiple sources of data, identifying alternative possibilities as to the nature of a health care problem and selecting appropriate nursing interventions.
 - (iv) developing, planning and guiding programs of care for populations of patients.
 - (v) making independent nursing decisions to solve complex client care problems.
 - (vi) using research skills.
 - (vii) prescribing and dispensing durable medical equipment.
 - (viii) facilitating patient care by coordinating care with nursing and other disciplines and consulting with or referring clients to other health care providers when appropriate.
 - (ix) performing additional acts that require education and training as prescribed by the Board and that are recognized by the nursing profession as proper to be performed by a clinical nurse specialist.

2. One of the following:

- A. A letter from a faculty member who supervised you during your master's program attesting to your competence to practice within the above scope of practice **OR**
- B. A letter from a supervisor verifying your competence in the above scope of practice, **OR**
- C. A letter from a physician, RNP or CNS attesting to your competence in the defined scope of practice.

3. Complete the Verification of Practice Form



