

# CLINICAL NURSE SPECIALIST REFRESHER COURSE APPLICATION PACKET

The refresher course is an individually planned and self-directed course of study containing required components for clinical nurse specialists (CNS) who have not been engaged in CNS practice in greater than two (2) years.

Do not begin any aspect of the CNS Refresher Course until you have received the official CNS Refresher Course Student approval letter from the NCBON.  
This includes any continuing education activities.

Send all materials via fax or email to:

Paulette Hampton, MA - Education & Practice Coordinator  
NCBON - PO Box 2129 - Raleigh, NC 27602  
Fax: ATTN-Paulette 919-781-9461  
Email: [paulette@ncbon.com](mailto:paulette@ncbon.com)

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## **Who Must Take the CNS Refresher Course?**

A clinical nurse specialist (CNS) who has not been engaged in CNS clinical practice in greater than two (2) years.

The clinical nurse specialist shall complete a CNS refresher course approved by the North Carolina Board of Nursing in accordance with paragraphs (o) and (p) of 21 NCAC 36.0220 and consisting of common conditions and their management directly related to the CNS's area of education and certification in accordance with 21 NCAC 36.0228 (3) (4)(d)(e).

In order to be eligible to submit the CNS Refresher Course application to the Board, the CNS must meet all other requirements for CNS recognition that were in place at the time of initial recognition and hold current national certification in the CNS's area of education and practice. The CNS must complete the CNS refresher course prior to seeking recognition.

Note: Providing clinical nurse specialist education as a clinical instructor does not qualify as nursing practice nor can the credits from teaching roles waive you from the requirement of completing the CNS Refresher Course.

## What are the CNS Refresher Course Requirements?

The refresher course is an individually planned and self-directed course of study containing required components. The components required are based on the number of years the CNS has been out of active clinical CNS practice as follows:

<b>CNS REFRESHER COURSE REQUIREMENTS</b>				
<b>Number of years inactive as an CNS</b>	<b>2</b> Inactive greater than two years	<b>3</b> Inactive greater than three years	<b>4</b> Inactive greater than four years	<b>5</b> Inactive greater than five years
<b>*Contact hours of pharmacology continuing education</b>	24 pharmacology contact hours	36 pharmacology contact hours	a graduate level pharmacology course for advanced practice registered nurses	a graduate level pharmacology course for advanced practice registered nurses
<b>*Contact hours of continuing education consistent with the CNS's education and area of practice</b>	40 contact hours	60 contact hours	80 contact hours	100 contact hours
<b>*Precepted clinical experience consistent with the CNS's education and area of practice</b>	160 hours	240 hours	320 hours	400 hours

\*For detailed information regarding contact hours and precepted clinical experience requirements, please see Page 5.

## How Do I Apply for CNS Refresher Course Approval?

### STEP 1

Complete and submit the CNS Refresher Course Application via email, fax, or regular mail.

The application is divided into the following sections:

#### **Clinical Nurse Specialist Refresher Course Application**

- Clinical site(s) which will provide the clinical experience consistent with the CNS's education and area of practice. The clinical experience must be under the supervision of either an MD, a physician assistant, or a CNS with NCBON recognition.
- A plan for obtaining the required graduate level pharmacology course for advanced practice registered nurses or pharmacology continuing education as applicable.
- A plan for obtaining the required number of contact hours of continuing education consistent with the CNS's education and area of practice.

**Curriculum Vitae** - Personal/Contact Information, Academic Background, Professional Licenses/Certifications, Work Experience, Professional/Academic Honors and Awards, Research/Scholarly Activities, etc.

**Educational Design Documentation Form** - Use this form to outline the objectives of your individualized plan of study. With prior notification and approval from the NCBON, your plan may be updated as often as necessary to enhance your refresher course experience. Sample and Form included.

**Clinical Experience Sheet** - Use the sample to guide you in outlining the patient populations that will be included in your clinical preceptorship. Form included.

**Signed Agreement(s) with a clinical nurse specialist(s), physician assistant(s), and/or physician preceptor(s).** Preceptors shall be clinical nurse specialists, physician assistants, and/or physicians, consistent with the applicant's area of clinical nurse specialist education, national certification, if applicable, and scope of practice. Preceptors do not have to be potential employers or employees of potential employers. In the signed agreement(s), the preceptors are to acknowledge in writing that the CNS who is in the NCBON-approved Refresher Course will **not** assume the final responsibility for the diagnosis, treatment, writing of prescriptions, and billing for patients in the practice. Form included.

### STEP 3

Wait for the NCBON to grant you approval to begin the CNS Refresher Course as a CNS. This will come in the form of the official approval to begin the CNS Refresher Course letter via email.

**IMPORTANT:** Your Refresher Course application **must** be approved before you begin any component of your refresher course. This includes any CE contact hours. Allow 2 - 3 weeks for review.

How long CNS has been inactive	Timeframe to Complete CNS Refresher Course
Greater than two or three years	1 year from the date the CNS is approved to begin CNS course
Greater than four or five years	2 years from the date the CNS is approved to begin CNS course

All refresher course requirements must be satisfactorily completed within the required timeframe of the CNS Refresher Course application approval. If one of your requirements for approval to practice is to obtain national certification or re-certification, this must be obtained within the required timeframe for completion of the Refresher Course, or before applying for CNS approval to practice.

## What Do I Need to Know About the Contact Hours and Precepted Clinical Requirements?

### Contact Hours

Pharmacology and general CNS CEs are separate contact hours. For example, if you were under the inactive greater than 2-year requirement, you would complete 24 contact hours related to pharmacology **and** a separate 40 contact hours in the area of your CNS education and area of practice for a total of 64 contact hours.

Only those CEs (related to your CNS education and certification) completed within one year of applying for the CNS Refresher Course will be considered.

The graduate level pharmacology course for APRNs can be at least 3 semester credit hours (45 contact hours) or on a continuing education basis (45 contact hours). Proof of a passing grade is required. Graduate level pharmacology courses must to be reviewed by the NCBON. Please email [paulette@ncbon.com](mailto:paulette@ncbon.com) to obtain a list of the NCBON-accepted online graduate level pharmacology APRN courses.

Semester credit converted to contact hours:

- One semester credit = 15 contact hours
- One quarter credit = 7.5 contact hours

For both the pharmacology and continuing education hours, please be certain they are approved by the American Nurses Credentialing Center (ANCC) or Accreditation Council on Continuing Medical Education (ACCME), or other national credentialing bodies.

Lists of contact hours without provider information will not be accepted.

Fax, email, or send via regular mail all CE certificates to Ms. Hampton at the time you have completed the CNS Refresher Course.

Do not begin any of the CEs until you have received the CNS Refresher Course approval to begin letter.

### Precepted Clinical Experience

Do not begin precepting until you have been granted approval from the NCBON. Chosen clinical site(s) must be able to provide the MINIMUM number of hours of clinical experience based on years CNS has been inactive. The clinical experience must be in the area of the applicant's CNS education and national certification, if applicable.

NOTE: You may have more than one preceptor and more than one site. The NCBON's expectation is that the preceptorship will provide you with direct, hands-on clinical experience wherein you will complete histories, physical exams, and determine the plan of care. Shadowing should be limited to one day.

The required components of precepted clinical experience are as follows:

- Health assessment and diagnostic reasoning;
- Clinical management of common health problems and diseases that reflect the clinical nurse specialist's formal education program; and national certification, if applicable; and,
- Clinical preventive services and client education.

### Instructions regarding CNS and Preceptor Online Assessments re: Precepted Clinical Experience(s) - Midway and Final (See example of assessment on Page 12.)

#### Midway

Once the CNS has completed half of the required hours with his/her preceptor, the following is to occur:

- The CNS will notify Paulette Hampton, Education & Practice Coordinator ([paulette@ncbon.com](mailto:paulette@ncbon.com)) that the mid-way assessment is due.
- Ms. Hampton will then email the online mid-way assessment to both the CNS and preceptor at their respective email addresses for completion. A mid-way assessment must be submitted for each preceptor.

#### Final

Once the CNS has completed all the required hours with his/her preceptor, the following is to occur:

- The CNS will notify Paulette Hampton, Education & Practice Coordinator ([paulette@ncbon.com](mailto:paulette@ncbon.com)) that the final assessment is due.
- Ms. Hampton will then email the online final assessment to both the CNS and preceptor at their respective email addresses for completion. A final assessment must be submitted for each preceptor.

## What Will Happen After I Complete the CNS Refresher Course?

Once the Refresher Course Applicant has successfully completed the CNS Refresher Course, the following will occur:

- 1) Your CNS Refresher course materials will be reviewed. Please allow 4 - 6 weeks for this process to be completed.
- 2) You will be emailed a letter from the NC Board of Nursing stating that you have met all the requirements for the CNS Refresher Course. This letter will be copied to the APRN Coordinator to inform her that you are eligible to apply for CNS approval to practice.
- 3) After receipt of said email, you may submit an application for CNS recognition.

## How Do I Access the CNS Approval to Practice Online Application?

You may apply for recognition as a CNS by going to the NCBON website (<http://www.ncbon.com>), hovering over Licensure and Listing, and selecting the Nurse Gateway.

## What Do I Need to Know About CNS Law and Rules?

- 1) You are responsible to know your CNS Law and Rules.
- 2) If you have questions, please contact the Education and Practice Coordinator at [paulette@ncbon.com](mailto:paulette@ncbon.com).
- 3) The CNS's recognition is granted by the NCBON.
- 4) **RULES:** [21 NCAC 36 .0228](#) are the rules promulgated by the NC Board of Nursing.
- 5) **LAW:** [90-171.27\(b\)](#) - Effective July 1, 2015

## CNS Refresher Course Application

Demographic Information	NCBON Office Use												
Date	<input type="checkbox"/> RN Verified <input type="checkbox"/> CV Received <input type="checkbox"/> Educational Design Form <input type="checkbox"/> Clinical Sheet <input type="checkbox"/> Preceptor(s) Verified <input type="checkbox"/> Approved to Begin <span style="float: right;">(initials/date)</span>												
Name													
Address (street, city, state, zip code)													
Home Number	<p style="text-align: center;"><b>Send all materials via fax or email to:</b></p> <p><b>Paulette Hampton, MA</b>  <b>Education &amp; Practice Coordinator</b>  <b>paulette@ncbon.com</b>  <b>Fax: ATTN-Paulette 919-781-9461</b></p>												
Cell Number													
Email Address													
RN License Number                      Exp Date													
Type of CNS (please select from below):													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Adult Health</td> <td style="width: 33%;"><input type="checkbox"/> Gerontological</td> <td style="width: 33%;"><input type="checkbox"/> CNS Core</td> </tr> <tr> <td><input type="checkbox"/> Adult Gerontology</td> <td><input type="checkbox"/> Home Health</td> <td><input type="checkbox"/> Diabetes Management - Advanced</td> </tr> <tr> <td><input type="checkbox"/> Adult Psychiatric-Mental Health</td> <td><input type="checkbox"/> Pediatric</td> <td><input type="checkbox"/> Other (fill in below)</td> </tr> <tr> <td><input type="checkbox"/> Child/Adolescent Psychiatric-Mental Health</td> <td><input type="checkbox"/> Public/Community Health</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Health	<input type="checkbox"/> Gerontological	<input type="checkbox"/> CNS Core	<input type="checkbox"/> Adult Gerontology	<input type="checkbox"/> Home Health	<input type="checkbox"/> Diabetes Management - Advanced	<input type="checkbox"/> Adult Psychiatric-Mental Health	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Other (fill in below)	<input type="checkbox"/> Child/Adolescent Psychiatric-Mental Health	<input type="checkbox"/> Public/Community Health	
<input type="checkbox"/> Adult Health	<input type="checkbox"/> Gerontological	<input type="checkbox"/> CNS Core											
<input type="checkbox"/> Adult Gerontology	<input type="checkbox"/> Home Health	<input type="checkbox"/> Diabetes Management - Advanced											
<input type="checkbox"/> Adult Psychiatric-Mental Health	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Other (fill in below)											
<input type="checkbox"/> Child/Adolescent Psychiatric-Mental Health	<input type="checkbox"/> Public/Community Health												
How long have you been out of CNS practice?													
<input type="checkbox"/> greater than 2 years <input type="checkbox"/> greater than 3 years <input type="checkbox"/> greater than 4 years <input type="checkbox"/> greater than 5 years: If greater than 5 years, how many years? _____													

I certify that the above information is to the best of my knowledge and belief true, accurate, and complete.

**CNS Signature**

**Date**

Do not begin any aspect of the CNS Refresher Course until you have received the official CNS Refresher Course Student approval letter from the NCBON. This includes any continuing education activities.



**CNS Refresher Course  
Clinical Experience Sheet**

**Please indicate your clinical experience plan  
suited to your particular scope of practice.**

As a/an \_\_\_\_\_ (type of CNS),

my experience will encompass the following patient age range: (please check all that apply).

<input type="checkbox"/>	Adult Health CNS
<input type="checkbox"/>	Adult-Gerontology CNS
<input type="checkbox"/>	Adult Psychiatric-Mental Health CNS
<input type="checkbox"/>	Child/Adolescent Psychiatric-Mental Health CNS
<input type="checkbox"/>	Gerontological CNS
<input type="checkbox"/>	Home Health CNS
<input type="checkbox"/>	Pediatric CNS
<input type="checkbox"/>	Public/Community Health CNS
<input type="checkbox"/>	CNS Core
<input type="checkbox"/>	Diabetes Management-Advanced
<input type="checkbox"/>	Other (fill in):

my experience will encompass the following genders and age ranges: (please check all that apply).

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Across the life span
<input type="checkbox"/>	Neonatal
<input type="checkbox"/>	Pediatric
<input type="checkbox"/>	Adult
<input type="checkbox"/>	Geriatric

my experience will focus on the following settings(s): (please list below).

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CNS Refresher Course Student approval letter from the NC BON.  
This includes any continuing education activities.**

### SAMPLE - Educational Design Documentation Table

**Educational Design Documentation Form: Clinical Nurse Specialist Refresher Course**

Learning Objective (Core Competencies)	Related Content: Outline	Time Frame	Preceptors	Teaching Methodologies
Review and refine assessment skills related To CNS role	<ol style="list-style-type: none"> <li>1. Comprehensive/problem-focused health history, physical exam and diagnostic tests/procedures                             <ol style="list-style-type: none"> <li>a. Functional assessment</li> <li>b. Psychosocial</li> <li>c. Cognition</li> <li>d. Skin integrity</li> <li>e. Nutrition</li> <li>f. Ethnic, cultural, spiritual</li> <li>g. Pain</li> <li>h. Abuse, neglect</li> <li>i. Addictive behaviors</li> <li>j. Sexual well-being</li> <li>k. At-risk populations</li> <li>l. Multiple-system problems</li> <li>m. Immunization status</li> </ol> </li> <li>2. Differentiate normal, age-related and abnormal findings                             <ol style="list-style-type: none"> <li>a. Common acute and chronic conditions</li> </ol> </li> <li>3. Health issues related to environmental factors</li> <li>4. Urgent/emergency care</li> <li>5. Appropriate/age-specific assessment instruments and techniques</li> <li>6. Screening tools</li> <li>7. Special populations: frail, institutionalized, end-of-life</li> </ol>	Ongoing throughout refresher course	_____, MD _____, MD	<ol style="list-style-type: none"> <li>1. Independent study                             <ol style="list-style-type: none"> <li>1. Review current texts and literature regarding:                                     <ol style="list-style-type: none"> <li>1) Mid-late life developmental stages</li> <li>2) Pathophysiology: normal, age- related changes, abnormal</li> <li>3) Epidemiology</li> <li>4) Pharmacotherapeutics</li> <li>5) Infectious disease</li> <li>6) Behavioral theory</li> </ol> </li> <li>2. Review role of the CNS; inclusive of the ethical and legal implications</li> <li>3. Review current recommendations and best-practice clinical guidelines, i.e., AHA, etc.</li> <li>4. 100 hours CEU specific to gerontology</li> </ol> </li> <li>2. Work with preceptors                             <ol style="list-style-type: none"> <li>a. _____, MD Primary and palliative care                                     <ol style="list-style-type: none"> <li>1) Nursing Home</li> <li>2) Assisted Living Facility</li> </ol> </li> <li>b. _____, MD Primary and palliative care                                     <ol style="list-style-type: none"> <li>1) Geriatric Office Practice</li> <li>2) Nursing Home</li> <li>3) Assisted Living Facility</li> <li>4) Geriatric Office Practice</li> <li>5) Nursing Home</li> <li>6) P.A.C.E (Program of All-Inclusive Care for the Elderly)</li> <li>7) (Possible) home visits to clients that are home-bound</li> <li>8) (Possible) Hospital</li> </ol> </li> </ol> </li> </ol>
Review and refine Diagnostic skills related to CNS role	<ol style="list-style-type: none"> <li>1. Differential diagnoses</li> <li>2. Typical/atypical presentations</li> <li>3. Co-morbidities</li> <li>4. Interpretation of laboratory and diagnostic tests</li> </ol>			
Review and refine skills associated with treatment/formulating plan of care related to CNS role	<ol style="list-style-type: none"> <li>1. Primary care procedures within scope of practice                             <ol style="list-style-type: none"> <li>a. Invasive and non-invasive procedures</li> </ol> </li> <li>2. Treatment of acute and chronic illness</li> <li>3. Palliative care</li> <li>4. Pain management</li> <li>5. Principles of prescribing                             <ol style="list-style-type: none"> <li>a. Current recommendations/guidelines</li> <li>b. Pharmacokinetics</li> <li>c. Efficacy</li> <li>d. Safety</li> </ol> </li> </ol>			

**EDUCATION DOCUMENTATION DESIGN FORM**

**Title:** CLINICAL NURSE SPECIALIST REFRESHER COURSE  
**Purpose:** RETURN TO CNS PRACTICE

*For your convenience, more than one sheet has been provided in this packet*

*Select the total number of precepted clinical hours you are required to complete from those listed as follows:*

\_\_\_ 160 hours    \_\_\_ 240 hours  
 \_\_\_ 320 hours    \_\_\_ 400 hours

Learning Objective(s)	Related Content (Outline Form)	Time Frame	Faculty and/or Preceptor	Teaching Methodologies

**Title:** CLINICAL NURSE SPECIALIST REFRESHER COURSE **Purpose:** RETURN TO CNS PRACTICE

Learning Objective(s)	Related Content (Outline Form)	Time Frame	Faculty and/or Preceptor	Teaching Methodologies

### Clinical Nurse Specialist Refresher Course Student and Preceptor Agreement Form

\_\_\_\_\_ is currently in the North Carolina Board of Nursing (NCBON) approved CNS refresher course. The purpose of this course is to prepare her/him for approval by the Board of Nursing to resume practice as a/an \_\_\_\_\_ clinical nurse specialist. The NCBON's Clinical Nurse Specialist (CNS) Refresher Course is an individually planned and self-directed course of study containing required components. One such component is that of the clinical experience.

The following outlines the NCBON's expectation of the CNS Refresher Course Student's clinical experience:

- The chosen clinical site(s) must be able to provide the **MINIMUM** number of hours of clinical experience based on years CNS has been inactive. The clinical experience must be in the area of the participant's clinical nurse specialist education and national certification. NOTE: The participant may have more than one preceptor and more than one site.
- If a participant decides to add another preceptor after she/he has been approved to begin the course, the participant will submit the Preceptor Agreement with signatures/dates (participant and the preceptor) via regular mail, fax, or email, and await approval before she/he begins the clinical experience with that preceptor.
- Preceptors do not have to be potential employers or employees of potential employers.
- Preceptors shall be clinical nurse specialists, physician assistants, and/or physicians, consistent with the applicant's area of clinical nurse specialist education, national certification, if applicable, and scope of practice.
- Participants will use the title of CNS Refresher Course Student.
- While the participant is in this refresher course, she/he will **NOT** assume the final responsibility for the diagnosis, treatment, writing of prescriptions, and billing for patients in the preceptor's practice.
- The preceptor agrees to provide the participant with direct, on-site supervision and direct, hands-on clinical experience wherein she/he will complete histories, physical exams, and determine the plan of care. It is noted that shadowing should be limited to no more than **one day**.
- The clinical experience will encompass the following components: health assessment and diagnostic reasoning; clinical management of common health problems and diseases that reflect the CNS's formal education program and national certification, if applicable; and clinical preventive services and client education.
- Participant is responsible for her/his own liability insurance. The NCBON assumes no liability.

#### CNS and Preceptor Assessment Requirements

**Midway Assessment** - Once the CNS has completed half of the required hours with his/her preceptor, the following is to occur:

- The CNS will notify Paulette Hampton, Education & Practice Coordinator (paulette@ncbon.com) that the mid-way assessment is due.
- Ms. Hampton will then email the online mid-way assessment to both the CNS and preceptor at their respective email addresses for completion.

**Final Assessment** - Once the CNS has completed all of the required hours with his/her preceptor, the following is to occur:

- The CNS will notify Paulette Hampton, Education & Practice Coordinator (paulette@ncbon.com) that the final assessment is due.
- Ms. Hampton will then email the online final assessment to both the CNS and preceptor at their respective email addresses for completion.

NOTE: A midway and final assessment must be submitted for **each** preceptor.

By signing below, I certify that I have read the above information. My signature also certifies my understanding of and agreement with the above statements.			
Printed Name of CNS	Clinical Nurse Specialist Signature		Date
Printed Name of Preceptor	Preceptor Signature		Date
Name of Practice	Practice Address (Street, City, State, Zip code)		
Type of Practice	Practice Population	Phone	Email Address

Below is an example of the Midway and Final Online Assessment Questions.  
Do not complete this form.

**Professional Characteristics**

	Consistently Demonstrates	Usually Demonstrates	Occasionally Demonstrates
1) Performs in a cooperative manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Demonstrates sensitivity and respect to staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Uses time productively and is punctual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Identifies own learning needs and takes responsibility for own learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Clinical Skills**

	Consistently Demonstrates	Usually Demonstrates	Occasionally Demonstrates
1) Assess, diagnose, and manage the most common acute episodic illnesses according to the age of the client, legal parameters of practice, and current practice standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Assess and manage stable chronic illnesses according to age of client, legal parameters of practice, and current practice standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Assess and manage psychosocial and mental health concerns (i.e. depression, anxiety, stress, etc.) based on current standards of practice in primary care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Perform and interpret selected screening procedures related to physical examination, laboratory studies, and technical procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Collaborate with members of the interdisciplinary health care team to manage complex health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Presents orally to the clinical preceptor an assessment of the client's problems, relevant findings, and plan for management in a concise, organized manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Provides anticipatory guidance and health instruction to the client/family in the target population based on assessed risk factors and health maintenance needs in a culturally competent manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Clinical Performance:** Please assign one assessment grade using scale as listed below (Overall Preceptor Assessment Grade: \_\_\_\_%)

- Above expected (93-100%) - Demonstrates above average knowledge and performs at a high level of skill.
- Expected (92-86%) - Demonstrates above knowledge and performs in a competent manner.
- Below expected (85-70%) - Performs with minimal knowledge for safe practice. Requires close supervision.
- Unacceptable (Less than 79%) - Demonstrates inadequate knowledge and skill for safe practice.

## Links for Law and Rules

CNS Law - <a href="#">90-171.21(d)</a>	<a href="http://www.ncbon.com">www.ncbon.com</a> – Law & Rules – Nursing Practice Act
CNS Rules - <a href="#">21 NCAC 36 .0228</a>	<a href="http://www.ncbon.com">www.ncbon.com</a> – Practice – Clinical Nurse Specialist - Rules
Badge Law - <a href="#">G.S. 90-640</a>	<a href="http://www.ncbon.com">www.ncbon.com</a> – Law & Rules – Badge Law, License Required and Exceptions
Badge Rules - <a href="#">21 NCAC 36.0231</a> - Exceptions to Health Care Practitioners Identification Requirements	

Do not begin any aspect of the CNS Refresher Course until you have received the official CNS Refresher Course Student approval letter from the NCBON.  
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