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| **Created By** | Your Name | **Date** | Date |
|  | (Name/Title) |  |  |
| **Situation** | Enter the situation and issue you would like to resolve. | | |
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| **Background** | Enter your own background here, or you can use the following. School Nurses have the opportunity to demonstrate their knowledge of school nursing by acquiring certification. This certification identifies current competencies in the specialized area of practice. Board Certification in school nursing is highly valued and provides formal recognition of school nursing knowledge and competency. A Bachelor’s degree in nursing along with 1000 hours of school nursing is the minimum requirement to apply for certification. School nurse certification also provides employers an objective assessment of a school nurse’s knowledge of this specialty practice. | | |
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| **Assessment** | The certification exam tests knowledge in the following area:   * Health assessment of children (physical and mental) * Management of primary health care problems of children and adolescents * Health promotion/disease prevention of children and adolescents * Chronic Health issues * Professional issues in school nursing   The results of obtaining this certification are competency and the ability to be proactive in the care of children and adolescents as evidence-based guidelines are used to direct the care of students. The certification requires 75 hours of continuing education and recertification every 5 years to maintain credentials. | | |
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| **Recommendation** | Add eligibility of the National Certified School Nurse, NCSN, to the approved list of certifications for Your employer’s name. | | |
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Executive Focal (or delegate) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of additional supporter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Focal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional supporter Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Additional Information

Enter additional information that may be required by your employer.