



**IgNS** Immunoglobulin  
National Society

*Advancing Ig Nursing and Pharmacy Practice*

**IMMUNOGLOBULIN  
CERTIFIED NURSE (IgCN)  
CANDIDATE HANDBOOK**

**JULY 2016**

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All questions and requests for information about **certification** should be directed to:

Immunoglobulin National Society  
1150 Olympic Blvd., Ste. 400  
Los Angeles, CA 90064  
Phone: 888-855-4443  
Fax: 888-257-7192  
Website: [www.ig-ns.org](http://www.ig-ns.org)

All questions and requests for information about **examination scheduling** should be directed to:

AMP Candidate Services  
18000 W 105th St.  
Olathe, KS 66061-7543  
Phone: 888-519-9901  
Fax: 913-895-4650  
Website: [www.goAMP.com](http://www.goAMP.com)

## GENERAL INFORMATION

### ABOUT THE IMMUNOGLOBULIN NATIONAL SOCIETY

The Immunoglobulin National Society (IgNS) is a professional organization dedicated to nurses and pharmacists in education, management, practice and research in the field of immunoglobulin (Ig) therapy.

### TESTING AGENCY

AMP, a PSI business, is engaged in educational and occupational measurement and provides examination development and administration to a variety of client organizations. AMP assists IgNS in the development, administration, scoring and analysis of the Ig Certified Nurse (IgCN) examination. AMP, a private corporation owned by PSI Services LLC in Burbank, California, has been providing quality certification testing services for more than 30 years.

### NON-DISCRIMINATION POLICY

AMP does not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability, marital status or any other protected characteristic.

### ELIGIBILITY REQUIREMENTS

#### Eligibility for Initial Certification by Examination

1. Current, active, unrestricted Registered Nurse (RN) in the U.S. or Canada.
2. A minimum 1,500 hours of experience in Ig therapy as an RN within the past two years
  - a. Nursing experience may include the following, as long as they are in the Ig therapy specialty:
    - i. Nursing education
    - ii. Administration
    - iii. Research
    - iv. Clinical Practice

### COST OF IgCN CREDENTIALING

IgCN Certification Examination. . . . .	\$375
IgNS Member . . . . .	\$320
CRNI. . . . .	\$320
Recertification by continuing education . . . . .	\$225

### EXAMINATION ADMINISTRATION

Examinations are delivered by computer at more than 190 AMP Assessment Centers located throughout the United States. The examination is administered by appointment only Monday through Friday at 9:00 a.m. and 1:30 p.m. Saturday appointments may be scheduled based on availability. Available dates will be indicated when scheduling your examination. Candidates are scheduled on a first-come, first-served basis.

### ASSESSMENT CENTER LOCATIONS

AMP Assessment Centers have been selected to provide accessibility to the most candidates in all states and major metropolitan areas. A current listing of AMP Assessment Centers, including addresses and driving directions, may be viewed at AMP's website located at [www.goAMP.com](http://www.goAMP.com). Specific address information will be provided when you schedule an examination appointment.

### SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES

AMP complies with the Americans with Disabilities Act and strives to ensure that no individual with a disability as defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment is deprived of the opportunity to take the examination solely by reason of that disability. AMP will provide reasonable accommodations for candidates with disabilities.

Candidates requesting special accommodations must call AMP at 888-519-9901 to schedule their examination.

- Wheelchair access is available at all established Assessment Centers. Candidates must advise AMP at the time of scheduling that wheelchair access is necessary.
- Candidates with visual, sensory, physical or learning disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements.

Verification of the disability and a statement of the specific type of assistance needed **must be made in writing** to AMP at least 45 calendar days prior to your desired examination date by completing the *Request for Special Examination Accommodations* forms. AMP will review the submitted forms and will contact you regarding the decision for accommodations.

## SCHEDULING AN EXAMINATION

There are two ways to apply and schedule your examination.

- 1. Online:** You may register online at [www.goAMP.com](http://www.goAMP.com) by selecting "Schedule/Apply for an Exam." The computer will guide you through the process. After your application information and credit card payment (VISA, MasterCard, American Express and Discover) have been submitted, you will be prompted to schedule an examination appointment or to supply additional eligibility information.

OR

- 2. Paper:** Complete and mail the paper application included in this handbook with appropriate fee (credit card, cashier's check or money order). An application is considered complete only if all information requested is complete, legible and accurate; if you are eligible for the examination; and if the appropriate fee accompanies the application.

Approximately two weeks after receipt, AMP will send you a confirmation notice including a website address and toll-free telephone number to schedule an examination appointment (see following table) and your unique identification number. If your eligibility cannot be confirmed, notification why your application is incomplete will be sent. If you do not receive information about your application within four weeks, call AMP at 888-519-9901.

If you contact AMP by 3:00 p.m. Central Time on...	Depending on availability, your examination may be scheduled as early as...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday/Saturday
Thursday	Monday
Friday	Tuesday

When you schedule your examination appointment, be prepared to confirm a location and a preferred date and time for testing. You will be asked to provide your unique identification number that was provided on your confirmation notice. When you schedule your examination appointment, you will be notified of the time to report to the Assessment Center and if an email address is provided you will be sent an email confirmation notice.

If special accommodations are being requested, complete the *Request for Special Examination Accommodations* forms included in this handbook and submit them to AMP at least 45 days prior to the desired examination date.

## RESCHEDULING OR CANCELING AN EXAMINATION

You may reschedule your appointment ONCE at no charge by calling AMP at 888-519-9901 at least two business days prior to your scheduled appointment. The following schedule applies:

If the Examination is scheduled on...	AMP must be contacted by 3:00 p.m. Central Time to reschedule the Examination by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

## MISSED APPOINTMENTS AND CANCELATIONS

You will forfeit your examination registration and all fees paid to take the examination under the following circumstances. A new, complete application and examination fee are required to reapply for examination.

- You wish to reschedule an examination, but fail to contact AMP at least two business days prior to the scheduled testing session.
- You wish to reschedule a second time.
- You appear more than 15 minutes late for an examination.
- You fail to report for an examination appointment.

## INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center.

You may visit AMP's website at [www.goAMP.com](http://www.goAMP.com) prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all

scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to an Assessment Center is temporarily interrupted during an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

## TAKING THE EXAMINATION

Your examination will be given via computer at an AMP Assessment Center. You do not need any computer experience or typing skills to take your examination. On the day of your examination appointment, report to the Assessment Center no later than your scheduled testing time. **IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME, YOU WILL NOT BE ADMITTED.**

### IDENTIFICATION

To gain admission to the Assessment Center, you must present two forms of identification. The primary form must be government issued, current and include your name, signature and photograph. No form of temporary identification will be accepted. You will also be required to sign a roster for verification of identity.

- Examples of valid primary forms of identification are current: driver's license with photograph; state identification card with photograph; passport; military identification card with photograph.
- The secondary form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).
- If your name on your registration is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order).

### SECURITY

AMP administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, pagers or cellular/smart phones are allowed in the testing room. Possession of a cellular/smart phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.

- Only silent, non-programmable calculators without alpha keys or printing capabilities are allowed in the testing room.
- No guests, visitors or family members are allowed in the testing room or reception areas.
- Candidates may be subjected to a metal detection scan upon entering the examination room.

### PERSONAL BELONGINGS

No personal items, valuables or weapons should be brought to the Assessment Center. Only wallets and keys are permitted. Coats must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. The proctor will lock the soft locker prior to you entering the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker.

- watches
- hats
- wallets
- keys

Once you have placed your belongings into the soft locker, you will be asked to pull out your pockets to ensure they are empty. If all personal items will not fit in the soft locker you will not be able to test. The site will not store or be responsible for any personal belongings.

If any personal items are observed or heard (e.g., cellular/smart phone, alarm) in the testing room after the examination is started, you will be dismissed and the administration will be forfeited.

### EXAMINATION RESTRICTIONS

- Pencils will be provided during check-in.
- You will be provided with one piece of scratch paper at a time to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper to the supervisor at the completion of testing or you will not receive your score report.
- No documents or notes of any kind may be removed from the Assessment Center.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking is not permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.



## MISCONDUCT

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

- create a disturbance, are abusive or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular/smart phones;
- talk or participate in conversation with other examination candidates;
- give or receive help or are suspected of doing so;
- leave the Assessment Center during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings, or
- are observed with notes, books or other aids without it being noted on the roster.

## COPYRIGHTED EXAMINATION QUESTIONS

All examination questions are the copyrighted property of IgNS. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

## COMPUTER LOGIN

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your identification number. You will take your photograph which will remain on screen throughout your examination session. This photograph will also print on your score report.

## PRACTICE EXAMINATION

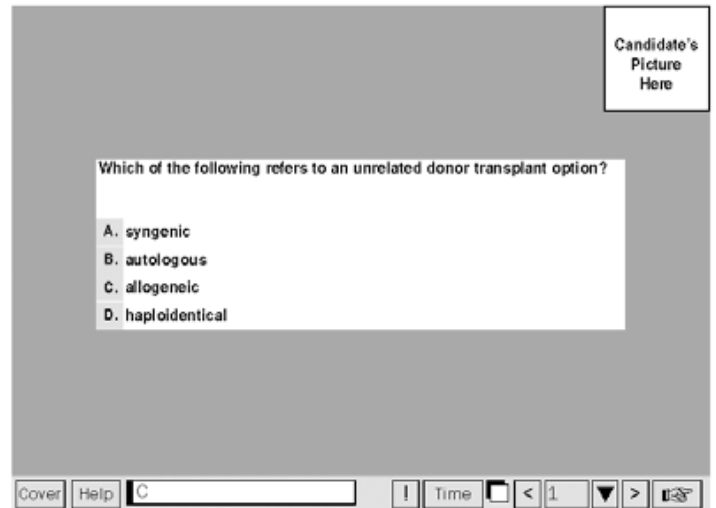
Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score.

When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

## TIMED EXAMINATION

Following the practice examination, you will begin the timed examination. There are 100 items plus 10 pretest items on the examination. The distribution of content is shown in the detailed content outline included in this handbook. All items (questions) have four options, you should select the best option, there is no penalty for guessing. While the format of the

items is as shown below, some items will require application of knowledge or analysis of a situation. You will have 2 hours to complete the examination. Before beginning, instructions for taking the examination are provided on-screen.



The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the "Time" box in the lower menu bar on the screen to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right of the screen. Choices of answers to the examination question are identified as A, B, C or D. You must indicate your choice by either typing in the letter in the response box in the lower left portion of the computer screen or clicking on the option using the mouse. To change your answer, enter a different option by typing the letter in the response box or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon. When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing.

## CANDIDATE COMMENTS

During the examination, comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.

## FOLLOWING THE EXAMINATION

After completing the examination, you are asked to complete a short evaluation of your examination experience. Then, you are instructed to report to the examination proctor to receive an examination completion report. Your score report will be sent by mail after IgNS has evaluated the results of an item analysis to confirm the answer key. Visit [www.goAMP.com](http://www.goAMP.com) for information about the release of score reports.

## SCORES CANCELED BY IgNS/AMP

AMP is responsible for the validity and integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. IgNS and AMP reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

## REPORT OF RESULTS

Your score report will indicate a “pass” or “fail.” Additional detail is provided in the form of raw scores by major content category. Test scores are reported as raw scores. A raw score is the number of correctly answered questions. Your total score determines whether you pass or fail. The methodology used to set the minimum passing score for each examination is the Angoff method, applied during the performance of a Passing Point Study by a panel of content experts. The experts evaluated each question on the respective examination to determine how many correct answers are necessary to demonstrate the knowledge and skills required for the designation. The candidate’s ability to pass the examination depends on the knowledge and skill displayed during the examination, not on the performance of other candidates.

In addition to the candidate’s total score required to pass, raw scores (the actual number of questions answered correctly) are reported for the major categories on the content outline. The number of questions answered correctly in each major category is compared to the total number of questions possible in that category on the score report (e.g., 15/20). Content categorical information is provided to assist candidates in identifying areas of relative strength and weakness; however, passing or failing the examination is based only on the candidate’s total score.

## FAILING TO REPORT FOR AN EXAMINATION

If you fail to report for an examination, you will forfeit the registration and all fees paid to take the examination. A completed application form and examination fee are required to reapply for examination.

## CONFIDENTIALITY

Information about candidates for testing and their examination results are considered confidential. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

## DUPLICATE SCORE REPORT

You may purchase additional copies of your score report at a cost of \$25 per copy. Requests must be submitted to AMP in writing. Please mail requests to AMP, 18000 W. 105 St., Olathe, KS 66061. The request must include your name, identification number or Social Security number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to AMP in the form of a money order or cashier’s check.

Duplicate score reports will be mailed within approximately two weeks after receipt of the request and fee. Requests must be submitted within one year of your examination to be processed.

## VERIFICATION OF SCORES

Candidates who do not pass the examination may request a manual verification of the computer scoring. Requests for manual rescoring must be submitted to AMP, 18000 W. 105th St., Olathe, KS 66061-7543 in writing within one year of the examination date. The fee is \$25 made payable to AMP. The request should include: your name, identification number, mailing address, examination date, test site, signature and a copy of your score report. Upon receipt of the request and appropriate fee, the candidate’s responses will be inspected and handscored. This process takes approximately 30 days. Candidates near a passing score should be aware that to ensure correct reporting of results, the testing agency selects a random sampling of Examinations of candidates who score within one unit of passing. These Examinations are automatically handscored before results are mailed as a quality control measure. Thus, it is extremely doubtful that any Examination results will change from “fail” to “pass” through handscoring.

## RECERTIFICATION REQUIREMENTS

IgNS mandates a three-year recertification period to ensure that the IgCN is exposed to developments within the field. This assures the public that the IgCN provides the best possible infusion therapy because they have kept abreast of technological and clinical advances.

IgCN policies and procedures for recertification are strictly enforced. It is recommended that IgCN's begin accumulating recertification units before the final year of the certification period.

## Term of Certification

The IgCN credential becomes effective 30 days after successful passing of the exam. IgCN certification remains current through that date, two years thereafter.

Recertification units must be earned within each recertification period. Units cannot be carried over.

IgNS provides recertification reminders. However, it remains the professional responsibility of the IgCN to meet recertification requirements within published deadlines.

## Recertification Eligibility Requirements

All recertification applicants must meet the following eligibility requirements:

- A current, active, unrestricted Registered Nurse (RN) license in the United States or Canada.
- A minimum of 1,000 hours of experience in infusion therapy as an RN within the past two years.
- 1,000 hours of direct clinical bedside experience is not required. Nursing experience may be in the areas of nursing education, administration, research, or clinical practice within the Ig therapy specialty.
- A Clinical Practice Documentation form is included within the recertification application forms.

## Recertification by Examination

Take the exam during your final year of certification.

## Recertification by Continuing Education

Earn 40 recertification units (not CEs) with at least 20 from national IgNS Conferences.

## OTHER RECERTIFICATION OPTIONS

Along with at least 20 IgNS National Conference recertification units, up to 20 recertification units can be submitted from a combination of any of the following options to complete the 40 recertification units required to recertify.

### **Publish a manuscript on Ig therapy in a peer-reviewed journal**

- For each manuscript published on the topic of Ig therapy in a peer-reviewed journal, the author/s is eligible for five recert units.
- A maximum of 10 recert units can be applied to a certification period.

### **Present as a speaker at an IgNS National Conference**

- An IgCN is eligible for two recert units for each contact hour presented.
- A maximum of six recert units can be applied to a certification period.

### **Complete the Continuing Educational Courses from the IgNS online Educational Resources Center**

- An IgCN is eligible for one recert unit for each contact hour presented.
- A maximum of six recert units can be applied to a certification period.

### **Teach infusion therapy-related education programs**

- Teachers of infusion therapy-related programs are eligible for one recert unit per contact hour taught.
- A maximum of five recert units can be applied to a certification period.
- CE credit must be awarded for the program.
- The program must be related to one of IgCN clinical content areas.
- Repeated presentations of the same program will not be awarded multiple credits.
- Program outlines and objectives, date, and CE credit provider's name must be submitted with the recertification application.

### **Publish a chapter or edit an infusion-related book**

- For publication of a chapter or editing an Ig therapy-related book, the author/s can receive six recert units.
- A maximum of six recert units can be applied to a certification period.
- The book's reference information, including author, year, title, and publisher information must be submitted with the recertification application.

### **Attendance at non-IgNS educational meetings**

- If the sponsoring organization\* has submitted its program for approval by IgNS, attendance at non-IgNS educational meetings can qualify for a maximum of five recertification units per certification period.
- The program's certificate must be submitted with the recertification application.

## OTHER APPROVED CE OFFERINGS

A maximum of 10 recert units from participation in other educational offerings that have been approved for recert units through IgNS can be applied to a certification period. Multiple submissions of the same offering are not accepted.



## Immunoglobulin Certified Nurse (IgCN) Examination Detailed Content Outline

### Specifications ..... Total Items

#### 1. Clinical: Overview, IgG Therapy, and Uses ..... 24

- A. Basic Immune System Overview
- B. IgG Therapy
  - 1. Addressing patient concerns about processing (manufacturing)
    - a. plasma collection
    - b. safety
    - c. processing steps (e.g., filtration)
  - 2. Storage and handling
    - a. site of care variables
    - b. temperature considerations
    - c. visual inspection prior to infusion
  - 3. Form
    - a. liquid
    - b. lyophilized
  - 4. Description
    - a. composition
      - i. types and brands
        - a) IgA content
        - b) concentration
        - c) stabilizers (e.g., clinical considerations)
        - d) Osmolality
        - e) pH
      - ii. special considerations
        - a) type of diluent
        - b) flushing
        - c) latex sensitivity
    - b. pharmacokinetics
      - i. half-life
      - ii. timing of serum Ig levels
    - c. disease state dosing guidelines
      - i. subcutaneous dose
      - ii. iv doses
  - 5. Contraindications/ warnings/ precautions
  - 6. Teaching mechanisms of IgG
    - a. definition
    - b. replacement
    - c. immunomodulation
- C. Clinical Uses
  - 1. Immune deficiency
    - a. primary
    - b. secondary
  - 2. Autoimmune disorders
    - a. neurological
    - b. dermatological
    - c. hematological/ oncological
    - d. inflammatory/ rheumatological

#### 2. Clinical: Patient Assessment and Education ..... 24

- A. Patient Assessment
  - 1. Cultural considerations
  - 2. Learning barriers
  - 3. Disease state specific considerations (e.g., history and physical, medication usage)
  - 4. Risk factors (e.g., special populations, comorbidity, age)
  - 5. Dosing considerations
- B. Patient Education
  - 1. Self-monitoring
    - a. pre infusion
    - b. post infusion

- 2. Purpose for the therapy
  - a. importance of premedication
  - b. hydration
  - c. side effects recognition and management
- 3. Follow-up care
- 4. Adherence to therapy
- 5. Patient empowerment

#### 3. Clinical: Administration ..... 25

- A. Routes of Administration
  - 1. Intravenous
    - a. peripheral
    - b. central access
  - 2. Subcutaneous
- B. Administration Devices
  - 1. Pumps
  - 2. Tubing
  - 3. Filters
  - 4. Ancillary supplies
- C. Administration Management
  - 1. Pre-medications
  - 2. Topical agents
    - a. pharmacologic
    - b. non-pharmacologic
  - 3. Hydration
  - 4. Flushes
  - 5. Adverse events/ side effect management
    - a. infusion related
      - i. immediate
      - ii. delayed
    - b. anaphylactoid
    - c. anaphylaxis
    - d. notification of adverse events
      - i. escalation process by site
      - ii. severity identification
      - iii. documentation
      - iv. prescriber
      - v. pharmacy
  - 6. Infusion titration according to patient tolerability
    - a. first dose
    - b. brand change
  - 7. Aseptic technique
  - 8. Patient vital signs
  - 9. Product utilization to avoid wastage (e.g., pooling, sequence of use)

#### 4. Advocacy ..... 10

- A. Community Resource
  - 1. Patient and caregiver support resources
  - 2. Support groups (e.g., social networking, support group meetings)
- B. Educational Resources
- C. Pharmaceutical Resources
- D. Financial Resources
  - 1. Reimbursement
  - 2. Assistance/ hardships programs
- E. Access
  - 1. Services
  - 2. Medications

- F. Patient Rights and Responsibilities
- G. Cost Containment

## 5. Care Coordination and Collaboration .....17

- A. Care Coordination
  - 1. Continuity of Treatment Plan Across the Continuum of Care
  - 2. Site of Care Considerations (e.g. access to EMS/911, appropriately trained home health services)
  - 3. Referral to Services (e.g. Home Health, Infusion Suite, Specialty Pharmacy)
  - 4. Developmental Considerations
    - a. age
    - b. disease progression
  - 5. Follow-up Evaluation
- B. Collaboration
  - 1. Prescribers
  - 2. Pharmacy
  - 3. Social work
  - 4. Rehabilitation
  - 5. Agencies

**TOTAL 100**

*Items will be primarily classified according to the previous detailed content outline. In addition, each item will be associated with one of the following tasks:*

### TASKS

#### I. Prescreening

1. Review prescriber's orders, medication and administration guidelines.
2. Review the patient's medical records (e.g., lab work, history, physical).
3. Determine date of patient's last infusion.
4. Determine site of care is appropriate for safe administration.
5. Ensure availability and proficiency with equipment and supplies prior to infusion.
6. Collaborate with pharmacy staff to develop goals of patient therapy.
7. Gather additional pre-screening data from patient.

#### II. Prior to infusion

8. Verify patient's identity.
9. Review prescriber's orders, medication and administration guidelines.
10. Review the patient's medical records (e.g., lab work, history, physical).
11. Determine date of patient's last infusion and response to that infusion.
12. Determine site of care is appropriate for safe administration.
13. Ensure availability and proficiency with equipment and supplies prior to infusion.
14. Collaborate with pharmacy staff to develop goals of patient therapy.
15. Obtain baseline assessment for patient.
16. Ensure patient has given appropriate consents (e.g., informed, treatment, financial) prior to treatment.

17. Review anaphylaxis protocol.
18. Establish a clean work environment for administration.
19. Verify expiration dates of product and supplies.
20. Inspect integrity of product and supplies.
21. Insert venous access device before preparation of IVIg product.
22. Select sites for subcutaneous or intra-muscular administration.
23. Draw labs as ordered.
24. Administer ordered pre-medications.
25. Prepare the product.
26. Provide age appropriate educational materials prior to infusion.

#### III. During infusion

27. Provide nursing care to Ig patients in accordance with the prescriber's order, plan of treatment, organization policies and procedures, and all applicable accreditation, federal, state, and local regulations.
28. Infuse only IVIg in the primary line (e.g., no medications/solutions simultaneously in IVIg line).
29. Infuse immunoglobulin via the administration device (e.g., pump, flow control device).
30. Ensure pump settings and flow rate are accurate for duration of infusion.
31. Titrate infusion rate to tolerability per protocol (e.g., order, guidelines, prescription).
32. Assess vital signs at baseline, with rate change, and change inpatient status.
33. Remain with the patient through the entire infusion.
34. Monitor patient throughout the infusion for complications, tolerance, and adverse events.
35. Provide nursing interventions if patient experiences a complication, intolerance, or adverse events.
36. Document medication administration, premeds, interventions and response to treatment.

#### IV. After the infusion

37. Discontinue infusion.
38. Observe the patient, per protocols, after the first infusion.
39. Provide routine line-care and maintenance based on access type.
40. Monitor the patient's vital signs post infusion.
41. Ensure patient competence and compliance with all self-care (e.g. including procedures, infection control).
42. Document patients' need for competence/compliance education.
43. Provide patient education.
44. Report any abnormal findings to the prescriber, and pharmacy as appropriate.
45. Communicate inventory needs for future infusions.
46. Provide contact information list for the event of a significant status change.
47. Dispose of shipping materials and bio-hazardous waste according to local standards.
48. Contact patient 24 to 48 hours to assess for tolerance.
49. Collaborate with ancillary providers (e.g., rehab, social

# Immunoglobulin National Society Ig Certified National Examination Application

To apply for the Ig Certified Nurse Examination, complete this application and return it with the examination fee to:  
AMP, Ig Examination, 18000 W. 105th St., Olathe, KS 66061-7543  
FAX: 913-895-4651 PHONE: 888-519-9901

## CANDIDATE INFORMATION

Name (Last or Family Name, First, Middle Initial, Former Name)

Name of Company (if work address) Title

Mailing Address (Street Address, City, State/Province, Zip/Postal Code, Country)

Daytime Telephone Number Email Address

### ELIGIBILITY REQUIREMENTS

To be eligible for the Ig Certified Nurse Examination, a candidate must fulfill the following requirements.

1. Current, active, unrestricted Registered Nurse (RN) license in the U.S. or Canada.  
AND
2. A minimum of 1,500 hours of experience in Ig therapy as an RN within the past two years.

### APPLICATION STATUS *Check one of the following.*

- I am applying as a new candidate.
- I am applying as a reapplicant, i.e., retake the test.
- I am applying for renewal of certification.

### MEMBERSHIP STATUS

If you are a current member of IgNS or hold the CRNI credential, you are eligible for the reduced examination fee. Please provide your membership number below.

For information on joining the Immunoglobulin National Society, visit [www.ig-ns.org](http://www.ig-ns.org). Membership must be obtained before application for examination at the reduced fee can be honored.

If you are an IgNS member or hold the CRNI credential, please list your membership or certification number below.

IgNS Membership Number: \_\_\_\_\_

CRNI Certification Number: \_\_\_\_\_

### EXAMINATION FEES

Payment may be made by credit card, company check, cashier's check or money order made payable to AMP.

Indicate your membership status below:

- Member of IgNS or CRNI . . . . . \$320
- Nonmember . . . . . \$375

For payment by credit card, complete the following.

Select type of credit card being used:

- VISA    MasterCard    American Express    Discover

I agree to pay the amount indicated according to card issuer agreement.

Credit Card Number

Expiration Date

Your Name as it Appears on the Card

Signature

## SPECIAL ACCOMMODATIONS

Do you require special disability related accommodations during testing?  No  Yes

If yes, please complete the *Request for Special Examination Accommodations* form included in the Candidate Handbook and submit it with an application and fee at least 45 days prior to the desired testing date.

## DEMOGRAPHIC INFORMATION

The following demographic information is requested.

- |  |  |
|--|--|
| <p>1. How many years of practice as an Immunoglobulin Nurse do you have?</p> <p><input type="checkbox"/> less than 2<br/> <input type="checkbox"/> 2-5<br/> <input type="checkbox"/> 5-10<br/> <input type="checkbox"/> more than 10</p> | <p>6. What percentage of neurology patients do you see in the clinical field?</p> <p><input type="checkbox"/> None<br/> <input type="checkbox"/> 25%<br/> <input type="checkbox"/> 50%<br/> <input type="checkbox"/> 75-100%</p>             |
| <p>2. What is your current main site of practice?</p> <p><input type="checkbox"/> Inpatient<br/> <input type="checkbox"/> Outpatient (infusion suite, clinic, office)<br/> <input type="checkbox"/> Home health/specialty infusion</p>   | <p>7. What percentage of hematology/oncology patients do you see in the clinical field?</p> <p><input type="checkbox"/> None<br/> <input type="checkbox"/> 25%<br/> <input type="checkbox"/> 50%<br/> <input type="checkbox"/> 75-100%</p>   |
| <p>3. What percentage of pediatric patients do you see in the clinical field?</p> <p><input type="checkbox"/> None<br/> <input type="checkbox"/> 25%<br/> <input type="checkbox"/> 50%<br/> <input type="checkbox"/> 75-100%</p>         | <p>8. What percentage of rheumatology patients do you see in the clinical field?</p> <p><input type="checkbox"/> None<br/> <input type="checkbox"/> 25%<br/> <input type="checkbox"/> 50%<br/> <input type="checkbox"/> 75-100%</p>          |
| <p>4. What percentage of adult patients do you see in the clinical field?</p> <p><input type="checkbox"/> None<br/> <input type="checkbox"/> 25%<br/> <input type="checkbox"/> 50%<br/> <input type="checkbox"/> 75-100%</p>             | <p>9. How often in your current practice do you mainly administer Subcutaneous Ig (SCIG)?</p> <p><input type="checkbox"/> None<br/> <input type="checkbox"/> 25%<br/> <input type="checkbox"/> 50%<br/> <input type="checkbox"/> 75-100%</p> |
| <p>5. What percentage of immunology patients do you see in the clinical field?</p> <p><input type="checkbox"/> None<br/> <input type="checkbox"/> 25%<br/> <input type="checkbox"/> 50%<br/> <input type="checkbox"/> 75-100%</p>        | <p>10. How often in your current practice do you mainly administer intravenous Ig (IVIG)?</p> <p><input type="checkbox"/> None<br/> <input type="checkbox"/> 25%<br/> <input type="checkbox"/> 50%<br/> <input type="checkbox"/> 75-100%</p> |

## SIGNATURE

I certify that I agree to abide by regulations of the IgNS program contained in this handbook. I believe that I comply with all admission policies for the IgNS examination. I certify that the information I have submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed or voided. To ensure the integrity of eligibility requirements, IgNS will audit a percentage of randomly selected applications. Candidates whose applications are selected for audit will be notified and required to provide documentation of their eligibility. To ensure the integrity of eligibility requirements, IgNS will audit a percentage of randomly selected applications. Candidates whose applications are selected for audit will be notified and required to provide documentation of their eligibility.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, **please complete this form and the Documentation of Disability-Related Needs on the reverse side and submit it with your application at least 45 days prior to your requested examination date.** The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

## Candidate Information

Candidate ID # \_\_\_\_\_ Requested Assessment Center: \_\_\_\_\_

\_\_\_\_\_  
Name (Last, First, Middle Initial, Former Name)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Daytime Telephone Number Email

## Special Accommodations

I request special accommodations for the \_\_\_\_\_ examination.

Please provide (check all that apply):

- Reader
- Extended testing time (time and a half)
- Reduced distraction environment
- Please specify below if other special accommodations are needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with AMP staff my records and history as they relate to the requested accommodation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form with your examination application and fee to:  
Examination Services, AMP, 18000 W. 105th St., Olathe, KS 66061-7543.  
If you have questions, call Candidate Services at 888-519-9901.**





## **DOCUMENTATION OF DISABILITY-RELATED NEEDS**

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required accommodations.

### **Professional Documentation**

I have known \_\_\_\_\_ since \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in my capacity as a  
Candidate Name Date

\_\_\_\_\_  
My Professional Title

The candidate discussed with me the nature of the test to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date: \_\_\_\_\_ License # (if applicable): \_\_\_\_\_

**Return this form with your examination application and fee to:  
Examination Services, AMP, 18000 W. 105th St., Olathe, KS 66061-7543.  
If you have questions, call Candidate Services at 888-519-9901.**