



**Certified Bariatric Nurse (CBN)  
Certification Examination  
2017 CANDIDATE HANDBOOK**

The CBN Handbook has been updated as of April 1, 2017 with the most recent test specifications from the 2016 Practice Analysis.



**2017 Test Window 1**

Early Online Registration Opens	October 31, 2016
Early Registration Deadline	December 12, 2016
Regular Registration Deadline	January 15, 2017
Exam Administration	January 23 through February 27, 2017

***This updated version of the Candidate Handbook applies to  
Test Window 2.***

**2017 Test Window 2**

Early Online Registration Opens	April 3, 2017
Early Registration Deadline	May 15, 2017
Regular Registration Deadline	June 30, 2017
Exam Administration	July 10 through August 14, 2017



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**ASMBS DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL BECAUSE OF RACE, ETHNICITY, GENDER, AGE, CREED, DISABILITY, OR NATIONAL ORIGIN.**

PLEASE RETAIN THIS HANDBOOK UNTIL YOU HAVE RECEIVED YOUR EXAMINATION SCORE REPORT.

**CERTIFIED BARIATRIC NURSE (CBN)<sup>®</sup> IS A REGISTERED CERTIFICATION MARK OF THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY (ASMBS).**

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## INTRODUCTION

The Certified Bariatric Nurse (CBN) Examination is designed to assess the professional competence of practitioners of Bariatric Nursing. Achievement of a passing score on the examination is required for an individual to earn the Certified Bariatric Nurse (CBN) credential. This requires each candidate to demonstrate competence in all technical aspects of Bariatric Nursing commensurate with the standards established by the American Society for Metabolic and Bariatric Surgery (ASMBS) for effective and safe patient care. All candidates and CBN certificants are expected to observe the ASMBS Standards of Conduct.

In 2006, a committee of the ASMBS completed a nationwide role delineation survey to determine the role of Bariatric Nurses in terms of the tasks required for competent job performance. The results of this study provided current information to delineate the appropriate content, scope and complexity for the CBN<sup>1</sup>. Using systematic test development procedures, the CBN Examination Development Committee has developed the CBN examination to meet the specifications for testing as derived from the job analysis study.

The ASMBS has developed this Candidate Handbook to describe all aspects of the credentialing process and assist you in preparing for the examination. This handbook contains an overview of the examination, the admission policies, and rules for the examination, and other pertinent facts you should know about the administrative policies governing the examination. It also describes the content and procedures for all parts of the examination. Sample questions are provided to help you become more familiar with the types of questions appearing on the comprehensive multiple-choice examination.

**The ASMBS has selected a national testing agency, PSI/AMP to assist with examination preparation and administration. Questions you have about the application process and administration of the CBN Examination should be directed to: PSI/AMP, 18000 W 105<sup>th</sup> Street, Olathe, KS 66061, p 888-519-9901, f. 913-895-4651, info-amp@goAMP.com**

The American Society for Metabolic and Bariatric Surgery (ASMBS) administers a comprehensive examination, consistent with accepted credentialing standards, that measures acceptable competency levels for Bariatric Nurses.

<sup>1</sup> Berger, NK, Carr, JJ, Erickson, J, Gourash, WF, Muenzen, P, Smolenak, L, Tea, CG, & Thomas, K (Practice Analysis Writing Group). Path to bariatric nurse certification: the practice analysis. *Surgery for Obesity and Related Diseases*, 2010, 6: 399-407.

## MISSION STATEMENT

**CBN® Certification Committee  
Integrated Health Section (IHS)  
American Society for Metabolic and Bariatric Surgery**

This certification examination program is based on a distinct and well-defined field of nursing practice subscribing to the overall purpose and functions of nursing. Bariatric nursing is a specialty distinct from other nursing specialties and is national in scope. There is an identified need for the specialty and nurses who devote most of their practice to the specialty.<sup>1,2,3</sup>

## VISION STATEMENT

Our vision is to provide the premier credential to professional nurses caring for the morbidly obese and bariatric surgical patient.

## MISSION STATEMENT

The CBN® Certification Committee of the Integrated Health Section of the American Society for Metabolic and Bariatric Surgery is dedicated to enhancing and promoting the specialty of bariatric nursing care.

## OBJECTIVES

1. Develop and maintain an RN professional practice certification for the specialty of Bariatric nursing care.
2. Administer a fair, valid, and reliable examination and recertification process.
3. Administer an examination that certifies professional knowledge and skill in bariatric standards of care and expected outcomes.
4. Communicate the value of this credential to the public and other key constituencies.

## CORE VALUES

In pursuit of our Vision and Mission statements and collaboration with the ASMBS, we commit to the following values:

- Patient safety
- Evidence-based practice
- Optimal patient outcomes
- Professional collaboration
- Quality of care
- Competency
- Stewardship

1. American Board of Nursing Specialties. Standards, rationale, criteria, required documentation. 2002 Standards, updated 6-2012

2. Report of Practice Analysis of Bariatric Nursing (2007)

3. Berger, NK, Carr, JJ, Erickson, J, Gourash, WF, Muenzen, P, Smolenak, L, Tea, CG, & Thomas, K (Practice Analysis Writing Group). Path to bariatric nurse certification: the practice analysis. Surgery for Obesity and Related Diseases, 2010, 6: 399-407.

# ADMINISTRATIVE POLICIES AND RULES FOR EXAMINATION

## EXAMINATION OVERVIEW

The CBN Examination is developed and administered in accordance with the 1999 “Standards for Educational and Psychological Testing” (American Education Research Association, American Psychological Association, and National Council on Measurement in Education). The examination consists of 170\* multiple-choice items. The test presents each question with four response alternatives (A, B, C, and D). One of these represents the single best response, and credit is granted only for selection of this response. Candidates are allowed three hours (180 minutes) to complete this test.

A more detailed description of the examination is provided in the Examination Content section (pages 31-34) of this handbook.

## Eligibility Requirements

In order for candidates to sit for the CBN Examination, they must satisfy the following eligibility criteria including compliance with the ASMBS Standards of Conduct:

- Be currently licensed as Professional Nurse (RN or equivalent for international nurses) in one of the 50 United States, the District of Columbia or Puerto Rico. A valid license number **MUST** be entered when applying online. Licensed Practical Nurses (LPNs) and Licensed Vocational Nurses (LVNs) are not eligible to sit for the examination.
  - International nurses became eligible to sit for the CBN examination beginning in July of 2008. Acceptable international nurses’ licensure will be determined on an individual basis by the ASMBS.
  - It is important for international nurses to understand that the examination is based on a practice analysis of nursing care of the morbidly obese and bariatric surgical patients in the United States of America. In addition, the examination will only be offered in the English language.
- Complete a minimum of 24 months (within the preceding 4 years) of nursing care of Morbidly Obese and Bariatric Surgery patients, predominately in the Bariatric surgery process. (i.e.: pre-operative, peri-operative or post-operative/follow up care). The Policy and Procedure Subcommittee will review eligibility when there is question.
  - An RN who serves as a Metabolic & Bariatric Surgical Clinical Reviewer (MBSCR) at an accredited Metabolic & Bariatric Surgery Accredited Center through the Metabolic & Bariatric Surgery Accreditation & Quality Improvement Program (MBSAQIP) is eligible to take the examination, assuming they meet all other requirements.

Eligibility for the CBN Examination requires adherence to the ASMBS Standards of Conduct. Candidates are required to confirm acceptance of a statement on the application form that they understand violations of the ASMBS Standards of Conduct may result in loss of eligibility for the CBN certification.

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\* The examination will consist of 150 scored items and 20 unscored (pretest) items. Candidates will not know which items are pretest items. Pretesting items aids in the maintenance of a valid and reliable examination.





## STANDARDS OF CONDUCT PREAMBLE

The American Society for Metabolic and Bariatric Surgery (ASMBS) is a nonprofit corporation that provides certification for Certified Bariatric Nurses (CBN<sup>®</sup>). The ASMBS Integrated Health Section CBN<sup>®</sup> Certification Committee has coordinated the development, administration and maintenance of this certification. These groups, and the multiple additional developmental task forces, include a diverse group of experts in Bariatric Nursing, are national in scope, and are represented by Professional Nurses of different geographical regions, multiple bariatric nursing experiential levels and roles, with a familiarity of the full range of bariatric surgical procedures, academic and community environments, and the full range of working program sizes, for the purpose of establishing rigorous standards which have a basis in real world practice.

The ASMBS seeks to encourage, establish and maintain the highest standards, traditions and principles of Bariatric Nursing. Individuals who hold the CBN credential should recognize their responsibilities, not only to their patients, but also to society, to other health care professionals and to themselves. All candidates for CBN certification, and all CBN certificants, shall abide by ASMBS' Standards of Conduct and all other ASMBS rules, policies and procedures. Individuals who fail to meet these requirements may have their credential suspended or revoked or be declared ineligible for certification.

## STANDARDS OF CONDUCT

**Certified Bariatric Nurses, as health care professionals, must strive as individuals and as a group to maintain the highest of professional and ethical standards. The following statements are standards to guide those individuals holding the CBN credential in their professional activities.**

### **Certified Bariatric Nurses shall:**

- Do everything within their scope of authority to ensure that currently accepted professional standards are complied with, in the department in which they work.
- Keep the health and safety of the patient in mind at all times and act in the best interest of the patient.
- Provide care without discrimination on any basis, respecting the rights and dignity of all individuals.
- Respect and protect the legal and personal rights of the patients that they treat.
- Comply with governmental rules and regulations that relate to and govern their scope and standards of practice.
- Divulge no confidential information regarding any patient or family unless disclosure is required for responsible performance of duty, or required by law.

- Refuse to participate in unethical or illegal acts; and refuse to conceal illegal, unethical or incompetent acts of others.
- Avoid any form of conduct that creates an impermissible conflict of interest, following the principles of ethical business behavior.
- Actively maintain and continually improve their professional competence, and represent it accurately.
- Demonstrate behavior that reflects integrity, supports objectivity, and maintains a positive public image of the profession and its professionals.
- Maintain CBN® certification as defined by the ASMBS.

All Candidates will be governed by the policies current at the time of application for the examination. Eligibility for the CBN Examination may be suspended or revoked for any of the following:

1. Obtaining or attempting to obtain credentialing by fraud, deception, or artifice.
2. Knowingly assisting another person or other persons in obtaining or attempting to obtain credentialing by fraud, deception, or artifice.
3. Illegal use of a CBN certificate or falsification of credentials.
4. Unauthorized possession and/or distribution of any official testing or examination materials.
5. Violation of the ASMBS Standards of Conduct.

### **Applying and Scheduling an Examination**

You must register online at [www.goAMP.com](http://www.goAMP.com) by selecting “Candidates/Healthcare/Program/Examination” 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.

When you schedule your examination be prepared to confirm a location and a preferred date and time for testing. You will be notified of the time to report to the Assessment Center and you will be sent an e-mail confirmation notice.

If special accommodations are being requested, complete the two-page *Request for Special Examination Accommodations* form included in this handbook and submit it to PSI/AMP at least 45 days prior to the desired examination date.

***Incomplete applications will not be processed.*** Candidates will not be considered for admission to the examination until their examination application is complete.

### Examination and Application Deadline Dates (11:59PM CST on each registration date)

EXAMINATION DATE	REGISTRATION OPENS	EARLY REGISTRATION DEADLINE	REGISTRATION DEADLINE
January 23 – February 27, 2017	October 31, 2016	December 12, 2016	January 15, 2017
July 10 – August 14, 2017	April 3, 2017	May 15, 2017	June 30, 2017

### Examination Fees

The examination fee must be paid online by credit card (Visa, MasterCard, American Express or Discover). If you wish to pay by another method (such as company check), please complete the online registration at [www.goAMP.com](http://www.goAMP.com), stop at the payment screen, print off and mail in the payment registration form along with the payment after your registration is complete. Examination fees are not refundable or transferable.

	ASMBS Member	ASMBS Non-Member	Puerto Rico and Canada International IFSO Member	Puerto Rico and Canada International IFSO Non-Member	Other International Locations International IFSO Member	Other International Locations International IFSO Non-Member
Early Registration	\$250	\$350	\$300	\$400	\$330	\$430
Regular Registration	\$300	\$400	\$350	\$450	\$380	\$480

\*\*You will need to provide your ASMBS member number when registering if you wish to receive the member rate.\*\*

## **International Candidates**

International candidates must be registered nurses or their country's equivalent in order to sit for the exam.

International candidates will be required to provide an English copy of their nursing licenses prior to taking the CBN exam. Examination scores will not be released until this document has been submitted.

The CBN examination is only offered in English and is based on a practice analysis of nursing care of the morbidly obese and bariatric surgical patients in the United States of America. For more information on the type of material covered in the examination please see the Content Outline included in this handbook.

The examination will be offered in test centers around the world. Test center information will be available on <http://www.goAMP.com>.

International candidates please contact PSI/AMP for scheduling following completion of your online application at [AMPIntlExamServices@goAMP.com](mailto:AMPIntlExamServices@goAMP.com) and [cbn@asmbs.org](mailto:cbn@asmbs.org) for license verification.

## **License and Professional Experience Verification**

In order to sit for the CBN examination, each candidate's license must be verified by ASMBS staff. Candidates whose name, as given upon examination registration, differs from the name on their nursing license must submit a copy of their marriage certificate or divorce decree verifying their name change. Examination scores will not be released until a candidate's license is verified and all relevant name change documents are received.

Five (5) percent of candidates sitting for the CBN examination will be audited for verification of their required professional experience.

## Rescheduling an Examination

You may reschedule your appointment ONCE at no charge by calling PSI/AMP at 888-519-9901 at least two business days prior to your scheduled appointment. International candidates may email [AMPIntlExamServices@goAMP.com](mailto:AMPIntlExamServices@goAMP.com) for rescheduling options. The following schedule applies.

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

## Missed Appointments and Forfeitures

You will forfeit your examination registration and all fees paid to take the examination under the following circumstances:

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

A new, complete application and examination fee are required to reapply for the examination.

## Examination Administration

Examinations are delivered by computer at more than 190 PSI/AMP Assessment Centers located throughout the United States. Computer examinations are 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

PSI/AMP Assessment Centers have been selected to provide accessibility to the most candidates in all states and major metropolitan areas. A current listing of PSI/AMP Assessment Centers, including addresses and driving directions, may be viewed at PSI/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 Examination Accommodations

PSI/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. PSI/AMP will provide reasonable accommodations for candidates with disabilities. Candidates requesting special accommodations must call PSI/AMP at 888-519-9901 to schedule their examination.

1. Wheelchair access is available at all established Assessment Centers. Candidates must advise PSI/AMP at the time of scheduling that wheelchair access is necessary.
2. 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 PSI/AMP** at least 45 calendar days prior to your desired examination date by completing the two-page Request for Special Examination Accommodations form. PSI/AMP will review the submitted form and will contact you regarding the decision for accommodations.

## **Taking the Examination**

Your examination will be given via computer at a PSI/AMP Assessment Center. You do not need any computer experience or typing skills to take the computer 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: 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).

Candidates must have proper identification to gain admission to the Assessment Center. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of examination fees.

## **SECURITY**

PSI/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.
- No calculators are allowed.
- 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. Large coats and jackets 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 personal belongings into the soft locker, you will be asked to pull out your pockets to ensure they are empty. If you bring personal items that will not fit in the soft locker, you will not be able to test. The site will not store or be responsible for your personal belongings.

If any personal items are observed or heard (e.g., cellular/smart phones, alarms) 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 proctor 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 devices 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 unauthorized notes, books or other aids not listed on the roster.

### **Inclement Weather, Power Failure, Emergency or Other Testing Site Issues**

In the event of inclement weather or unforeseen emergencies on the day of an examination, PSI/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 PSI/AMP's website at [www.goAMP.com](http://www.goAMP.com) prior to the examination to determine if PSI/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.

If an unexpected delay arises at a scheduled testing center contact PSI/AMP at 888.519.9901 or [info-amp@goAMP.com](mailto:info-amp@goAMP.com)

### **Computer Login**

After your identification has been confirmed, you will be escorted to the examination room. Upon entering the examination room, you may be subjected to a metal detection scan. You will then 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. 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 typing in 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(s), 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.

To identify all unanswered and/or bookmarked questions, 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, you may return to the examination and answer those questions. Be sure to provide an answer for each examination question before exiting the examination. There is no penalty for guessing.

## **Candidate Comments**

During the examination, you may make comments 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. Candidates testing at an international location will not receive a completion form. An official score report will be mailed within approximately 4 weeks following the examination window.

## Test Security

All examination questions are the copyrighted property of ASMBS. 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.

**NOTICE AND AGREEMENT:** You may not have any person, whether paid or unpaid, take the examination on your behalf. In addition, you may not share any portion of this examination by any means, including memorization, with anyone. If you fail to comply with these restrictions, the ASMBS will void your test results, and you may be subject to legal action.

# Test Scoring and Score Reporting

## Passing Score

To ensure the integrity and security of the test, every form of the CBN Examination consists of a unique combination of items. Thus, no two versions of the CBN Examination are identical. Although different forms of the examination conform to the same content outline, they may not be precisely equivalent with respect to item difficulty. ASMBS uses a criterion-referenced standard setting procedure for determining the passing score for each CBN Examination to ensure that candidates of comparable proficiency will be equally likely to pass the examination regardless of minor fluctuations in overall difficulty level across versions of the CBN Examination.

Score reports present the candidate's raw score, which is the number of items answered correctly, and the minimum raw passing score. The passing score may vary slightly from one form of the examination to another. A statistical process called equating is used to ensure consistency in the meaning of the score required to pass an examination. If the raw passing score varies slightly between different forms, the level of knowledge required to achieve the passing score remains the same, thus assuring that all candidates are treated fairly.

## Score Processing

Score processing is more than a simple process of scanning through candidates' answers, calculating a score and printing a score report. There are several system checks and routines in place that must be run in order to produce accurate score reports. When examination information is received by PSI/AMP from the test sites, candidates' responses are recorded by PSI/AMP. A preliminary analysis of test item statistics is produced and members of the Examination Development Subcommittee (EDS) review questionable items. This review permits the EDS to make adjustments to scoring if there are any flawed test items. A final scoring key is produced and all candidate responses are scored. Score reports are then printed, reviewed, prepared for distribution, and mailed.

## Score Reporting

Test results will be mailed to all examinees **approximately 4 weeks following the close of the examination window**. No results will be provided prior to this mailing. The score report gives the overall pass/fail result, the candidates total raw score, and the number of items correct in each domain area for diagnostic purposes. The pass/fail decision is based only on the overall total score.

Neither ASMBS nor PSI/AMP will release score information to anyone over the telephone or by facsimile. Neither ASMBS nor PSI/AMP will release individual scores by name without an examinee's written authorization to do so. The name and registration status of individuals who successfully complete the ASMBS examination may be published and released upon request to employers and other interested parties.

## **Cancellation of Scores**

The ASMBS is concerned with reporting only valid scores. On rare occasions, circumstances may make a subset of test scores invalid. The ASMBS reserves the right to cancel or withhold test scores if there is any reason to question their validity. Scores declared invalid and cancelled may be grouped into two categories:

1. Doubts may be raised about the validity of candidates' scores because of suspected misconduct; in such circumstances, candidates are to cooperate in the investigation of their scores. Such candidates will be notified of procedures to ensure fair treatment.
2. Some scores may be rendered invalid because of circumstances beyond candidates' control, such as faulty test materials or mistiming. In this event, re-testing will be arranged.

In addition to the reasons listed above, the ASMBS may cancel or invalidate examination results if, upon investigation, violations of ASMBS policies are found to have been committed.

## **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 results at a cost of \$25 per copy. Requests must be submitted to PSI/AMP in writing. The request must include your name, identification number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to PSI/AMP in the form of a money order or cashier's check. Duplicate score reports will be mailed within approximately five business days after receipt of the request and fee. Requests must be submitted within one year of your examination to be processed.

## **Re-Examination**

Candidates who do not pass an examination, or who fail to appear for a scheduled examination, may be admitted to a future examination. All repeat candidates must complete another application form and pay the appropriate fee by the established application deadline and meet all eligibility requirements in effect at the time of the subsequent application.

## **Re-Examination Discounted Fees**

If an individual receives a failing score on the CBN examination, a reduction of 25% on the applicable fee to retake the examination in the next test window is offered. This is a one-time offer, and will extend only through the next testing window.

To obtain this discount please contact the ASMBS CBN Manager at [cbn@asmbs.org](mailto:cbn@asmbs.org) or 352-331-4900.

## **Disciplinary Action**

The ASMBS has established a judiciary process to identify violations of the Standards of Conduct for Certified Bariatric Nurses and to determine appropriate disciplinary action (please see page 8). CBN candidates and Certified Bariatric Nurses alleged to have committed a violation of the ASMBS' policies are afforded a fair opportunity to refute the allegation or explain the situation fully prior to the Judiciary Committee taking any action. Information on how to file a complaint and the judiciary process may be obtained by contacting the CBN Manager at [cbn@asmbs.org](mailto:cbn@asmbs.org).

## **Candidate Grievances**

Disagreement with test results or complaints concerning application or testing procedures must be made in writing to PSI/AMP, 18000 W 105th Street, Olathe, KS 66061, p. 888-519-9901, f. 913-895-4651, [info-amp@goAMP.com](mailto:info-amp@goAMP.com). Grievances concerning a specific examination administration must be submitted to the ASMBS Management Office within 30 business days of that examination administration. The ASMBS Management Office will inform the complainant in writing of the CBN Certification Committee's decision. This process may take approximately, but is not limited to, three months.

## **Verification of Credentials**

Individuals or institutions may request written verification of an individual's registry status and number from the ASMBS Management Office.

## **CBN® Certificates**

Successful examination candidates, in addition to their score results, will receive a certificate to document that they have earned the CBN credential. Certificates will be mailed to successful candidates within twelve weeks of the examination.

Recertification certificates will be mailed in 8-12 weeks after the submission deadline. If you need verification of your recertification before this time, you may request a verification letter via email by contacting [cbn@asmbs.org](mailto:cbn@asmbs.org).

Candidates must make sure that the name printed on the examination application is correct; the name on the application and admission ticket will be used on the certificate.

## **Name/Address Changes**

Candidates who have a change in their mailing address can update their information online prior to the administration.

Corrections (e.g., name changes, lost certificates, etc.) to certificates after their initial printing or replacements of lost or damaged certificates are available from ASMBS. Please contact ASMBS directly at American Society for Metabolic Bariatric Surgery (ASMBS), 100 SW 75th Street, Suite 201, Gainesville, FL 32607, p. 352.331.4900 or via email at [cbn@asmbs.org](mailto:cbn@asmbs.org). Requests for corrected or replacement certificates must be made in writing and be accompanied by a fee of \$25.00 via money order or certified check. Please note that a notarized copy of official or certified documentation supporting the request (e.g., a notarized

copy of a marriage certificate) must be included with the request. Requests received without official documentation will not be processed.

## Recertification Process

Candidates taking and passing the Certified Bariatric Nurse Examination will be issued a time-limited credential that is valid for four years.

Recertification must be completed before the expiration date of the credential or the credential will expire, the registry number of the individual will be retired, and the individual will be removed from the list of Certified Bariatric Nurses. Individuals whose credentials expire will no longer have the right to use the designation CBN. If the requirements for recertification are completed successfully prior to the expiration date, the credential and existing registry number of the individual will be renewed for another four-year period.

*The CBN certificant is responsible for maintaining valid credentials; ASMBS has no obligation to notify certificants of the impending expiration of the certificant's status.*

### When should you recertify your CBN?

Recertification of the CBN can be a lengthy process so please allow enough time to enter the fulfillment options online as well as take into consideration review of credits by the committee. **Recertification can take up to, but is not limited to, 12 weeks.**

The table below is in reference to the candidate's final year of certification. As an example, if you tested in February 2014, your early recertification registration dates would begin March 1, 2017.

	<b>CBN's who tested in the July window</b>	<b>CBN's who tested in the February window</b>
Early Recertification Registration	September 1 through April 30	March 1 through October 31
Regular Recertification Registration <b>(if you submit your fulfillment materials within 3 months of your due date, there is a possibility that there will be an interruption in your certification status)</b>	May 1 through August 31	November 1 through February 28
Late Registration for Recertification <b>(For up to one year after certification expired - after one year of expiration, the certificant will need to apply as a new candidate and take the examination)</b>	September 1 or after	March 1 or after

## The Review and Approval Process

**The process of recertification may be accomplished in one of two ways:**

**1. Re-testing Recertification Option:**

CBN Certificants can opt to take the CBN examination within four years of certification.

**2. Professional Development/Continuing Education Recertification Option:**

CBN Certificants must demonstrate that they have participated in continuing education relevant to the field of bariatric nursing. (Please see the section on continuing education below.)

All recertification applications (completed online at <http://asmbs.org/professional-education/cbn/cbn-re-certification>) are reviewed for approval by the CBN Recertification Committee. A regular schedule for reviews is followed, which occurs 4 times per calendar year. To avoid a lapse in certification, it is highly recommended that the recertification application be submitted as early as possible.

Upon review of the submitted recertification information for recertification option two (professional development/continuing education), the candidate will be approved, not approved, or application incomplete. An incomplete application often has missing data or information regarding the activities listed. Other common errors include duplicate entry of an event, miscalculation of contact hours, and inclusion of non-bariatric related activities. To avoid these and other errors, it is important to review your online application thoroughly before submission.

**Before applying for the CBN Recertification, the following eligibility criteria including compliance with the ASMBS Standards of Conduct must be satisfied:**

You must be **currently licensed as Professional Nurse (RN or equivalent for international nurses) in one of the 50 United States, the District of Columbia or Puerto Rico.**

1. A valid license number must be submitted with the application. Acceptable international nurses' licensure will be determined on an individual basis by the ASMBS
2. You must also have a minimum of 1000 hours of professional practice (within the preceding 4 years) of nursing care of Morbidly Obese and Bariatric Surgery patients, predominately in the Bariatric surgery process (i.e.: pre-operative, peri-operative or post-operative/follow up care).
  - a. An RN who serves as a Metabolic & Bariatric Surgical Clinical Reviewer (MBSR) at an accredited Metabolic & Bariatric Surgery Accredited Center through the Metabolic & Bariatric Surgery Accreditation & Quality Improvement Program (MBSAQIP) is eligible to recertify, assuming they meet all other requirements.

You must provide verification of both requirements upon request.

In addition, eligibility for the CBN Recertification also requires adherence to the ASMBS Standards of Conduct, which can be found on pages 8 & 9 of the ASMBS CBN Candidate Handbook.



## **Option One: Re-testing Recertification**

Candidates for recertification of the CBN credential must pass the CBN Examination prior to the expiration date of their current certification. The content of the examination will be based on the most current role delineation survey conducted by the ASMBS.

Individuals may attempt the recertification examination a maximum of three times before their CBN certification expires. Certificants whose credential expires may be eligible to apply for the examination as a new candidate if they meet all requirements for eligibility at the time of application

## **Option Two: Professional Development/Continuing Education Recertification**

The ASMBS strongly encourages CBN certificants to maintain and improve their knowledge and skills through continuing education in topics related to Morbid Obesity and Bariatric Surgery including co-morbidities. The purpose of the certification renewal program is to ensure that certified individuals demonstrate a continuing commitment to expand their knowledge and enhance their professional competency within their certification specialty of Morbid Obesity and Bariatric Surgery including co-morbidities.

Individuals who wish to complete recertification of their CBN credential by this method will be required to complete one of the following methods within the 48 months preceding the expiration of their certification:

- (1) 80 contact hours of continuing education,
- (2) 40 contact hours of continuing education and 2 different presentations,
- (3) 40 contact hours of continuing education and 1 published article in a peer reviewed journal
- (4) 40 contact hours of continuing education and academic credits, or
- (5) 40 contact hours of continuing education and 60 hours as a formal RN student preceptor

***These activities must be completed prior to application for recertification.***

### **1. 80 Contact Hours of Continuing Education**

Credits granted or awarded for continuing education by a certified or approved for contact hours by an accredited provider or approver of nursing continuing education are accepted. Content of continuing education programs should be relevant to one or more of the four domains of the CBN Examination Content Outline as well as relevant to the knowledge statements (See pages 31-34).

- Continuing education hours require the content must be applicable to nursing care of the morbidly obese or bariatric surgical patient ( examples: workshops, study modules, grand rounds offered by your place of employment, local, state or national nursing or professional organization sponsored conferences).
- Independent study and/or e-learning approved for continuing education hours may be used for the required continuing education hours (examples: independent study programs, on-line courses, articles from professional journals)
- CME (Continuing Medical Education) credits may be used for programs that have been formally approved for CME hours. The content must be applicable to morbid obesity or bariatric surgery and relevant to one or more of the four domains of the CBN Examination Content Outline as well as relevant to the knowledge statements (See pages 31-34) (examples: presentations on co-

morbid medical conditions of obesity, bariatric surgical procedures, nutritional aspects of obesity/bariatric surgery, epidemiological or psychosocial aspects of morbid obesity).

- **Equivalency: 1 CEU/CME = 1 contact hour**

**Tips for Success:** Include content details for activities that do not clearly state they relate to the obese/bariatric population in the title. For example, if you attend a Conference on Pain Management or an Advanced Practitioner or Staff Development Conference, you will need to list the specific sessions attended that relate to the care of the obese/bariatric population. Also, specific activities related to employment such as BLS, PALS, ACLS are not acceptable as well as unrelated education for licensure; for example, nursing ethics unless relates specifically to obesity or metabolic and bariatric surgery.

## **2. 40 Contact Hours of Continuing Education and 2 Presentations**

### **Presentations**

Different educational presentations in care of bariatric patients that fulfill these criteria:

- primary presenter of a first time presentation;
- presentation(s) time adds up to at least 2 clock hours; more than two different presentations can be added together to make the time requirement.
- presentation(s) is/are delivered in a structured teaching/learning framework to nurses, other health care providers, or the public at conferences, grand rounds, in-services, seminars, CD-ROM, internet-based or other e-learning formats, teleconferences, patient/family teaching, or public education.
- Do not submit repeat presentations of the same material or slight modifications of the same material.

Patient education presentations that are given to patients as a portion of the duties of your nursing position will not be accepted.

## **3. 40 Contact Hours of Continuing Education and 1 Published Article in a Peer-reviewed Journal or Peer-review of a Manuscript**

### **Publication or Research**

- One (1) article published in a peer-reviewed journal or a book chapter related to your certification specialty. You must be the author, co-author, editor, co-editor, or reviewer. You must submit the published article citation and in the case of the peer-reviewed journal article indicate the journal, the date of the review request, your submission date(s), and the disposition of article reviewed.
- Four (4) different articles related to your certification specialty published in a non-peer reviewed journals.
- Primary author of content related to your certification specialty utilized in e-learning and/or other media presentation.
- Primary grant writer for either a federal, state, or national organization project, and grant writing is not a primary component of your employment responsibilities. The purpose of the grant must be related to your certification specialty.

#### 4. 40 Contact Hours of Continuing Education and Academic Credits

##### Academic Credits:

- Complete four semester credits or six quarter credits of academic courses that are required for a nursing major or that address the biopsychosocial knowledge base of professional human service (Example: nursing, nutrition, epidemiology, psychology, physiology, pharmacology). These credits must be provided by an accredited college or university.
- Academic credit received for a thesis or dissertation related to your bariatric certification is acceptable.

#### 5. Preceptor Hours

- Complete a minimum of 60 hours as a primary preceptor in which you provided direct clinical supervision and/or teaching related to the care of the metabolic and bariatric surgery patients to a nursing student(s) enrolled in an academic program. OR
- Complete a minimum of 60 hours of clinical supervision related to the care of the metabolic and bariatric surgery patient to registered nurse(s) in a formal registered nurse refresher or internship (new graduate) program.
- For either option above, the following applies:
  - Does not apply to advanced practice students (NP or PA).
  - Orientation preceptor hours are not accepted (new RN hires).
  - Oversight of nursing students in a group with clinical faculty onsite do not apply.
  - Faculty may not utilize this option for clinical supervision of students in their educational program.
- Documentation for verification:
  - Name of academic program
  - Time period(s) in which preceptorship occurred total number of precepting hours per time period
  - Institution and clinical area preceptorship occurred
  - Audited candidates to provide signed letter from the assigned course faculty including the above information and clinical objectives, course outline for the learner. Preferred to be submitted on academic letterhead.

Recertification certificates will be mailed in 8-12 weeks after the submission deadline. If you need verification of your recertification before this time you may request a verification letter via email by contacting [cbn@asmbs.org](mailto:cbn@asmbs.org).

#### Audit

If your certification record is selected for audit, you will be required to submit supporting documents such as a copy of the presentation outline, abstract, letter accepting your abstract, or a letter inviting you to speak, and to provide evidence that you actually presented the topic e.g. a thank you letter on official letterhead. Please maintain supporting documentation for the entire four year certification cycle. Candidates found to have provided fraudulent information are subject

to disciplinary action including loss of eligibility for recertification and revocation of their CBN credential.

## Recertification Fees

The table below outlines the fees for recertification of CBN based on early, regular and late registration dates.

The recertification fee must be paid by credit card (Visa, MasterCard, American Express or Discover) via payment form or check. There is no way to submit payment online. Please contact the CBN Manager at [cbn@asmbs.org](mailto:cbn@asmbs.org) or 352-331-4900 to obtain a payment form. *Any form of payment other than check or payment form will not be accepted; and your application will remain unprocessed.*

	Early Recertification Application Fee (up to 120 days before expiration)	Regular Recertification Application Fee (Less than 120 days prior to expiration)	Late Recertification Fee (up to 365 days after CBN expiration)
ASMBS/IFSO Members	\$250	\$350	\$500
Non-members	\$350	\$450	\$500

## Frequently Asked Questions

### How do you know the examination really represents actual bariatric nursing practice?

In 2006, ASMBS completed a nationwide practice analysis, or role delineation survey, to ascertain the role of Bariatric Nurses in terms of the tasks required for competent job performance. The practice analysis undergoes periodic review and update, and was most recently completed in 2016.

In each Practice Analysis, the participants in the role delineation represent practitioners involved in all phases of bariatric nursing across the United States. The results of the studies provide current information to delineate the appropriate content, scope and complexity for the CBN.

For detailed information on the initial practice analysis process, see: Berger, NK, Carr, JJ, Erickson, J, Gourash, WF, Muenzen, P, Smolenak, L, Tea, CG, & Thomas, K (*Practice Analysis Writing Group*). Path to bariatric nurse certification: the practice analysis. *Surgery for Obesity and Related Diseases*, 2010, 6: 399-407.

Using systematic test development procedures, the CBN Examination Development Committee has developed the CBN examination to meet the specifications for testing as derived from the job analysis study. Members of the item writing and examination construction committees are practicing bariatric nurses representing both diversity of practice types, areas, surgical procedures and geographic distribution.

## **How do I know if I am eligible to take the CBN Certification Exam?**

You need to be a currently licensed professional nurse (RN or equivalent for international nurses) with a valid license number or equivalent, and have been a professional nurse for a minimum of 2 years. You must have worked with morbidly obese and bariatric surgery patients for a minimum of 24 months in the preceding four years, predominately in the Bariatric surgery process. (i.e.: pre-operative, peri-operative or post-operative/follow-up care).

RN Metabolic and Bariatric Surgery Clinical Reviewers (MBSCRs) who meet the 2 year experience requirement are eligible to take the CBN examination if all other criteria are met.

Caring for patients hospitalized for non-related conditions or surgeries does not qualify. International nurses are eligible to sit for the CBN examination. Acceptable international nurse licensure will be determined on an individual basis by the ASMBS.

**I've heard that the examination is geared toward nurses that work in certain areas of bariatric care. I work in (insert one—the OR, a bariatric floor, a bariatric office). Will the examination be too hard for me?**

The examination was developed based on a nationwide practice analysis of all aspects of bariatric surgical nursing care (pre-operative, operative and post-operative). The practice analysis was validated by over 500 nurses who were surveyed which determined that all parts of the practice analysis (or content) outline are valid content for nurses who practice as bariatric nurse coordinators, bariatric nurse program directors and hospital staff nurses on bariatric surgical units. If you work in one specific area, you may need to focus your preparation on the areas in which you have less knowledge. Examples: a bariatric office nurse may want to review peri-operative and in-hospital care; hospital staff nurses may want to review preoperative screening and preparation as well as ongoing and long term follow up principles. Additionally, in your practice you may not be exposed to all of the major bariatric surgical procedures and you will need to review these procedures and required nursing care.

## **How do I prepare for the Certified Bariatric Nurse exam?**

You may prepare in any of the following ways. First review the “Content Outline” found in the Candidate Handbook (pages 31-34). Determine what areas of knowledge you will need to increase or attain. Then, choose one or more of the following methods:

- **Self-Study**

The Certified Bariatric Nurse Candidate Handbook provides you with a reference list of journals and books (pages 37-39). It is not intended that you should purchase any or all of these journals, but use them as a reference list to study areas that you believe are needed in order to strengthen your knowledge or that are unfamiliar.

- **Group Study**

Some candidates have formed study groups and utilized different members of their bariatric surgical teams to present lectures with discussions based on the “Content Outline” which is a reflection of the “Practice Analysis”.

- **ASMBS Review Course**

ASMBS currently offers a Certified Bariatric Nurse Examination Review course. This is a one and a half day review course, and the domain content areas will be presented by faculty that has received their certification as Certified Bariatric Nurses (CBN) from the ASMBS. The faculty and course directors are prohibited from discussion of and/or participation in any aspect of the CBN examination development. The course curriculum presents a general review of surgical bariatric and morbid obesity topics and is organized around the domains, task and knowledge statements of the practice analysis. The courses will be offered at various times during the year. In addition, the ASMBS offers a continually updated Certified Bariatric Nurse Examination Review course online that may be taken anytime throughout the year. See the ASMBS website, [www.asmb.org](http://www.asmb.org) for further details.

- **ASMBS Study Guide**

A study guide developed by the ASMBS Review Course directors is available online at [www.asmb.org](http://www.asmb.org).

All candidates are advised to review the full range of bariatric procedures, especially those that are not performed in their practice area.

**Is there any collaboration between the test item writers (those people who develop the test questions) and the Certified Bariatric Nurse Examination Review course committee members?**

No. In order to maintain test integrity, item writers and those who prepared the examination are prohibited from discussion of and/or participation in any aspect of the Certified Bariatric Nurse Examination Review course or product development.

**Is the CBN certification program accredited?**

We are currently members of the American Board of Nurse Specialties (ABNS) and are planning to submit our application to their accreditation arm of the American Board for Specialty Nursing Certification (ABSNC) in the next 1-2 years. Additionally, we plan to pursue accreditation with the National Commission for Certifying Agencies (NCCA). For a certification examination to be accredited by the above organizations, it must be developed and administered according to established testing guidelines and meet the statistical analysis standards set forth. Currently, we are working with our consultant PSI/AMP to achieve accreditation as quickly as possible.

**Can the CBN® be used as a professional nursing certification in submissions to the Magnet Recognition Program®?**

Yes, the CBN is eligible to be used as a nursing certification in completion of submissions for Magnet Recognition Program® when completing the Demographic Information Form (DIF).

## EXAMINATION PREPARATION INFORMATION

### Preparation for the Examination

The following are guidelines to help familiarize you with the directions for taking the examination.

1. Read and follow all instructions carefully.
2. The examination will be timed. You may not bring anything into the testing room, but a timer on the computer screen will track the official time. For best results, pace yourself by periodically checking your progress. This will allow you to make necessary adjustments. Remember, the more questions you answer, the better your chance of achieving a passing score.
3. Be sure to record an answer for each question, even if you are not sure that the choice is correct. Avoid leaving any questions unanswered; marking an answer to all questions will maximize your chances of passing. There is no penalty for guessing and all questions are of equal weight.

### Examination Content

To prepare in an informed and organized manner, you should know what to expect from the actual examination in terms of the content areas and performance levels tested. As described in the INTRODUCTION to this handbook, a role delineation survey was conducted to determine appropriate content for the CBN Examination in accordance with the 1999 “Standards for Educational and Psychological Testing”.

The participants in the role delineation constituted a nationally representative group of practitioners involved in bariatric nursing. The job responsibility domains and task descriptions defined in the role delineation survey were rated by participants for criticality and frequency. Knowledge, skills and abilities that are fundamental to the performance of each task are represented by the Task and Topic statements listed in the Content Outline.

The results of the role delineation survey were used to construct the Content Outline that defines the content of the CBN Examination. Six domains are identified in the Content Outline. Domains are principal areas of responsibility for activity comprising the job or occupation under consideration. These are the major headings in the Content Outline and may include a brief behavioral description of the domain. Each domain has one or more task statements associated with it. Task statements define a specific, goal-directed set of activities having a common objective. There are also several Topic Statements that define the basic knowledge and skill base required for an individual to perform the duties of a Bariatric Nurse. Topic Statements define organized bodies of information, usually of a factual or procedural nature, which if applied, make performance of the task possible. The Content Outline that follows defines domains from which examination questions may be drawn.

## Content Outline

### *Domain 1: Clinical Management: Preoperative (Pre-hospital) - 18%*

- A. Assess a patient/support person's knowledge of
  - 1. disease of obesity and associated comorbid conditions
  - 2. treatment options
  - 3. risks and benefits of treatment options
- B. Educate a patient/support persons about
  - 1. disease of obesity and associated comorbid conditions
  - 2. treatment options
  - 3. risks and benefits of treatment options
- C. Obtain medical, surgical, psychosocial, cultural, and weight change history to identify risks and unique needs of the patient
- D. Identify unique age-related needs (e.g., adolescent, geriatric)
- E. Assist patient/support persons in making an informed decision regarding bariatric treatment options
- F. Discuss goals and expected outcomes with the patient
- G. Establish goals and expected outcomes with the patient
- H. Educate patient/support persons regarding complications
  - 1. short- and long-term complications
  - 2. reporting of signs and symptoms of complications
  - 3. measures to prevent complications
- I. Educate patient/support persons about
  - 1. steps in the bariatric surgical process (preoperative preparation, hospital stay, follow-up care)
  - 2. lifestyle changes after surgery (e.g., physical activity, nutrition and supplementation, psychosocial support)
  - 3. expected medical outcomes and changes after surgery
- J. Evaluate the effectiveness of education for patient/support persons and readiness for surgery

### *Domain 2: Clinical Management: Perioperative (Hospital) - 24%*

- A. Assess patient understanding of preoperative education
- B. Utilize size-appropriate equipment for bariatric surgery patients
- C. Implement patient care protocols (e.g., airway, transfer, position, medication, pain management)
- D. Practice safe bariatric patient handling
- E. Implement preventative measures for complications
- F. Monitor for abnormal signs, symptoms, and diagnostic tests
- G. Respond to early and late warning signs and symptoms of complications
- H. Implement discharge plan and review instructions for immediate post-operative period
  - 1. wound care
  - 2. reporting signs and symptoms of complications
  - 3. nutrition and diet accommodation



4. physical activity/limitations
5. vitamin and mineral supplementation
6. fluid management
7. medication management
8. follow-up appointment

*Domain 3: Clinical Management: Follow-up (Post-hospital) - 25%*

- A. Assess the patient for
  1. short- and long-term complications
  2. short- and long-term weight change
  3. adherence to plan of care and lifestyle changes (e.g., medications, nutrition and supplementation, diet, physical activity, self-care)
  4. psychosocial adjustment and accommodation to physical changes
  5. need for additional bariatric education
- B. Evaluate and report improvement, remission, or resolution of comorbid conditions
- C. Perform quality of life assessment for changes from preoperative levels
- D. Identify barriers to recommended lifestyle modifications
- E. Offer tools or resources to help patients manage barriers to recommended lifestyle modifications
- F. Address secondary effects of surgery (e.g., dumping, reactive hypoglycemia, redundant skin, psychosocial issues)
- G. Provide additional education or referrals
- H. Reinforce long-term healthy behaviors
- I. Encourage participation in support group(s) and other available psychosocial support

*Domain 4: Multidisciplinary Team Collaboration - 15%*

- A. Assess the multidisciplinary team's knowledge related to the care of bariatric surgery patients
- B. Implement formal and informal multidisciplinary team education related to the unique needs of bariatric surgery patients
- C. Evaluate the effectiveness of multidisciplinary team education
- D. Collaborate with multidisciplinary team to provide patient-centered education
- E. Collaborate with multidisciplinary team to ensure successful progression of patient through continuum of care
- F. Evaluate perioperative patient care protocols with the multidisciplinary team
- G. Coordinate pre- and post-operative referrals
- H. Foster bariatric sensitivity within multidisciplinary team
- I. Foster awareness of surgical complications within multidisciplinary team
- J. Foster awareness of proper body mechanics within multidisciplinary team

*Domain 5: Outreach - 6%*

- A. Provide general education to the community on the subject of bariatric surgery using varied media (e.g., web sites, social media, newsletters, informational presentations)

- B. Foster advocacy in the general and professional population related to the care of bariatric patients
- C. Contribute to the profession through presentations, publications, research, or involvement with professional organizations
- D. Promote bariatric awareness to healthcare students through educational outreach (e.g., role modeling, precepting, teaching, and/or mentoring)
- E. Support bariatric awareness and access programs in the community

*Domain 6: Program Quality - 12%*

- A. Promote patient safety standards involving furniture, patient transport/transfer systems, medical and surgical equipment
- B. Promote the use of bariatric ergonomic protocols to decrease risk of patient and staff injury
- C. Evaluate innovations in technology and advances in care through benchmark studies, literature reviews, evidence-based practice, or research
- D. Facilitate incorporation of innovations in technology and advances in care into practice
- E. Participate in data collection (process or outcome data)
- F. Participate in the analysis of internal or external process and outcomes data
- G. Participate in updating patient care practices (e.g., policies, protocols, clinical pathways, order sets) based on clinical outcomes
- H. Develop patient education programs, materials, and tools
- I. Promote compliance with current best practice guidelines and recommendations
- J. Promote optimization of the patient experience (e.g., safety, financial issues, sensitivity) K. Identify specific competencies necessary for delivery of patient care (e.g., safe patient handling, early recognition of complications, sensitivity training)
- L. Facilitate staff competency training to optimize the delivery of patient care (e.g., safe patient handling, early recognition of complications, sensitivity training)

\*Each item is linked to a task and has a secondary classification from the Topic List.

\*Each test form will include 1 set of 25 unscored pretest items in addition to the 150 scored items. 3 hours of testing time.

TOPIC LIST (Secondary Classification)

1. Severe obesity:
  - A. Epidemiology (incidence and prevalence)
  - B. Sensitivity issues or weight bias issues
  - C. Etiology
  - D. Comorbid medical conditions :
    - 1) endocrine (e.g., diabetes, metabolic syndrome, PCOS)
    - 2) cardiovascular (e.g., hypertension, dyslipidemia, stroke, CVD, CHF)
    - 3) musculoskeletal (e.g., degenerative joint disease, back pain)
    - 4) gastrointestinal (e.g., GERD, fatty liver disease)
    - 5) pulmonary (e.g., obstructive sleep apnea, asthma, Pickwickian syndrome)
    - 6) urinary/gynecological (e.g., incontinence, infertility)
    - 7) neurological (e.g., pseudotumor cerebri)

- 8) cancer (e.g., breast, uterus, cervix)
  - E. Normal anatomy and physiology of the gastrointestinal system
  - F. Physiology and mechanisms of weight loss and weight gain
2. Considerations for bariatric surgery patients:
    - A. Criteria for surgery candidacy
    - B. Financial implications (e.g., insurance coverage, cash payment)
    - C. Contraindications for surgery candidacy
    - D. Age-related considerations (e.g., adolescent, geriatric)
    - E. Ethnicity and cultural considerations
    - F. Patients with high-risk conditions (multiple severe comorbidities, multiple previous abdominal surgeries, psychological impairment, prior bariatric surgery, severe obesity)
    - G. Abnormal eating behaviors and disorders
    - H. Psychological disorders (e.g., depression, anxiety, addiction, schizophrenia, OCD, bipolar disorder)
  3. Bariatric surgical procedures:
    - A. Evolution of bariatric surgical procedures
    - B. Types of primary bariatric procedures:
      - 1) Adjustable gastric band
      - 2) Sleeve gastrectomy
      - 3) Roux-en-Y gastric bypass
      - 4) Biliopancreatic diversion-duodenal switch
      - 5) Endoscopic therapy (e.g., balloon, stent)
      - 6) Other emerging procedures, technologies, or treatments
    - C. Revisional, conversion, or reversal procedures and associated risks
    - D. Procedure-specific considerations:
      - 1) Anatomical and physiological changes
      - 2) Risks and benefits
      - 3) Pre-operative process
      - 4) Intraoperative process
      - 5) Post-operative process
      - 6) Weight change expectations
      - 7) Comorbidity improvement, remission, and/or resolution
      - 8) Secondary effects (e.g., dumping syndrome, hypoglycemia, excess skin)
  4. Surgical complications:
    - A. Types of complications (e.g., bleed, leak, ulceration, VTE, bowel obstruction, infection, internal hernia, stenosis, band complications, gastro-gastric fistula, rhabdomyolysis)
    - B. Prevention of complications
    - C. Clinical presentation of early and late complications
    - D. Treatment of complications
    - E. Emergency interventions
    - F. Diagnostic testing for complications
    - G. Risks of nasogastric tube insertion
  5. Patient management across the continuum:
    - A. Skin integrity, skin care, and hygiene

- B. Oral hygiene and dental considerations
  - C. Fluid and electrolyte management
  - D. Pain management
  - E. Laboratory and diagnostic testing and results
  - F. Medical weight management modalities
  - G. Bariatric ergonomics
  - H. Specialized equipment needs
  - I. Implications of bariatric surgery on:
    - 1) fertility and pregnancy
    - 2) alcohol metabolism and effects
    - 3) medication management
    - 4) psychosocial adjustments
  - J. Discharge planning process
  - K. Long-term follow-up
6. Nutritional considerations:
- A. Nutrition and supplementation guidelines
  - B. Prevention of nutritional deficiencies (e.g., protein, vitamin & mineral deficiencies)
  - C. Identification of nutritional deficiencies (e.g., protein, vitamin & mineral deficiencies)
  - D. Treatment of nutritional deficiencies (e.g., protein, vitamin & mineral deficiencies)
  - E. Eating behaviors and recommendations
  - F. Dietary progression following surgery
7. Lifestyle changes:
- A. Physical activity/exercise
  - B. Behavior-modification counseling
  - C. Risks of smoking behavior related to bariatric surgery
  - D. Modalities to improve patient adherence
  - E. Role of support groups for patients/support persons
8. Professional practice:
- A. Quality improvement principles
  - B. Risk management
  - C. Professional organization and government agency guidelines and recommendations
  - D. Research principles
  - E. Informational resources related to severe obesity and bariatric surgery
  - F. Professional associations (e.g., The Obesity Society, ASMBS, OAC, NABN).
  - G. Bariatric surgical program accreditation

## Test Specifications

The criticality and frequency data from the Job Analysis Survey were used to determine the number of questions that should be included in the CBN Examination from each Domain. The Test Specification in the table below lists how many questions are included from each Domain.

DOMAIN	PERCENTAGE	# OF ITEMS
1. Clinical Management:	18%	27

Preoperative (Pre-hospital)		
2. Clinical Management: Perioperative (Hospital)	24%	36
3. Clinical Management: Follow-up (Post-hospital)	25%	38
4. Mutidisciplinary Team Collaboration	15%	22
5. Outreach	6%	9
6. Program Quality	12%	18
TOTAL	100%	150

## Sample Questions

All test items are multiple-choice questions of equal weight with respect to scoring. Candidates are expected to select the one response that BEST answers the question (or completes the sentence). A large majority of the items are positively worded with one best response. The question is positively worded and four options (A, B, C, D) follow. You are to select the one best option as your answer. A few negatively worded questions may appear on the examination. The question is negatively worded such as “All of the following are true EXCEPT” and four options (A, B, C, D) follow. You are to select the one best EXCEPTION as your answer.

The sample multiple-choice questions that follow demonstrate the formats described above. The sample questions are neither intended to be difficult, nor do they necessarily reflect the degree of difficulty of the test. The correct answers are shown in the Answer Key.

The content category is also listed in the answer key so you can see how questions are linked to the test specifications by content category. For example, Content Category for sample item 1 is designated as 01-17-22. Look on the detailed content outline to relate this: first look under Domain 01: Clinical Management, then under Task 17: Identify short- and long-term complications unique to bariatric surgery patients (for example, obstructions, strictures, leaks, gastric prolapse) and take appropriate action, and finally under Knowledge Statement 22: Clinical presentation of complications in the bariatric surgery patient.

1. A patient 4 weeks status post laparoscopic gastric bypass complains of progressive nausea, vomiting, and dysphagia. These symptoms should alert the nurse to suspect a/an:

- A. gastrogastic fistula
- B. anastomotic stricture
- C. internal hernia
- D. small bowel obstruction

2. Postoperatively, preventable long-term complications in gastric bypass patients include significant weight regain and:

- A. steatorrhea
- B. gastric stricture
- C. malnutrition
- D. hair loss

3. Which of the following syndromes may occur in association with the postoperative development of thiamine deficiency in patients who have had the Roux-en-Y gastric bypass?

- A. Pickwickian
- B. Wernicke-Korsakoff
- C. Dumping
- D. Metabolic

4. Which clinical information is needed to calculate the body mass index (BMI)?

- A. Height and waist circumference
- B. Weight and waist circumference
- C. Height and weight
- D. Height, weight, and waist circumference

5. In preparing a speech for a community health fair, it is important for the nurse to emphasize that obesity has become the leading cause of:

- A. divorce
- B. preventable death
- C. poverty
- D. mental illness

<b>ANSWER KEY</b>				
<b>ITEM</b>	<b>CORRECT ANSWER</b>	<b>DOMAIN</b>	<b>TASK</b>	<b>KNOWLEDGE</b>
1	B	01	17	22
2	C	01	21	21
3	B	01	17	36
4	C	02	01	09
5	B	03	04	01

## Reference List

This list is provided as a resource to identify appropriate material that may be useful in preparing for the CBN Examination. This list is not intended to be inclusive of all potentially useful resources nor does it constitute an endorsement by the ASMBS or any officers or representatives of the ASMBS. To assist in locating the listed publications, the web addresses of the publishers are listed when available.

### CLINICAL GUIDELINES

Clinical guidelines regarding weight loss and weight loss surgery published by medical and nursing organizations are good resources to study from. Examples of this type of guideline include:

Clinical Practice Guidelines for the Perioperative Nutritional, Metabolic and Nonsurgical Support of the Bariatric Surgery Patient – 2013 Update. Cosponsored by the American Association of Clinical Endocrinologists, The Obesity Society, and American Society for Metabolic & Bariatric Surgery. *Surgery for Obesity and Related Diseases*, 9(2), 159-191 S109-S184.

ASMBS Allied Health Nutritional Guidelines for the Surgical Weight Loss Patient. (2008). *Surgery for Obesity and Related Diseases*, 9(2), S73-S108.

Peri-operative management of obstructive sleep apnea. (2012). *Surgery for Obesity and Related Diseases*, 8(3), e27-e32.

Endocrine and Nutritional Management of the Post Bariatric Surgery Patient: An Endocrine Society Clinical Practice Guideline. (2010). Published in *J Clin Endocrinol Metab*, 95(11): 4823-4843.

SAGES guideline for clinical application of laparoscopic bariatric surgery. (2009) *Surgery for Obesity and Related Diseases*, 5(3), 387-405.

Gastric band adjustment credentialing guidelines for physician extenders. (2012). *Surgery for Obesity and Related Diseases*, 8(6), e69-e71.

ASMBS updated position statement on prophylactic measures to reduce the risk of venous thromboembolism in bariatric surgery patients. (2013). *Surgery for Obesity and Related Diseases*, 9(4), p493-497.

### TEXTS

This is listing of current scholarly texts related to the topic of metabolic and bariatric surgery. Inclusion on this list is not a recommendation of any specific text.

Alvarez A., Brodsky, J. B., Lemmens, H. J. M., & Morton, J. M., editors. (2010). *Morbid Obesity: Peri-operative Management*, 2<sup>nd</sup> edition, New York: Cambridge University Press.

Andres, A. & Saldana, C., editors. (2013). *A Multidisciplinary Approach to Bariatric Surgery*. Nova Science Pub Inc.

- Bray, G.A., & Bouchard, C., editors. (2014). *Handbook of Obesity, Clinical Applications*, 4th edition. Informa Healthcare.
- Buchwald, H., Cowan, G.S.M., Pories, W.J. (2007). *Surgical Management of Obesity*. Saunders El Sevier.
- Choi, S. H, & Kazunori, K. (2014). *Bariatric and Metabolic Surgery*. Berlin, Springer.
- DeMaria, EJ, Latifi,R, Sugerman, HJ. (2002). *Laparoscopic Bariatric Surgery: techniques and outcomes*. Landes, Bioscience.
- Farraye, F.A., & Forse, R.A., editors. (2006). *Bariatric Surgery, A Primer for your Medical Practice*. Slack, Inc.
- Gallagher S. (2005). *The Challenges of Caring for the Obese Patient*, Matrix Medical Communications.
- Hakim, N., Favretti, F., Segato, G., & Dillemans, B., editors. (2011). *Bariatric Surgery*. World Scientific Publishing.
- Iavazzo, C. R. (2013). *Bariatric Surgery, From Indications to Postoperative Care*. Nova Science.
- Inabnet W. B., Demaria, E.J., and Ikramuddin, S. (2005). *Laparoscopic Bariatric Surgery*. Lippincott Williams and Wilkins.
- Jacques J. (2006). *Micronutrition for the Weight Loss Surgery Patient*, Matrix Medical Communications.
- Kothari, S. (2011). Bariatric and Metabolic Surgery, an issue of Surgical Clinics. *Surgical Clinics of North America*, 91(6).
- Mitchell, J. E., & de Zwaan, M., editors. (2012). *Psychosocial Assessment and Treatment of Bariatric Surgery Patients*. Taylor and Francis.
- Patel, N., & Koche, L. S., editors. (2007). Bariatric Surgery Primer for the Internist, an issue of Medical Clinics. *Medical Clinics of North America*, 91(3).
- Pitombo, C., Jones, K., Higa, K., and Pareja, J, editors. (2008). *Obesity Surgery, Principles and Practices*. McGraw Hill.
- Martin, L.F. editor. (2004). *Obesity Surgery*, McGraw-Hill Medical Publishing Division.
- Nguyen, N. T., Blackstone, R. P., Morton, J. M., et al, editors. (2014). *The ASMBS Textbook of Bariatric Surgery: Volume 1: Bariatric Surgery*. Springer.
- Nguyen, N. T., DeMaria, E., Ikramuddin, S., & Hutter, M. M., editors. (2008). *The SAGES Manual, A Practical Guide to Bariatric Surgery*. Springer.
- Schauer, P. R., Schirmer, B. D. and Brethauer, S. A., editors (2007). *Minimally invasive Bariatric Surgery*. New York, Springer.
- Shahzeer, K., Birch, D. W., editors. (2013). *The Fundamentals of Bariatric Surgery*. Nova Science.



Still, C., Sarwer, D. B., Blankenship, J., editors. (2014). *The ASMBS Textbook of Bariatric Surgery: Volume 2: Integrated Health*. Springer.

Sugarman, H. J., & Nguyen, N., editors. (2006). *Management of Morbid Obesity*. CRC Press.

## **JOURNALS**

*Bariatric Surgical Practice and Patient Care*, previously *Bariatric Nursing and Surgical Patient Care*, Mary Ann Liebert Inc.

*Obesity Surgery*, Springer.

*Surgery for Obesity and Related Diseases*,

*Annals of Surgery*

*Journal of the American Medical Association*

*Obesity Management*