

CERTIFIED NURSE LIFE CARE PLANNER

Handbook for Candidates



UNIVERSAL LIFE CARE PLANNER CERTIFICATION BOARD (ULPCB™)
P.O. BOX 3311 CONCORD, NH 03302-3311

TABLE OF CONTENTS

Table of Contents	i
CERTIFICATION	- 1 -
PURPOSE OF CERTIFICATION	- 1 -
ADMINISTRATION	- 1 -
CERTIFICATION PORTFOLIO EXAMINATION	- 2 -
ELIGIBILITY REQUIREMENTS	- 2 -
ATTAINMENT OF CERTIFICATION AND RECERTIFICATION	- 4 -
CRITERIA	- 4 -
EDUCATION REQUIREMENTS	- 4 -
REVOCATION OF CERTIFICATION	- 5 -
APPEALS	- 6 -
MISREPRESENTATION AND NONCOMPLIANCE POLICY	- 7 -
COMPLETION OF APPLICATION.....	- 7 -
EXAMINATION ADMINISTRATION.....	- 8 -
FAILURE TO SUBMIT COMPLETE PORTFOLIO.....	- 8 -
TEST ACCOMMODATIONS	- 8 -
FEES*	- 9 -
APPLICATION FEES FOR THE CNLCP® PORTFOLIO EXAMINATION	- 9 -
RECERTIFICATION FEES DUE AT TIME OF CNLCP® RECERTIFICATION	- 9 -
REFUNDS	- 9 -
REPORT OF RESULTS	- 10 -
RE-EXAMINATION	- 10 -
CONFIDENTIALITY.....	- 10 -
PREPARING FOR THE PORTFOLIO EXAMINATION	- 10 -
CONTENT OF PORTFOLIO EXAMINATION.....	- 11 -
AREAS OF KNOWLEDGE.....	- 12 -
CONTENT OUTLINE.....	- 13 -
SAMPLE PORTION of PORTFOLIO EXAMINATION.....	- 19 -
REFERENCES.....	- 19 -

This handbook, though subject to change at any time, contains essential information regarding pathways and processes for obtaining the Certified Nurse Life Care Planner (CNLCP®) Certification. Candidates are responsible for reading and following the instructions contained herein.

Revised 07/21/2026

This handbook outlines important information regarding the application process for the Certified Nurse Life Care Planner (CNLCP®) Portfolio Examination.

Certification through Portfolio Examination is designed to objectively assess the Candidate's ability to apply their specialized knowledge, understanding, and expertise in professional practice through review of an industry relevant case scenario and arrival at supportable recommendations and a credible report.

Candidates seeking initial certification must meet all eligibility requirements, submit a completed portfolio, and pay all applicable fees. All applications for certification will be evaluated by the Universal Life Care Planner Certification Board Application Committee, consisting of the three (3) certification board members, to determine that all required supporting documentation has been submitted. The Candidate will be notified and have an opportunity to submit any missing eligibility documentation within a specifically-determined timeframe.

Completed Portfolio Examinations will be reviewed and scored by specialty-trained appraisers utilizing psychometrically sound principles determined by a professional testing corporation. The appraisers identify and document specific evidence in the portfolio that adheres to relevant criteria elements listed in the Certified Nurse Life Care Planner (CNLCP®) Portfolio Examination Content Outline. (See Content Outline page 13.)

Successful Candidates will be awarded the Certified Nurse Life Care Planner (CNLCP®) credential. CNLCP® certification through Portfolio Examination is valid for a period of five (5) years and must then be renewed.

The policies and procedures utilized by the Universal Life Care Planner Certification Board to construct and review items and examination forms for the CNLCP® portfolio assessment process are consistent with guidelines recommended by the American Educational Research Association, the American Psychological Association, and the National Council on Measurement in Education (AERA, APA, NCME; 2014), as well as other industry standards such as: Standards for the Accreditation of Certification Programs (National Commission for Certifying Agencies, 2014) and Conformity Assessment — General requirements for bodies operating certification of persons (ISO/IEC 17024).

It is the policy and intent of Universal Life Care Planner Certification Board Members and Staff to comply with all applicable laws that prohibit discrimination in employment or service provision. No individual shall be excluded from the opportunity to participate in the CNLCP® program on the basis of age, sex, race, color, religion, national origin, ethnicity, disability, marital status, sexual orientation, and gender identity or any other protected characteristic. All publicly available materials, including the CNLCP® Portfolio Certification Exam and the Handbook for Candidates, are reviewed for bias and sensitivity.

CERTIFICATION

Certification in nurse life care planning demonstrates achievement of a basic level of knowledge within this specialized area of nursing practice.

The Universal Life Care Planner Certification Board endorses voluntary certification for all Nurse Life Care Planners.

CNLCP® is a registered trademark of the Universal Life Care Planner Certification Board.

PURPOSE OF CERTIFICATION

Certification in nurse life care planning provides:

1. Formal recognition and authorization to utilize the CNLCP® credential for those individuals who have met the eligibility requirements determined by the Universal Life Care Planner Certification Board and passed the Portfolio Examination for nurse life care planners.
2. Criteria for continued personal and professional growth in the practice of nurse life care planning through certification maintenance requirements.
3. Assurance to employers, the public, and members of the healthcare professions of the individual's basic requisite level of knowledge in the specialty of nurse life care planning.

ADMINISTRATION

The Certification Program is sponsored by the Universal Life Care Planner Certification Board. The certification examination process for nurse life care planners is administered by the Universal Life Care Planner Certification Board in conjunction with a professional testing entity.

Questions concerning the examination process should be referred to:
shirley@daugherty-legalnurse.com.



CERTIFICATION PORTFOLIO EXAMINATION

ELIGIBILITY REQUIREMENTS

Candidates must meet the following eligibility criteria at the time of application:

1. Licensure:

Provision of proof of valid Registered Nurse licensure or its equivalent in other countries, for at least the prior three (3) years immediately preceding application. The license must be active, without any restrictions, and a current copy of the license **must be submitted** with the Candidate's application.

2. Experience:

Verification of a minimum of two thousand (2,000) hours paid or "billable" professional experience in a role (e.g., life care planning, community-based case management, medical cost projections, Medicare set-aside allocations, life-time nurse care planning, community-based rehabilitation nursing, public health nursing, community based legal nurse consulting) **that utilizes the nursing process in assessing and determining an individual's long term/lifetime treatment needs and costs, across the continuum of care.**

3. Education/Skills:

OPTION 1

Completion of ***one hundred twenty (120) continuing education units**** relating to life care planning or in ***equivalent areas*** (see the Content Outline page 13) that can be applied to the development of a life care plan or pertain to the ***service delivery*** applicable to life care planning, within the five (5) years immediately preceding application.

** There must be a minimum of **ten (10) hours specific to a basic orientation, methodology, and standards of practice** relevant to the **nurse life care planning process** contained within the continuing education curriculum.*

OR

OPTION 2

Verification* of ***two (2) years life care planning experience***, or a ***variant thereof***, that incorporates the nursing process and skill set inherent to the assessment and determination of treatment needs and their respective costs, across the continuum of care, within the past five (5) years immediately preceding the application.

**Verification must be authenticated by an employer or a minimum of two referral sources. Upload the completed verification form to your online application.*

Checklist for CNLCP® Initial Certification Application submission:

- A completed Application for the CNLCP® Examination.
- A copy of a current, unrestricted RN license or computer-generated document from the Candidate's State Board of Nursing demonstrating active licensure without restrictions.
- The Candidate's resume or curriculum vitae.
- Proof of completion of one hundred twenty (120) continuing education units* relating to life care planning or in equivalent areas that can be applied to the development of a life care plan, or pertain to the service delivery applicable to life care planning, within the five (5) years immediately preceding application, **OR** verification indicative of two (2) years full time, paid, professional work experience in the field of life care planning or a variant thereof, as described above.
- Full payment of the current required fee(s).

****It should be noted that if ambiguity exists in terms of pathway interpretation/qualification, a final decision will be made by the Universal Life Care Planner Certification Board Application Committee, consisting of the Certification Board Chairperson, Certification Board Co-Chairperson and the Certification Board Secretary.***

PLEASE NOTE: Regarding Portfolio Examination Preparation Products

1. The Universal Life Care Planner Certification Board does not offer a practice test for the CNLCP® certification Portfolio Exam, nor is it necessary in order to be eligible to submit a portfolio.
2. The use of practice examinations and/or examination preparation materials does not imply successful performance on the CNLCP® Portfolio Examination.
3. The Universal Life Care Planner Certification Board has no association with vendors of examination products and does not endorse those products. Any claims to knowledge of the CNLCP® examination contents are false. A vendor's use of the Universal Life Care Planner Certification Board's registered mark (CNLCP®) does not indicate Certification Board's endorsement of its products.
4. The use of practice examinations and/or examination preparation materials does not give an advantage over candidates who do not choose to use them.
5. The use of practice examinations and/or examination preparation materials is not the only or preferred route to adequate preparation for the CNLCP® certification exam.

ATTAINMENT OF CERTIFICATION AND RECERTIFICATION

CRITERIA

Candidates who pass the Certified Nurse Life Care Planner Portfolio Examination are eligible to use the registered designation CNLCP® after their names. They will receive an emailed certificate from the Universal Life Care Planner Certification Board. A registry of Certified Nurse Life Care Planners will be maintained by the Universal Life Care Planner Certification Board and may be reported in its publications.

Certification in nurse life care planning is recognized for a period of five (5) years, at which time the Candidate must retake and pass the current Nurse Life Care Planners Certification Examination or meet such requirements* in effect at that time in order to retain certification.

**See the Educational Requirements section below for further details*

Applications for Recertification, along with appropriate documentation supporting the completion of the Universal Life Care Planner Certification Board recertification criteria, must be submitted in accordance with the following:

1. Completed application and recertification fees must be received no later than the first day of the month immediately preceding the expiration date on the certificate.
2. Continuing Education credits must be verified by inclusion of a provider certificate of course completion that includes the: name and provider number of the course presenter, course title, course description, date, location, and number of course hours.
3. Candidate must have maintained active RN licensure, without restrictions, throughout the certification period of five years.
4. Candidates are responsible for maintenance of their own continuing education file, including Certificates of Attendance/Course Completion and all documentation of continuing education units or points of credit for five (5) years from the date of their certification/recertification.

EDUCATION REQUIREMENTS

A total of sixty (60) points of credit are needed every five (5) years for renewal. The Universal Life Care Planner Certification Board *points of credit* renewal system is designed to encourage professional development. The system affords the CNLCP® the latitude to select from a variety of educational activities that meet both professional and personal needs as described in the following categories:

Category 1. Continuing Education Hours: One hour (60 minutes) of approved nursing/ medical/ healthcare continuing education pertaining to life care planning = 1 contact hour. Examples of courses that would be approved: Life care planning (SCI, TBI, amputations, burns, chronic pain), case management, medical/health, and nursing process. Questions regarding applicability of a particular course can be resolved through submission of course outlines to the Certification Board for review/approval of contact hours ninety (90) days prior to the application renewal deadline.

Category 2. Academic Credit: Verification of twelve (12) academic semester credits of coursework related to life care planning. Course semester outlines should be submitted to the Universal Life Care

Planner Certification Board for review/approval of points of credit ninety (90) days prior to the application renewal deadline.

Category 3. Presentations: Five (5) points of credit for a maximum of ten (10) within the five (5) year renewal period for each presentation, for which national or state approved continuing education has been granted to participants. Presentation outlines should be submitted to the Universal Life Care Planner Certification Board for review/approval of points of credit ninety (90) days prior to the application renewal deadline.

Category 4. Publications or Research: Publications or research related to life care planning should be submitted to the Universal Life Care Planner Certification Board for review/approval of points of credit ninety (90) days prior to the application renewal deadline.

- **Publications:**

Five (5) Points of credit will be awarded for one article published in a peer-reviewed journal related to life care planning. Certificant must be the author, or co-author.

Ten (10) Points of credit will be awarded for one chapter published in a peer-reviewed book related to life care planning. Certificant must be the author, co-author, editor, co-editor or reviewer.

- **Research:** Forty (40) points of credit will be awarded for an institutional review board (IRB) research project, a completed dissertation, thesis, or graduate-level scholarly project related to nurse life care planning completed during the five (5) year certification period, for which the Certificant is clearly identified as one of the primary researchers/authors.

Category 5. Life Care Planning Membership Organization Executive Board/Committee Participation, Certification Board/Committee Participation: Ten (10) points of credit per year will be granted, up to a maximum of twenty (20) points within the five (5) year renewal period. Additional points of credit may be granted, by and at the discretion of the Universal Life Care Planner Certification Board, for non-board member participation on specialty Universal Life Care Planner Certification Board committees (e.g., role delineation survey, portfolio appraisers, certification standard setting). Documentation, with proof of participation, * should be submitted to the Universal Life Care Planner Certification Board for review/approval of points of credit ninety (90) days prior to the application renewal deadline.

*Participation is defined as 85% involvement on/in the various activities indicated.

REVOCATION OF CERTIFICATION

Certification may be revoked by the Universal Life Care Planner Certification Board for any of the following reasons:

1. Falsification of an Application.
2. Failure to maintain an active, unrestricted RN license throughout the five-year certification period.

3. Revocation of an RN license.
4. Misrepresentation of certification status.
5. Failure to apply for recertification within current Universal Life Care Planner Certification Board guidelines.

The Appeals Committee of the Universal Life Care Planner Certification Board provides the appeal mechanism for challenging revocation of Board certification. It is the responsibility of the individual to initiate any appeal process.

APPEALS

A. Eligibility Appeals

The appeal must be made in writing, via certified letter/US Postal Service, fax, or email correspondence, to the Universal Life Care Planner Certification Board within thirty (30) days of notification of ineligibility. The appeal should include a written explanation for the grounds for the appeal, as well as any supporting documentation related to the appeal.

The Universal Life Care Planner Certification Board will respond, in writing, within sixty (60) days of receipt of the appeal in one of the following formats: US Postal Service, fax or email correspondence. The response will include a contact name and number for a member of the Universal Life Care Planner Certification Board.

Information regarding the submission of appeals can be found on the Universal Life Care Planner Certification Board's website <http://www.ulcpcb.org>.

Decisions of the Universal Life Care Planner Certification Board regarding an appeal are final.

B. Portfolio Examination Appeals

Candidates with reason to believe that a discrepancy exists in the scoring and/or reporting of their Portfolio Examination results may appeal within thirty (30) days of notification of their scores via certified letter/US Postal Service, fax or email correspondence to the Universal Life Care Planner Certification Board. The letter must contain supporting documentation relevant to the appeal.

The Universal Life Care Planner Certification Board will respond via certified letter/US Postal Service, fax, or email correspondence within sixty (60) days of receipt of the appeal request.

Decisions rendered by the Universal Life Care Planner Certification Board regarding an appeal are final.

MISREPRESENTATION AND NONCOMPLIANCE POLICY

The Universal Life Care Planner Certification Board will investigate all reported allegations concerning misconduct by Certified Nurses or Candidates applying for certification. Reports of alleged misconduct must be in writing, signed, and sent by certified mail to the Universal Life Care Planner within one hundred twenty (120) days of the alleged violation(s). Documentation relevant to the matter must accompany the complaint.

Complaints can include, but are not limited to:

- 1) Ineligibility for certification.
- 2) Irregularity in respect to the certification examination.
- 3) Material misrepresentation and/or fraud related to any statement to the Universal Life Care Planner Certification Board or to the public, including but not limited to, statements made to assist the Certified Nurse or others applying for certification; gross or repeated negligence in one's professional work; the convocation of plea of guilty or plea of no contest to a felony or misdemeanor that is directly related to the practice of nurse life care planning.
- 4) Failure to adhere to the eligibility requirements for certification candidacy or continuing certification requirements.

Universal Life Care Planner Certification Board Contact Address:

Jan Roughan, BSN, RN, PHN, CRRN, CNLCP®, CHLCP®, CCM
Universal Life Care Planner Certification Board Chairperson
465 No. Halstead St., Suite #120
Pasadena, CA 91107

Telephone: (626) 351-0991

Fax: (626) 351-0992

Email: janr@linc.biz

COMPLETION OF APPLICATION

Read and follow the directions on the application and in this handbook. Candidates must complete the application in full, using their legal name. The completed application, with all supporting documentation, must be submitted online at www.ulcpb.org or downloaded and mailed according to the application instructions.

Payment is due at the time of application. Applications will be reviewed for eligibility once payment is received. Candidates found to be ineligible will receive a refund of their examination fee minus a \$75.00 processing fee.

EXAMINATION ADMINISTRATION

The Certification Portfolio Examination for nurse life care planners is administered by the Universal Life Care Planner Certification Board and reviewed and scored by trained appraisers. Scoring is based on psychometrically sound principles determined by a professional testing company.

You will receive email confirmation from the Universal Life Care Planner Certification Board Secretary regarding your eligibility status within fourteen (14) business days after your application has been received, reviewed, and processed. Candidates who qualify will be provided a non-disclosure form which must be signed and returned to the Universal Life Care Planner Certification Board Secretary prior to receiving testing documents.

Upon receipt of a signed non-disclosure form, the Universal Life Care Planner Certification Board Secretary will provide you with a case scenario, templates and documents needed to complete your Portfolio Examination. You will have thirty (30) days from date of receipt to complete your portfolio.

FAILURE TO SUBMIT COMPLETE PORTFOLIO

If you fail to submit your completed portfolio within thirty (30) days, all fees will be forfeited. Forfeiture does not preclude and applicant from restarting the application process.

Please add secretary@ulcpcb.org and shirley@daugherty-legalnurse.com to your contacts or safe email lists to ensure emails from the Universal Life Care Planner Certification Board do not go to your junk/spam mail folder.

TEST ACCOMMODATIONS

The Universal Life Care Planner Certification Board supports the intent of and complies with the Americans with Disabilities Act (ADA) and will take steps reasonably necessary to make certification accessible to persons with disabilities covered under the ADA. According to the ADA, an individual with a disability is a person who has a physical or mental impairment that substantially limits a major life activity (such as seeing, hearing, learning, reading, concentrating, mobilizing) or a major bodily function (such as neurological, endocrine, or digestive system).

Test accommodations may be made upon receipt of the application, examination fee, and a completed and signed Request for Test Accommodations Form, on www.ulcpcb.org. The information a Candidate provides and any documentation regarding a disability and special test accommodations (e.g., need for additional time) will be held in strict confidence. It will not be included in scoring or reporting.

All approved testing accommodations must maintain the psychometric nature and security of the portfolio examination. Accommodations that fundamentally alter the nature or security of the portfolio exam will not be granted.

Only those requests made and received on the official Request for Testing Accommodations Form will be reviewed. Letters from doctors and other healthcare professionals must be accompanied by the official Form and will not be accepted without the Form. All requests must be made at the time of application.

FEES*

APPLICATION FEES FOR THE CERTIFIED NURSE LIFE CARE PLANNER (CNLCP®) PORTFOLIO EXAMINATION

Portfolio Examination, Initial Certification-AANLCP® Member:.....	\$395.00
Portfolio Examination, Non-Member:.....	\$495.00
Retesting Fee (failed testing):	\$245.00

Examination fees include a non-refundable \$75 administrative fee.

RECERTIFICATION FEES DUE AT TIME OF CNLCP® RECERTIFICATION

CNLCP® Recertification by Points, AANLCP® Member	\$395.00
CNLCP® Recertification by Points, Non-Member	\$495.00
CNLCP® Recertification by Portfolio Examination, Member	\$395.00
CNLCP® Recertification by Portfolio Examination, Non-Member	\$495.00
CNLCP® Portfolio Examination Re-testing (failed testing).....	\$245.00

Late Recertification, AANLCP® Association Member (Late fee \$200 within thirty [30] days of expiration):	\$595.00
Late Recertification, Non-Member (Late Fee \$200 within thirty [30] days of expiration):.....	\$695.00

**** If the recertification application is delinquent and received beyond thirty (30) days of the expiration date, the Candidate is no longer able to use the designation of CNLCP® and, as such, must submit to re-testing at the full examination fee of \$395.00 for AANLCP® members and \$495.00 for non-members.***

Online applications must be paid by credit card (e.g., Mastercard, VISA, Discover, AMEX) and can be located at www.ulcpcb.org

Hard copy applications can be located at www.ulcpcb.org ("Downloads" in the footer) and must be paid by check. Credit cards cannot be processed for mailed applications.*

Checks should be made out to: Universal Life Care Planner Certification Board and mailed to:

Universal Life Care Planner Certification Board
RE: CNLCP Application/Renewal (if applicable)
PO Box 3311
Concord, NH 03302-3311

**** Cash payments are not accepted.***

REFUNDS

- **There will be no refund of any fees unless applicants are ineligible for the Portfolio Examination.**
- **Ineligible candidates will be refunded their fees minus an administrative fee of \$75.00.**
- **Refunds will be processed within thirty (30) days after notification of ineligibility.**
- **If a Candidate fails to submit a completed portfolio within thirty (30) days of receipt, all fees will be forfeited.**

REPORT OF RESULTS

Candidates will be notified regarding their Portfolio Examination results by the Universal Life Care Planner Certification Board, via email, in approximately six to eight weeks after submitting the Portfolio Examination. Performance on the major areas of the examination and on the total examination will be reported to the Candidate. Successful Candidates will receive certificates from the Universal Life Care Planner Certification Board. Certificates will be emailed at the end of the month the successful Candidate was notified of their exam result.

RE-EXAMINATION

The Certification Portfolio Examination for life care planners may be repeated ***a total of two times***. Candidates must wait two months before re-testing (e.g., a Candidate may retest in March if the original testing date was in January, etc.).

The Candidate must submit a new Application along with the re-testing fee of \$245.00.

Prior to eligibility for resubmission of an application to take the Portfolio Exam, the Candidate will be required to take and pass a formal life care planning course from a Board-approved Life Care Planning program if unsuccessful with achievement of a passing score after two additional examination attempts.

CONFIDENTIALITY

The Universal Life Care Planner (CNLCP®) Certification Board will release the individual test scores to the Candidate only.

Any questions concerning test results should be referred to shirley@daugherty-legalnurse.com.

Upon request from individuals and/or the public, the Universal Life Care Planner Certification Board will verify the initial certification of a Candidate, as well as the date of renewal. Verification can also be obtained via the website.

Upon written request, any disciplinary action will be disclosed if a suspension and/or revocation of the CNLCP® designation has been imposed.

PREPARING FOR THE PORTFOLIO EXAMINATION

This Handbook provides the Content Outline for the CNLCP® Portfolio Examination (see Appendix). It is recommended that the Candidate review the Content Outline to assist in their preparation for the Portfolio Examination.

CONTENT OF PORTFOLIO EXAMINATION

Certification through Portfolio Examination is designed to assess the Candidates specialized knowledge, understanding, and expertise in professional practice through application of the Nurse Life Care Planning Process to an industry relevant case scenario.

1. The Candidate must provide supporting documents confirming that they satisfy eligibility requirements. Once the application has been approved and all fees paid, the Candidate will receive the portfolio documents from the Universal Life Care Planner Certification Board including a case scenario and templates for completion.
2. The Candidate's portfolio must demonstrate:
 - a. Consideration and consolidation of the case scenario details/datapoints provided.
 - b. Evidence of consideration of underpinning assumptions as to the impact of the illness/injury and the likely care trajectory appropriate to the case scenario.
 - c. Evidence of the methodology/nursing process used in determining appropriate items/long term treatment needs (i.e., arriving at conclusions) including consultation with treating providers, experts, clinical practice guidelines, etc.
 - d. Determination of the appropriate services and supplies (e.g., interventions) that will facilitate optimization of the individual's outcome, all while minimizing complications and/or comorbidities.
 - e. Identification of nursing diagnoses and applicable defining characteristics, related factors, at risk population, and/or associated condition(s) to support interventions utilizing the most current NANDA-I approved nursing diagnoses (e.g., *NANDA-I Nursing Diagnoses Definitions and Classification*, etc.).
 - f. Identification of the resources utilized to support accurate coding/costing for the needs depicted within the Life Care Plan.
3. The content for the assessment is described in the Content Outline section of this Handbook located on page 13.
4. The rubric developed for the assessment was created by individuals with subject matter expertise in nurse life care planning and was reviewed for accuracy and appropriateness by the Universal Life Care Planner Certification Board in conjunction with a professional testing corporation.
5. The Universal Life Care Planner Certification Board, with the advice and assistance of a professional testing corporation, prepared the Portfolio Examination.
6. Only complete Portfolio Examinations of Candidates will be reviewed and scored by specialty-trained appraisers. A minimum of three appraisers will identify and document specific evidence in the portfolio that adheres to relevant criteria elements listed in the Content Outline. Scoring of the portfolio examination is based upon psychometrically sound principles determined by a professional testing corporation.

AREAS OF KNOWLEDGE**I. PROFESSIONAL SCOPE OF PRACTICE****II. NURSING PROCESS**

1. Assessment
2. Diagnosis
3. Outcome Identification
4. Planning
5. Implementation
6. Evaluation

III. NURSE LIFE CARE PLANNING PROCESS/METHODOLOGY

1. Purpose
2. Standards of Practice for Nurse Life Care Planners
3. Ethical Considerations
 - a. Confidentiality
 - b. Informed Consent
 - c. Accountability

IV. ILLNESS/INJURY PROCESSES

Portfolio Examination case scenario will address a patient with one of the following medical diagnoses:

- A. SPINAL CORD INJURIES
- B. BURNS AND AMPUTATIONS
- C. BRAIN INJURIES
- D. NEONATAL AND PEDIATRIC INJURIES/ILLNESSES
- E. CHRONIC PAIN

In order to synthesize the information provided in the case scenario and develop a credible life care plan, Candidates need to have a sound understanding of the following for all medical diagnoses noted above:

1. Anatomy and physiology/pathophysiology
2. Common signs/symptoms/functional limitations
3. Actual/potential complications
4. Treatment/Management (e.g., evaluations, testing, therapies, procedures [invasive and non-invasive], medications, injections/blocks, etc.)
5. Psychosocial Aspects (e.g., patient/evaluee, family)
6. Typical or expected physiology of aging

V. LIFE CARE PLAN CONSTRUCTION

- A. Components
- B. Roles and Responsibilities of Nurse Life Care Planner
 - a) Assessment
 - i. Interviewing
 - ii. Data Collection and Supportive Documentation
 - iii. Collaboration with Others (e.g., providers, experts)

- b) Nursing Diagnosis
- c) Outcome Estimation
- d) Planning and Implementation
 - i. Cost Estimation
 - ii. Case Management of Life Care Plan
- e) Evaluation
- C. Life Expectancy

VI. CODING/COSTING RESEARCH

- A. Basic understanding of coding/costing/Geozip/GAF
- B. Determination of usual, customary, and reasonable/market value
 - a) Internet
 - b) National Database
 - c) Providers/Vendors

AREAS OF ASSESSMENT/DOMAINS/WEIGHTING (%)

I. PATIENT/EVALUEE ASSESSMENT	20%
II. COLLABORATION WITH OTHERS	19%
III. LIFE CARE PLAN DEVELOPMENT	24%
IV. COST RESEARCH	14%
V. LIFE CARE PLAN REPORT CONSTRUCTION	23%

CONTENT OUTLINE

- I. PATIENT/EVALUEE ASSESSMENT (*#2-48, if applicable, are included in the case scenario*)
 - 1. Use your professional process (e.g., nursing process [assessment, diagnosis, outcome Identification, planning, implementation, evaluation])
 - 2. Document date of birth
 - 3. Document race
 - 4. Document gender
 - 5. Document current address
 - 6. Document marital/relationship status
 - 7. Documents date of injury/loss
 - 8. Documents description of injury/loss
 - 9. Document work/education status
 - 10. Document vocational profile
 - 11. Document additional training, certificates, special licenses
 - 12. Document medical/dental insurance
 - 13. Document primary language
 - 14. Document family dynamics
 - 15. Document daily or routine schedule
 - 16. Document functional (ADL's and IADL's) abilities pre/post-incident
 - 17. Document frequency, duration and vendor used for medical supplies/durable medical equipment
 - 18. Document functional assessment measures (% of each ADL and IADL person is able to perform)

19. Document symptoms, limitations, and restrictions
 20. Document alcohol/drug use
 21. Document financial profile
 22. Document psychosocial status and support system
 23. Document medications (pre and post incident) including brand v. generic, dose, frequency, and average use if per diem
 24. Document provider prescribing medications
 25. Document mode of transportation
 26. Document current living arrangement/environment
 27. Document name and specialty of current treating providers
 28. Document address/location of current providers
 29. Document dates of last and next appointments with providers (or as needed follow up)
 30. Document current status and treatment plan/patterns
 31. Document current home health services
 32. Document current durable medical equipment and supplies
 33. Utilize a specific assessment form/protocol that includes questions to address body systems
 34. Confirm and document past medical/surgical history and comorbidities
 35. Include telephone contact only in patient/evaluee assessment
 36. Include in-person, face to face contact in patient/evaluee assessment
 37. Include video conference (e.g., Zoom, Facetime, etc.) in patient/evaluee assessment
 38. Include family member/support person at initial interview as part of patient/evaluee assessment
 39. Interview individual privately as part of patient/evaluee assessment
 40. Conduct collateral interviews with other individuals (e.g., caregiver, family member, friend, co-worker, etc.), who can attest to the individual's functional ability pre/post-incident without the individual present as part of patient/evaluee assessment
 41. Consider individual and/or family preferences/goals in patient/evaluee assessment
 42. Include home/environment evaluation/description for functionality and safety in patient/evaluee assessment
 43. Include identification of Guardianship in patient/evaluee assessment
 44. Include photographs of the home environment in patient/evaluee assessment
 45. Include photographs of equipment in patient/evaluee assessment
 46. Include photographs of patient/individual in patient/evaluee assessment
 47. Include Day in the Life Video in patient/evaluee assessment
 48. Include Expert Evaluation Video in patient/evaluee assessment
- II. COLLABORATION WITH OTHERS (#2-8, *if applicable, are included in the case scenario*)
1. Use your professional process (e.g., nursing process [assessment, diagnosis, outcome Identification, planning, implementation, evaluation])
 2. Identify experts/ specialists for case needed for further evaluation
 3. Consult with experts/specialists on a case
 4. Attend independent medical examinations/evaluations (IMEs)
 5. Request information *from and/or in consultation with* treating providers (e.g., telephone calls, questionnaires)
 6. Coordinate conference calls with experts to discuss findings/recommendations
 7. Request information from experts through questionnaires

8. Obtain opinions from ancillary healthcare professionals
9. Rely upon clinical practice or published standards of care guidelines in absence of physician or medical provider input
10. Rely upon medical records and/or expert reports in absence of physician or medical provider input
11. Rely upon deposition testimony in absence of physician or medical provider input
12. Rely upon literature/published data in absence of physician or medical provider input
13. Rely upon professional education, training, and experience in absence of physician or medical provider input
14. Rely upon experience with similar patient/evaluee population in absence of physician or medical provider input

III. LIFE CARE PLAN DEVELOPMENT (#2-12 and 16, if applicable, are included in the case scenario)

1. Use your professional process (e.g., nursing process [assessment, diagnosis, outcome identification, planning, implementation, evaluation])
2. Identify potential conflicts of interest with referral source
3. Review pre-morbid medical records
4. Review post-morbid medical records
5. Review a mother's prenatal history (if applicable)
6. Prepare a medical chronology
7. Request missing records
8. Review academic records, including IEPs, 504s, etc. if pediatric case
9. Review additional information (e.g., interrogatories, depositions, declarations)
10. Review provider and/or expert reports
11. Review provider and/or expert depositions
12. Document pre-existing conditions
13. Research disease process, clinical practice guidelines, evidence-based resources
14. Determine practice/license specific diagnoses
15. Identify expert/specialist/literature source(s) as basis for determination of life expectancy
16. Obtain medical experts and/or providers opinion/input regarding the interventions outlined in the Life Care Plan beyond your scope of practice
17. Assess the need for Procedural/Surgical/Intensive Intervention (e.g., emergency room visits, hospitalizations (non-surgical/surgical), pain management/functional restoration program, therapeutic pain injections, stage 1/stage 2 seizure work up, etc.) either independently or through collaboration with others
18. Assess the need for Home/Facility Care (e.g., attendant care for ADLs, assisted living, skilled nursing, nursing home, group home, etc.) either independently or through collaboration with others
19. Assess the need for Future Medical Care (including primary care, specialists, nutritionist/dietician, case management, dentist, prosthetist/orthotist, ophthalmologist, etc.) either independently or through collaboration with others
20. Assess the need for Diagnostic Testing (e.g., laboratory studies, imaging studies, etc.) either independently or through collaboration with others
21. Assess the need for Orthotics/Prosthetics (e.g., splints, braces, orthotics, prosthetics, etc.) either independently or through collaboration with others

22. Assess the need for Psychosocial Services (e.g., cognitive behavioral therapy, neurofeedback/biofeedback, etc.) either independently or through collaboration with others
 23. Assess the need for Evaluations/Treatment Sessions (including therapies, health and strength maintenance, inpatient/outpatient rehabilitation, neuropsychological evaluation/testing, medically supervised weight loss program, community fitness program with/without pool, etc.) either independently or through collaboration with others
 24. Assess the need for Educational/Vocational/Avocational (ergonomic evaluation/equipment, vocational rehabilitation training, etc.) either independently or through collaboration with others
 25. Assess the need for Therapeutic Equipment Needs (including assistive technology, cane, walker, exercise equipment, mattress, safety items [shower bench/chair, raised toilet seat, grab bars, handheld shower head], palliative modalities [e.g., hot/cold wrap, wedge pillows], TENS unit/supplies, etc.) either independently or through collaboration with others
 26. Assess the need for Social/Leisure Needs (including membership in diagnosis related organizations/ magazine subscriptions, etc.) either independently or through collaboration with others
 27. Assess the need for Aids for Independent Function (e.g., reachers/grabbers, adaptive utensils, items to assist with ADLs/IADLs, etc.) either independently or through collaboration with others
 28. Assess the need for Drugs/Supplies (e.g., prescriptive and over the counter medications, lotions, bowel/ bladder supplies, etc.) either independently or through collaboration with others
 29. Assess the need for Personal Needs (e.g., special needs trust, guardian) either independently or through collaboration with others
 30. Assess the need for Wheelchair Needs (e.g., wheelchair replacement, cushion replacement, cushion cover, maintenance, batteries, etc.) either independently or through collaboration with others
 31. Assess the need for Architectural Renovations (e.g., widening doorways, ramps, roll-in shower, lower height of counters, etc.) either independently or through collaboration with others
 32. Assess the need for home/Home Maintenance (e.g., lawn/garden care, exterior maintenance, snow removal, IADL Assistant, etc.) either independently or through collaboration with others
 33. Assess the need for Transportation (e.g., wheelchair accessible vehicle w/conversion, hand controls, left accelerator, Handicap Placard, etc.) either independently or through collaboration with others
- IV. COST RESEARCH *(see examples below-you will not be graded on your method but must show how pricing was determined)*
1. Obtain costs for items and services in a Life Care Plan using usual, customary, and reasonable/market value costs
 2. Obtain costs for items and services in a Life Care Plan using standardized medical coding (e.g., CPT, Modifiers, HCPCS, DRG, ICD-10)

3. Obtain costs for items and services in a Life Care Plan using geographic specific pricing
4. Obtain costs for items and services in a Life Care Plan using national databases (with geographic adjustment where/when indicated)
5. Obtain costs for items and services in a Life Care Plan using national databases (without geographic adjustment)
6. Obtain costs for items and services in a Life Care Plan using catalogs
7. Obtain costs for items and services in a Life Care Plan using provider/vendor contacts
8. Obtain costs for items and services in a Life Care Plan using internet sources
9. Obtain costs for items and services in a Life Care Plan using recent or current billing records
10. Obtain costs for items and services in a Life Care Plan using internal (office) cost file/database
11. Obtain costs for items and services in a Life Care Plan using other experts
12. Obtain costs for items and services in a Life Care Plan using educational mandates (e.g., IDEA, etc.)
13. Obtain costs for items and services in a Life Care Plan using Workers' compensation fee schedules
14. Obtain costs for items and services in a Life Care Plan using Medicare guideline for replacement frequency
15. Obtain costs for items and services in a Life Care Plan using the Medicare fee schedule
16. Obtain costs for items and services in a Life Care Plan using cash pay

V. LIFE CARE PLAN CONSTRUCTION

1. Use categories/tables to list recommendations in the Life Care Plan for Procedural/Surgical/Intensive Intervention
2. Use categories/tables to list recommendations in the Life Care Plan for Home/Facility Care
3. Use categories/tables to list recommendations in the Life Care Plan for Future Medical Care
4. Use categories/tables to list recommendations in the Life Care Plan for Diagnostic testing
5. Use categories/tables to list recommendations in the Life Care Plan for Orthotics/Prosthetics
6. Use categories/tables to list recommendations in the Life Care Plan for Psychosocial Services
7. Use categories/tables to list recommendations in the Life Care Plan for Evaluations/Treatment Sessions
8. Use categories/tables to list recommendations in the Life Care Plan for Educational/Vocational/Avocational
9. Use categories/tables to list recommendations in the Life Care Plan for Therapeutic Equipment Needs
10. Use categories/tables to list recommendations in the Life Care Plan for Social/Leisure Needs
11. Use categories/tables to list recommendations in the Life Care Plan for Aids for Independent Function

12. Use categories/tables to list recommendations in the Life Care Plan for Drugs/Supplies
13. Use categories/tables to list recommendations in the Life Care Plan for Personal Needs
14. Use categories/tables to list recommendations in the Life Care Plan for Wheelchair Needs
15. Use categories/tables to list recommendations in the Life Care Plan for Architectural Renovations
16. Use categories/tables to list recommendations in the Life Care Plan for Home/Home Maintenance
17. Use categories/tables to list recommendations in the Life Care Plan for Transportation
18. Include Recommendation, Service Item, or Nursing Intervention in the Life Care Plan
19. Include Month/Year Initiated in the Life Care Plan
20. Include Frequency/Duration in the Life Care Plan
21. Include Cost in the Life Care Plan
22. Include Breakdown of bundled costs in the Life Care Plan
23. Include Source of costs in the Life Care Plan
24. Include medical diagnoses in the Life Care Plan and/or case file (*in case scenario*)
25. Include nursing diagnoses in the Life Care Plan and/or case file
26. Include psychiatric diagnoses (e.g., DSM) in the Life Care Plan and/or case file (*in case scenario if applicable*)
27. Include surgical procedures, if applicable, in the Life Care Plan and/or case file
28. Include definition of a life care plan in the Life Care Plan and/or case file (*in case scenario*)
29. Include purpose of the life care plan in the Life Care Plan and/or case file (*in case scenario*)
30. Include identification of professional process/methodology in the Life Care Plan and/or case file
31. Include list of records reviewed in the Life Care Plan and/or case file (*in case scenario*)
32. Include medical timeline/chronology/summary in the Life Care Plan and/or case file (*in case scenario*)
33. Reference clinical practice guidelines in the Life Care Plan and/or case file (*if applicable*)
34. Include collateral resources, if applicable, in the Life Care Plan and/or case file
35. Include list of medical providers/professionals consulted/source of recommendations in the Life Care Plan and/or case file
36. Include foundation for opinions/rationale for recommendations in the Life Care Plan and/or case file
37. Include methodology utilized for costing in the Life Care Plan and/or case file
38. Include rationale utilized for identification of costing resources in the Life Care Plan and/or case file (*does not apply for purpose of testing*)
39. Include costs reflective usual, customary, and reasonable amounts; non-discounted/non-inflated; known prevailing rates for geographic area in the Life Care Plan and/or case file

40. Include articles/literature researched in the Life Care Plan and/or case file (*if applicable*)
41. Include photo of the patient/evaluee in the Life Care Plan and/or case file (*does not apply for purposes of testing*)
42. Include FIM/FAM Assessment in the Life Care Plan and/or case file (*does not apply for purpose of testing*)
43. Include assessment by body system in the Life Care Plan and/or case file
44. Include ADL/IADL narrative in the Life Care Plan and/or case file
45. Include symptoms, limitations, restrictions in the Life Care Plan and/or case file
46. Include life expectancy in the Life Care Plan and/or case file

SAMPLE PORTION of PORTFOLIO EXAMINATION

LIFE CARE PLAN
Table: Home/Facility Care

Item	Month/Year Initiated	Frequency	Cost	Nursing Diagnosis (List corresponding number(s) from Section II Key and/or "Medical")	Collaboration (List corresponding number(s) from Section III Key)
PCA/HHA	March/2025	2 hours per day/7 days per week	\$30.00 per hour	2	1, 2

COST RESOURCE INDEX

Item	Unit of Measurement	Cost	Zip Code	Resource
PCA/HHA	Per hour	\$30.00	55106	Home Care Services (888) 777-8888

REFERENCES

The Universal Life Care Planner Certification Board has prepared a suggested reference list to assist in preparing for the Certification Examination for Nurse Life Care Planners. These references contain journals and textbooks, which include information of significance to life care planning. This list does not attempt to include all acceptable references, nor is it suggested that the Certification Examination for Nurse Life Care Planners is necessarily based on these references.

Arnoff, G.M. (1999). *Evaluation and Treatment of Chronic Pain*. Baltimore, MD: Williams and Wilkins.

Ashburn, M.A., & Rice, L.J. (1998). *The Management of Pain*. New York, NY: Churchill Livingstone, Inc.

Ashley, M. (2010). *Traumatic Brain Injury Rehabilitation, Treatment, and Case Management*. Boca Raton, FL: CRC Press.

Bate, B. & Kinney, S. (Eds.). (2024). A Core Curriculum for Nurse Life Care Planning. 2nd Edition. Benton, AR: Remington Publishing.

Blackwell. T.L., Steins, S.A., Winkler, T., & Krause, J.S. (2001). Spinal Cord Injury Desk Reference: Guidelines for Life Care Planning and Case Management. New York, NY: Demos Medical Publishing Inc.

Bostwick, J.A. (1987). The Art and Science of Burn Care. Rockville, MD: Aspen Publishers.

Bottos, M., Feliciangeli, A., Sciuto, L., Gericke, C., & Vianello, A. (2001). Functional Status of Adults with Cerebral Palsy and Implications for Treatment of Children. *Developmental Medicine & Child Neurology*, 43:516-528.

Braddom, R.L. (2011). Physical Medicine and Rehabilitation; Philadelphia, PA: W.B. Saunders Company.

Dealey, C., (2012). The Care of Wounds: A Guide for Nurses. West Sussex, UK: Willey-Blackwell.

DeLisa, J.A., Gans, B.M. Walsh, N.E. (2010). Physical Medicine: Principles and Practice. Philadelphia, PA: Lippincott, Williams and Wilkins.

Deutsch, P., & Sawyer, H. (2004). Guide to Rehabilitation. White Plains, NY: Ahab Press.

Ditmar, S., & Gresham, G. (1997.) Functional Assessment and Outcome Measures for the Rehabilitation Health Professional. Gaithersburg, MD: Aspen Publishers, Inc.

Dorland, W.A. N. (2012). Dorland's Illustrated Medical Dictionary. Philadelphia, PA: Elsevier, Saunders.

Flint, B., Tadi, P., Physiology, Aging. [Updated 2023 Jan 4]. In: StatPearls [Internet]. Treasure Island, FL: StatPearls Publishing; 2025 Jan-. Available from <https://ncbi.nlm.nih.gov/books/NBK556106/>

Frontera, W., Silver, J., & Rizzo, T. (Eds.). (2018). Essentials of Physical Medicine and Rehabilitation; Musculoskeletal Disorders, Pain, and Rehabilitation. St. Louis, MO: Elsevier.

Gianino, J.M., York, M., & Paice, J. (1996). Intrathecal Drug Therapy for Spasticity and Pain. New York, NY: Springer.

Herdman H.T., Kamitsuru S., & Lopes, C.T. (Eds.). (2024). Nursing Diagnoses Definitions and Classification 2024-2026, 13th Edition. New York, NY: Thieme.

Herndon, D. (2012). Total Burn Care. Philadelphia, PA: Elsevier, Saunders.

Horn, L. J., & Zasler, N. (1996). Medical Rehabilitation of Traumatic Brain Injury. Philadelphia, PA: Hanley & Belfus.

Howland, W., (Ed.). (2015). Nurse Life Care Planning Scope and Standards of Practice. Edition One. American Association of Nurse Life Care Planners.

- Hockenberry, M., Bryant, R., & Hellsten, M. (2023). *Wong's Clinical Manual of Pediatric Nursing*. St. Louis, MO: Elsevier, Mosby.
- Jacobs, D. S., Demott, W.R., & Oxley, W.K. (2004). *Laboratory Test Handbook: Concise with Disease Index*. Cleveland, OH: Lexi-Comp, Inc.
- Kasper, D. L., Fauci, A., Hauser, S., Longo, D., Loscalzo, J., & Jameson, J.L. (2012). *Harrison's Principles of Internal Medicine*. New York NY: McGraw-Hill.
- Lazar, R.B. (1998). *Principles of Neurological Rehabilitation*. New York, NY: McGraw-Hill.
- Makic, M., Martinez-Kratz, M. (Eds.). (2022). *Ackley and Ladwig's Nursing Diagnosis Handbook*. 13th Edition. St. Louis, MI: Elsevier, Inc.
- Manduchi, R., & Kurniawan, S. (2013). *Assistive Technology for Blindness and Low Vision*. Boca Raton, FL: CRC Press.
- McCaffery, M., & Pasero, C. (1999). *Pain: Clinical Manual*. St. Louis, MO: Mosby, Inc.
- Michlovitz, S.L. (1996). *Thermal Agents in Rehabilitation*. Philadelphia, PA: FA Davis.
- O'Sullivan, S.B., & Schmitz, T.J. (2013). *Physical Rehabilitation Assessment and Treatment*. Philadelphia, PA: FA Davis.
- Rabow, M., McPhee, S.P., & Papadakis, M.A. (2013). *Current Medical Diagnosis & Treatment*. New York, NY: McGraw-Hill.
- Rapp, C.E., & Torres, M.M. (2000). The Adult with Cerebral Palsy. *Archives Family Medicine*, 9, 466-472.
- Richard, R.L., Staley, M.J. (Eds.). (1994). *Burn Care and Rehabilitation: Principles and Practice*. Philadelphia, PA: F.A. Davis Company.
- Riddick-Grisham, S., & Deming, L. (2011). *Pediatric Life Care Planning and Case Management*. 2nd Edition. Boca Raton, FL: CRC Press.
- Rosenthal, M., Griffith, E. R. & Kreutzer, J. S. (Eds.) (1999). *Rehabilitation of the Adult and Child with Traumatic Brain Injury*. Philadelphia, PA: F.A. Davis Company.
- Rutherford-Owen, T., Barros-Bailey, M., Weed, R. (Eds.) (2023). *Life Care Planning and Case Management Handbook*. 5th Edition. New York, NY: Routledge.
- Snyder-Mackler, L., & Robinson, A.J. (2008). *Clinical Electrophysiology: Electrotherapy and Electrophysiologic Testing*. Philadelphia, PA: Wolters Kluwer/Lippincott, Williams & Wilkins.
- Standing, S. (2008). *Gray's Anatomy*. London. UK: Churchill Livingstone, Elsevier.

Thomas, T.H. (2013). Clinical Guide to Skin and Wound Care. Ambler, PA: Lippincott, Williams & Wilkins.

Umphred, D.A. (2013). Neurological Rehabilitation. St. Louis, MO: Elsevier, Mosby.

Venes, D., Thomas, C.L. (2013). Taber's Cyclopedia Medical Dictionary. Philadelphia, PA: F. A. Davis Company.