

As the national voice for community and public health nursing education, ACHNE is committed to safeguarding the integrity, clarity and future of advanced public health nursing (APHN) preparation. We endorse the APHN Learning Collaborative statement because it affirms a principle essential to our discipline: that indirect care specialties, including Advanced Public Health Nursing, require educational structures and competencies distinct from direct care APRN practice. Commission on Collegiate Nursing Education's (CCNE) clear articulation of these differences protects the unique contributions of population-focused nursing, ensures programs are evaluated fairly and accurately, and reinforces the vital role of indirect care experts in improving health systems, advancing equity and strengthening community well-being. By supporting this guidance, ACHNE underscores its longstanding commitment to high-quality education, appropriate accreditation standards and the advancement of a workforce prepared to meet the complex public health challenges of today and tomorrow.

Advanced Public Health Nursing Learning Collaborative CCNE Statement

*Commission on Collegiate Nursing Education supports the broad concept of Advanced Nursing Practice, of which APRN practice is a subset. Advanced Nursing Practice is specialty practice, commonly classified as either direct or indirect care. CCNE considers all APRN tracks, as well as some others, such as prelicensure, nurse educator, and CNL tracks, to be direct care tracks. Indirect care tracks (e.g., informatics, advanced public health nursing, systems leadership, nursing administration) are not designed or intended to prepare students to provide direct care. Such indirect care tracks are **not** required to offer courses or content in the APRN core (i.e., advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology), as this knowledge and skill set is not needed for indirect care, though students in indirect care tracks need other appropriate content for their specialty. However, all tracks at all program levels (baccalaureate, master's, DNP, and post-graduate APRN certificate) need to be able to demonstrate incorporation of the 10 Domains for Nursing, 8 Concepts for Nursing Practice, and 45 Competencies from the 2021 AACN Essentials. Programs also select additional standards and guidelines (or components thereof) that are current and relevant to program offerings. There is a variety of information and materials that CCNE looks for when determining whether tracks have a direct or indirect care focus, such as goals, course/learning objectives, expected program outcomes, student outcomes, course syllabi, student assignments, clinical experiences, and roles for which graduates are prepared. (When conducting a comprehensive on-site evaluation, CCNE also meets with a variety of program constituents and stakeholders.) As always, the responsibility rests with the program to present clear and consistent information describing whether each track has a direct or indirect care focus and to demonstrate compliance with CCNE accreditation standards.*

This statement was developed by the APHN Learning Collaborative, in partnership with CCNE.