



Don't let kids fall through the cracks.

Nurse practitioner specialty certification in pediatric developmental, behavioral & mental health for primary care

- Testimonials
- Knowledge tested
- Exam prep tips



PEDIATRIC NURSING
CERTIFICATION BOARD

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Nurse practitioners with added specialty certification help **integrate mental health in primary care.**

The national **Pediatric Primary Care Mental Health Specialist** (PMHS) exam validates NP added knowledge, skills, and expertise in the early identification, intervention, and collaboration of care for children and adolescents with developmental, behavioral, and mental health (DBMH) concerns.

PMHSs assess, diagnose, and manage many common DBMH concerns. PMHSs can also help patients and families manage concerns until specialized care is available.

Visit www.pncb.org/pmhs to read more testimonials like the ones below.

The value of the PMHS is not only functionally and financially advantageous to the practice but also to the patient. Since services are offered in the same setting, patients are able to access safe, timely, familiar, and cost appropriate mental health care.

- Jennifer Keller, DNP, CPNP, PMHS

I am now able to easily communicate my unique expertise. This credential best describes my role as a primary care provider with advanced knowledge in the evaluation and treatment of mental health concerns in the pediatric population.

- Sheree Shafer, DNP, FNP-BC, PMHS

Being a PMHS lets my clients and families know that I have furthered my own knowledge base to become a specialist in pediatric mental health. This certification helps separate me from PNPs who focus on primary health care alone, and helps other professionals know more about what I do and what my specialty area is.

- Deborah Padgett Coehlo, PhD, CPNP, PMHS

PMHS Exam Eligibility & Recertification



1. Licensure & Certification Requirement

Current, active, unencumbered APRN license issued by a US state, US territory, or Canada, **and** current certification as an Advanced Practice Registered Nurse (APRN) in the role and population foci of one of these certifications:

- Primary Care PNP (CPNP or PPCNP-BC)
- FNP (FNP-BC or FNP-C)
- Child/Adolescent Psychiatric & Mental Health CNS (PMHCNS-BC)
- Psychiatric-Mental Health NP [formerly Family Psychiatric Mental Health Nurse Practitioner (PMHNP-BC)]

2. Education Requirement

Graduation from an accredited college or university that offers an ACEN or CCNE accredited nursing master's or doctoral degree, or a post-master's certificate from an accredited college or university, with one of the following concentrations:

- Primary Care PNP
- FNP
- Family Psychiatric NP
- Child/Adolescent Psychiatric CNS
- Child/Adolescent Mental Health CNS

If you don't have a master's degree or above in nursing but you meet the following requirements, you may still apply if currently certified and licensed in the role/population foci described under #1 above and if educated prior to 1992 when a master's degree in an advanced nursing practice role was not required.

3. Practice Requirement

A minimum of 2,000 hours of pediatric developmental, behavioral, and mental health (DBMH) clinical practice experience (with or without preceptor) while holding an APRN license in the past 5 years - [optional tracking sheet](#).

4. CE or Coursework Requirement

Either 30 hours of pediatric DBMH CE or 1 graduate level pediatric DBMH course of at least 2 credits in the past 5 years.

PMHS Recert is due every 3 years.

1. Maintain any advanced practice certification (NP or CNS) that was required per PMHS exam eligibility criteria.
2. Maintain current, active, unencumbered US or Canadian advanced practice nursing (APRN) licensure.
3. Complete an equivalent of 45 contact hours of pediatric behavioral/mental health (BMH), of which 15 contact hours must be pediatric psychopharmacology.

We wish you success on your exam. If you have questions, please contact us at exam@pncb.org.



PEDIATRIC NURSING CERTIFICATION BOARD

Pediatric Primary Care Mental Health Specialist Certification Exam



Detailed Content Outline

Description of the Specialty

The Pediatric Primary Care Mental Health Specialist (PMHS) builds upon the Advanced Practice Registered Nurse (APRN) role to provide advanced assessment, evaluation, diagnosis, treatment and management of common developmental, behavioral and mental health problems in children, adolescents, and young adults. Practice settings may include pediatric primary care, school-based clinics, developmental behavioral pediatric programs, and other specialty services. Therapeutic services include early recognition, intervention and active monitoring as well as appropriate referral for complex disorders. Healthcare services are evidence-based and include the use of developmental, behavioral, and mental health screening tools, psychotherapeutic, educational, and psychopharmacologic interventions. The PMHS coordinates care and collaborates with other professionals to enhance quality mental health services for children, adolescents, young adults, and their families.

Credential

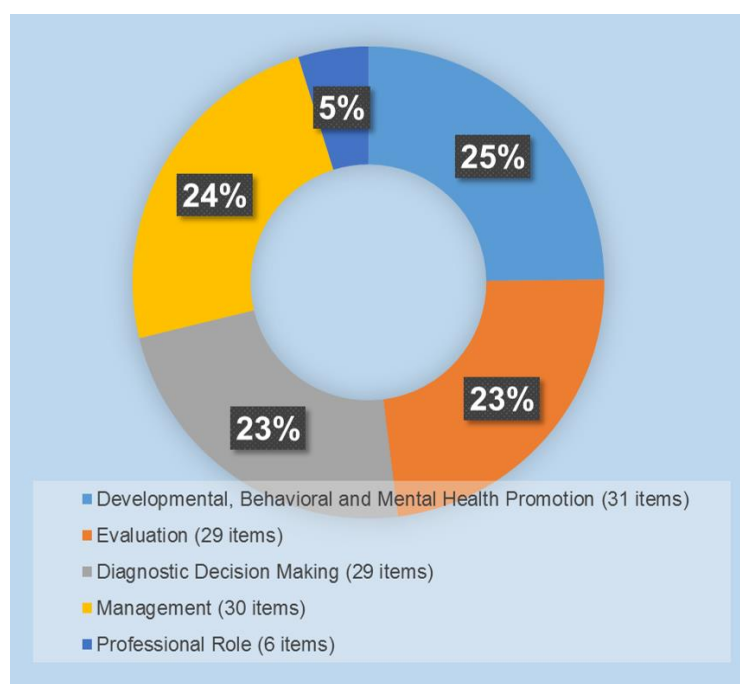
Candidates successfully passing this exam will earn the certification credential Pediatric Primary Care Mental Health Specialist (PMHS).

Exam Details

The exam has a 125 scored and 25 unscored items (included to determine statistical performance). The 125 scored items are distributed among 5 content areas (see chart).

How to use this Content Outline

The PMHS exam content outline (also known as a test blueprint) is an essential tool as you study for your exam. It describes all of the subject areas covered by the exam and the number of questions per category. PNCB certification exams are comprehensive exams, so be sure to study all areas of the content outline, including areas with which you may not be familiar. This exam tests your ability to apply knowledge and use critical thinking skills to determine one best answer among answer choices.



PMHS CONTENT OUTLINE

Total

I. Developmental, Behavioral and Mental Health Promotion

25%
(31 items)

A. Health Promotion and Anticipatory Guidance

1. Promote positive parenting and attachment
2. Provide education on lifestyle modification and risk reduction
3. Promote social, emotional, and academic functioning
4. Provide guidance regarding the impact of individual temperament on development and behavior
5. Provide guidance regarding resiliency and healthy coping
6. Promote optimal developmental progression
7. Provide education about the connection between physical, spiritual, environmental, and psychological determinants of health

B. Developmental, Behavioral and Mental Health Screening

1. Use and interpret evidence-based universal screening tools
2. Use and interpret evidence-based screening tools for populations at high risk
3. Provide surveillance for risks associated with:
 - a) bullying and victimization
 - b) environmental factors
 - c) family systems
 - d) delayed developmental milestones
 - e) behavioral and emotional disorders

II. Evaluation

23%
(29 items)

- A. Obtain a comprehensive developmental, behavioral and health history**
- B. Obtain a comprehensive multigenerational family history**
- C. Review information/data and/or complete an assessment of academic performance and social competence**
- D. Administer evidence-based developmental, behavioral and mental health assessment tools**
- E. Seek information and corroboration from a variety of resources**
- F. Perform physical examination and evaluate behavior**
- G. Order relevant diagnostic and laboratory tests**

III. Diagnostic Decision Making

23%
(29 items)

- A. Interpret assessment and diagnostic findings**
- B. Synthesize the data to determine differential diagnoses**
- C. Recognize and differentiate the impact of:**
 1. typical pediatric developmental stages vs. developmental or behavioral disorders
 2. genetic influences and syndromes
 3. psychosocial stressors
 4. medical, behavioral and/or psychiatric co-morbidities
- D. When developing a list of differential diagnoses, consider:**
 1. psychiatric, neurologic and/or behavioral manifestations of medical disorders
 2. typical vs. atypical presentation of psychiatric disorders
 3. early signs and symptoms of complex developmental, behavioral, and psychiatric disorders
- E. Use DSM criteria and taxonomy in diagnostic decision making**
- F. Engage child/adolescent and family in discussions regarding diagnostic impression**
- G. Initiate referral and/or consultation in the diagnosis of behavioral, mental health and psychiatric problems as needed**

PMHS CONTENT OUTLINE

Total

IV. Management

23%
(30 items)

A. Initial Management

1. Incorporate psychoeducation in the discussion of:
 - a) etiology
 - b) diagnosis and treatment options
 - c) indications, benefits and risks of pharmacological therapies
 - d) indications, benefits and risks of nonpharmacological therapies
 - e) benefits and risks of complementary and alternative therapies
 - f) appropriate safety and crisis management planning
2. Establish treatment goals and objectives through collaborative problem solving with the child/adolescent, family, and other team members
3. Obtain and document informed consent and assent for treatment
4. Provide counseling to introduce evidence-based practices, including:
 - a) behavioral and cognitive strategies
 - b) symptom self-monitoring
 - c) coping skills
 - d) parenting techniques
 - e) environmental accommodations and adaptations
5. Provide evidence-based management of developmental, behavioral, and mental health problems through:
 - a) pharmacological therapies
 - b) nonpharmacological therapies
6. Initiate treatment while awaiting mental health services at a higher level of care
7. Initiate referrals to specialty providers of service
8. Initiate referrals to public and community resources
9. Collaborate with schools in the provision of care to optimize function
10. Refer patients with complex psychiatric disorders to appropriate provider(s)
11. Consult and collaborate with multidisciplinary team regarding treatment and management

B. Ongoing Management

1. Provide active support, monitoring, and counseling to maximize functioning by:
 - a) identifying environmental stressors
 - b) assessing for high risk behaviors
 - c) enhancing family interactions
 - d) promoting social and academic functioning
 - e) encouraging self-monitoring
 - f) decreasing the risk of complications related to medications
 - g) enhancing adherence with treatment plan
2. Evaluate treatment outcomes related to pharmacological interventions
3. Evaluate treatment outcomes related to nonpharmacological interventions
4. Identify and manage new diagnoses and/or comorbidities
5. Facilitate interprofessional communication, collaboration and care coordination
6. Advocate for the child and family
7. Support transition of services
8. Conclude services appropriately

V. Professional Role

5%
(6 items)

- A. Incorporate knowledge of diversity and culture in the provision of care
- B. Maintain confidentiality and privacy according to current regulations and policies
- C. Maintain current knowledge of the following related to developmental, behavioral, and mental health care:
 1. Federal and state laws
 2. Ethical considerations
 3. Practice standards and guidelines
 4. Quality indicators
- D. Promote models of integrated care and innovative methods of healthcare delivery
- E. Demonstrate accuracy in documentation to assure quality of care and support appropriate reimbursement

Exam Content: DIAGNOSES

Items which address specific neurodevelopmental, mental health, and regulatory disorders will be represented within the exam, by volume, according to the following *prioritized listing*:

Diagnosis	
1	ADHD
2	Anxiety Disorders
3	Learning Disorders
4	Depressive Disorders - Mild
5	Behavioral Sleep Disorders
6	Disruptive, Impulse-control, and Conduct Disorders
7	Developmental Delay
8	Depressive Disorders - Moderate
9	Communication Disorders
10	Autism Spectrum Disorders
11	Trauma- and Stressor-related Disorders (e.g., PTSD, reactive attachment disorders)
12	Intellectual Disability
13	Mental and Developmental Disorders Related to Medical Conditions (e.g., TBI, concussion, obesity, diabetes)
14	Abuse and Neglect
15	Somatic Symptoms and Related Disorders
16	Feeding and Eating Disorders
17	Elimination Disorders (encopresis and enuresis)
18	Bipolar and Related Disorders
19	Neurosensory Impairments
20	Depressive Disorders - Severe
21	Obsessive-compulsive and Related Disorders
22	Substance Use and Addictive Disorders
23	Motor Disorders
24	Seizure Disorders
25	Genetic Disorders
26	Other Neurodevelopmental Disorders (e.g., cerebral palsy, spina bifida)
27	Tic Disorders
28	Breathing-related Sleep Disorders
29	Gender Dysphoria
30	Medication Induced Movement Disorders

Neurodevelopmental Disorder

Mental Health Disorder

Regulatory Disorder

Exam Content: PHARMACOLOGIC AND NON-PHARMACOLOGIC MANAGEMENT

Exam content will include a focus on the following pharmacologic agents (*listed in 'most prescribed' order*) and non-pharmacologic interventions (*listed in 'most performed' order*):

Pharmacologic Agents	
1	ADHD Medication – Stimulant
2	ADHD Medication – Non-stimulant
3	Antidepressant Medications
4	Anti-anxiety Medications
5	Sleep Medications
6	Over-the-counter Medications
7	Supplements (non-prescription)
8	Mood Stabilizers
9	Antipsychotic Medications (e.g. for children with autism and aggression)
10	Antiepileptic Medications (e.g. for mood modulation)

Non-pharmacologic Interventions	
1	Motivational interviewing
2	Diet and nutritional approaches
3	Collaborative problem solving
4	Behavioral interventions
5	Educational support services
6	Cognitive behavioral techniques

Exam Content: SCREENING AND ASSESSMENT TOOLS

Exam content will include, but not be limited to, a focus on the following Screening and Assessment Tools (*listed in 'most administered' order*):

Screening and Assessment Tools	
1	Vanderbilt Assessment Scales
2	Modified Checklist for Autism in Toddlers - Revised (M-CHAT-R)
3	Patient Health Questionnaire (PHQ, PHQ-9, PHQ-Brief, PHQ-SADS)
4	Ages & Stages Questionnaire (ASQ)
5	Home environment, Education and employment, Eating, peer-related Activities, Drugs, Sexuality, Suicide/depression, and Safety from injury and violence
6	CRAFFT Alcohol and Substance Screening Tool
7	Pediatric Symptom Checklist (PSC)
8	Conners Scales for ADHD
9	Screen for Child Anxiety Related Emotional Disorders (SCARED)
10	Ages & Stages Questionnaire: Social-Emotional (ASQ-SE)
11	Child Behavior Checklist (CBCL)
12	Conners Comprehensive Behavior Rating Scales



Am I Ready to Test?

Thinking about the Pediatric Primary Care Mental Health Specialist (PMHS) certification exam? Use this checklist to get prepared and see strategies used by successful PMHS candidates.

✓ Assess Your Readiness Step-by-Step:

	<p>Start by reflecting on your clinical practice and education/CE. Consider how many patients you already serve who have these concerns. In addition to APRN education, licensure, and certification eligibility criteria, you must have completed the following within the past 5 years:</p> <ol style="list-style-type: none"> 1. a minimum of 2,000 hours of pediatric developmental, behavioral, and mental health (DBMH) clinical practice experience (with or without preceptor) while holding an APRN license and 2. either 30 hours of pediatric DBMH CE or 1 graduate level pediatric DBMH course of at least 2 credits.
	<p>Next, consider your prescriptive privileges.</p> <ul style="list-style-type: none"> • Pediatric psychopharmacology is covered on the exam, and those with full prescriptive authority scored higher than those with no prescriptive privileges on the 2010 pilot test.
	<p>Review all topics on the PMHS exam content outline/test blueprint.</p> <ul style="list-style-type: none"> • For your areas of weakness on the outline, find appropriate CE/CME, textbooks, or journal articles.
	<p>Consult the PMHS exam reference list and select a familiar textbook to support your studies.</p> <ul style="list-style-type: none"> • Ask colleagues who recently tested what texts they found helpful. • Note that any DSM items reference the DSM-5. • If you are a member of the NAPNAP Developmental Behavioral & Mental Health Special Interest Group, this may be a helpful network for you to discuss references and more.
	<p>Consider using the PMHS clinical practice resource list to supplement your studies. This list offers respected guidelines, statements, reports, and other possible support for learning.</p>
	<p>Note that you will see questions testing your ability to apply knowledge and skills, not simple recall.</p>
	<p>Decide if you would prefer a review course. In the past, NAPNAP has offered one at its annual conference, and may make course notes available for purchase after the event. PNCB is unable to provide or endorse review courses.</p>
	<p>Create a structured study plan.</p> <ul style="list-style-type: none"> • Set SMART goals and put study days and times on your calendar. • Form a study group or journal club with interested colleagues. • Consider finding a mentor to shadow or with whom to discuss clinical patient presentations and management.
	<p>Consider PNCB's PMHS Practice Test, written by PMHS subject matter experts. This module offers in-depth rationale for correct answers to enhance critical thinking skills. It is not a review course, and is not required.</p>
	<p>If test anxiety is an issue, find support. PNCB offers a module that addresses test anxiety, study tips, and strategies for answering multiple-choice questions called Test-Taking Strategies.</p>
	<p>Understand the policies in PNCB's Candidate Testing Handbook about how to schedule, required IDs, arrival time, and how to properly cancel your exam if needed. Prometric Testing Centers offer a check-in preview and an optional, fee-based Test Drive experience.</p>
	<p>Choose ONE best answer for each question during testing. Correct answers may not be indicative of local practice.</p>