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**OPINION:** APRN Population Foci  
**APPROVED DATE:** January 2007  
**REVIEWED DATE:**  
**REVISED DATE:** October 2018  
**ORIGINATING COMMITTEE:**  
Practice Committee Revision

An advisory opinion adopted by WSBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of WSBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training and supervision to assure the safety of their patient population and/or decrease risk.

Within the Scope of Practice/Role of  APRN  RN  LPN  CNA

**ADVISORY OPINION**  
**APRN POPULATION FOCUS and DEFINITIONS**

In accordance with Wyo. Stat. Ann. § 33-21-122(c)(iii) of the Wyoming Nursing Practice Act (NPA), the Wyoming State Board of Nursing (WSBN) has approved the following Advisory Opinion on APRN Population Focus. WSBN’s Rules and Regulations define the scope and standards of nursing practice for the APRN as follows:

- (i) The APRN is subject at all times to the standards and scope of practice established by national professional organizations and/or accrediting agencies representing the various core, role and population focus areas for APRNs, and the NPA.
- (ii) The Board recognizes APRN core, role and population focus areas described in the scope of practice statements for APRNs issued by national professional organizations and/or accrediting agencies.
- (iii) Role and population focus of the APRN shall be declared, and the role and population focus to be utilized shall be the title(s) granted by nationally recognized professional organization(s) and/or accrediting agency(ies) or the title(s) of the role and population focus of nursing practice in which the APRN has received postgraduate education preparation.
- (iv) In order to practice in one of the four roles and in a defined population, the APRN shall be recognized by the Board in that particular role with a population focus of advanced practice nursing.

*Rules Wyo. Dept. of Admin. & Info., Bd. of Nursing, Ch. 3, § 3(a)(i-iv) (July 2018).* **Therefore, an APRN may only practice within the role [unless a second graduate program is completed and subsequent national certification is obtained] and population focus for which he/she is licensed and recognized by the WSBN. The APRN is best suited to determine if the patient presented is within their own population focus. If not, the APRN is obligated to refer to a more qualified provider.**

Qualified individuals are licensed as independent practitioners. APRNs licensed in Wyoming do not require medical supervision, transition to practice, or collaboration agreements (refer to the Institute of Medicine, *The Future of Nursing Report, 2010*). APRNs practice at the level of one of the four APRN

roles and within at least one of the six identified population foci defined by the APRN Consensus Model of 2008 (see figure 1). The APRN roles and population foci are defined below.

The WSBN is committed to supporting access to care in our rural state by regulating full scope of independent practice for APRNs qualified through licensure, accreditation, certification, and education.

### ***The Certified Nurse Practitioner (ROLE)***

“For the certified nurse practitioner (CNP), care along the wellness-illness continuum is a dynamic process in which direct primary and acute care is provided across settings. CNPs are members of the health delivery system, practicing autonomously in areas as diverse as family practice, pediatrics, internal medicine, geriatrics, and women’s health care. CNPs are prepared to diagnose and treat patients with undifferentiated symptoms as well as those with established diagnoses. Both primary and acute care CNPs provide initial, ongoing, and comprehensive care, includes taking comprehensive histories, providing physical examinations and other health assessment and screening activities, and diagnosing, treating, and managing patients with acute and chronic illnesses and diseases. This includes ordering, performing, supervising, and interpreting laboratory and imaging studies; prescribing medication and durable medical equipment; and making appropriate referrals for patients and families. Clinical CNP care includes health promotion, disease prevention, health education, and counseling as well as the diagnosis and management of acute and chronic diseases. Certified nurse practitioners are prepared to practice as primary care CNPs and acute care CNPs, which have separate national consensus-based competencies and separate certification processes. The certified nurse practitioner (CNP) is prepared with *the acute care CNP competencies and/or the primary care CNP competencies.*” (Consensus Model for APRN Regulation, 2008)

### ***The Certified Registered Nurse Anesthetist (ROLE)***

“The certified registered nurse anesthetist (CRNA) is prepared to provide the full spectrum of patients’ anesthesia care and anesthesia-related care for *individuals across the lifespan*, whose health status may range from healthy through all recognized levels of acuity, including persons with immediate, severe, or life-threatening illnesses or injury. This care is provided in diverse settings, including hospital surgical suites and obstetrical delivery rooms; critical access hospitals; acute care; pain management centers; ambulatory surgical centers; and the offices of dentists, podiatrists, ophthalmologists, and plastic surgeons.” (Consensus Model for APRN Regulation, 2008)

### ***The Certified Nurse-Midwife (ROLE)***

“The certified nurse-midwife (CNM) provides a full range of primary health care services to *women throughout the lifespan*, including gynecologic care, family planning services, preconception care, prenatal and postpartum care, childbirth, and care of the newborn. The practice includes treating the male partner of their female clients for sexually transmitted disease and reproductive health. This care is provided in diverse settings, which may include home, hospital, birth center, and a variety of ambulatory care settings including private offices and community and public health clinics.” (Consensus Model for APRN Regulation, 2008)

### ***The Clinical Nurse Specialist (ROLE)***

“The clinical nurse specialist (CNS) has a unique APRN role to integrate care across the continuum and through three spheres of influence: patient, nurse, system. The three spheres are overlapping and interrelated but each sphere possesses a distinctive focus. In each of the spheres of influence, the primary goal of the CNS is continuous improvement of patient outcomes and nursing care. Key elements of CNS practice are to create environments through mentoring and system changes that empower nurses to develop caring, evidence-based practices to alleviate patient distress, facilitate ethical decision-making, and respond to diversity. The CNS is responsible and accountable for diagnosis and treatment of

health/illness states, disease management, health promotion, and prevention of illness and risk behaviors among individuals, families, groups, and communities. The Clinical Nurse Specialist (CNS) is educated and assessed through national certification processes *across the continuum from wellness through acute care.*” (Consensus Model for APRN Regulation, 2008)

***Family Nurse Practitioner (POPULATION FOCI)***

“The graduate of an FNP program is prepared to care for individuals and families across the lifespan. The FNP role includes preventative healthcare, as well as the assessment, diagnosis and treatment of acute and chronic illness and preventative health care for individuals and families. Family nurse practitioners demonstrate a commitment to family-centered care and understand the relevance of the family’s identified community in the delivery of family-centered care.” (National Organization of Nurse Practitioner Faculties [NONPF], 2013)

***Adult-Gerontology Acute Care Nurse Practitioner (POPULATION FOCI)***

“The AG-ACNP provides care to adults and older adults with acute, critical and complex chronic physical and mental illnesses across the entire adult age spectrum from young adults (including late adolescents), to adults and older adults (including frail older adults). AG-ACNPs are prepared to provide services ranging from disease prevention to critical care to stabilize the patient’s condition, prevent complications, restore maximum health and/or provide palliative care. The AG-ACNP practice focuses on patients who are characterized as “physiologically unstable, technologically dependent, and/or are highly vulnerable to complications” (AACN, 2012). These patients require ongoing monitoring and intervention. The patients with acute, critical and complex chronic physical and mental illnesses may be encountered across the continuum of care settings. The scope of practice of the AG-ACNP is not setting specific but rather is based on patient care needs. The AG-ACNP also coordinates comprehensive care in and across care settings to ensure that the acute and chronic illness needs of patients are met during care transitions.” (NONPF, 2016)

***Adult-Gerontology Primary Care Nurse Practitioner (POPULATION FOCI)***

“The AG-PCNP Competencies are specific to the adult-gerontology population which includes adolescents and young adults at one end of the spectrum and frail, older adults at the other. The student is prepared to provide primary care services to the entire adult-gerontology age spectrum across the continuum of care from wellness to illness, including preventive, chronic, and acute care. The main emphasis of primary care NP educational preparation is on comprehensive, chronic, continuous care characterized by a long-term relationship between the patient and AG PCNP. The AG-PCNP provides care for most health needs and coordinates additional health care services that would be beyond the AG-PCNP’s area of expertise. The scope of practice of the AG-PCNP is not setting specific but rather is based on patient care needs.” (NONPF, 2016)

***Neonatal Nurse Practitioner (POPULATION FOCI)***

“Neonatal nurse practitioners provide health care to neonates, infants, and children up to 2 years of age. Practice as an NNP requires specialized knowledge and skills if safe, high-quality care is to be delivered to patients.” (NONPF, 2013)

***Acute Care Pediatric Nurse Practitioner (POPULATION FOCI)***

“The graduate of an ACPNP program is prepared to care for children with complex acute, critical and chronic illness across the entire pediatric age spectrum, from birth to young adulthood. Circumstances may exist in which a patient, by virtue of age, could fall outside the traditionally defined ACPNP population but by virtue of special need, the patient is best served by the ACPNP. The ACPNP implements the full scope of the role through assessment, diagnosis and management with interventions for patients and their families. The ACPNP implements the full scope of the role through assessment,

diagnosis and management with interventions for patients and their families. The ACPNP provides care to patients who are characterized as “physiologically unstable, technologically dependent, and/or are highly vulnerable to complications” (AACN Scope and Standards, 2006, p 9), and a continuum of care ranging from disease prevention to critical care in order to “stabilize the patient’s condition, prevent complications, restore maximum health and/or provide palliative care” (AACN p. 10). Patients may be encountered across the continuum of care settings and require ongoing monitoring and intervention.” (NONPF, 2013)

***Primary Care Pediatric Nurse Practitioner (POPULATION FOCI)***

“The role of the primary care pediatric nurse practitioner is to provide care to children from birth through young adult with an in-depth knowledge and experience in pediatric primary health care including well-child care and prevention/management of common pediatric acute illnesses and chronic conditions. This care is provided to support the optimal health of children within the context of their family, community, and environmental setting. Although primary care pediatric nurse practitioners practice primarily in private practices and ambulatory clinics, their scope of practice may also extend into the inpatient setting and is based upon the needs of the patient.” (NONPF, 2013)

***Psychiatric-Mental Health Nurse Practitioner (POPULATION FOCI)***

“The PMHNP focuses on individuals across the lifespan (infancy through old age), families, and populations across the lifespan at risk for developing and/or having a diagnosis of psychiatric disorders or mental health problems. The PHMNP provides primary mental health care to patients seeking mental health services in a wide range of settings. Primary mental health care provided by the PMHNP involves relationship-based, continuous and comprehensive services, necessary for the promotion of optimal mental health, prevention, and treatment of psychiatric disorders and health maintenance. This includes assessment, diagnosis, and management of mental health and psychiatric disorders across the lifespan.” (NONPF, 2013)

***Women's Health Nurse Practitioner (POPULATION FOCI)***

“The women’s health nurse practitioner provides primary care to women across the life cycle with emphasis on conditions unique to women from menarche through the remainder of their life cycle within the context of sociocultural environments – interpersonal, family, and community. In providing care, the women’s health nurse practitioner considers the inter-relationship of gender, social class, culture, ethnicity, sexual orientation, economic status, and socio-political power differentials.” (NONPF, 2013)

The following definitions are offered to assist in identification of common terms:

***Setting:*** The physical location of where the healthcare occurs. The population foci for APRNs is **not** setting specific. APRN’s practice in **any** setting but must provide treatment within their population focus.

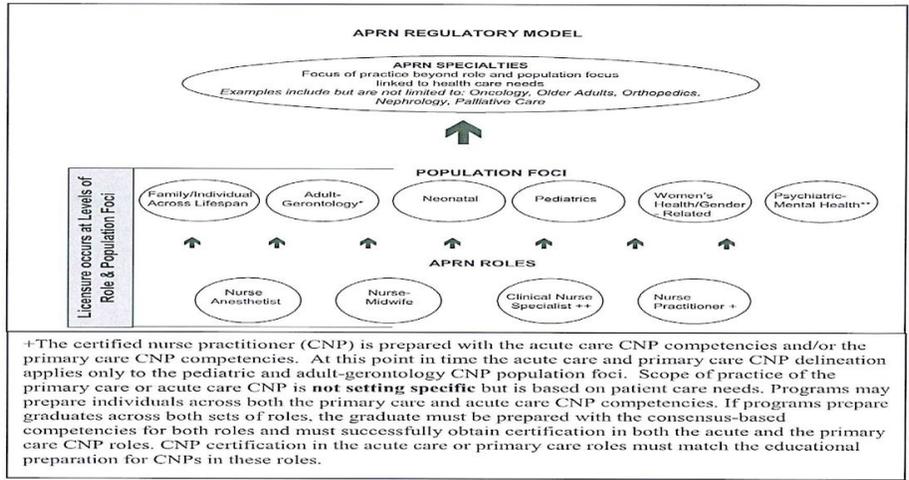
***Observation Care:*** As defined by the Center for Medicare Services, “..services as an outpatient” and “a well-defined set of specific, clinically appropriate services, which include ongoing short term treatment, assessment, and reassessment, that are furnished while a decision is being made regarding whether patients will require further treatment as hospital inpatients or if they are able to be discharged from the hospital.” (CMS, 2018)

***Immediate/Urgent Care:*** The American Academy of Urgent Care Medicine states “immediate [...] service offering outpatient care for the treatment of acute and chronic illness and injury. It requires a broad and comprehensive fund of knowledge to provide such care. Urgent Care Medicine concentrates

on the evaluation and treatment of acutely arising conditions in all age groups. Urgent care specialists often first diagnose chronic conditions, generally with referrals to primary care physicians.” (AAUCM, 2018)

***Emergency Care:*** “Emergency care encompasses the evaluation, management, and treatment of patients across the lifespan with unforeseen illness or injury of varying complexity. Emergency care is delivered by clinicians that are educated and trained to comprehensively address a wide variety of illnesses and injuries, ranging from resuscitation and stabilization of life-threatening health problems to management of minor injuries and illnesses. Emergency care is not defined by a practice setting, and takes place within urban, suburban, rural, and frontier/remote settings.” (AAENP, 2018)

APRN Joint Dialogue Group Report, July 7, 2008



**Diagram 1: APRN Regulatory Model**

Under this APRN Regulatory Model, there are four roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). These four roles are given the title of advanced practice registered nurse (APRN). APRNs are educated in one of the four roles and in at least one of six population foci: family/individual across the lifespan, adult-gerontology, neonatal, pediatrics, women's health/gender-related or psych/mental health. Individuals will be licensed as independent practitioners for practice at the level of one of the four APRN roles within at least one of the six identified population foci. Education, certification, and licensure of an individual must be congruent in terms of role and population foci. APRNs may specialize but they can not be licensed solely within a specialty area. Specialties can provide depth in one's practice within the established population foci.

\* The population focus, adult-gerontology, encompasses the young adult to the older adult, including the frail elderly. APRNs educated and certified in the adult-gerontology population are educated and certified across both areas of practice and will be titled Adult-Gerontology CNP or CNS. In addition, all APRNs in any of the four roles providing care to the adult population, e.g., family or gender specific, must be prepared to meet the growing needs of the older adult population. Therefore, the education program should include didactic and clinical education experiences necessary to prepare APRNs with these enhanced skills and knowledge.

\*\* The population focus, psychiatric/mental health, encompasses education and practice across the lifespan.

++ The Clinical Nurse Specialist (CNS) is educated and assessed through national certification processes across the continuum from wellness through acute care.

Figure 1: The APRN Regulatory Model

**APPENDIX:**

[American Association of Critical Care Nurses. \(2017\). \*Scope of Standards for Acute Care Nurse Practitioners Practice 2017\*](#)

[APRN Consensus Work Group & National Council of State Boards of Nursing APRN Advisory Committee. \(2008\). \*The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education.\*](#)

[National Organization of Nurse Practitioner Faculties. \(2012\). \*Statement on Acute Care and Primary Care Nurse Practitioner Practice, 2012\*](#)

[National Organization of Nurse Practitioner Faculties. \(2013\). \*Population Focused Nurse Practitioner Competencies, 2013.\*](#)

[National Organization of Nurse Practitioner Faculties. \(2016\) \*Adult-Gerontology and Primary Care Nurse Practitioner Competencies, 2016.\*](#)

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American Academy of Urgent Care Medicine. (2018). Definition of Immediate Care. retrieved from <https://aaucm.org/>

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