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## **2025-2026 Job Task Analysis of the Pediatric Primary Care Mental Health Specialist EXECUTIVE SUMMARY**

The Pediatric Nursing Certification Board (PNCB) Pediatric Primary Care Mental Health Specialist (PMHS) examination validates the added knowledge and expertise of nurse practitioners in primary care working with children of all ages with developmental, behavioral, and mental health (DBMH) concerns. PNCB conducted a job task analysis (JTA) for the PMHS credential from April through December 2025. Findings from this research will be used to update the test specifications and detailed content outline used to develop the PMHS examination.

A JTA is designed to obtain descriptive information about professional practice. The goals of this JTA were to:

- update and validate the inventory of tasks performed by advanced practice nurses (APRNs) with specialty expertise who provide DBMH services to children, adolescents, and young adults;
- create and validate an inventory of knowledge areas used in practice;
- update and validate the existing inventory of patient diagnoses;
- update and validate the existing inventory of pharmacologic agents recommended, prescribed, or monitored;
- update and validate the existing inventory of therapies and interventions performed/provided or recommended/referred/prescribed;
- update and validate the inventory of screening and assessment tools used in the specialty; and
- develop updated test specifications and a detailed content outline for the PMHS examination.

### **Conduct of the JTA**

The JTA process involved both qualitative and quantitative data collection activities. The existing detailed content outline for the PMHS examination, which describes the domains



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of practice, tasks performed by PMHSs, diagnoses seen, interventions (including pharmacologic and non-pharmacologic therapies), and screening and assessment tools used, served as the starting point for the current JTA.

Updating the current exam content outline was primarily carried out by a JTA Task Force composed of subject-matter experts (SMEs) in the specialty. The Task Force was chosen to reflect diversity in practice settings and geographic locations, along with other key variables, to ensure the description of practice was representative.

### Survey Development

After the Task Force finished updating the exam content outline and defining knowledge areas, ACT collected validation evidence by creating a web-based survey, developing appropriate rating scales, and distributing the survey to all actively certified PMHSs and other APRNs working in pediatric DBMH. The survey, conducted from October to November 2025, included 11 sections.

Survey Section	Ratings	Statements to Rate
Screening	Yes/No	1
Tasks	Frequency and Importance	66
Domains	Percentage of Time and Importance	5
Knowledge	Importance	33
Diagnoses	Percentage of Patients	29
Pharmacologic Agents	Actions Performed	10
Therapies and Interventions	Actions Performed	19
Screening and Assessment Tools	Used or interpreted	29
Evaluation of Survey Comprehensiveness	Completeness of survey	1
Demographic/Professional Questions	Various formats	19
Eligibility Criteria	Open-ended question	1



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## **Results**

### **Survey Response**

A total of 766 APRNs completed the survey, including 183 PMHSs (representing 20% of certificants), 542 pediatric primary care nurse practitioners (NPs) certified by PNCB, and 41 Family NPs certified by the American Academy of Nurse Practitioners Certification Board.

Survey respondents had an average of 12 years as APRNs and 9 years providing DBMH services to children, adolescents, and young adults. A total of 43% had between 1 and 5 years in the specialty.

### **Survey Ratings**

Participants were asked to rate the importance of each task on a 4-point scale (1=Not at all important to 4=Highly important) and how frequently they performed it on a 5-point scale (1=Never to 5=Very Frequently). They assessed the significance of each knowledge base for a newly-certified PMHS. Additionally, they rated the importance of each domain and the percentage of time spent in it. Participants also indicated the percentage of their patients presenting with each diagnosis. Furthermore, they rated: (a) whether they recommended, prescribed, or monitored each pharmacologic agent; (b) whether they performed/provided or recommended/referred/prescribed each therapy or intervention; and (c) whether they used or interpreted each screening and assessment tool.

## **Results**

### Domains

Respondents spent significant amounts of time in each domain and rated all domains as moderately to highly important.

### Tasks

Sixty-three of 66 tasks achieved importance and frequency ratings above the thresholds for inclusion in the PMHS detailed exam content outline. The three tasks with frequency ratings just below the threshold were retained based on their high importance ratings from key subgroups of respondents defined by certification status or work setting.



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### Knowledge

All 33 knowledge areas achieved importance ratings above the threshold for inclusion in the PMHS detailed content outline.

### Diagnoses, Pharmacologic Agents, Treatments/ Interventions, and Screening/ Assessment Tools

Based on survey ratings, including those from key subgroups defined by certification status or work setting, and discussions among Task Force members, all 29 diagnoses, 9 of 10 pharmacologic agents, 18 of 19 non-pharmacologic therapies and interventions, and 22 of 29 screening and assessment tools were identified as appropriate for testing.

### **Content Coverage**

Almost all (99%) respondents indicated the survey covered their role as a PMHS well, very well, or completely.

### **Test Specifications Development**

The JTA Task Force convened to review the results of the JTA survey and to create an updated exam content outline to guide future versions of the PMHS examination until the next JTA is conducted.

### **Summary**

This study used a mixed-methods approach to define and validate the PMHS role. The study was conducted in accordance with best practice accreditation guidelines for certification programs and led to the development of an updated content outline for the PMHS examination.