

Frequently Asked Questions

The following frequently asked questions address common inquiries about the appropriate use, interpretation, and governance of the PVCT-12®.

1. What is the PVCT-12?

The Perceived Value of Certification Tool-12 (PVCT®-12) is a validated survey instrument designed to measure how nurses and other health professionals perceive the value of specialty certification. The tool assesses both *intrinsic value* (eg, personal accomplishment, validation of knowledge, professional commitment, and confidence) and *extrinsic value* (eg, professional recognition, autonomy, and perceived financial benefit).

The PVCT-12 consists of 12 value statements rated on a 4-point Likert scale (ie, *strongly disagree*, *disagree*, *agree*, *strongly agree*). It was developed through rigorous psychometric testing to ensure reliability, validity, and meaningful variation in responses. Researchers, educators, and credentialing organizations use the PVCT-12 to examine perceptions of certification across specialties, roles, and practice settings and to inform workforce development, credentialing research, and policy decisions.

A brief background information section precedes the PVCT-12 to describe the study sample and support appropriate interpretation of results; these items are separate from the PVCT-12 measurement items.

2. Who owns and maintains the PVCT-12?

The Perceived Value of Certification Tool-12 (PVCT-12) is owned and maintained by the Competency and Credentialing Institute (CCI). CCI is responsible for maintaining the integrity of the instrument, overseeing its authorized use, and supporting its ongoing psychometric defensibility.

Through this stewardship role, CCI ensures that the PVCT-12 is used consistently, without modification, and in accordance with established standards for measurement and research ethics. Centralized ownership also supports appropriate interpretation of findings and facilitates accumulation of validity and reliability evidence across studies.

3. How did the PVCT-12 evolve from the original PVCT, and which version should be used today?

The original Perceived Value of Certification Tool (PVCT) was developed in 2003 and consisted of 18 value statements designed to assess how nurses perceived the value of specialty certification. As the instrument was used over time across multiple studies and nursing specialties, researchers observed that many items were highly agreeable, resulting in limited response variability and reducing the amount of meaningful information the tool could capture.

In response to these findings, a formal psychometric revision was conducted and published in 2019 ([Van Wickling, Maio, Homme, and Stobinski, 2022](#)). Using exploratory factor analysis, item response theory, and reliability testing, researchers evaluated the original 18-item PVCT alongside *candidate revision items* (i.e., newly developed items tested as potential replacements). This rigorous analysis resulted in a revised 12-item instrument, the PVCT-12, with improved psychometric performance. The PVCT-12 demonstrated:

- Improved model fit (CFI = 0.97; RMSEA = 0.075)
- Reduced item agreeableness, allowing for greater response variability
- Strong internal consistency reliability, with Cronbach α values ranging from 0.81 to 0.85 across intrinsic and extrinsic domains

Based on this evidence, the original 18-item PVCT has been retired and is no longer recommended for research or evaluation purposes. The PVCT-12 is the sole, current version of the instrument and should be used in all future studies, program evaluations, and organizational assessments examining the perceived value of certification.

4. Can data from the original PVCT be compared to PVCT-12 data?

Data collected using the original 18-item Perceived Value of Certification Tool (PVCT) should not be directly compared with data collected using the revised 12-item PVCT-12. The PVCT-12 resulted from a rigorous psychometric revision that reduced item agreeableness, refined item content, and altered the underlying measurement model. As a result, scores from the two instruments are not equivalent and do not measure the constructs in an identical way.

Findings from studies using the original PVCT may still provide historical or contextual insight into how nurses have perceived certification over time ([Van Wicklin, Leveling, and Stobinski, 2020](#)). However, when synthesizing or discussing the literature, results from the original PVCT and the PVCT-12 should be reported separately and interpreted within the context of the specific instrument used.

For current research, program evaluation, and organizational decision-making, the PVCT-12 is the recommended and authoritative instrument.

5. Is the PVCT-12 a valid and reliable instrument?

The Perceived Value of Certification Tool-12 (PVCT-12) is a psychometrically validated and reliable instrument for assessing perceptions of the value of professional nursing certification.

The PVCT-12 was developed through a rigorous empirical revision of the original 18-item tool using exploratory factor analysis, item response theory, and reliability testing. These analyses demonstrated that the PVCT-12 has:

- Strong internal consistency reliability, with Cronbach α values ranging from 0.81 to 0.85 across intrinsic and extrinsic domains
- Good measurement model fit, with a comparative fit index (CFI) of 0.97 and a root mean square error of approximation (RMSEA) of 0.075
- Evidence of construct validity, supporting distinct intrinsic and extrinsic dimensions of certification value
- Reduced item agreeableness, resulting in greater response variability and more informative measurement

Since its introduction, the PVCT-12 has been used across multiple studies, specialties, and practice settings, further supporting its reliability and validity in diverse nursing populations ([Van Wicklin, Leveling, and Stobinski, 2020](#)). Based on this evidence, the PVCT-12 is the current and authoritative version of the instrument recommended for research, evaluation, and organizational use.

6. Is the PVCT-12 available for researchers to use?

The Perceived Value of Certification Tool-12 (PVCT-12) is available for use by researchers, educators, and organizations interested in examining perceptions of the value of specialty certification.

The PVCT-12 is owned and maintained by the Competency and Credentialing Institute (CCI). Researchers and organizations wishing to use the instrument must request permission from CCI to ensure appropriate use, accurate representation of the tool, and consistency with established guidelines (Van Wicklin, 2026). This process helps preserve the instrument's psychometric integrity and supports its continued validity and defensibility.

Approved use of the PVCT-12 requires adherence to the applicable terms of use provided by CCI.

7. What are the conditions for using the PVCT-12?

Permission to use the Perceived Value of Certification Tool-12 (PVCT-12) is granted by the Competency and Credentialing Institute (CCI) under specific conditions designed to protect the integrity and validity of the instrument.

Researchers and organizations approved to use the PVCT-12 agree to the following conditions:

- The PVCT-12 and the standardized background information section must be used without modification.
- The required copyright statement must appear on all copies of the instrument.

- The PVCT-12 may be used only for the specific research or evaluation project described in the original permission request.
- Any reliability, validity, or descriptive data derived from use of the PVCT-12, including background information and PVCT-12 item responses, will be shared with CCI.
- If the work is published, a copy of the publication must be provided to CCI within six months of publication.

These conditions help ensure consistent and accurate use of the PVCT-12 and support its ongoing psychometric integrity and defensibility.

8. Are there methodological and statistical considerations for researchers using the PVCT-12?

Researchers using the Perceived Value of Certification Tool–12 (PVCT-12) should consider several methodological and statistical factors when designing studies and analyzing data to ensure valid interpretation of results. Key considerations include:

- ***Sampling and study design.*** Sampling decisions influence the generalizability of findings. Researchers should use appropriate sampling strategies and assess potential sources of sampling bias within their specific study context.
- ***Level of measurement.*** When individual PVCT-12 items are analyzed using percent agreement, responses should be treated as categorical data and analyzed with nonparametric statistical tests. When composite subscale scores are analyzed, prior research supports treating these scores as approximately interval-level measures, provided statistical assumptions are met.
- ***Distributional assumptions.*** Although prior studies have reported approximately normal distributions of PVCT-12 subscale scores, researchers should assess normality in their own samples and apply appropriate corrections or transformations if assumptions are violated.
- ***Homogeneity of variance.*** Studies comparing certified and noncertified nurses may demonstrate differences in score variability between groups. Researchers should test for unequal variances and apply appropriate statistical adjustments when necessary.
- ***Independence of observations.*** Because respondents may be clustered within units or organizations, researchers should assess whether observations are independent. When clustering is present, multilevel or hierarchical modeling approaches may be more appropriate than standard regression or analysis of variance methods.

Addressing these considerations supports appropriate use of the PVCT-12 and strengthens the validity and credibility of study findings.

9. How should researchers describe the PVCT-12 in the Methods section of a research study?

Researchers may adapt the following description slightly to fit journal style requirements, while using the instrument as authorized and without modification:

The PVCT-12 is a self-report instrument that measures perceptions of the value of specialty certification. The instrument consists of 12 value statements rated on a 4-point Likert-type scale (strongly disagree to strongly agree) and is structured around two domains reflecting *intrinsic value* (eg, personal accomplishment, validation of knowledge, professional commitment) and *extrinsic value* (eg, professional recognition, autonomy, perceived financial benefit). The PVCT-12 was developed through formal psychometric revision of the original 18-item instrument using exploratory factor analysis, item response theory, and reliability testing. The revised instrument demonstrates good measurement model fit and strong internal consistency reliability across intrinsic and extrinsic domains (Cronbach $\alpha \approx 0.81\text{--}0.85$).

10. Has the PVCT-12 been used in published research?

The Perceived Value of Certification Tool-12 (PVCT-12) has been used in multiple peer-reviewed studies examining perceptions of the value of specialty certification across nursing and other health care professionals, roles, specialties, and practice settings in the United States and internationally.

A comprehensive synthesis of studies using the PVCT-12 is available in a published systematic review, which serves as the authoritative summary of the PVCT-12 evidence base from 2019 through 2025:

Van Wicklin SA. Perceived value of nursing specialty certification: A systematic review of studies using the PVCT-12. *Excellence and Credentialing in Health Care*. 2026;2. Open access. (Accepted for publication; DOI pending).

The studies included in that review, along with subsequently published studies using the PVCT-12, are listed below. This list is reviewed and updated periodically as new research becomes available.

Studies Using the Perceived Value of Certification Tool-12 (PVCT-12)

Publication Year	AMA Reference	Population / Specialty	Design
2021	Van Wicklin SA, Maio S. The perceived value of certification of plastic and aesthetic nurses. <i>Plast Surg Nurs</i> . 2021;41(1):6–17. doi:10.1097/PSN.0000000000000360	Plastic and aesthetic nurses	Cross-sectional survey
2022	Walter SM, McNair ND, Banat R, Anderson T, Dai Z, Wang K. Results from the Perceived Value of Certification Tool–12 survey: analysis of the perceived value of certification among stroke and neuroscience nurses. <i>J Neurosci Nurs</i> . 2022;54(5):208–214. doi:10.1097/JNN.0000000000000667	Certified stroke and neuroscience nurses	Cross-sectional survey
2023	McCray EF. <i>Nurse professional certification: evaluating achievement program implementation</i> . Dissertation (DNP). University of North Carolina at Chapel Hill; 2023. https://cdr.lib.unc.edu/concern/dissertations/zk51vt96w	Staff nurses (noncertified)	Doctoral dissertation
2023	Ray SG, Smith TB, Moran V, Israel H. Exploring nurses' perceptions of specialty certification. <i>J Contin Educ Nurs</i> . 2023;54(12):567–573. doi:10.3928/00220124-20231013-05	Non-advanced practice nurses	Cross-sectional survey
2024	Godzik CM, Martin CA, Walters NC. Nursing faculty's perceived value of Certified Nurse Educator (CNE®)/Certified Nurse Educator Novice (CNE®n) credentialing. <i>Int J Nurs Educ</i> . 2024;16(2). doi:10.37506/hr6edy75	Nursing faculty	Pre/post survey
2024	Vital CJ, Peterson C, Benjamin E, Naglieri-Prescod DA, Faron P, Nathanson BH. Evaluating the perceived value of holistic certification among nurses: a descriptive survey study. <i>J Holist Nurs</i> . Published online September 16, 2024. doi:10.1177/08980101241277050	Holistic nurses (certified and noncertified)	Descriptive survey
2025	AlSadah AT, Aboshaiqah AE, Alanazi NH. Perceived value and barriers of nursing specialty certifications among clinical nurses in Saudi Arabia: a cross-sectional study. <i>Front Med (Lausanne)</i> . 2025;12:1528856. doi:10.3389/fmed.2025.1528856	Clinical nurses	Cross-sectional survey
2025	Oswalt SB, Ezstman-Mueller HP, Nevers JM. Sexuality educators' perceptions of and experience with sexuality certification. <i>Sex Educ</i> . 2025;25(6):806–825. doi:10.1080/14681811.2024.2393363	Sexuality educators	Mixed-methods survey
2025	Vital CJ, Benjamin E, Peterson C, Naglieri-Prescod DA, Patrick K, Nathanson BH. Motivators and barriers to obtaining cardiac vascular certification among acute care nurses. <i>J Contin Educ Nurs</i> .	Cardiac/vascular nurses	Descriptive survey

Publication Year	AMA Reference	Population / Specialty	Design
	2025;56(6):225–230. doi:10.3928/00220124-20250423-01		
2025	Walter SM, McNair ND, Banat R, Anderson T, Dai Z, Wang K. Evaluating the value of certification among noncertified neuroscience nurses. <i>J Neurosci Nurs</i> . 2025;57(3):132–137. doi:10.1097/JNN.0000000000000831	Noncertified neuroscience nurses	Cross-sectional survey

Evidence current as of December 2025.

11. For which populations is the PVCT-12 appropriate?

The Perceived Value of Certification Tool–12 (PVCT-12) is appropriate for use with any professional group that holds or pursues a formal specialty certification and for which certification carries professional meaning.

The instrument was developed and psychometrically validated primarily among registered nurses, including certified and noncertified nurses across clinical, specialty, academic, and leadership roles. As such, the strongest validity and reliability evidence for the PVCT-12 is within nursing populations.

The PVCT-12 has also been used in studies involving other health care professionals and educators whose roles include specialty certification. When used outside of nursing, researchers should clearly describe the population studied, justify the relevance of certification within that professional context, and interpret findings accordingly.

Researchers are encouraged to report any reliability or validity evidence observed in non-nursing samples and to share these findings with the Competency and Credentialing Institute (CCI) to support responsible extension of the instrument’s evidence base.

12. How should PVCT-12 results be interpreted?

The Perceived Value of Certification Tool–12 (PVCT-12) results reflect perceptions of the value of specialty certification, not objective measures of competence, performance, or certification outcomes. Scores should be interpreted at the group or population level, with attention to *contextual knowing factors*, which are characteristics of a professional’s role and work environment that shape how individuals experience, interpret, and assign meaning to certification. These factors influence perceptions of certification value independent of the certification itself. Common contextual knowing factors include:

- **Role:** A professional’s position (eg, staff nurse, educator, advanced practice nurse, leader) may influence how certification is perceived, particularly in relation to career advancement, credibility, or professional identity.

- **Specialty:** Different specialties may place varying emphasis on certification based on scope of practice, regulatory expectations, or professional norms.
- **Organizational support:** Access to institutional resources such as examination fee reimbursement, paid study time, recognition programs, or salary differentials can influence perceptions of extrinsic certification value.
- **Practice setting:** Work environments (eg, academic medical centers, community hospitals, outpatient settings) differ in how certification is recognized, rewarded, or integrated into professional expectations.

Intrinsic and extrinsic value domains should be considered separately, as they capture distinct aspects of how professionals experience certification. Notably, low endorsement of extrinsic items (eg, salary or professional autonomy) does not indicate low overall value but rather reflects variability in organizational and systemic recognition of certification.

13. Does the PVCT-12 measure competence or certification outcomes?

The Perceived Value of Certification Tool-12 (PVCT-12) does not measure clinical competence, examination difficulty, certification pass rates, or patient outcomes. Rather, it measures how individuals perceive the professional value and meaning of certification.

The instrument should not be used for individual performance evaluation, employment decisions, or assessment of clinical skill. Its appropriate use is in research, program evaluation, and workforce or credentialing studies focused on perceptions and professional meaning.

14. Will the PVCT-12 be revised again in the future?

At this time, there are no plans for further revision of the Perceived Value of Certification Tool-12 (PVCT-12). The current instrument resulted from a comprehensive psychometric evaluation and revision process designed to address known limitations of the original tool.

Any future revisions would be evidence-driven, based on substantial empirical findings indicating a need for change, consideration of psychometric standards, and oversight by CCI. Stability of the instrument supports comparability across studies and strengthens the cumulative evidence base.

15. How do I request permission to use the PVCT-12?

Requests to use the Perceived Value of Certification Tool-12 (PVCT-12), should be directed to the Competency and Credentialing Institute (CCI) at <https://www.cci-institute.org/pvct/>. Researchers and organizations must obtain permission from CCI prior to administering the instrument. This process supports appropriate use of the tool, accurate representation of the instrument, and alignment with established

psychometric and ethical standards. Researchers are encouraged to initiate contact early in the study planning process.