Candidate Handbook

The CP-C examination and certification program is accredited by the National Commission for Certifying Agencies (NCCA)

INTERNATIONAL BOARD OF SPECIALTY CERTIFICATION

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HOW TO CONTACT THE IBSC

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HOW TO CONTACT PROMETRIC

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POPULATION BEING CERTIFIED

The target audience for the Certified Community Paramedic (CP-C) certification examination is any licensed or certified paramedic experienced in specialty mobile integrated healthcare clinical practice.

Candidates must have an understanding of chronic patient care pathophysiology, while maintaining a significant knowledge of current standards established for Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Neonatal Resuscitation Program (NRP), International Trauma Life Support (ITLS); as well as completion of a Community Paramedic education program as approved by their system's Medical Director.

This examination is not meant to test entry-level knowledge, but rather to validate competency of those paramedics providing services beyond the roles of traditional emergency care and transport. The expectation for the Certified Community Paramedic (CP-C) examination candidate is competency in mobile integrated healthcare and expanded emergency medical services (EMS) in rural and urban settings, including various healthcare needs, mental health, housing and social services.

The Certified Community Paramedic (CP-C) examination candidate is an experienced paramedic professional associated with an emergency medical service or other healthcare provider. The candidate must possess a specialized level knowledge of the patient centric care, interdisciplinary collaboration, community-based needs, and preventative care and education.

The broader audience involved with community paramedic services include the following:

1. Federal, state and local Emergency Medical Services (EMS)
2. Private/Government operated Emergency Medical Services (EMS)
3. Ground ambulance services
4. Hospitals and various acute care medical facilities
5. Accountable Care Organizations
6. Healthcare Insurance Companies
7. Education institutions such as local and state colleges or technical centers that provide Community Paramedicine training
8. Municipal fire protection departments
9. Hospice and Palliative Care Organizations
10. Community Health Departments
11. Children Medical Services
12. Other areas around the globe that have or may develop mobile integrated healthcare programs

For additional questions related to qualifying for a certification examination, please contact the IBSC at +1 (770) 978-4400 or via help@IBSC.org.

INTRODUCTION

The International Board of Specialty Certification is responsible for the construction, administration and maintenance of the Certified Community Paramedic (CP-C) examination.

The IBSC does not believe paramedics should work in the community paramedicine environment without being certified. The legal risk to the employer and the medical director is exponentially increased without validation of clinical competency. The CP-C certification targets competency at the mastery level of paramedic practice coupled with entry-level competency over the knowledge, skills and abilities contained within the specialty of mobile integrated healthcare.

ELIGIBILITY

To obtain certification, the candidate must meet **each** of the following:

- hold an unrestricted license or certificate to practice as a paramedic
- complete an approved examination application
- submit paramedic license or certification for verification and approval

To maintain certification, the certificant must meet all eligibility requirements. These requirements can be found on the IBSC web site at http://www.ibscertifications.org/exam/exam-requirements

The examination is available in computer-based testing (CBT) and traditional pencil/paper formats. The board is not affiliated with – nor part of – any trade organization and is not involved with any review courses offered to the public. If you have questions concerning the board or the administration of the examinations, please contact the IBSC at help@IBSC.org or by calling the IBSC office at +1 (770) 978-4400 – 1000-1600 Eastern Time Monday – Friday.

TESTING AGENCY

The IBSC has partnered with Prometric – a trusted leader in global test development and delivery solutions for academic, corporate, financial, government, healthcare, professional associations and technology markets. Prometric assists with the development, administration, scoring and analysis of the Certified Community Paramedic (CP-C) examinations. All CBT examination delivery are provided by the Prometric testing center network – with P&P delivery coordinated through the IBSC office

STATEMENT OF NON-DISCRIMINATION

IBSC and Prometric do not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability or marital status.

REQUEST FOR ACCOMMODATION

To be considered for an accommodation under the ADA, an individual must present adequate documentation demonstrating that his/her condition substantially limits one or more major life activities. Only individuals with disabilities who, with or without reasonable accommodations, meet the eligibility requirements for certification at the level of the requested examination are eligible for accommodations.

For more information related to accommodations, please contact the IBSC at +1 (770) 978-4400. Additional information can also be found at http://www.ibscertifications.org/resource/pdf/ADA.pdf

APPLYING FOR AN EXAMINATION

Register for the CP-C examination via the IBSC website at http://www.IBSC.org or by contacting the IBSC office at +1 (770) 978-4400. After your completed registration and fees have been submitted and approved, you will receive an electronic notice confirming your eligibility to take the examination. An eligibility testing number will be issued along with instructions how to schedule your exam. The period of testing eligibility is one year.

SCHEDULING AN EXAMINATION

Check the http://www.IBSC.org website for scheduled pencil/paper examinations. Computer based (CBT) examinations can be scheduled at

www.Prometric.com/IBSC. Follow the simple step-by-step instructions to register for your examination.

EXAMINATION LOCATIONS

The IBSC offers our entire family of examinations including CP-C®, CCP-C®, FP-C®, TP-C® or the TR-C® exam at conferences, colleges and public facilities around the world.

CBT examinations are administered at Prometric Assessment Centers geographically distributed throughout the world. Assessment Center locations are available online. A complete listing of these sites can be found at www.Prometric.com

CHANGED, MISSED, OR CANCELLED APPOINTMENTS

For paper/pencil examinations, contact the IBSC Office at +1 (770) 978-4400 or help@IBSC.org

For CBT examinations, you can change or cancel your examination appointment date in the Prometric scheduling portal at www.Prometric.com or 800-462-8669. The following rules apply:

- More than thirty (30) days from your appointment date – no change fees apply
- Twenty-nine (29) to five (5) days prior to your appointment date – a $100 rescheduling or cancellation fee applies

If four (4) or less days prior to your appointment – you must:

- Cancel your appointment on-line with Prometric
- Then contact the IBSC at +1 (770) 978-4400 to reschedule
- A $100 rescheduling or cancellation fee will apply

You will forfeit your examination registration and all fees paid to take the examination under the following circumstances.

- You arrive after the examination start-time for a pencil/paper examination appointment.
- You are more than 15 minutes late from the start of the exam.
- You fail to report for an examination appointment.
- You do not schedule an examination within the one-year eligibility period.

A new, complete registration and all examination fee are required if you chose to reapply for any examination.

To change the type of examination (e.g.: from FP-C to CCP-C), contact the IBSC Office at +1 (770) 978-4400 or help@IBSC.org – additional fees will apply

All examination candidates will adhere to the IBSC rules and acknowledge that the IBSC has a disciplinary process that affords everyone due process.

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UNSCHEDULED CANDIDATES (WALK-INS) ARE NOT ADMITTED TO ANY IBSC EXAMINATION.

PREPARING FOR THE EXAMINATION

The first step is to complete an approved application and provide proof of paramedic licensure or certification. The examination is designed to validate the unique knowledge and skills of the Community Paramedic. Experience in the public health and critical care transport environment and additional education in this specialty area are highly recommended to prepare you for being successful on the examination.

CP-C EXAM CONTENT

The Certified Community Paramedic (CP-C) Examination consists of 135 questions (125 scored and 10 non-scored pretest questions) and the candidate is provided 2.5 hours to complete the examination. The certification process is focused on the knowledge level of accomplished, experienced paramedics currently associated with a Community Paramedic program. The questions on the examination are based in sound paramedicine. The candidate is expected to maintain a significant

knowledge of current paramedic practice. This examination is not meant to test entry-level knowledge, but rather to test the experienced paramedics' skills and knowledge of the community paramedic working environment.

As you prepare for the examination, please consider there are a variety of mission profiles throughout the practice of community paramedicine. Please remember this examination tests the candidates' overall knowledge of the principles of mobile integrated healthcare. Just because your operation does not provide a comprehensive mental health program, does not mean you will not have questions related to these types of patients. For example, if your program does not perform point of care testing blood analysis, you still need to understand this information for the examination. We have included a brief outline below of the topics and skills included in the exam. As you can see, most of these are beyond the scope of the average field paramedic. Though some topics addressed are within the paramedic's scope of practice, the exam questions will be related to mobile integrated health care and are of a much higher level of difficulty. The detailed content outline follows.

CP-C CONTENT OUTLINE (BLUEPRINT)

TOPIC AREAS	# items
COMMUNITY BASED NEEDS	25
INTERDISCIPLINARY COLLABORATION	25
PATIENT CENTRIC CARE	42
PREVENTATIVE CARE AND EDUCATION	33

NOTE: *Each test form includes 10 unscored pretest items in addition to the 125 scored items for a total of 135 items in a 2.5-hour test timeframe.*

MAINTAINING YOUR CERTIFICATION

The Certified Community Paramedic (CP-C) Examination is valid for a period of four (4) years. At that time, the certificant will be required to retake the CP-C certification examination. There are currently no other means for renewing this certification.

DISCIPLINARY POLICIES

The IBSC has disciplinary procedures, rights of appeals, and due process within its policies. Individuals applying for certification or recertification who wish to exercise these rights should review the following Review and Appeals Process Policy and the Denial, Suspension, or Revocation of Certification Policy located on the IBSC web site. Requests to appeal must be submitted within thirty days (30) calendar days of receipt of notice of a determination.

CP-C CONTENT OUTLINE (BLUEPRINT)

1. Community Based Needs

A. Participate in the community's health assessment as it applies to the population's needs
B. Increase community awareness of health prevention and promotion
C. Develop a network of resources for patient/client
D. Identify social determinants affecting patient/client care (e.g., individual, community, transportation, economics, environment, social support)
E. Identify cultural variables affecting patient/client care (e.g., Language, Religion, Sexual Orientation, Ethnicity, Race)
F. Identify medical variables affecting patient/client care (e.g., autism, physical disabilities, dementia, age)
G. Identify mental health variables affecting patient/client care (e.g., cognitive disorders, substance disorders, schizophrenia and psychotic disorders, anxiety)
H. Identify special needs variables affecting patient/client care (e.g., autism, abuse, neglect, malnutrition, PTSD, medical literacy)
I. Operate within the financial framework to provide healthcare

2. Interdisciplinary Collaboration

A. Participate in a plan of care to meet an individual's needs
B. Coordinate health services for patient/client
C. Determine need for community resources (e.g., mental health, substance abuse, public health, social services)
D. Provide referrals to community resources (e.g., mental health, substance abuse, public health, social services)
E. Collaborate with the healthcare team in the management of chronic disease (e.g., diabetes, asthma, Coronary Artery Disease)
F. Refer for needs matched time appropriate care
G. Collaborate with health professionals to ensure continued care of the patient/client
H. Communicate with health professionals to ensure continued care of the patient/client (e.g., condition, reaction to interventions, significant incidents)
I. Serve as a patient/client advocate (e.g., program enrollments, liaison with healthcare professionals)
J. Document patient/client visits and follow-up care in healthcare records
K. Access patient/client electronic and/or paper medical records
L. Evaluate related health records (e.g., lab results, medication list, most recent visit summary)
M. Maintain patient confidentiality (HIPAA)

3. Patient Centric Care

A. Perform an initial comprehensive history and physical assessment exam
B. Perform an ongoing comprehensive longitudinal history and physical assessment exam
C. Measure vital signs
D. Administer breathing treatments
E. Monitor wound care
F. Monitor intravenous therapy
G. Administer intravenous therapy
H. Manage chronic disease (e.g., diabetes, asthma, Coronary Artery Disease)
I. Monitor chronic disease (e.g., diabetes, asthma, Coronary Artery Disease)
J. Administer point of care testing (e.g., drug tests, glucose monitoring, INR, iSTAT)
K. Manage patient/client experiencing an acute medical condition
L. Manage patient/client experiencing a transitional medical condition (e.g., post-operative care, hospital discharge, home health discharge, rehabilitation)
M. Manage patient's status using laboratory values
N. Manage patient's status using diagnostic tests (e.g., pulse oximetry, chest radiography, capnography)
O. Assist with home mechanical ventilation (e.g., CPAP/BIPAP)
P. Administer pharmacologic agents:
    1. Intravenous
    2. Intramuscular
    3. PO
    4. Subcutaneous
Q. Educate about pharmacologic agents: Trans-dermal
R. Administer intranasal immunizations
S. Manage patient with conditions related to the

following systems:

1. Appearance (e.g., fever, weight loss)
2. Eyes
3. Ears, Nose, Mouth, Throat
4. Cardiovascular
5. Respiratory
6. Gastrointestinal
7. Genitourinary
8. Musculoskeletal
9. Integumentary (skin and/or breast)
10. Neurological
11. Psychiatric
12. Endocrine
13. Hematologic/Lymphatic
14. Allergic/Immunologic

T. Perform minor medical procedures: Fluid replacement
U. Maintain patient confidentiality (HIPAA)
V. Prepare patient/client to navigate the healthcare system independently
W. Communicate with patient/client to ensure continued care (e.g., medication adherence, follow-up care)

4. Preventative Care and Education

A. Assess safety risks for the community paramedic (e.g., unsafe situations, animals, diseases)
B. Assess safety risks for the patient/client (e.g., disease, falls, environmental health hazards)
C. Assess the safety of the work environment
D. Educate on proper use of healthcare resources
E. Provide oral health education and/or screening
F. Educate on identified healthcare goals
G. Perform a physical safety inspection (e.g., home, property, vehicle)
H. Screen for chronic disease (e.g., diabetes, asthma, Coronary Artery Disease)
I. Differentiate injury patterns associated with specific mechanisms of injury (e.g., falls, elder abuse)
J. Provide service with the local public health agency (e.g., immunization, disease investigation, TB-DOT)
K. Provide service with the local social service and aging agencies (e.g., adult protection, child protection, senior services, housing)
L. Participate in wellness clinics (e.g., immunization and screening)
M. Provide education for:
    1. chronic diseases
    2. medical conditions
    3. community resources
    4. wellness and nutrition
    5. medications
N. Identify the impact that professional boundaries have on patient/client/family and provider health (e.g., ethics, compassion fatigue, stress)
O. Apply coping methods to reduce stress

END OF DETAILED CONTENT OUTLINE

CP-C SAMPLE QUESTIONS

Q: The community needs assessment is a process whereby a Community Paramedic can

a. determine the specific needs of an individual patient.
b. determine the specific needs in a particular system.
c. determine patient's dysfunctional behavior patterns.
d. determine organizational strategies during a natural disaster.

A: b. Determine the specific needs in a particular system.

Q: You have evaluated your community assessment and found that your area has an increased level of persons who are overweight. What would be the most effective way to make your community more aware of this growing problem and promote better health practices?

a. Speak with local news entities and have them do an article or piece on the community's lack of healthy living practices.
b. Reach out to local clinics and find out why they are not coaching patients on healthy lifestyles.
c. Ask local public health if there is a reason why this is occurring and ask them if they are educating people.
d. Work with local schools to implement healthy living education from preschool to high school.

A: d. Work with local schools to implement healthy living education from preschool to high school.

Q: Considering the challenges of dealing with the homeless population, which venue may be the most difficult to do a health screening?

a. Mobile clinic
b. Church
c. Police station
d. Homeless shelter

A: c. Police station

Q: Ms. Wilson is a 56-year-old patient with terminal breast cancer. She was just enrolled in hospice care and is receiving 30 mg of morphine orally every four hours. During your follow-up visit, the patient's adult daughter is concerned that her mother is not getting any pain relief. You should

a. assess for signs and symptoms of pain control.
b. apply a supplemental morphine dermal patch.
c. discontinue the morphine to establish a baseline.
d. arrange an immediate follow-up visit from hospice.

A: a. Assess for signs and symptoms of pain control.

Q: Normal physiological changes associated with age include coordination and balance. What would be the best intervention you could use to best help the patient?

a. Spend more time teaching fall precautions.
b. Schedule a longer in-home evaluation.
c. Tell the patient to focus on not falling.
d. Limit exercise to reduce the possibility of falls.

A: a. Spend more time teaching fall precautions.

Q: You are conducting an in-home visit for a patient with a history of bipolar and excited delirium. During the visit, you notice that the patient begins to experience tachycardia, sweating and muscle tension. What is the primary consideration when encountering this scenario?

a. Reduce any external stimuli.
b. Personal safety.
c. Using a calm voice.
d. Ask a family member for help.

A: b. Personal safety.

Q: A 30-year-old female presents to the Community Health program for excessive Emergency Medical Services (EMS) utilization in which her primary complaint is I need my "vital signs checked." She relates that the medications she takes are "poisoning her" and the reason why she is not taking them daily. She was living in a group home but was asked to leave after becoming aggressive with other residents. You should

a. set up daily visits with the patient with the hope that it will cut back her EMS use.
b. contact local law enforcement to issue a citation for EMS abuse.
c. refer the patient to behavioral health resources for further evaluation.

d. contact the group home manager and attempt to get the patient back in the home.

A: c. Refer the patient to behavioral health resources for further evaluation.

Q: When performing your comprehensive history and physical exam, what series of information would be most consistent with the patient's diagnosis of heart failure?

a. Swelling of the ankles, loss of sensation in the feet, and a history of smoking.
b. Use of beta blockers, nocturnal dyspnea, and fine rales at the bases of the lungs.
c. Ulceration of left heel, history of smoking, and a history of alcohol use.
d. Family history of depression, moderate obesity, and poor diet control.

A: b. Use of beta blockers, nocturnal dyspnea, and fine rales at the bases of the lungs.

Q: Infectious diseases are a result of an interaction between an agent, a host, and the

a. indirect transmission.
b. environment.
c. mode of disbursement.
d. vector.

A: b. environment.

Q: Your patient requires daily intravenous (IV) antibiotic therapy. When accessing the site, you notice slight redness. You cleanse the port and flush the site with normal saline and the site flushes easily and there is no infiltration. You begin administration of an antibiotic to infuse over the next hour while you continue your visit, obtain additional history, and complete the physical exam. During the exam, the patient becomes uncomfortable and you note redness and swelling around the infusion site. The most likely problem is

a. a severe allergic reaction.
b. the iv site has infiltrated.
c. the catheter has dislodged.
d. antibiotic rate is too slow.

A: b. The iv site has infiltrated.

Q: Your patient is a 25-year-old new onset type II diabetic. He is trying to adjust to a new lifestyle and is asking what type of breakfast would be best to help control his blood glucose levels. Which of the following would be the best recommendations for this patient?

a. Whole grain cereal and apple juice
b. A protein shake with demerara sugar
c. Two eggs scrambled with onions and black coffee
d. Three pieces of toast and 2% milk

A: c. Two eggs scrambled with onions and black coffee

Q: At what age, according to the U.S. Preventive Services Task Force, should men and women begin taking aspirin to prevent myocardial infarctions (MIs) and strokes?

a. Both men and women should begin taking aspirin when they turn 55.
b. Both men and women should begin taking aspirin when they turn 45.
c. Men should begin taking aspirin when they turn 45, women when they turn 55.
d. Men should begin taking aspirin when they turn 55, women when they turn 45.

A: c. Men should begin taking aspirin when they turn 45, women when they turn 55.

ON THE DAY OF YOUR EXAMINATION

On the day of your examination appointment, report to the Prometric Assessment Center no later than your scheduled testing time. Once you enter the Assessment Center, look for the signs indicating Prometric Assessment Center Check-In. **IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME YOU WILL NOT BE ADMITTED.**

To gain admission to the Assessment Center, you must present acceptable photo identification. Identification must be valid and include your current name and photo.

Acceptable forms of primary identification include photo ID's such as a current:

1. driver's license
2. gov't issued identification card
3. passport
4. military identification card

You are prohibited from misrepresenting your identity or falsifying information to obtain admission to the AssessmentCenter.

YOU MUST HAVE PROPER IDENTIFICATION TO GAIN ADMISSION TO THE ASSESSMENT CENTER.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, personal electronic devices, pagers or cellular phones are allowed in the testing room.
- No guests, visitors or family members are allowed in the testing room or reception areas.
- All personal items will be placed in a locker and will not be accessible during the examination.

SECURITY

IBSC and Prometric maintain examination administration and security standards that are designed to assure all candidates are provided the same opportunity to demonstrate their abilities. Each Prometric Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes. Candidates may be subjected to a metal detection scan upon entering the examination room.

The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time limit. A digital clock – located at the top of the screen – indicates the time remaining for you to complete the examination.

Only one question is presented at a time. The question number appears on the left portion of the screen. The entire question appears on-screen (i.e., stem and four options labeled – A, B, C and D). **Indicate your choice by either entering the letter of the option you think is correct (A, B, C or D) or clicking on the option using the mouse.** Your answer appears in the highlighted window below the question. To change your answer, enter a different option by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the next button in the lower right portion of the screen. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the back button

The "gear" icon on the bottom left of the screen allows you to change the color of the pages.

You may leave a question unanswered and return to it later. The "question mark" icon on the bottom of the page will return you to the overall instruction page. To return to the exam, click the "continue exam" icon on the bottom of the page.

You may flag questions for later review by clicking the "flag" button at the bottom of the page.

You can eliminate answers by using the "strike-through" feature by right clicking on the mouse. To remove the "strike-through" right click again.

All unanswered and flagged questions will be noted on the left side of the screen – net to the actual

question number. This will provide a list of flagged and unanswered questions. When you have completed the examination, you will be prompted several times to exit and finish the examination. Be sure to answer each question before ending the examination. There is no penalty for guessing.

For pencil/paper examinations, the candidate will be required to complete the following:

- manually complete the scantron sheet
- ensure all answers are properly marked
- when changing answers, ensure all improper marks are properly erased
- provide exam feedback on the back of the scantron sheet

INCLEMENT WEATHER OR EMERGENCIES

In the event of inclement weather or unforeseen emergencies on the day of an examination Prometric will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center.

You may visit the Prometric website at www.Prometric.com prior to the examination to determine if your Assessment Center has closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification regarding rescheduling or reapplication procedures.

If power to an Assessment Center is temporarily interrupted during an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

EXAMINATION RESTRICTIONS

- P Pencils will be provided during check-in.
- Possession of a cellular phone or other electronic devices (including smart watches) is strictly prohibited and will result in dismissal from the examination.
- You will be provided with a wipe-off board to use during the examination. You must return the wipe-off board the Assessment Center staff at the completion of testing, or you will not receive a score report. No documents or notes of any kind may be removed from the Assessment Center.
  - No questions concerning the content of the examination may be asked during the examination.
  - Eating, drinking or smoking will not be permitted in the Assessment Center.
  - You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

MISCONDUCT

If you engage in any of the following conduct during the examination, you may be dismissed, and your scores will not be reported. Examination fees will be forfeited. Examples of misconduct include:

- creating a disturbance, becoming abusive, or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular phones, personal electronic device;
- talk or participate in conversation with other examination candidates;
- give or receive help or is suspected of doing so;
- leave the Assessment Center during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else; or
- are observed with notes, books or other aids.

Violation of any of the above provisions results in dismissal from the examination session. The candidate's score on the examination is voided and examination fees are not refunded. Evidence of misconduct is reviewed to determine whether the candidate will be allowed to reapply for examination. If re-examination is granted, a complete application and fee are required to reapply.

FOLLOWING THE EXAMINATION

FOR COMPUTER BASED TESTING: After you finish the examination, you are asked to complete a short evaluation of your testing experience conducted by Prometric. Score reports will be e-mailed to the e-mail used when registering within one hour of the examination.

FOR PENCIL/PAPER TESTING: After you finish the examination, you will return all materials to the examination proctor in the envelopes provided. Scores are reported in printed form only, in person or by U.S. mail. For international candidates, scores will be sent via electronic mail to a verified candidate email provided at the time of registration and in printed from via U.S. Mail. Scores are **NOT** reported over the telephone or by facsimile.

SCORE REPORTING

To pass the CP-C examination, your score must equal or exceed the established passing score using standard-setting techniques that follow best practices within the testing industry.

The passing standard for the CP-C certification exam is established by a designate IBSC Subspecialty Board, Test Committee or Subject Matter Expert Group. Members of these groups are nationally recognized specialists whose combined expertise encompasses the breadth of clinical knowledge in the specialty area. Members include educators, managers and providers, incorporating the perspectives of both the education and practice environments. In setting the passing standard, the committee considers many factors, including relevant changes to the knowledge base of the field as well as changes in the characteristics of minimally qualified candidates for certification.

The passing standard for the CP-C exam is based on a specified level of mastery of content in the specialty area. Therefore, no predetermined percentage of examinees will pass or fail the exam. The committee sets a content-based standard, using the modified-Angoff method.

The IBSC does not provide the passing candidate with a raw score nor a breakdown of the examination score by topic area. Exam results are reported pass/fail. If you did not pass the exam, you will receive an examination report indicating subject areas of relative strength and weakness. The diagnostic report can assist you if you decide to retake the exam. This change is necessary to endorse the philosophy that certification is the goal and that the raw score number beyond the passing score does not matter.

The domain scores on the score report is not used to determine pass-fail decision outcomes. They are only provided to offer a general indication regarding your performance in each domain. The examination is designed to provide a consistent and precise determination of your overall performance and is not designed to provide complete information regarding your performance in each domain. You should remember that areas with a larger number of items will affect the overall score more than areas with a fewer number of items. The precision and consistency of scores diminishes with fewer items, and therefore, sub-scores should be interpreted with caution, especially those that correspond to domains with very few items.

Numeric scores are not provided for examinees who pass the CP-C examination to ensure the scores are not used for purposes other than licensure and certification. For example, numeric scores should not be used for hiring and promotion decisions because the IBSC exams are not designed for these purposes.

IF YOU PASS THE EXAMINATION

If you pass the examination, your score report will state “pass” without a score breakdown. You will receive a certificate and wallet card within 8 weeks from our partners at The Award Group. Your certification lapel pin and patch will be sent under a separate mailing within 3 weeks of your testing date. Your certification is valid for a four-year period.

IF YOU DO NOT PASS THE EXAMINATION

Should you fail the examination, additional detail is provided in the form of raw scores by major content category. A raw score is the number of questions you answered correctly. As an example, in domain "A", the score of 7/12 means you correctly answered 7 of the 12 questions. Providing this data allows the candidate to direct their review and study material to address those domains in which you were not successful. You may retake the examination after 30 days. The retesting process is outlined at http://www.ibscertifications.org/resource/pdf/Retesting%20Policy.pdf

SCORES CANCELLED BY THE IBSC OR PROMETRIC

IBSC and Prometric are responsible for the integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. IBSC and Prometric are committed to rectifying such discrepancies as expeditiously as possible. Examination results may be cancelled if, upon investigation, a violation or discrepancy is discovered.