



# Candidate Handbook

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



**BCCTPC**  
Board For Critical Care  
Transport Paramedic  
Certification

The BCCTPC is a subsidiary of

**IBSC**<sup>®</sup>  
INTERNATIONAL BOARD  
OF SPECIALTY CERTIFICATION

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## HOW TO CONTACT IBSC

International Board of Specialty Certification (IBSC®)

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## HOW TO CONTACT PROMETRIC

Prometric

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Web: [www.Prometric.com](http://www.Prometric.com)

## POPULATION BEING CERTIFIED

The Certified Critical Care Paramedic (CCP-C) examination candidate is a paramedic professional who is seeking employment with or who is currently associated with an air medical and or ground critical care patient transport service. The candidate must possess an advanced level knowledge of the various transport environments, not the sole requirements or specifications for any one individual transport program or patient population, i.e.: adult, pediatrics, neonatal, maternal, bariatric, etc.

Candidates must have an understanding of advanced level 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), and industry accreditation standards.

This certification examination is beyond the scope of the average, entry-level field paramedic and is not intended to evaluate entry-level knowledge; but rather to measure the experienced paramedic's skills and knowledge of the patient requiring critical care intervention during the various aspects of patient transport, i.e.: ground ambulance, helicopter, aircraft, marine/boats, etc. The target audience for the Certified Critical Care Paramedic (CCP-C) certification examination is any licensed or certified paramedic functioning in a specialty and or critical care clinical practice arena. The broader audience includes the following:

- i. United States Government
- ii. United States military as well as foreign militaries
- iii. Federal, state and local Emergency Medical Services (EMS) providers
- iv. Private and government operated Emergency Medical Services (EMS) agencies
- v. Air medical transport programs, i.e.: helicopters and airplanes
- vi. Ground ambulance providers
- vii. Marine transport, i.e.: U.S. Navy, maritime vessels, etc.
- viii. Hospitals and various acute care medical facilities
- ix. Education institutions such as local and state colleges or technical centers that provide Emergency Medical Services (EMS) training
- x. Municipal fire protection departments
- xi. Various local, state, and federal police or law enforcement agencies
- xii. Other areas around the globe that already or may require specialty certification, i.e.: State Department operations, Department of Defense -(DOD), etc.

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

### INTRODUCTION

The International Board of Specialty Certification (IBSC) is responsible for the construction, administration and maintenance of the Certified Critical Care Paramedic (CCP-C) examination.

The IBSC does not believe paramedics should work in a critical care environment without being certified. The legal risk to the employer and the medical director is exponentially increased without validation of clinical competency. The CCP-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 Critical Care Transport specialty.

### 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, as well as demonstrate continued competency by meeting all recertification 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](mailto: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 Care Paramedic (CCP-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 CCP-C examination via the IBSC website at [www.IBSC.org](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](http://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 FP-C®, CCP-C®, CP-C®, TP-C®, or the

TR-C® exams 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](http://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](mailto:help@IBSC.org)

For CBT examinations, you can change or cancel your examination appointment date in the Prometric scheduling portal at [www.Prometric.com](http://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
- Four (4) or less days prior to your appointment – a \$100 rescheduling or cancellation fee applies

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](mailto: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 Critical Care Paramedic. Experience in the critical care transport environment and additional education in this specialty area are highly recommended to prepare you for being successful on the examination.

### CCP-C EXAM CONTENT

The Certified Critical Care Paramedic (CCP-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 Critical Care Transport Team. The questions on the examination are based on sound paramedic practice. The candidate is expected to maintain a significant knowledge of current ACLS, PALS, NRP, and ITLS/PHTLS standards. This examination is not meant to test entry-level knowledge, but rather to test the experienced paramedics' skills and knowledge of critical care transport.

As you prepare for the examination, please consider there are a variety of mission profiles throughout the spectrum of transport medicine. Please remember this examination tests the candidates' overall knowledge of the transport environment, not the specifics of one individual program. Just because your program does not complete IABP transports, does not mean you will not have questions related to these types of transports. Likewise, if your program does not perform pediatric transports, you still need to understand this information for the examination. We have included a brief outline below of the topics and

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skills included in the exam. As you can see, most of these are beyond the scope of the average field paramedic. Though some outline topics are within the paramedic's scope of practice, the exam questions will be related to critical care and are of a much higher level of difficulty. The detailed content outline follows.

### MAINTAINING YOUR CERTIFICATION

A minimum of 100 contact hours must be submitted with a clear and direct application to the practice of medicine in their area of specialty. Seventy-five of the contact hours must be in the CLINICAL category. Sixteen CLINICAL hours must be from an approved CCP-C review class. Twenty-five CE's may be in the OTHER category to complete the 100 hours. It is acceptable to have more than 75 of the contact hours in the CLINICAL category. For CE to be applicable for renewal, it must have occurred during the four-year period of certification. See guidelines at <http://www.ibscertifications.org/recert/recert-requirements>

### CCP-C CONTENT OUTLINE (BLUEPRINT)

Topic Area	Items
1. Transport and Safety	15
2. Airway, Anesthesia, and Analgesics	30
3. Medical	30
4. Trauma/Burn Patient	25
5. Special Populations	25
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.	



### AUDITS

The IBSC reserves the right to investigate recertification material at any time. You must retain documentation of all continuing education. Failure to submit education when audited will result in denial of eligibility to recertify.

### 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.



## CCP-C DETAILED CONTENT OUTLINE

1. Transport and Safety (15 questions in the section)
  - A. Practice crew resource management
  - B. Use risk assessment matrices
  - C. Participate in mission safety decisions (e.g., go / no-go)
  - D. Manage safety equipment while in transport (e.g., personnel restraints, equipment harness)
  - E. Ensure the safety of all passengers (e.g., specialty teams, family, law enforcement, observer)
  - F. Identify stressors related to transport (e.g., thermal, humidity, noise, vibration, or fatigue related conditions)
  - G. Take corrective action for patient stressors related to transport
2. Airway, Anesthesia, and Analgesics (30 questions in the section)
  - A. Develop a context specific anesthesia plan (e.g., analgesia agents, sedation agents, paralytic agents, comprehensive airway strategy,)
  - B. Implement a context specific anesthesia plan (e.g., analgesia agents, sedation agents, paralytic agents, comprehensive airway strategy)
  - C. Develop context specific mechanical ventilation and oxygenation strategies
  - D. Implement context specific mechanical ventilation and oxygenation strategies
3. Medical (30 questions in the section)
  - A. General Medical Patient
    - i. Perform a comprehensive assessment of the complex medical patient sufficient to establish a physiological based problem list
    - ii. Initiate the critical interventions for the management of the complex medical patient based on the physiological based problem list (e.g., shock, GI/GU, metabolic disorders, immunology, endocrine, sepsis, infectious diseases)
    - iii. Adapt the care plan based on the analysis of
      1. laboratory values
      2. monitoring equipment (e.g., invasive line monitoring, drains)
      3. diagnostics (e.g., radiography, ultrasound, CT)
    - iv. Manage pharmacologic agents
    - v. Manage medical patient complications
    - vi. Manage blood products
  - B. Cardiac Patient
    - i. Perform a comprehensive assessment of the critical care cardiac patient sufficient to establish a physiological based problem list
    - ii. Initiate the critical interventions for the management of the cardiac patient based on the physiological based problem list. Manage patients with:
      1. acute coronary syndrome
      2. heart failure
      3. cardiogenic shock
      4. primary arrhythmias
      5. hypertensive crisis
      6. hemodynamic instability
      7. chronic cardiac conditions
      8. vascular disorders (e.g., AAA, thoracic dissection)
      9. infectious cardiac disease (e.g., pericarditis, endocarditis, valvular disease)
    - iii. Adapt the care plan based on the analysis of
      1. laboratory values
      2. monitoring equipment (e.g., multi-lead ECG, hemodynamic monitoring, drains)
      3. diagnostics (e.g., cardiac catheterization, VQ scans, radiography, ultrasound, CT)
    - iv. Manage pharmacologic agents



- C. Neurologic Patient
  - i. Perform a comprehensive assessment of the critical care neurologic patient sufficient to establish a physiological based problem list
  - ii. Initiate the critical interventions for the management of the neurologic patient based on the physiological based problem list. Manage patients with:
    - 1. altered mental status
    - 2. seizures
    - 3. cerebral ischemia
    - 4. cerebral hemorrhage
    - 5. head injuries
    - 6. spinal cord injuries
    - 7. chronic neurologic conditions
  - iii. Adapt the care plan based on the analysis of
    - 1. laboratory values
    - 2. monitoring equipment (e.g., ICP, hemodynamic monitoring, drains)
    - 3. diagnostics (e.g., radiography, ultrasound, CT)
  - iv. Manage pharmacologic agents
  - v. Manage neurologic patient complications
  - vi. Manage blood products
  
- D. Respiratory Patient
  - i. Perform a comprehensive assessment of the critical care respiratory patient sufficient to establish a physiological based problem list
  - ii. Initiate the critical interventions for the management of the respiratory patient based on the physiological based problem list (e.g., acute respiratory distress syndrome, spontaneous pneumothorax, pneumonia)
  - iii. Adapt the care plan based on the analysis of
    - 1. laboratory values
    - 2. monitoring equipment (e.g., invasive line monitoring, drains)
    - 3. diagnostics (e.g., chest radiography, VQ scan, CT)
  - iv. Manage pharmacologic agents
  - v. Manage respiratory patient complications
  
- E. Toxic Exposure and Environmental Patient
  - i. Perform a comprehensive assessment of the exposure patient sufficient to establish a physiological based problem list
  - ii. Initiate the critical interventions for the management of the exposure patient based on the physiological based problem list (e.g., environmental exposure, chemical/biological/radiological/nuclear/explosive, dive/altitude related illnesses, adverse flora/fauna reactions)
  - iii. Adapt the care plan based on the analysis of
    - 1. laboratory values
    - 2. monitoring equipment (e.g., invasive line monitoring, drains)
  - iv. Manage pharmacologic agents
  - v. Manage exposure patient complications

**4. Trauma/Burn Patient (25 questions in the section)**

- A. Perform a comprehensive assessment of the critical care trauma/burn patient sufficient to establish a physiological based problem list
- B. Initiate the critical interventions for the management of the trauma/burn patient based on the physiological based problem list
  - i. Manage the patient with life-threatening isolated trauma
  - ii. Manage the patient with life-threatening multi-system trauma
- iii. Manage the patient with burns
- C. Adapt the care plan based on the analysis of
  - i. laboratory values
  - ii. monitoring equipment (e.g., invasive line monitoring, drains)
  - iii. diagnostics (e.g., chest radiography, ultrasound, CT)
- D. Manage pharmacologic agents

- E. Manage trauma/burn patient complications
- F. Manage blood products

5. Special Populations (25 questions in the section)

- A. Obstetric Patients
  - i. Perform a comprehensive assessment of the obstetric patient sufficient to establish a physiological based problem list
  - ii. Initiate the management of the obstetric patient based on the physiological based problem list (e.g., pregnancy induced hypertension, hypertonic or titanic contractions, cord prolapse, placental abruption)
  - iii. Adapt the care plan based on the analysis of
    - 1. laboratory values
    - 2. monitoring equipment (e.g., FHT, invasive line monitoring, tocodynamometer)
  - iv. Manage pharmacologic agents
  - v. Manage obstetric patient complications
  - vi. Manage fetal distress
- B. Neonatal Patient
  - i. Perform a comprehensive assessment of the neonatal patient sufficient to establish a physiological based problem list
  - ii. Initiate the critical interventions for the management of the neonatal patient based on the physiological based problem list
  - iii. Adapt the care plan based on the analysis of
    - 1. laboratory values
    - 2. monitoring equipment (e.g., invasive line monitoring, drains)
    - 3. diagnostics (e.g., radiography, ultrasound, CT)
  - iv. Manage pharmacologic agents
  - v. Manage neonatal patient complications
- C. Pediatric Patient
  - i. Perform a comprehensive assessment of the critical care pediatric patient sufficient to establish a physiological based problem list
  - ii. Initiate the critical interventions for the management of the pediatric patient based on the physiological based problem list
  - iii. Adapt the care plan based on the analysis of
    - 1. laboratory values
    - 2. monitoring equipment (e.g., invasive line monitoring, drains)
    - 3. diagnostics (e.g., radiography, ultrasound, CT)
  - iv. Manage pharmacologic agents
  - v. Manage pediatric patient complications
  - vi. Manage blood products
- D. Bariatric Patient
  - i. Perform a comprehensive assessment of the critical care bariatric patient sufficient to establish a physiological based problem list
  - ii. Initiate the critical interventions for the management of the bariatric patient based on the physiological based problem list
  - iii. Adapt the care plan based on the analysis of
    - 1. laboratory values
    - 2. monitoring equipment (e.g., invasive line monitoring, drains)
    - 3. diagnostics (e.g., radiography, ultrasound, CT)
  - iv. Manage pharmacologic agents
  - v. Manage bariatric patient complications
  - vi. Manage blood products
- E. Geriatric Patient
  - i. Perform a comprehensive assessment of the critical care geriatric patient sufficient to establish a physiological based problem list
  - ii. Initiate the critical interventions for the management of the geriatric patient based on the

- physiological based problem list
- iii. Adapt the care plan based on the analysis of
  - 1. laboratory values
  - 2. monitoring equipment (e.g., invasive line monitoring, drains)
  - 3. diagnostics (e.g., radiography, ultrasound, CT)
- iv. Manage pharmacologic agents
- v. Manage geriatric patient complications
- vi. Manage blood products

END OF DETAILED CONTENT OUTLINE

### CCP-C SAMPLE QUESTIONS

A patient is in cardiac arrest after falling through the ice. Emergency Medical Services (EMS) reports that the patient's core temperature is 28 degrees Celsius. The patient is not intubated and effective cardiopulmonary resuscitation (CPR) and bag-valve-mask (BVM) ventilation is being performed. An intravenous line (IV) has been established and the cardiac monitor shows the patient is in Pulseless electrical activity (PEA). What would be an appropriate action?

- A. Begin immediate anterior/posterior transcutaneous pacing.
- B. Continue CPR and administer warmed IV fluids.
- C. Continue CPR and withhold administering epinephrine.
- D. Continue CPR and administer only single doses of medications.

Correct Answer is B

**Rationale:**

2015 Emergency Cardiac Care (ECC) guidelines which AHA follows now state: "Patients with severe hypothermia and cardiac arrest can be rewarmed most rapidly with cardiopulmonary bypass. Alternative effective core rewarming techniques include warm-water lavage of the thoracic cavity and extracorporeal blood warming with partial bypass.

Adjunctive core rewarming techniques include warmed IV or intraosseous (IO) fluids and warm humidified oxygen. Heat transfer with these measures is not rapid and should be considered supplementary to active warming techniques.

Do not delay urgent procedures such as airway management and insertion of vascular catheters. Although these patients may exhibit cardiac irritability, this concern should not delay necessary interventions.

Given the lack of human evidence and relatively small number of animal investigations, the recommendation for administration or withholding of medications is not clear.

It may be reasonable to consider administration of a vasopressor during cardiac arrest according to the standard ACLS algorithm concurrent with rewarming strategies. (Class IIb, LOE C)"

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While transporting a patient in cardiogenic shock, what value would you expect to decrease first?

- A. Central Venous Pressure (CVP)
- B. Blood Pressure (B/P)
- C. Pulmonary Vascular Resistance (PVR)
- D. Cardiac Output (CO)

Correct Answer is D

**Rationale:**

Patients in cardiogenic shock (often from an acute MI) demonstrate clinical evidence of hypoperfusion from an initial decrease in cardiac output. Patients may subsequently develop tachycardia, low urine output, and cool extremities. Systemic hypotension ultimately develops and further propagates tissue hypoperfusion.

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Upon arrival to the sending facility, the transferring physician shows you an AP chest film that shows diffuse bilateral infiltrates. Upon further questioning, you learn that the patient's PCWP is 16 mmHg and his PaO<sub>2</sub>/FiO<sub>2</sub> is 198. Which condition is the patient most likely suffering from?

- A. Acute Respiratory Distress Syndrome (ARDS)
- B. Spontaneous pneumothorax
- C. Chronic Obstructive Pulmonary Disease (COPD)
- D. Pneumopericardium

Correct answer is A

**Rationale:**

ARDS is an acute, diffuse, inflammatory lung injury that leads to increased pulmonary vascular permeability and a loss of aerated tissue. The Berlin Definition of ARDS requires that following criteria be present to diagnose ARDS: Bilateral opacities must be present on a chest film and a moderate to severe impairment of oxygenation must be present. This is defined by the ratio of arterial oxygen tension to fraction of inspired oxygen (PaO<sub>2</sub>/FiO<sub>2</sub>). The severity of the hypoxemia defines the severity of the ARDS. In an acute COPD exacerbation, you would not expect to see bilateral infiltrates. Spontaneous pneumothorax would be present on the chest film. Pneumopericardium would not impair oxygenation.

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During transport of a patient with a 24-hour-old C-6 spinal cord lesion, their face becomes flushed, complain of anxiety and nausea, and their blood pressure is now 210/130. You should administer which of the following medications?

- A. Dexamethasone
- B. Lorazepam
- C. Hydralazine
- D. Diphenhydramine

Correct answer C

Rationale:

Spinal cord injuries above T6 level may be complicated by a phenomenon known as autonomic dysreflexia, a manifestation of the loss of coordinated autonomic responses to demands on heart rate and vascular tone. Common clinical manifestations are headache, diaphoresis, and increased blood pressure. The severity of attacks can range from asymptomatic hypertension to hypertensive crisis. Management includes prompt reduction of blood pressure with a rapid-onset/short-duration agent such as hydralazine.

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You are transporting a 68-year old female patient for an exploratory laparotomy with a medical history of multiple abdominal surgeries and a ventral hernia. She is vomiting, dehydrated, and pale. She is mildly tender to palpation in the left lower quadrant and denies any other pain. You insert a nasogastric tube, with a return of 2400 mL of bilious fluid. What is the most likely cause of her condition?

- A. Acute cholecystitis
- B. Large bowel obstruction
- C. Acute pancreatitis
- D. Small bowel obstruction

Correct answer is D

Rationale:

The most common causes of mechanical small bowel obstructions are postoperative adhesions and hernias. This patient has both risk factors. Obstruction leads to progressive dilation of the intestine proximal to the blockage. Swallowed air can accumulate adding to bowel distention. As the process continues, the bowel wall becomes edematous and normal absorptive function is lost. Fluid begins to accumulate in the bowel lumen. Acute cholecystitis presents with pain in the right upper quadrant and pancreatitis usually presents with mid-epigastric pain. Accumulation of bilious fluid is not consistent with acute cholecystitis or pancreatitis. Patients with mechanical large bowel obstruction typically present with bloating, abdominal pain, and obstipation. Nausea and vomiting is rarely seen.

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A 23-year old female was struck in the face and neck by a tree branch and thrown of a horse. First responders have immobilized the patient on a long board with a cervical immobilization device. Your initial assessment reveals cyanosis, poor respiratory effort, and an altered level of consciousness. You also note a crunching sound with auscultation of her lung fields which is synchronous with her heart rate, and subcutaneous air palpated in the upper chest. Which of the following injuries do you suspect is the cause of these symptoms?

- A. Tension pneumothorax
- B. Pulmonary contusion
- C. Tracheobronchial disruption
- D. Diaphragmatic rupture

Correct answer is C

Rationale:

Injury of the cervical trachea is uncommon but can occur from a direct blow, which may be of low energy. Signs of cervical tracheal injury include dyspnea, hoarseness, and subcutaneous emphysema. Tension pneumothorax presents with decreased or absent breath sounds and tracheal deviation in addition to sometimes subcutaneous emphysema. Pulmonary contusion and diaphragmatic rupture do not present with subcutaneous emphysema.

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The fluid shift phase of the body's response to burn injuries reaches a peak how many hours after the injury?

- A. 4
- B. 8
- C. 16
- D. 24

Correct answer B

Rationale:

Burn injuries cause increased capillary permeability resulting in large fluid shifts and depletion of intravascular volume. This can lead to massive edema. Rapid, aggressive fluid resuscitation to restore intravascular volume and thereby maintain end-organ perfusion is crucial. The fluid shift phase peaks 6-8 hours after the burn injury and lasts for 18-24 hours.

---

You are transporting a neonatal patient on high frequency oscillatory ventilation. The patient's ventilator settings are Amplitude 30 cmH<sub>2</sub>O, Frequency 10 Hertz (Hz), Mean Airway Pressure 10 cmH<sub>2</sub>O, and 50 % (percent) FiO<sub>2</sub> (fraction of inspired oxygen). During transport, you note that the patient's chest wall wiggle has diminished. What action should you take to improve chest wall wiggle?

- A. Increase the amplitude.
- B. Increase the frequency.
- C. Increase the mean airway pressure.
- D. Increase fraction of inspired oxygen.

Correct answer A

Rationale:

During high-frequency oscillatory ventilation, the lungs are not capable of being auscultated to assess adequacy of ventilation. The amplitude of the "chest wiggle" in such infants (by visual inspection or palpation) can be a useful guide to the effectiveness of the high-frequency pulsations. In order to increase ventilation, the frequency is decreased, and the amplitude is increased. Decreasing the frequency allows an increased tidal excursion of the piston producing an increase in bulk flow of gas. Increasing the amplitude drives the piston a greater distance producing an increase in bulk flow of gas.

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## 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 Assessment Center/Testing location.

**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 – next 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](http://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

- 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 form via U.S. Mail. Scores are **NOT** reported over the telephone or by facsimile.

### SCORE REPORTING

To pass the CCP-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 CCP-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 CCP-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 CCP-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.

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