Candidate Handbook

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

INTERNATIONAL BOARD OF SPECIALTY CERTIFICATION

May 2019

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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 Certified Tactical Paramedic (TP-C) exam candidate is a paramedic professional currently providing critical care in the austere and care-under-fire environments. The expectation for the TP-C examination candidate is knowledge in casualty assessment, stabilization, and evacuation in hostile and austere environments, as well as thorough familiarity with tactical principles, triage, and operational medicine. Candidates should have significant knowledge of the Committee on Tactical Combat Casualty Care and the Committee for Tactical Emergency Casualty Care guidelines, management of the full tactical injury spectrum (from less-than-lethal to CBRNE), force health protection, and medico-legal aspects of Tactical Emergency Medical Services.

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 tactical care intervention during the various aspects of providing care in the austere environment, i.e.: ground ambulance, helicopter, aircraft, marine/boats, etc. The target audience for the Certified Tactical Paramedic (TP-C) certification examination is any licensed or certified paramedic functioning in a specialty austere and care-under-fire environment. The broader audience includes the following:

i. United States as well as foreign militaries
ii. Federal, state and local Emergency Medical Services (EMS) providers
iii. Private and government operated Emergency Medical Services (EMS) agencies
iv. Various Law Enforcement Organizations
v. Ground ambulance companies supporting tactical care initiatives
vi. Hospitals and various acute care medical facilities functioning in austere environments
vii. Education institutions such as local and state colleges or technical centers that provide Emergency Medical Services (EMS) training
viii. Other areas around the globe that already require specialty tactical certification

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 (IBSC) is responsible for the construction, administration and maintenance of the Certified Tactical Paramedic (TP-C) examination.

The IBSC does not believe paramedics should work in the tactical environment without being certified. The legal risk to the employer and the medical director is exponentially increased without validation of clinical competency. The TP-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 tactical medicine specialty.

ELIGIBILITY

To obtain certification, the candidate must:

- 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 candidate 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 or part of any other 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 – 0900-1700 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 Tactical Paramedic (TP-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 FP-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 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

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 the IBSC has a disciplinary process that affords everyone due process.

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 Tactical Paramedic. Experience in the critical care and care in the austere environment with additional education in this specialty area are highly recommended to prepare you for being successful on the examination.

TP-C EXAM CONTENT

The Certified Tactical Paramedic (TP- 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 working with and supporting the advanced life support/critical care needs of TEMS units. The questions on the examination are based in sound paramedicine with an emphasis on the tactical environment. The expectation for the TP-C exam candidate is competency in casualty assessment, stabilization and evacuation in hostile and austere environments, as well as thorough familiarity with tactical principles, triage, and operational medicine. Candidates must have significant knowledge of the Committee on Tactical Combat Casualty Care and the Committee for Tactical Emergency Casualty Care guidelines, management of the full tactical injury

spectrum (from less-than-lethal to Chemical, Biological, Radiological, Nuclear and high yield Explosives (CBRNE), force health protection, and medico-legal aspects of Tactical Emergency Medical Services. This examination is not meant to test entry-level knowledge, but rather to test the experienced paramedics' skills and knowledge of tactical medicine.

As you prepare for the examination, please consider there are a variety of mission profiles throughout the TEMS spectrum. Please remember this examination tests the candidates' overall knowledge of critical care therapies and the TEMS environment, not the specifics of one individual program. Just because your program does not have working dogs, that does not mean you will not have questions related to the care of these animals. Likewise, if your program does not perform care under fire, 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 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 the area of specialty. Seventy-five of the contact hours must be in the CLINICAL category with a TEMS focus. Twenty-five hours may be from various tactical OPERATIONAL education. The NAEMT TCCC program is acceptable for sixteen of these CE hours. For CE to be applicable for renewal, it must have occurred during the four-year period of certification. See recertification guidelines at http://www.ibscertifications.org/recert/recert-requirements

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 may contact the IBSC for copies of the Review and Appeals Process Policy and the Denial, Suspension, or Revocation of Certification Policy. Requests to appeal must be submitted within thirty days (30) calendar days of receipt of notice of a determination.

The detailed content outline follows.

TP-C CONTENT OUTLINE (BLUEPRINT)

TOPIC AREAS	# OF QUESTIONS
TACTICAL CASUALTY CARE (TECC/TCCC)	55
TACTICAL OPERATIONS	30
PLANNING	21
SPECIALIZED MEDICAL CARE	19
TOTAL SCORED ITEMS	125

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*

1. **Tactical Combat/Emergency Casualty Care (TCCC/ C-TECC) Methodology (11)**
    a. Care under fire / Direct Threat Care.
    b. Tactical field care / Indirect Threat Care.
    c. Tactical Evacuation (TACEVAC) / Evacuation Care
2. **Hemorrhage Control (7)**
    a. Recognize wound types/mechanisms at high-risk for life-threatening hemorrhage, both internal and external
    b. Reassess efficacy of previously employed hemorrhage control techniques
    c. Perform hemorrhage control using:
        i. Tourniquet
        ii. Direct pressure
        iii. Wound packing
        iv. Wound dressing
        v. Pressure dressing
        vi. Hemostatic agent (e.g., combat gauze, chitogauze)
3. **Airway (7)**
    a. Perform airway assessment
    b. Manage the airway using:
        i. Casualty positioning (e.g., recovery position)
        ii. Basic airway clearance techniques (e.g., chin- lift, jaw-thrust)
        iii. Suction devices
        iv. Airway adjuncts (nasopharyngeal airway (npa)
        v. Supraglottic airway (SGA) device (e.g., King, LMA)
        vi. Surgical airway (cricothyroidotomy)
        vii. Endotracheal (ET) intubation
        viii. Rapid sequence intubation (RSI)
        ix. Paralytic agents (e.g., for long term neuromuscular blockade)
        x. Verification of tube placement:
            1. Bougie
            2. End tidal CO_2 detection
            3. Esophageal detection device (e.g., bulb, syringe)
4. **Breathing (6)**
    a. Assess respiratory status
    b. Use capnography
    c. Use pulse oximetry
    d. Seal penetrating thoracic wounds with occlusive dressing
    e. Perform needle thoracostomy (e.g., needle decompression)
    f. Perform tube thoracostomy (e.g., chest tube)
    g. Use a mechanical ventilator
5. **Circulation (6)**
    a. Assess adequacy of perfusion (e.g., monitoring, physical exam)
    b. Recognize potential causes of shock
    c. Establish vascular access:
        i. Peripheral venous access
        ii. Intraosseous access
        iii. Provide oral fluid resuscitation
        iv. Perform damage control resuscitation
6. **Medication Administration (4)**
    a. Provide oxygen therapy
    b. Administer analgesia / sedation agents:
        i. Morphine
        ii. Oral routes
        iii. Parenteral routes
        iv. Ketamine
        v. Versed
        vi. Valium
    c. Administer OTC medication:
        i. Anti-inflammatories
        ii. Decongestants
        iii. Antihistamines
        iv. Antipyretics
        v. Antitussives
        vi. Antidiarrheals
    d. Administer prescription medicines outside of the DOT paramedic curriculum
        i. Antibiotics
        ii. Non-narcotic analgesics
        iii. Nerve agents antidotes
        iv. Cyanide antidotes
        v. Epi-auto injectors
7. **Neurological Emergencies (4)**
    a. Perform neurologic assessment
    b. Manage suspected spinal injuries in the following settings/scenarios:
        i. Unconscious
        ii. Blunt trauma
        iii. Penetrating trauma
        iv. Blast injuries
    c. Determine the differential diagnosis of a comatose patient
    d. Manage patients with seizures
    e. Perform a baseline neurologic assessment of a trauma patient
    f. Assess changes in intracranial pressure using clinical findings
    g. Perform a focused neurological assessment
    h. Assess a patient using the Glasgow coma scale
    i. Manage patients with head injuries
    j. Administer pharmacology for neurological management
8. **Trauma Management (6)**
    a. Perform patient triage
    b. Identify top 3 causes of preventable death
    c. Perform START triage
    d. Perform SALT triage
    e. Use MARCH algorithm
    f. Differentiate injury patterns associated with specific mechanisms of injury
    g. Provide care for the patient with thoracic injuries (e.g., pneumothorax, flail chest, cardiac tamponade)
    h. Provide care for the patient with abdominal injuries (e.g., diaphragm, liver and spleen)
    i. Provide care for the patient with orthopedic injuries (e.g., pelvic, femur, spinal)
    j. Administer pharmacology for trauma management

k. Perform fracture dislocation management
l. Reduce dislocations

9. Burn Patients (4)
a. Perform an assessment of the burn patient
b. Calculate the percentage of total body surface area burned
c. Calculate fluid replacement amounts based on the patient's burn injury and physiologic condition
i. Rule of tens
ii. Parkland formula
iii. Brooke formula

10. Remote Assessment/Surrogate Care (4)
a. Perform a remote assessment/surrogate care
b. Determine situational variables impacting rescue
c. Communicate finding to command staff for integration into extraction plan
d. Direct surrogate to assess the need for life saving medical care
e. Direct a surrogate to provide lifesaving medical care

11. Rescue / Extraction (5)
a. Perform threat extraction
b. Use methods of rescue breaching (e.g., evacuation through drywall, cinderblock, window)
c. Recommend extraction method based on the casualty's specific injuries

12. Incident Command System/Chain of Command and Interface with EMS (2)
a. Use a centralized command and control system
b. Interface with local medical authority

13. Tactical Team Operations (4)
a. Identify specialized equipment and its use in tactical operations and TEMS:
i. Personal protective equipment (PPE)/uniforms
ii. Breaching/diversionary
iii. Firearms/weapons: clear and render safe
b. Stage standardized team medical equipment
c. Understand basic tactical movement technique and their importance to team safety
i. Demonstrate open field movement
ii. Cover and concealment
iii. Fatal funnel
iv. Stack
v. Wedge
vi. Slicing the pie
vii. Clearing threats
d. Situational awareness to personal, patient and team safety in a tactical operation
i. Implement noise/light discipline
ii. Manage stress response
iii. Execute 5 S's (seize, secure, search, segregate, speed)
iv. Use the contact and cover technique
v. Employ PIE (proximity, immediacy, expectancy)
vi. Employ critical stress mitigation techniques

14. Medical Mission Analysis (8)
a. Provide medical mission analysis
i. Pre-mission
ii. Establish and manage a casualty collection point
iii. Infiltration
iv. Actions on objective
v. Exfiltration
vi. Post-mission
vii. Special population (e.g., pediatric, elderly, language)
b. Provide medical threat assessment
i. Environmental hazards (e.g., heat, cold, wind, rain)
ii. Tactical threats (e.g., weapons, dogs, improvised explosive devices (IEDs)
iii. Hazardous materials
iv. Weapons of mass destruction (WMD)/(CBRNE)

15. Legal Aspects of TEMS: Comply with legal aspects of the following: (7)
a. HIPAA
b. Evidence preservation and Chain of Custody
c. Scope of Practice
d. Illegal Search and Seizure and other Fourth Amendment Issues

16. Force Health Protection (3)
a. Manage work/rest/sleep cycles
b. Evaluate pertinent medical history of assigned personnel
c. Identify immunizations and chemoprophylaxis (e.g., malaria) for a given team and settings
d. Identify aspects of hydration for a given team and setting
e. Identify aspects of nutrition and food safety for a given team and setting
f. Identify aspects of field sanitation for a given team and setting
g. Monitor team use of tactical protective equipment (e.g., ballistic eyewear, body armor, Nomex gloves)

17. Environmental Factors (4)
a. Manage environmental emergencies
b. Manage weapons of mass destruction (WMD)/(CBRNE) casualties
i. Administer antidotes
ii. Perform field decontamination

18. Manage Injuries and Complications Associated with Less Lethal Weapons (5)
a. Chemical munitions (e.g. CS, OC)
b. Electrical conductive weapons
c. Impact weapons
d. Light/sound diversionary devices (e.g. flash-bang)

19. Canine Management (3)
a. Manage working dog trauma
b. Manage environmental emergencies in dogs.

END OF DETAILED CONTENT OUTLINE

TP-C SAMPLE QUESTIONS

1. When a dog and handler are preparing for a mission in a hot, dry environment, the medic should hydrate the working dog by:
    a. Injecting crystalloid intramuscularly into several of the large muscle groups.
    b. Establishing an IV in the foreleg to provide fluids and maintain a saline lock.
    c. Infusing crystalloid subcutaneously into the dog's scruff between the shoulder blades.
    d. Relying on oral hydration with an electrolyte-balanced solution.

2. The counter-sniper/observer team has informed the team commander of a casualty via radio. What factors will determine the priority of when to rescue this casualty?
    a. The location of the casualty in relation to a door or breaching point.
    b. The number and location of other hostages and any other injuries.
    c. How big is the blood pool and are there any signs of any movement?
    d. If there are any hostages or non-combatants in the path of a direct assault.

3. A tactical team member has received a gunshot wound to his right upper leg with significant hemorrhage. As the rescue element prepares to affect the rescue, the downed officer should be directed to:
    a. Apply direct pressure to the wound and lay still.
    b. Apply a tourniquet and then play dead.
    c. Seek cover or concealment and apply a tourniquet when tactically feasible.
    d. Make a run for the closet point of cover and concealment and then await rescue.

4. One mission of the tactical paramedics is to perform a rapid assessment of the medical situation to allow whom to make informed decisions regarding mission goals and priorities?
    a. Medical Director
    b. Point Operator
    c. Team Leader
    d. Breacher

5. For a tactical medic to render safe the pistol of a downed officer, he should:
    a. Drop the magazine, clear the chamber, uncock and select safe.
    b. Drop the magazine, clear the chamber, pull the trigger and select safe.
    c. Clear the chamber, drop the magazine, uncock and select fire.
    d. Clear the chamber, crop the magazine, pull the trigger and select safe.

6. A team member has sustained a single gunshot wound to the lower abdomen from a 9 mm pistol. He is alert, fully oriented, and complaining of severe abdominal pain. He has a palpable radial pulse, but appears pale and diaphoretic. Vital signs include a pulse of 120 and respiratory rate of 24. You have established peripheral intravenous access. What is the most appropriate fluid administration plan at this time?
    a. 500 ml of 6% hetastarch solution (Hextend)
    b. 1L of Lactated Ringer's solution rapid infusion
    c. 1L of Normal Saline solution rapid infusion
    d. Restrict fluids and continue to monitor

Answers
1 = C 2 = A 3 = C
4 = C 5 = A 6 = D

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.

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

- 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 any IBSC examination, your score must equal or exceed the passing score. The passing standard for each IBSC exam is established using standard-setting techniques that follow best practices in the testing industry.

The passing standard for each certification exam is set 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 an 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 no longer provides 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 are 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 to ensure that 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.