



Candidate Handbook

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



Table of Contents

HOW TO CONTACT THE IBSC, PROMETRIC & TESTRAC	3
POPULATION BEING CERTIFIED	4
INTRODUCTION	5
ELIGIBILITY	5
APPLYING FOR AN EXAMINATION	6
SCHEDULING AN EXAMINATION	6
EXAMINATION LOCATIONS	6
CHANGED, MISSED, OR CANCELLED APPOINTMENTS	6
PREPARING FOR THE EXAMINATION	7
CP-C EXAM CONTENT	7
DISCIPLINARY POLICIES	7
MAINTAINING YOUR CERTIFICATION	7
CP-C CONTENT OUTLINE (BLUEPRINT)	7
CP-C SAMPLE QUESTIONS	10
ON THE DAY OF YOUR EXAMINATION	12
SECURITY	12
INCLEMENT WEATHER OR EMERGENCIES	13
EXAMINATION RESTRICTIONS	13
MISCONDUCT	13
FOLLOWING THE EXAMINATION	14
SCORE REPORTING	14
WHEN YOU PASS THE EXAMINATION	14
IF YOU DO NOT PASS THE EXAMINATION	15
SCORES CANCELLED BY THE IBSC OR PROMETRIC	15
CP-C APPROVED ABBREVIATIONS	16

HOW TO CONTACT THE IBSC
International Board of Specialty Certification (IBSC®)
5144 Belmore Manor Court
Suwanee, GA 30024 USA
Phone: +1 (770) 978-4400
E-mail: help@IBSC.org
Web: www.IBSCertifications.org

HOW TO CONTACT PROMETRIC
Prometric
1501 South Clinton Street
Baltimore, MD 21224 USA
Phone: +1 (800) 462-8669
Web: www.Prometric.com

HOW TO CONTACT TESTRAC
TesTrac
1409 Summit Oaks Drive
Burnsville, MN 55337
Phone: +1 (952)-953-6292
Web: www.testract.com

POPULATION BEING CERTIFIED

The target audience for the Certified Community Paramedic (CP-C) certification examination is any licensed or certified EMT, AEMT, paramedic, or other nursing or community health worker with appropriate education and training 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 healthcare professionals providing services beyond the roles of traditional emergency medical 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) board examination candidate must possess a specialized level knowledge of patient centric care, interdisciplinary collaboration, community-based needs, and preventative care and education.

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

- i. Federal, state, and local Emergency Medical Services (EMS)
- ii. Private/Government operated Emergency Medical Services (EMS)
- iii. Ground ambulance services
- iv. Hospitals and various acute care medical facilities
- v. Accountable Care Organizations
- vi. Healthcare Insurance Companies
- vii. Education institutions such as local and state colleges or technical centers that provide Community Paramedicine training
- viii. Municipal fire protection departments
- ix. Hospice and Palliative Care Organizations
- x. Community Health Departments
- xi. Children Medical Services
- xii. Other areas around the globe that have or may develop mobile integrated healthcare programs

Please address any questions to Help@IBSC.org or contact the IBSC office at +1 (770) 978-4400 between 1000-1600 EST Monday to Friday.

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 community paramedicine/mobile integrated healthcare.

ELIGIBILITY

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

- hold an unrestricted license or certificate to practice as an EMT, AEMT, paramedic, or other nursing or community health worker with appropriate education and training as defined by local rule or regulation
- complete an approved examination application
- submit professional license or certification for verification and approval

The examination is available in computer-based testing (CBT), mobile exam delivery (MED), and remote proctor testing (RPT) formats.

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](https://www.ibscertifications.org/exam/exam-requirements)

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.

PRACTICE TESTS

The IBSC has partnered with TesTrac to provide on-line practice tests. Practice tests provide the candidate with examples of item format, style, and environment. Practice tests are optional and not a pre-requisite to register for the CP-C Board certificate exam. Practice tests may be purchased at <https://www.ibscertifications.org/exam/exam-preparation>

TESTING AGENCY

The IBSC has partnered with Prometric – a leading provider of technology-enabled testing and assessment solutions to many of the world's most recognized licensing and certification organizations, academic institutions, and government agencies. Annually supporting more than 7 million test takers in 160 countries around the world. Prometric assists with the development, administration, scoring and analysis of the Certified Community Paramedic (CP-C) examinations. All CBT and RPT examination delivery are provided by the Prometric testing center network – RPT being offered by the Prometric ProProctor platform. All MED delivery is coordinated directly 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.IBSCertifications.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. A testing confirmation 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.IBSCertifications.org> website for scheduled on-site (MED) examinations. Computer based (CBT) and remote proctor testing (RPT) 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®, DICO-C®, FP-C®, MTSP-C®, TP-C®, TR-C®, and WP-C® exam at conferences, colleges, and public facilities around the world.

CBT examinations are administered at Prometric Assessment Centers geographically distributed throughout the world. RPT options are based on location, computer accessibility, and internet connectivity. Assessment Center locations and RPT specifications can be found at <http://www.prometric.com/IBSC>

CHANGED, MISSED, OR CANCELLED

APPOINTMENTS

For on-site (MED) examinations, contact the IBSC Office at +1 (770) 978-4400 or help@IBSC.org

For CBT or RPT examinations, you can change or cancel your examination appointment date in the Prometric scheduling portal at

www.Prometric.com/IBSC 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:

- First, cancel your appointment on-line with Prometric
- Then contact the IBSC at +1 (770) 978-4400 to reschedule – you must cancel with Prometric prior to contacting the IBSC
- 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 MED or CBT examination appointment.
- You are more than 15 minutes late from the start of the exam.
- You fail to report for an examination appointment.

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 CP-C to FP-C), or the mode of testing (e.g.: CBT to RPT, RPT to MED, etc.), 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. Exam fees are non-refundable and do not expire.

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 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 (110 scored and 25 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. 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.

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.

MAINTAINING YOUR CERTIFICATION

Unlike other IBSC certifications, CP-C candidates DO NOT have to submit a 16-hour approved review course. To maintain CP-C certification the candidate must:

1. Maintain an unrestricted license or certificate to practice as an EMT, AEMT, paramedic, or other nursing or community health worker with appropriate education and training as defined by local rule or regulation. (Any restriction(s) must be reported to the IBSC)
2. Complete and submit 100 continuing education (CE) credits.

Hours submitted must be relevant to the following subject areas:

- Community Based Needs
- Interdisciplinary Collaboration
- Patient/Client Centric Care
- Community Paramedic Wellness and Safety
- Preventative Care & Education for Patient/Client & Caregiver
- Ethical and Legal Considerations

Certification is valid for a period of four (4) years.

CP-C CONTENT OUTLINE (BLUEPRINT)

TOPIC AREAS	# items
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TOPIC AREAS	# items
COMMUNITY BASED NEEDS	18
MULTIDISCIPLINARY COLLABORATION	20
PATIENT / CLIENT CENTRIC CARE	27
COMMUNITY PARAMEDIC WELLNESS AND SAFETY	13
PREVENTATIVE CARE & EDUCATION FOR PATIENT/CLIENT & CAREGIVER	21
ETHICAL AND LEGAL CONSIDERATIONS	11

NOTE: Each test form includes 25 unscored pretest items in addition to the 110 scored items for a total of 135 items in a 2.5-hour test timeframe.

CP-C CONTENT OUTLINE (BLUEPRINT)

1. Community Based Needs
 - a) Community health assessments
 - b) Where to locate community health assessments
 - c) Social determinants of health
 - d) Potential community resources
 - e) Existing community resources
 - f) Cultural competence
 - g) Special situations (e.g., bariatric care, high-risk pregnancy, mental health, substance/drug abuse, general special needs, abuse/neglect)
2. Multidisciplinary Collaboration
 - a) How to create a plan of care
 - b) How to implement a plan of care
 - c) Chronic disease management
 - d) Sub-acute disease management
 - e) Acute disease management
 - f) Professional communication
 - g) Community paramedic documentation
 - h) Healthcare coordination
 - i) Healthcare navigation
 - j) How to locate patient/client records
 - k) How to access patient/client records
 - l) How to review patient/client records
 - m) How to review patient/client records
 - n) Patient/Client record sharing
 - o) Relevant past medical history
3. Patient/Client Centric Care
 - a) How to acquire past medical history
 - b) How to acquire disease specific

(focused) history
 c) How to acquire medication history
 d) How to acquire psychosocial history
 e) Point of care testing
 f) Specimen collection, handling, transportation, and delivery
 g) Wound care therapies
 h) Wound care stages; Category
 i) Wound care devices
 j) Medication inventory
 k) Medication reconciliation
 l) Self-administered medication
 m) Teach back methodology
 n) Post-surgical care procedures
 o) Motivational interviewing
 p) Home medical equipment (e.g., nebulizers, CPAP, glucometers)
 q) Patient/Client literacy level
 r) Patient/Client health literacy
 s) How to approach end of life care
 t) Patient/Client needs assessment
 u) How social determinants effect the individual
 v) How cultural determinants effect the individual
 w) Urinary catheters (e.g., maintenance, post-diuresis weight)
 x) How to assess nutritional and hydration status
 y) How to assess growth status
 z) Behavioral health screening
 aa) Depression and suicide screen
 bb) Toxicology screening
 cc) Palliative care
 dd) Hospice care
 ee) Disease specific screenings
 ff) Lab values (e.g., coag studies, BMP, ABG, CBC, D-dimer, BNP)
 gg) Implanted devices (e.g., VADs, PEG tubes, AICDs)
 hh) Patient advocacy
 ii) Chronic vs sub-acute vs acute
 jj) Chronic care conditions (e.g., CHF, COPD, diabetes, stroke, CAD, orthopedic, cancer, neurological

Certified Community Paramedic Candidate Handbook

disorders)

- kk) Sub-Acute medical conditions (e.g., post-surgical, post-discharge, post-stroke care)
- ll) Acute medical conditions (e.g., asthma, stroke, exacerbations of chronic conditions, DVT, cold and flu, pneumonia)
- mm) Care coordination navigation
- nn) Bariatric management
- oo) High risk pregnancy management (e.g., age, low socioeconomic status, substance abuse, no prenatal care)
- pp) Activities of daily living (ADLs)
- qq) Telehealth (e.g., phone calls, video calls, telemetry, remote patient monitoring, emails, texting)

4. Community Paramedic Wellness and Safety

- a) Levels of PPE (e.g., isolation precautions, barriers)
- b) Coping strategies (e.g., counseling services, physical fitness, drug and alcohol avoidance, nutrition)
- c) Patient/client transfer techniques
- d) Emotional boundaries
- e) Stressors associated with paramedicine
- f) Situational awareness (e.g., patient/client family members, animals, egress, structural integrity, sanitation)

5. Preventative Care & Education for Patient/Client & Caregiver

- a) Education delivery processes
- b) Community paramedic education topics (e.g., risk safety, disease management, health care resources, medications, health care goals, nutrition, durable medical equipment, community resources)
- c) Safety risks for patient/client
- d) How to transition patient/client to independence

6. Ethical and Legal Considerations

- a) Professional boundaries (e.g., unscheduled visits, gift-giving and accepting, physical contact)
- b) Strategies to maintain professional boundaries
- c) Protected health information (PHI) security and maintenance strategies
- d) Best practices for community paramedics
- e) How to interpret legal documents (e.g., durable power of healthcare attorney, living will, guardianship)
- f) How to mitigate legal risk to individual, agency, and family (e.g., data security, sexual misconduct, theft)
- g) Patient/Client privacy
- h) Patient/Client rights
- i) Professional ethics

END OF DETAILED CONTENT OUTLINE

CP-C SAMPLE QUESTIONS

1. You have been asked to collaborate with an action team that was put in place to discuss the social determinants of health in your community. During the initial meeting, which of the following resources should your team use to gather data about the health demographics and the health status of the patients within the community?

- A. Health care delivery system gap analysis
- B. Statistical map
- C. Community health needs assessment**
- D. Community map

Rationale: The CHNA is the formal assessment that provides the health demographics and health status of residents within the community. Health care delivery system gap analysis identifies gaps in the health care system. Statistical maps give data relating to the national average, not the specific community. Community map is a visual tool to review data.

Citation: Pollak AN, eds. *Community Health Paramedicine*. Burlington, MA: Jones and Bartlett Learning; 2018, p. 105

2. Which of the following diagnostic laboratory values should you be most concerned with when reviewing the medical record of a patient who has a current history of alcohol use disorder?

- A. Low-density lipoprotein of 162 mg/dL
- B. Hemoglobin A_{1C} of 6.1%
- C. Platelet count of $130 \times 10^9/L$
- D. ALT of 110 U/L**

Rationale: ALT is correlated with liver function and would be the primary concern for a patient with alcohol use disorder. Hemoglobin A_{1C} assesses diabetes, Platelet count clotting, and LDL cholesterol.

Citation: Pollak AN, eds. *Community Health Paramedicine*. Burlington, MA: Jones and Bartlett Learning; 2018 pg. 222

3. Patient / Client Centric Care, (b) How to implement a plan of care, Application, Correct Answer B
What is the purpose of starting with open-ended questions and moving to closed-ended questions?

- A. It allows the patient time to communicate several needs at once
- B. It provides further detail on the patient's specific condition**

- C. It allows you to continue the assessment through active listening
- D. It provides a more meaningful assessment for the overtalkative patient

Rationale: Moving towards close-ended questions that are specific and direct helps in gathering the vital information needed for the focused assessment

Citation: Pollak AN, eds. *Community Health Paramedicine*. Burlington, MA: Jones and Bartlett Learning; 2018, p. 163

4. Which of the following is an example of fragmented services?

- A. During a visit at the free clinic, a 61-year-old male was instructed to see a vascular specialist. He attempted to schedule an appointment but was told a referral needed to come from a PCP, not the free clinic.**
- B. A 36-year-old female, four days post-tonsillectomy goes to the emergency room for bleeding. It was controlled and she was discharged with instructions to follow-up with her surgeon.
- C. A 50-year-old female was seen by her PCP for her yearly physical, who referred her for a preventative mammogram. Three days later, her PCP contacted her to review her results.
- D. A 26-year-old male who speaks only Dutch arrived for his appointment to establish care. The nurse accessed translation services, which provided a live translator for the duration of his appointment.

Rationale: Continuity of care was denied for the patient requiring vascular access when she was denied the opportunity to be seen by a specialist for receiving treatment at a free clinic. A follow-up appointment is warranted after an emergency room visit. Providing a translation device for patient and medical staff to understand, communicate, and discuss treatment prevents health disparity in these individual's medical care.

Citation: Nies, M., McEwen, M. (2015). *Community/Public Health Nursing: Promoting the Health of Populations*. 6th ed. St Louis, MO, Elsevier Saunders, p. 199

5. An 80-year-old female who is blind is sitting at the head of her kitchen table while you stand across the room. You are responding to a work email as she asks if you are still in the same room. Which of the following is

Certified Community Paramedic Candidate Handbook

the best course of action?

- A. Finish sending the email, then direct your attention to her
- B. Explain you are a short distance away from her to maintain personal space
- C. Continue with your email while you answer her question
- D. Ask permission to sit at the kitchen table with her and engage in conversation**

Rationale: Asking permission to sit at the table with the patient exhibits a respectful behavior while giving your full attention to the patient will assist in building a positive rapport. People with hearing and visual impairment often have a heightened awareness of their surroundings, distractions by the professional can project a disinterest in participating in the program.

Citation: Pollak AN, eds. *Community Health Paramedicine*. Burlington, MA: Jones and Bartlett Learning; 2018, p. 162

6. A 69-year-old female was recently discharged home after a hip replacement surgery. Family states that she is unmotivated and refuses to get out of bed. When reviewing her medications, you note her pre-operation medications were atenolol, losartan, escitalopram, atorvastatin, and alprazolam. Her post-operation medications are carvedilol, hydrocodone, ondansetron, losartan, clonazepam, and simvastatin. You should consult with the prescribing physician and request

- A. cessation of hydrocodone.
- B. restart atenolol.
- C. restart escitalopram.**
- D. cessation of ondansetron.

Rationale: escitalopram is an antidepressant and the patient's post operation medication list does not have an equivalent SSRI listed. The lack of motivation is likely due to depression.

Citation: Pollak AN, eds. *Community Health Paramedicine*. Burlington, MA: Jones and Bartlett Learning; 2018, pg. 168-169

7. A coworker has started smoking, become more irritable, and constantly complaining about his patients. He tells you he hasn't been sleeping well, and dreads coming to work every day. Which of the following is the best recommendation you can provide him?

- A. Take a sleep aid
- B. See different patients
- C. Take a break
- D. See a counselor**

Rationale: The paramedic is likely experiencing burnout and/or PTSD. While a sleep aid and seeing new patients may be a temporary fix, navigating the paramedic to a counselor could help address the core issues he may be experiencing.

Citation: Pollak AN, eds. *Community Health Paramedicine*. Burlington, MA: Jones and Bartlett Learning; 2018, p. 20

8. You are conducting a home visit for a 45-year-old male with a history of substance use disorder and bipolar I disorder. He begins to yell when you ask about his drinking and says he needs to go into the kitchen for something. What should be your next course of action?

- A. Follow him into the kitchen
- B. Call for an ambulance to transport
- C. Leave the home and call for law enforcement**
- D. Wait for him to return and use de-escalation techniques

Rationale: for a patient with a history of bipolar and is under the influence, de-escalation techniques may not work. For your immediate safety, you need to remove yourself from the environment and call for PD.

Citation: Pollak AN, eds. *Community Health Paramedicine*. Burlington, MA: Jones and Bartlett Learning; 2018, p. 25

9. While off duty, you run into one of your patients at the store. The patient waves hello to you and approaches you. To maintain professional boundaries, you should

- A. not acknowledge you know the patient.
- B. engage in conversation regarding the care you provide.
- C. engage the patient but keep the interaction brief and do not discuss patient care.**
- D. acknowledge the patient with a nod and smile, then exit the store.

Rationale: In rural communities, where most people know each other, it is a common occurrence to run into patients during off duty hours. It is appropriate to engage with these patients briefly but be respectful of privacy and do not discuss patient care or their condition in public.

Citation: Pollak AN, eds. *Community Health Paramedicine*. Burlington, MA: Jones and Bartlett Learning; 2018, pg. 30-35

ON THE DAY OF YOUR EXAMINATION

On the day of your examination appointment:
For CBT testing, 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, signature, 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
- For RPT testing – Ensure your computer and internet connectivity meet the requirements outlined in your confirmation letter at <https://rpccandidate.prometric.com/Home/SystemCheck>

Sign into the ProProctor portal at least 15 minutes

prior to your scheduled appointment time at
<https://rpccandidate.prometric.com/>

When logging into the ProProctor process, be prepared to show acceptable photo identification. Identification must be valid and include your current name, signature, 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.

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.

During CBT and RPT testing 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.

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

- 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 and marker to use during the examination. You must return the wipe-off board and marker to 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 and REMOTE PROCTOR TESTING: After you finish the examination, you will be asked to complete a short evaluation of your testing experience. Score reports will be e-mailed to the e-mail used when registering within one hour of the examination.

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 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.

WHEN YOU PASS THE EXAMINATION

When you pass the examination, your score report

Certified Community Paramedic Candidate Handbook

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.



CP-C APPROVED ABBREVIATIONS

Ab – Abortion	ICU – intensive care unit
ABG – arterial blood gas	IDDM – insulin dependent diabetes mellitus
AC – assist control	IM – intramuscular
ACLS –Advanced cardiac life support	IO – intraosseous
ALT – alanine aminotransferase	I-time – inspiratory time
AST – aspartate aminotransferase	I-time – inspiratory time
BP – blood pressure	IV – intravenous
BUN – blood urea nitrogen	IVP – IV push
BVM – bag, valve, mask	JVD – jugular venous distention
CABG – coronary artery bypass graft	K ⁺ – potassium
CaCl – calcium chloride	KCL – potassium chloride
CBC – complete blood count	kg – kilogram
CHF – congestive heart syndrome	LOC – loss of consciousness
Cl – chloride	MHz – Mega hertz
CMV – conventional mechanical ventilation	MI – myocardial infarction
CO – cardiac output	MSL – mean sea level
CO ₂ – carbon dioxide	MVC – motor vehicle crash or collision
COPD – chronic obstructive pulmonary disease	Na – Sodium
CPAP – continuous positive airway pressure	NaCl – sodium chloride
CPP – cerebral perfusion pressure	NC – nasal cannula
CPP – coronary perfusion pressure	NGT – nasogastric tube
CPR – cardiopulmonary resuscitation	NGT – nasogastric tube
Cr – creatinine	NICU – neonatal intensive care unit
CT – CAT scan, computerized axial tomography	NiIDDM – non-insulin dependent diabetes mellitus
CVP – Central venous pressure	NRB – nonrebreather
DBP – diastolic blood pressure	OGT – oral gastric tube
DPL – diagnostic peritoneal lavage	OGT – oral gastric tube
DUI – driving under the influence	P – Para
ED – emergency department	PAD – Pulmonary artery diastolic pressure
EKG or ECG – electrocardiogram	PAOP – Pulmonary artery occlusion pressure
EMS – emergency medical services	PAP – Pulmonary artery pressure
EtCO ₂ – carbon dioxide	PAS – pulmonary artery systolic pressure
ETT – endotracheal tube	PCWP – pulmonary capillary wedge pressure
G – Gravida	PEEP – positive end-expiratory pressure
g or gr – gram	PICU – pediatric intensive care unit
GCS – Glasgow coma scale/score	PIH – pregnancy-induced hypertension
GI – gastrointestinal	PIP – peak inspiratory pressure
GSW – gunshot wound	PMH – past medical history
HCO ₃ – serum bicarbonate	PO – per os, orally
HELLP syndrome – hemolytic anemia, elevated liver enzymes, and low platelet count	PPE – personal protective equipment
HFOV – high frequency oscillatory ventilation	PROM – premature rupture of membranes
HR – heart rate	PVR – pulmonary vascular resistance
HTN – hypertension	RDS – respiratory distress syndrome
ICP – Intracranial pressure	

ROSC – return of spontaneous circulation
RR – respiratory rate
RSI – rapid sequence induction
RVP – Right ventricular pressure
SaO₂ / Sats – SaO₂, saturations, O₂ sats
SARS – severe acute respiratory syndrome
SBP – systolic blood pressure
SIMV – synchronized intermittent mandatory ventilation
SpO₂ –oxygen saturation
SQ – subcutaneous
SVR – systemic vascular resistance
SVT-supraventricular tachycardia
Temp or T – temperature
tPA – tissue plasminogen activator
TXA – Tranexamic acid
Vt or TV – tidal volume
Vt or TV – tidal volume
WBC – white blood cell
WPW – Wolff-Parkinson-White syndrome