

Candidate Handbook • Candidate Handbook • Candidate Handbook

Certification
Examination
in
Geriatric
Pharmacy



Sponsored by
Board of Pharmacy Specialties (BPS)

2017

Candidate Handbook • Candidate Handbook • Candidate Handbook

Transition of CGP Credential to Board of Pharmacy Specialties

In the Fall of 2016, the Board of Commissioners of the Commission for Certification in Geriatric Pharmacy (CCGP) voted to move the Certified Geriatric Pharmacist credential under the portfolio of certifications offered by the Board of Pharmacy Specialties. At the end of December 2016, CCGP assets were dissolved and consolidated with the Board of Pharmacy Specialties. During 2017, the geriatric credential is still in the process of transition but it is expected to be fully integrated into the Board of Pharmacy Specialties by the beginning of 2018.

This Candidate Handbook addresses only the geriatric credential. The www.ccgp.org website continues to operate in 2017 with information about the geriatric certification program and the candidate application form.

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All questions and requests for information about Geriatric Certification should be directed to:

Board of Pharmacy Specialties
2215 Constitution Avenue, NW
Washington, DC 20037-2985
Phone: 202-429-7591
Fax: 202-429-6304
Email: info@bpsweb.org
Website: www.ccgp.org

All questions and requests for information about examination scheduling should be directed to:

PSI Candidate Services
18000 W. 105th St.
Olathe, KS 66061-7543
Phone: 913-895-4600
Fax: 913-895-4651
Email: info@goAMP.com
Website: www.goAMP.com

ABOUT GERIATRIC CERTIFICATION

The Certified Geriatric Pharmacist credential was offered by the Commission for Certification in Geriatric Pharmacy (CCGP) from 1997 through 2016. CCGP was established by the American Society of Consultant Pharmacists.

At the end of 2016, CCGP dissolved its assets and consolidated with the Board of Pharmacy Specialties (BPS) in Washington, DC. During 2017, the geriatric certification credential is in a state of transition from CCGP to BPS. The plan is to have the geriatric credential fully integrated into the Board of Pharmacy Specialties by the beginning of 2018. A website has been established to provide periodic updates about the transition:

www.ccgp.org/bpstransition

BPS was established in 1976 as an autonomous division of the American Pharmacists Association. Today BPS is the premier post-licensure certification agency worldwide that operates across the pharmacy profession to provide specialty certification of pharmacists. Most importantly, BPS is above partisan interests and establishes independent, objective standards that are applied in a psychometrically sound, legally defensible process.

ABOUT THIS HANDBOOK

This Candidate Handbook is only a guide. The information, procedures and fees detailed in this publication may be amended, revised or otherwise altered at any time and without advance notice by BPS. The provision of this handbook does not confer any rights upon the applicant. For the most current version of this handbook, please visit www.ccgp.org or www.goAMP.com.

STATEMENT OF NONDISCRIMINATION POLICY

BPS does not discriminate among applicants on the basis of age, gender, race, religion, national origin, disability, sexual orientation or marital status.

CERTIFICATION

The certification program in geriatric pharmacy is intended to recognize those pharmacists who demonstrate knowledge of geriatric pharmacotherapy and the knowledge and skills required to provide pharmaceutical care to the elderly. These pharmacists may practice in a variety of settings, including hospital, community or long-term care.

TESTING AGENCY

PSI Services is the professional testing agency contracted by BPS to assist in the development, administration, scoring and analysis of the certification examination. PSI services also include the reporting of scores to candidates who take the examination. PSI is a leader in the testing industry, offering certification, licensing, talent assessment and academic solutions worldwide.

EXAMINATION POLICIES

BPS offers the *Certification Examination in Geriatric Pharmacy* to individuals in geriatric pharmacy practice. The examination consists of 150 multiple-choice questions. You will be allowed three hours to complete the examination. Individuals passing the Certification Examination in Geriatric Pharmacy are credentialed as Board Certified Geriatric Pharmacists (BCGP).

BPS with the advice and assistance of PSI prepares the examinations. Individuals with expertise in geriatric pharmacy practice write the questions and review them for relevancy, consistency, accuracy and appropriateness.

GENERAL INFORMATION

The office hours for BPS are Monday through Friday, 8:30 a.m. – 5:00 p.m. (Eastern Time). The offices are closed on all Federal holidays. Applicants are encouraged to submit their applications online at the website www.ccgp.org. A valid credit card account number is required for all online applications. The online application process uses a secure server.

ELIGIBILITY REQUIREMENTS

To be eligible for the Certification Examination in Geriatric Pharmacy, an applicant must currently be a licensed pharmacist and must have a minimum of two years of experience as a licensed pharmacist. Applications must be accompanied by:

- 1) a photocopy of current state pharmacy registration certificate/license, and
- 2) credit card payment.

FEE SCHEDULE

Item	Cost	Notes
New Applicant	\$600	
Reapplicant/Retake	\$300	If taken within one year of initial application. The last test window to take repeat examinations for this fee is October/November 2017.
Reactivation	\$100	(when failing to schedule and take exam during first two consecutive test windows;) June 15, 2017 is the last day to pay this fee.
Recertification by Exam	\$400	
Recertification by Professional Development Program (CE)	\$400	
Certification Administration Fee/ Annual Maintenance Fee		--Pharmacists who become newly certified in 2017 will begin paying Annual Maintenance Fee in May 2018. --Pharmacists who recertify with expiration dates between January 1 and August 31 will pay the usual \$250 Certification Administration Fee in 2017. --Pharmacists who recertify with expiration dates after September 1 will begin paying Annual Maintenance Fee in May 2018.

For online applications, the pharmacy registration certificate/license may be submitted in electronic form and payment should be by credit card.

AUDIT PROCEDURE

BPS reserves the right to audit any application submitted for the Certification Examination in Geriatric Pharmacy.

NAME AND/OR ADDRESS CHANGES

You are responsible for notifying BPS of any address change or legal name change in a timely manner. Failure to do so may affect admission to the examination or receipt of important information from BPS about maintenance or renewal of certification. Notification of a change of email address is also encouraged. BPS may be contacted at: info@bpsweb.org.

FOREIGN TRAINED/FOREIGN LICENSED APPLICANTS

Pharmacists who are not licensed to practice pharmacy in the United States may apply to take the Certification Examination in Geriatric Pharmacy. However, the practice analysis upon which the examination is based was conducted in the United States, and BPS certification is oriented primarily toward pharmacists licensed and practicing in the United States. Applicants who are not licensed to practice pharmacy in the United States must provide notarized documentation of their legal authorization to practice pharmacy in another country. Please note that BPS certification does not confer the privilege to practice pharmacy in the United States or in any other country.

APPLICATION FEE

The Application Fee for the examination is \$600. The Recertification Application Fee is \$400. Fees may be paid by check or money order (made payable to BPS), or by credit card (VISA, MasterCard, Discover or American Express). DO NOT SUBMIT CASH. Online applications require a valid credit card account number.

Application fees are non-refundable. You must submit the appropriate fee with the application.

When a credit card transaction is declined, or a check is returned for insufficient funds, a valid credit card number must be provided, or payment must be sent by certified check or money order for the amount due.

ANNUAL MAINTENANCE FEE

The Board of Pharmacy Specialties normally collects an Annual Maintenance Fee of \$125, except in years when a candidate is due to recertify in a BPS specialty area. An invoice is sent to each certificant via email in early May. Payment is due within 45 days of that email notification. Pharmacists holding more than one BPS certification are assessed only one Annual Fee.

Failure to pay the annual fee will result in the removal of the individual’s name from BPS’ official list of certified pharmacists for that year. This list of BPS-certified specialists “in good standing” is published on the Board’s website and elsewhere. Upon applying for recertification, all outstanding annual fees and a \$5 penalty fee for each late payment will be due. Failure to pay the

annual certification maintenance fees can result in suspension of the certification.

Board Certified Geriatric Pharmacists are initially listed on the website at www.ccgp.org, but the listing will be transitioned to the BPS website by the end of 2017.

Pharmacists who become initially certified in geriatric pharmacy in 2017 will not pay the Annual Maintenance Fee until 2018, when an invoice will be sent in May.

Pharmacists who recertify with expiration dates between January 1 and August 31 will pay the \$250 certification administration fee that has been collected by the geriatric certification program in the past. A credit will be applied in future years of the certification cycle to ensure payment amounts are adjusted appropriately.

Pharmacists who recertify with expiration dates after September 1, 2017 will be billed for the Annual Maintenance Fee beginning in May 2018.

EXAMINATION ADMINISTRATION

The examination is delivered by computer at more than 190 PSI Test Centers geographically located throughout the United States, Canada, Australia, and other countries. The examination is offered during four (4) testing windows: January/February, April/May, July/August, and October/November. Deadlines for each window are as follows:

2017 Testing Window	Deadline
January 16 – February 18	December 15, 2016
April 17 – May 13	March 15, 2017
July 17 – August 12	June 15, 2017
October 16 – November 11	September 15, 2017

The examination is administered by appointment. Available dates will be indicated when scheduling your examination. Candidates are scheduled on a first-come, first-served basis.

Once an application has been submitted, you will be permitted to schedule an examination date in two consecutive windows. For example, if you submit an application by the March 15 deadline you can schedule an examination in either the April/May or July/August window. Because of the transition to the BPS exam schedule in 2018, however, candidates who register for the September 15, 2017 deadline are eligible only for the October/November 2017 test window. All examination fees paid in 2017 should conclude with completed examination attempts by the end of 2017.

Failing to schedule and take the examination in one of the two consecutive windows will result in the application being placed on “Inactive” status. In order to reactivate the application, you will need to pay a \$100 reactivation fee. The rules for scheduling and taking the examination will apply. Missing two consecutive windows will again result in the application being designated as “inactive.” If the examination is not taken within two years of the original application, a new application must be submitted.

The last date that a payment will be accepted for reactivation is June 15, 2017. An exception will be made to accept payment by September 15, 2017 if the candidate plans to take the examination during the October/November 2017 test window. Beginning in 2018, the geriatric certification examination will be administered on the test schedule of the Board of Pharmacy Specialties, with two test windows per year. BPS examinations are offered in the Spring (April/May) and Fall (September/October) test windows.

REGISTERING FOR AN EXAMINATION

You should ensure that the BPS application has been properly completed and that the information provided is accurate. Your careful attention will enable prompt and efficient processing. Candidates will not be able to schedule an examination appointment with PSI until the application has been processed. PSI will send notification by mail and email to registered candidates with examination scheduling procedures.

SCHEDULING AN EXAMINATION

After you have received confirmation from PSI, U.S. candidates have two ways to schedule an appointment for the examination.

1. Online Scheduling: Go to www.goAMP.com at any time and select "Candidates." Follow the simple, step-by-step instructions to select your examination program and schedule an examination.

OR

2. Telephone Scheduling: Call PSI at 888-519-9901 to schedule an examination appointment. This toll-free number is answered from 7:00 a.m. to 9:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 7:00 p.m. on Friday and 8:30 a.m. to 5:00 p.m. on Saturday.

Candidates outside the United States may also schedule an appointment for the examination by telephone at 888-519-9901. Instead of online scheduling, however, international candidates should email PSI at AMPIntlExamServices@goAMP.com as an alternative option for appointment scheduling.

Applicants will be assigned a unique identification number by BPS when the application has been processed. When scheduling an examination, be prepared to confirm a location, a preferred date and time for testing, and to provide your BPS identification number. When you contact PSI to schedule an examination appointment, you will be notified of the time to report to the Test Center. Please make a note of it because you will NOT receive an admission letter.

If you contact PSI by 3:00 p.m. Central Time on...	Depending on availability, your examination may be scheduled beginning...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday/Saturday
Thursday	Monday
Friday/Saturday	Tuesday

TEST CENTER LOCATIONS

PSI Test Centers have been selected to provide accessibility to the most candidates in all states and major metropolitan areas. International locations are also offered in Canada, Australia, and many other countries. A current listing of PSI Test Centers, including addresses and driving directions, may be viewed at www.goAMP.com. Specific address information will be provided when you schedule an examination appointment.

SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES

BPS and PSI comply with the Americans with Disabilities Act and strive to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. BPS and PSI will provide reasonable accommodations for candidates with disabilities.

Wheelchair access is available at all Test Centers. Candidates with visual, sensory or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements. Candidates testing with approved special accommodations should schedule their test via PSI's toll-free number to ensure their accommodations are confirmed. Be sure to inform BPS and PSI of your need for special accommodations when calling to schedule your examination.

Candidates who wish to request special accommodations should submit the two-page "Request for Special Examination Accommodations" form (see back of handbook) with their application.

EXAMINATION APPOINTMENT CHANGES

You may reschedule an examination appointment at no charge within your designated test windows **once** by calling PSI at 888-519-9901 by 3:00 p.m. Central Time at least two full business days prior to the scheduled testing session. (See following table.)

If your examination is scheduled on...	You must contact PSI by 3:00 p.m. Central Time to reschedule the examination by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday/Saturday	Tuesday

MISSED APPOINTMENTS AND FORFEITURES

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

- You wish to reschedule an examination but fail to contact PSI at least two full business days prior to the scheduled testing session;
- You wish to reschedule a second time;
- You appear more than 15 minutes late for an examination; or
- You fail to report for an examination appointment.

A complete application and appropriate fee are required to re-register for the examination.

INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY

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

You may visit www.goAMP.com prior to the examination to determine if PSI has been advised that any Test Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at a Test Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to a Test 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.

PREPARING FOR THE EXAMINATION

Your primary objective in preparing for the examination is to pass. Other objectives such as learning new material and reviewing old material are critical toward this objective. Begin your study by developing your strategy for success.

A good study strategy includes preparation. To prepare, determine first what you need to learn, choose your study materials, and select a quiet, comfortable place that allows you to focus. Before you begin, check to make sure you have everything you need. Try to avoid interruptions for any reason.

Developing a study plan will allow you to learn the most as you study. Include setting goals in your study plan. Review what you have studied as often as possible. The more you review, the more you will retain.

TAKING THE EXAMINATION

Your examination will be given by computer at a PSI Test Center. You do not need any computer experience or typing skills to take your examination. On the day of your examination appointment, report to the Test Center no later than your scheduled testing time. Look for the signs indicating PSI Test Center Check-in. **IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME YOU WILL NOT BE ADMITTED.**

IDENTIFICATION

To gain admission to the Test Center, you must present two forms of identification. The primary form must be government issued, current and include your name, signature and photograph. No form of temporary identification will be accepted. You will also be required to sign a roster for verification of identity.

- Examples of valid primary forms of identification are: driver's license with photograph; state identification card with photograph; passport; military identification card with photograph.
- The secondary form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).
- If your name on your registration is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order).

SECURITY

BPS and PSI maintain administration and security standards designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Test Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, pagers or cellular/smart phones are allowed in the testing room. Possession of a cellular/smart phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- Only silent, non-programmable calculators without alpha keys or printing capabilities are allowed in the testing room.
- No guests, visitors or family members are allowed in the testing room or reception areas.
- Candidates may be subjected to a metal detection scan upon entering the examination room.

PERSONAL BELONGINGS

No personal items, valuables or weapons should be brought to the Test Center, except that candidates may bring a silent, non-programmable calculator without alpha keys or printing capabilities. Large coats and jackets must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. The proctor will lock the soft locker prior to you entering the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker.

- watches
- hats
- wallets
- keys

Once you have placed your personal belongings into the soft locker, you will be asked to pull out your pockets to ensure they

are empty. If you bring personal items that will not fit in the soft locker, you will not be able to test. The site will not store or be responsible for your personal belongings.

If any personal items are observed or heard (e.g., cellular/smart phones, alarms) in the testing room after the examination is started, you will be dismissed and the administration will be forfeited.

EXAMINATION RESTRICTIONS

- Pencils will be provided during check-in.
- You will be provided with one piece of scratch paper at a time to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive your score report.
- No documents or notes of any kind may be removed from the Test 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 Test 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, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

- create a disturbance, are abusive, or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular/smart phones;
- talk or participate in conversation with other examination candidates;
- give or receive help or are suspected of doing so;
- leave the Test Center during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings, or
- are observed with notes, books or other aids without it being noted on the roster.

COPYRIGHTED EXAMINATION QUESTIONS

All examination questions are the copyrighted property of BPS. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

PRACTICE EXAMINATION

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your BPS identification number. You will take your photograph which

will remain on screen throughout your examination session. This photograph will also print on your score report.

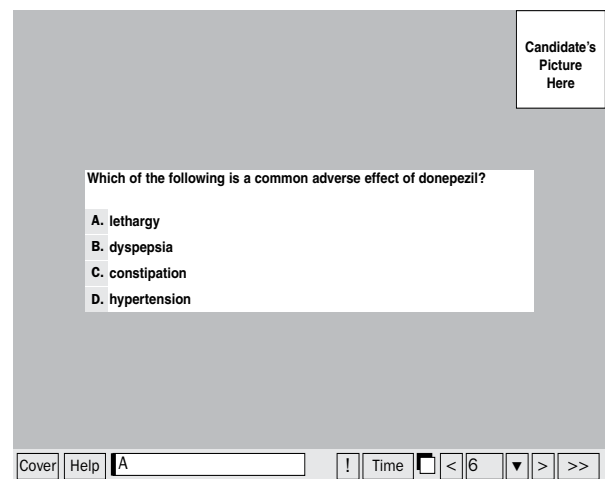
Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

TABLE OF LABORATORY VALUES

Normal laboratory test values may vary somewhat from one laboratory to another. During the BCGP examination, you will have access to a table of normal laboratory values. Laboratory values are provided in both U.S. and international units (conventional and SI units) for convenience of candidates. The page with laboratory values is labeled "INS" and may be accessed at any time during the examination from the question number drop down menu.

TIMED EXAMINATION

Following the practice examination, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen.



The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the "Time" box in the lower right portion of the screen. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right portion of the screen. Choices of answers to the examination question are identified as A, B or C. You must indicate your choice by either typing in the letter in the response box in the lower left portion of the computer screen or clicking on the option using the mouse. To change your answer, enter a different option by typing A, B or C or 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 forward arrow (>) 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 backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon. When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing.

CANDIDATE COMMENTS

During the examination, you may make comments for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.

FOLLOWING THE EXAMINATION

After completing the examination, you are asked to answer a short evaluation of your examination experience. You will receive your test results by mail. Test results are reported in printed form only, by mail. Results are not reported over the telephone, by electronic mail or by facsimile.

Your score report will indicate a “pass” or “fail.” Your pass/fail status is determined by your total raw score. 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.

PASS/FAIL SCORE DETERMINATION

Your score report will indicate a “pass” or “fail.” Additional detail is provided in the form of raw scores by major content category. Test results are reported as raw scores and scaled scores. A raw score is the number of correctly answered questions; a scaled score is statistically derived from the raw score. Your total raw score determines whether you pass or fail; it is converted to and reported as a scaled score ranging between 0 and 99.

The methodology used to set the minimum passing score for each examination is the Angoff method, applied during the performance of a Passing Point Study by a panel of content experts. The experts evaluated each question on the respective examination to determine how many correct answers are necessary to demonstrate the knowledge and skills required for the designation. The candidate’s ability to pass the examination depends on the knowledge and skill displayed during the examination, not on the performance of other candidates.

The minimum scaled score needed to pass the examination has been set at 75 scaled score units. The reason for reporting scaled scores is that different forms (or versions) of the examination may vary in difficulty. As new forms of the examination are introduced, a certain number of questions in

each content area are replaced. These changes may cause one form of the examination to be slightly easier or harder than another form. To adjust for these differences in difficulty, a procedure called “equating” is used. The goal of equating is to ensure fairness to all candidates.

In the equating process, the minimum raw score (number of correctly answered questions) required to equal the scaled passing score of 75 is statistically adjusted (or equated). For instance, if the examination is determined to be more difficult than the previous form of the examination, then the minimum raw passing score required to pass will be slightly lower than the original raw passing score. If the examination is easier than the previous form of the examination, then the minimum raw score will be higher. Equating helps to ensure that the scaled passing score of 75 represents the same level of competence no matter which form of the examination a candidate takes.

In addition to the candidate’s total scaled score and scaled score required to pass, raw scores (the actual number of questions answered correctly) are reported for the major categories on the content outline. The number of questions answered correctly in each major category is compared to the total number of questions possible in that category on the score report (e.g., 15/20). Content categorical information is provided to assist candidates in identifying areas of relative strength and weakness.

SCORES CANCELLED BY BPS OR PSI

BPS and PSI are responsible for the validity and 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. BPS and PSI reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

IF YOU PASS THE EXAMINATION

If you pass the examination, BPS will request that you sign a Declaration on the Appropriate Use of the Credential. If you are taking the examination in 2017 for recertification, you may also be required to submit payment of a certification administration fee. See details on page 3 – Certification Administration Fee. Once the Declaration is received (and fee payment, if required), BPS will send a Certificate, in your name, officially designating you as a Board Certified Geriatric Pharmacist.

IF YOU DO NOT PASS THE EXAMINATION

There is no limit to the number of times you may attempt the examination. If you were unsuccessful in your examination attempt, you may reregister once every 60 days by completing another application and submitting appropriate fees. The fee to retake the examination after an unsuccessful attempt is \$300, if the examination is retaken within one year. After one year, the full fee (\$600) must be paid.

Attempts to retake the examination should be completed prior to the end of the October/November 2017 test window. In 2018, the geriatric examination will transition to the Board of Pharmacy Specialties examination test windows.

FAILING TO REPORT FOR AN EXAMINATION

If you fail to report for an examination, you forfeit all fees paid to take the examination. A completed application and examination fee are required to reapply for examination.

CONFIDENTIALITY

Information about candidates for testing and their examination results are considered confidential. Individual test results are released ONLY to the individual candidate. Questions concerning examination results should be referred to the BPS Candidate Services Department in writing.

RECOGNITION OF CERTIFICATION

If you pass the certification examination, you are entitled to use the designation "BCGP" for Board Certified Geriatric Pharmacist. BPS will provide certificants with a certificate of recognition suitable for framing and a lapel pin.

QUESTIONS ABOUT THE EXAMINATION

Candidates may not have access to the examinations or to specific questions except during administration of the examination. Candidates may comment on any question, the administration of the examination or the test center facilities on their answer sheet on the day of the examination. Individual responses to question comments will not be provided.

DUPLICATE SCORE REPORTS

You may purchase additional copies of your results at a cost of \$25 per copy. Requests must be submitted to PSI in writing. The request must include your name, identification number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to PSI Services Inc. in the form of a money order or cashier's check. Duplicate score reports will be mailed within approximately five business days after receipt of the request and fee. Requests must be submitted within one year of your examination to be processed.

VERIFICATION OF SCORES

In computer-delivered testing, the computer accepts responses from a keyboard or mouse in digitized form. As a result, computer-administered testing eliminates problems that may have previously arisen with scanning paper-and-pencil answer sheets, since all responses are recorded by candidates during their examination. However, verification of examination scores from electronic responses can be requested in writing for a fee of \$25. Requests must be submitted to PSI, in writing, no later than 12 months after the examination administration date, and must include your name, identification number, mailing address, and examination date. Please allow 10 business days for processing your request.

CONTINUATION OF CERTIFICATION

All Board Certified Geriatric Pharmacists are required to maintain their certification in good standing with the BPS. To do so,

certificants may be requested to submit an annual questionnaire and a signed Attestation of a Valid License. Failure to submit a signed Attestation may jeopardize the certificant's good standing with BPS, ultimately resulting in suspension of their certified standing.

RECERTIFICATION

To maintain "Active" BPS status, recertification is required every seven years. Recertification requirements are listed below as well as on the BPS website. Certificants are expected to keep their certification current. If requirements are not completed at the end of the seven year cycle, certification lapses. Once certification has lapsed, individuals must meet all current requirements, including passing the initial certification exam.

Pharmacists who achieved the Certified Geriatric Pharmacist credential prior to 2017 were placed on a five-year certification cycle. These pharmacists will maintain the same expiration date and will be placed onto a seven-year certification cycle upon successful recertification.

Pharmacists who earn the designation Board Certified Geriatric Pharmacist (BCGP) will be required to maintain their certification by completing one of the following professional development activities:

- Achieving a passing score on the multiple-choice objective recertification examination, based on the content outline for the Geriatric Pharmacy Specialty in the final year of their certification cycle following initial certification;

OR

- Earning 75 hours of continuing education credit provided by the professional development programs approved by BPS for the five-year certification cycle (if due to recertify prior to January 1, 2022); or 100 hours for the seven-year certification cycle.

The BCGP may fulfill the CE credit requirement for recertification with offerings from either or both of the BPS-approved geriatric pharmacy professional development providers.

A current, active license to practice pharmacy is required for recertification.

Board Certified Geriatric Pharmacists are also required to pay the BPS Annual Maintenance Fee of \$125 each year for years one through six and a \$400 recertification fee in year seven. See page 3 for more details about the transition related to the Certification Administration/Annual Maintenance Fee.

The Board of Pharmacy Specialties provides a uniform expiration date of December 31 for all their certified pharmacists, so that there is one annual renewal cycle for all BPS certified pharmacists. This is in contrast to the practice of the Commission for Certification in Geriatric Pharmacy, which provided expiration dates throughout the year based upon the date of completing requirements for becoming certified. CCGP used four test windows throughout the year.

As part of the transition, pharmacists who were certified in geriatrics by CCGP will be given an expiration date of December 31

of their current year of expiration. For many pharmacists, this will result in an extension of one certification cycle by 3 – 10 months. To ensure a level playing field, pharmacists who recertify in 2017 should wait until 2018 to take geriatric continuing education courses or modules to apply towards their next certification cycle.

EXAMINATION CONTENT

To begin your preparation in an informed and organized manner, you should know what to expect from the actual examination in terms of the content. Information regarding the content of the examination is presented in this handbook. The content outline will give you a general impression of the examination and,

with closer inspection, can give you specific study direction by revealing the relative importance given to each category on the examination.

Note: Medications on the certification examination will be referred to by the generic name only (U.S. Adopted Name or U.S. Pharmacopeia name). Medications which are known by a different International Nonproprietary Name outside the United States will have this name in parentheses. For example: albuterol (salbutamol). Laboratory examination results will be presented in both conventional and international units. The content for the examination is based on a role-delineation study and is described in the following detailed content outline.

DETAILED CONTENT OUTLINE

I. GENERAL PRINCIPLES OF AGING (38 items, 25%)

A. Biology of Aging (8 items)

1. Recognize the spectrum of aging from healthy aging to frailty.
2. Recognize the physiological heterogeneity of the older adult population.
3. Apply the knowledge of physiologic changes associated with aging to the clinical use of medications.

B. Socioeconomics of Aging (30 items)

1. Social Issues
 - a. Evaluate the interrelationship between social issues and aging on healthcare decisions (e.g., family, cultural, community, housing, access to care, policy issues).
 - b. Recognize signs of substance and medication misuse/abuse in older adults.
 - c. Identify and manage the social issues of medication use for individual patient's therapy.
2. Ethics
 - a. Recognize ethical issues that arise during therapy with individuals who have diminished decision making capacity
 - b. Facilitate the resolution of ethical dilemmas in the provision of optimal patient-centered care.
 - c. Recognize the role of advanced directives and living wills, power of attorney, and other substitute decision-makers documents in medication use decisions.
3. Elder Abuse
 - a. Recognize elder abuse/neglect (e.g., physical, psychological, and financial).
 - b. Identify resources to assist in prevention, reporting, and treatment of elder abuse/neglect.
4. Economic Issues
 - a. Recognize issues related to payer coverage and benefits.
 - b. Assist patient with payment issues for medications, medication therapy management services, and medical equipment.
 - c. Assess financial/reimbursement issues (e.g., formularies, insurance coverage) when making therapeutic recommendations.
5. Cultural Competencies
 - a. Understand cultural competencies (e.g., ethnic/ racial, religion, spiritual, age related, language) relevant to the older adult population.
 - b. Describe differences in healthcare beliefs that may exist between older adults and pharmacists.
 - c. Evaluate potential barriers to and opportunities for cultural competency in older adult care pharmacy practice.
 - d. Apply cultural competency concepts and guidelines to healthcare decisions.

6. Caregiver Support
 - a. Assess caregiver knowledge and expectations regarding advanced age and disease on health risks, needs, and treatment of health conditions.
 - b. Assist caregivers to identify, access, and use specialized products, professional services, and support groups that can assist with care-giving responsibilities and reduce caregiver burden.
 - c. Discuss resources for older adults and caregivers that help them meet personal goals, maximize function, maintain independence, and live in their preferred and/or least restrictive environment.
 - d. Evaluate the appropriateness of care plans and services based on older adults' and caregivers' changes in age, health status, and function; assist caregivers in altering plans and actions as needed.
7. Communication
 - a. Develop verbal and nonverbal communication strategies to overcome potential sensory, language, and cognitive limitations in older adults.
 - b. Interview and counsel older adults with varying degrees of cognitive and communication abilities.
 - c. Provide drug information (verbal and written) to older adults, their caregivers and the inter-disciplinary care team.
 - d. Evaluate adherence and provide strategies for improvement to older adults, their caregivers and the inter-disciplinary care team.
 - e. Collaborate with older adults, their caregivers, and the healthcare team during care planning and implementation.
8. Continuum of Care
 - a. Define the continuum of care available to geriatric patients, such as community resources, home care, assisted living facilities, nursing facilities, sub-acute care facilities, hospice care, and hospitals.
 - b. Participate in inter-disciplinary decisions regarding levels of care for individual patients.
 - c. Recognize the need for continuity of treatment and communication across the spectrum of services and during transitions between care settings.
9. End of Life Care
 - a. Recognize philosophies and processes of hospice and palliative care.
 - b. Discuss end of life issues as they relate to medication appropriateness.
 - c. Recognize the altered benefit-risk ratio of medications at the end of life.
 - d. Facilitate shared decision making when evaluating changes in the drug regimen considering patients' values, goals and preferences.

II. GENERAL PRINCIPLES OF CARING FOR OLDER ADULTS (90 items, 60%)

A. Pathophysiology (8 items)

1. Recognize the clinical presentation of diseases common in older adults.
2. Describe the normal progression of common diseases in older adults.
3. Identify atypical presentations of disease that may occur in older adults.
4. Recognize medication-induced diseases and conditions.
5. Differentiate among normal progression, atypical presentation, and medication-induced disease.

B. Geriatric Assessment (13 items)

1. Identify the components of an interdisciplinary, comprehensive geriatric assessment and the roles individual disciplines play in conducting and interpreting a comprehensive geriatric assessment.
2. Assess the patient's complete medication list, including prescription and over-the-counter medications, and complementary and alternative therapies.
3. Assess the impact of social behaviors, including use of tobacco, caffeine, alcohol, and illicit drugs.
4. Evaluate findings of a comprehensive history and physical exam.
5. Identify potentially inappropriate medications (PIM) for older adults.
6. Identify medications that contribute to geriatric syndromes or conditions (e.g., falls, cognitive impairment).
7. Assess cognition using a valid and reliable tool/instrument.
8. Assess mood using a valid and reliable tool/instrument.
9. Assess behavioral symptoms using a valid and reliable tool/instrument.
10. Assess physical function using a valid and reliable tool/instrument.
11. Assess nutrition using a valid and reliable tool/instrument.
12. Assess pain using a valid and reliable tool/instrument.
13. Recommend laboratory tests for the older adult.

14. Interpret laboratory results for the older adult.
15. Evaluate the pharmacotherapy regimen considering pharmacokinetic and pharmacodynamic changes associated with aging.
16. Develop a list of medication-related problems.
17. Functional Status
 - a. Evaluate the impact of potential functional barriers (e.g., transportation, housing, economics, social support structure) on medication therapies.
 - b. Identify potential medication-related causes of declining physical and cognitive function
 - c. Evaluate impact of alterations in cognition, instrumental activities of daily living (IADLs), and activities of daily living (ADLs) on medication therapy.
 - d. Evaluate self-care capacity, including medication self-administration.
18. Prioritizing Care Needs
 - a. Identify clinical situations where life expectancy, functional status, patient preference or goals of care should override standard recommendations for screening/ treatment.
 - b. Prioritize care needs considering severity of illness, patient preference, quality of life, and time to benefit.
 - c. Recognize need for referral of patients to other healthcare professionals.
19. Transitions of Care
 - a. Identify potential hazards of hospitalization for older adults, including immobility, delirium, medication side effects, malnutrition, pressure ulcers, procedures, and hospital acquired infections.
 - b. Facilitate medication reconciliation during transitions of care.
 - c. Resolve medication discrepancies during transitions of care.

C. Wellness and Health Promotion (8 items)

1. Promote evidence-based approaches for screening, immunizations, health promotion, and disease prevention for older adults.
2. Advocate interventions and behaviors that promote physical and mental health, nutrition, function, safety, social interactions, independence, and quality of life to older adults and their caregivers.
3. Assess specific risks to older adult safety, including falls, abuse, physical/ chemical restraints, and other environmental hazards.

D. Treatment (42 items)

1. Define therapeutic goals incorporating patient-specific principles (e.g., age, functionality, patient preference, quality of life).
2. Develop an individualized treatment plan, in collaboration with other caregivers, based on older adult's preferences and goals, and their physical, psychological, social, and spiritual needs.
3. Evaluate clinical situations where standard treatment recommendations, based on best evidence, should be modified with regard to older adults' values, preferences, and treatment/care goals, life expectancy, co-morbid conditions, and/or functional status.
4. Determine therapeutic options based on cost and the risk/benefit to the patient (e.g., no treatment, non-pharmacologic interventions, non-prescription medications, complementary and alternative medicine, prescription medications).
5. Recommend age/patient specific regimen including medication, dose, dosage form, dosing interval, and route of administration.
6. Resolve medication-related problems:
 - a. Untreated or under-treated conditions
 - b. Improper drug selection
 - c. Subtherapeutic or supratherapeutic dosage
 - d. Adherence to medication therapies
 - e. Adverse drug events
 - f. Drug interactions
 - g. Drug use without indication
 - h. Treatment failures
7. Develop deprescribing strategies to reduce, replace, or withdraw inappropriate medications.

E. Monitoring (14 items)

1. Develop a patient-specific plan for monitoring safety, effectiveness, and quality of life.
2. Implement a patient-specific monitoring plan including assignment of responsibility.
3. Recommend revisions to therapeutic plans based upon changes in patient status.

F. Education (3 items)

1. Develop educational material appropriate for the specific patient/caregiver.
2. Educate patient/caregiver regarding expected benefits and potential problems (e.g., side effects of medication, drug interactions) with drug therapy.
3. Educate on therapy options (e.g., generics, alternative therapies, non-drug therapies, formulary options).
4. Evaluate patient/caregiver understanding of medication use and its role in the overall treatment plan.
5. Educate the patient/caregiver in identifying and using adherence strategies and devices.

G. Documentation (2 items)

1. Document care plan recommendations using standard techniques and formats (e.g., SOAP notes).
2. Document rationale, interventions, and outcomes from medication therapies.
3. Provide reports to prescribers or other health professionals with findings and recommendations from medication review.

III. POPULATION SPECIFIC ACTIVITIES (22 items, 15%)**A. Biomedical Information (5 items)**

1. Assess biomedical information considering study design and methodology, statistical analysis, and significance of reported data and conclusions.
2. Evaluate the relevance and limitations of biomedical information for the care of older adults.
3. Apply the findings of research to the care of older adults.
4. Evaluate the relevancy of clinical practice guidelines and standards of care for older adults.

B. Research (4 items)

1. Collect data to investigate medication use in older adults.
2. Evaluate data to investigate medication use in older adults.
3. Apply outcomes of investigations to optimize care of older adults.
4. Disseminate results of research to target audience.

C. Educational Programs (4 items)

1. Identify educational needs for target audiences.
2. Develop educational programs for health care professionals, patients/caregivers, and the public.
3. Implement educational programs for target audiences.
4. Evaluate the outcomes of an educational intervention.

D. Economics and Access (4 items)

1. Assess formulary management protocols for the care of older adults.
2. Develop formulary management protocols for the care of older adults.
3. Conduct a cost-benefit analysis of medication therapy for older adults.
4. Evaluate pharmaco-economic data for the care of older adults.

E. Patient Safety (5 items)

1. Develop systems for medication reconciliation during transitions of care.
2. Apply systems for medication reconciliation during transitions of care.
3. Develop systems to identify risk factors for Adverse Drug Event (ADE) or medication incidents/ errors.
4. Apply systems to identify risk factors for Adverse Drug Event (ADE) or medication incidents/ errors.
5. Develop systems for prevention of ADE or medication incidents/ errors.
6. Apply systems for prevention of ADE or medication incidents/ errors.
7. Develop protocols for managing high risk medication.
8. Apply protocols for managing high risk medication.
9. Recognize iatrogenic conditions (e.g., healthcare associated infections, falls, pressure ulcers, medication-induced conditions).
10. Develop strategies to prevent or resolve iatrogenic conditions.

SAMPLE QUESTIONS

1. Many older adults have impaired absorption of which of the following nutrients?
- folate
 - nicotinic acid
 - cyanocobalamin
2. The daughter of a 69-year-old female has noted changes in her mother's behavior over the past year. The primary care physician recently administered a Mini-Mental State Examination (MMSE) and obtained a score of 16. Based on this score, the mother's cognitive impairment should be considered:
- mild.
 - moderate.
 - severe.
3. A resident has been isolating herself in her room. She is very sad and cries frequently. Her husband of 53 years passed away 9 months ago, and she was placed on trazodone at that time. Her current drug regimen includes the following:
- | | |
|------------------------|---------------|
| trazodone | 25 mg qhs |
| digoxin | 0.25 mg daily |
| phenytoin | 300 mg qhs |
| multivitamin | daily |
| calcium with vitamin D | daily |
- Which of the following is the most appropriate treatment recommendation?
- Decrease digoxin to 0.125 mg daily.
 - Change trazodone to sertraline.
 - Add buspirone 5 mg bid.
4. A 79-year-old female has advanced Parkinson's disease with progressively worsening dyskinesias. She lives with her daughter who is her primary caregiver. She is becoming more dependent when performing tasks such as bathing and dressing. The daughter is concerned about how to continue to care for her mother at home. Which of the following is the BEST recommendation?
- Consult physical therapy.
 - Suggest a support group for the daughter.
 - Place in an assisted living center.
5. Which of the following parameters should be monitored in Paget's disease of the bone?
- AST
 - creatinine
 - alkaline phosphatase
6. An 82-year-old female resident, with no urinary symptoms, has a chronic indwelling catheter. The nursing staff reports cloudy urine and the following urinalysis is obtained:
- | | |
|--------------------|----------|
| color | amber |
| appearance | cloudy |
| specific gravity | 1.01 |
| WBC | 3 |
| RBC | 1 |
| bacteria | few |
| nitrite | negative |
| leukocyte esterase | negative |
- Which of the following therapies should be recommended?
- Encourage fluids and begin levofloxacin.
 - Remove catheter and start fluconazole.
 - Monitor resident for urinary symptoms.
7. Which of the following is a cardinal feature of neuroleptic malignant syndrome?
- rigidity
 - thrombocytosis
 - hypothermia
8. Which of the following eye drops is most likely to exacerbate glaucoma?
- gentamicin
 - dexamethasone
 - diclofenac
9. A 78-year-old man with dementia was admitted to the hospital following increased confusion and a fall. The patient's history includes angina, HTN, hyperlipidemia, BPH, and vascular dementia. He is currently agitated and attempting to strike the nurse. Daily medications upon admission include the following:
- | | |
|---------------------|--------------------|
| hydrochlorothiazide | 25 mg |
| atenolol | 50 mg |
| atorvastatin | 10 mg |
| terazosin | 5 mg |
| aspirin | 81 mg |
| haloperidol | 1 mg prn agitation |
- Which of the following laboratory tests should be recommended initially?
- | | | | | |
|----|---------------------|------------|--------------|----------------|
| | serum | | lipid | liver |
| | <u>electrolytes</u> | <u>CBC</u> | <u>panel</u> | <u>enzymes</u> |
| A. | yes | yes | no | no |
| B. | yes | no | yes | no |
| C. | no | yes | no | yes |

10. In reviewing medication errors for the last quarter, a Quality Improvement Committee notices a large increase in errors of similarly named medications. Which of the following is the MOST appropriate next step?
- Investigate the source of error in the medication use process.
 - Distribute a list of sound-alike medications to the nurses.
 - Identify the nursing staff administering the medications.

Answer Key:

	Correct Answer	Content Area		Correct Answer	Content Area
1.	C	1A-3	6.	C	2B-14
2.	B	2B-7	7.	A	2A-4
3.	B	2D-6A	8.	B	2A-4
4.	B	1B-6D	9.	A	2B-13
5.	C	2E-1	10.	A	3E-3

RECOMMENDED REFERENCES

Although the Commission for Certification in Geriatric Pharmacy consolidated with the Board of Pharmacy Specialties at the end of 2016, the CCGP website remains active and will continue for most of the transition year of 2017. Although not a provider of continuing education, CCGP has compiled a list of resource materials and links to information about geriatrics and geriatric pharmacotherapy that candidates may find helpful in preparing for the geriatric examination.

Neither CCGP nor BPS endorses any of these resources but simply provides this list as a benefit for candidates. Candidates are responsible to evaluate and choose which resources, if any, may be useful or appropriate.

Resources that include continuing education credit for pharmacists, or are more targeted towards exam preparation, can be found at: www.ccgp.org/exam/prepare.

General geriatric resources, including lists of clinical practice guidelines, geriatric books, geriatric journals, and other geriatric resources, can be found at: www.ccgp.org/GeriPharm.



REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, **please complete this form and the Documentation of Disability-Related Needs on the reverse side and submit it with your application at least 45 days prior to your requested examination date.** The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

Candidate Information

Candidate ID # _____ Requested Test Center: _____

Name (Last, First, Middle Initial, Former Name)

Mailing Address

City State Zip Code

Daytime Telephone Number Email Address

Special Accommodations

I request special accommodations for the _____ / _____ administration of the _____ examination(s).
Month Year

Please provide (check all that apply):

- Reader
- Extended testing time (time and a half)
- Reduced distraction environment
- Please specify below if other special accommodations are needed.

Comments: _____

PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with PSI staff my records and history as they relate to the requested accommodation.

Signature: _____ Date: _____

Return this form to:
Candidate Services, BPS, 2215 Constitution Avenue, NW, Washington, DC 20037-2985.
If you have questions, call the Candidate Services Department at 202-429-7591.



DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that PSI is able to provide the required accommodations.

Professional Documentation

I have known _____ since ____ / ____ / ____ in my capacity as a
Candidate Name Date

My Professional Title

The candidate discussed with me the nature of the test to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability: _____

Signed: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____ Email Address: _____

Date: _____ License # (if applicable): _____

Return this form to:
Candidate Services, BPS, 2215 Constitution Avenue, NW, Washington, DC 20037-2985
If you have questions, call the Candidate Services Department at 202-429-7591.

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