



Candidate Handbook



The BCCTPC is a subsidiary of



January 2017

Table of Contents

HOW TO CONTACT IBSC	3
HOW TO CONTACT PSI/AMP	3
INTRODUCTION	4
ELIGIBILITY	4
STATEMENT OF NON DISCRIMINATION	4
APPLYING FOR AN EXAMINATION	4
SCHEDULING AN EXAMINATION	4
EXAMINATION LOCATIONS	4
MISSED OR CANCELLED APPOINTMENTS	4
FP-C EXAM CONTENT	5
FP-C Content Outline (Blueprint)	6
FP-C Detailed Content Outline	7
FP-C SAMPLE QUESTIONS	11
ON THE DAY OF YOUR EXAMINATION	12
SECURITY	12
INCLEMENT WEATHER OR EMERGENCIES	13
EXAMINATION RESTRICTIONS	13
MISCONDUCT	13
FOLLOWING THE EXAMINATION	13
SCORE REPORTING	14
IF YOU PASS THE EXAMINATION	14
IF YOU DO NOT PASS THE EXAMINATION	14
REQUESTS FOR HAND GRADING	15
SCORES CANCELLED BY THE IBSC OR PSI/AMP	15

HOW TO CONTACT IBSC

International Board of Specialty Certification (IBSC®)

4835 Riveredge Cove

Snellville, GA 30039

Phone: (770) 978-4400

Fax: (678) 261-1895

E-mail: help@bcctpc.org

Web: www.BCCTPC.org

HOW TO CONTACT PSI/AMP

Applied Measurement Professionals (AMP), a PSI Company

18000 W. 105th Street

Olathe, KS 66061-7543

Phone: (913) 895-4600

Fax: (913) 895-4650

E-mail: info@goAMP.com

Web: www.goAMP.com

INTRODUCTION

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

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

ELIGIBILITY

To obtain certification, the candidate must:

- Hold an unrestricted license or certificate to practice as a paramedic
- Complete an approved examination application
- Submit paramedic license or certification for verification and approval

To maintain certification, the certificant must meet all eligibility requirements, as well as demonstrate continued competency by meeting all recertification requirements.

The examination is available in both traditional paper and pencil and computer based testing (CBT). The board is not affiliated or part of any other trade organization and is not involved with any review courses offered to the public. If you have questions concerning the board or the administration of the examinations, please contact the IBSC at help@bcctpc.org or by calling the IBSC office at (770) 978-4400 (The office is open Monday – Friday, 0900-1700 Eastern.)

TESTING AGENCY

Applied Measurement Professionals, Inc., a PSI Company (PSI/AMP) is the professional testing agency contracted by IBSC to assist in the development, administration, scoring and analysis of the Certified Flight Paramedic examinations. All CBT

examination delivery is provided by the PSI/AMP testing center network.

STATEMENT OF NON-DISCRIMINATION

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

APPLYING FOR AN EXAMINATION

Register for the examinations through the IBSC website at www.IBSCertifications.org or by contacting the IBSC at (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 ID 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 www.IBSCertifications.org website for scheduled pencil/paper examinations. Computer based examinations can be scheduled at any time. Follow the simple step-by-step instructions to choose your examination and register for the examination.

EXAMINATION LOCATIONS

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

CBT examinations are administered at PSI/AMP Assessment Centers geographically distributed throughout the world. Assessment Center locations are available online.

MISSED OR CANCELLED APPOINTMENTS

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

- You cancel your examination after confirmation of eligibility is received.
- You wish to reschedule an examination but fail to do so at least two business days prior to the scheduled testing session.

Certified Flight Paramedic Candidate Handbook

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

A new, complete registration and examination fee are required to reapply for examination.

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

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

BLACK-OUT DATES

Computer based exams will not be offered on:

New Year's Holiday (Dec. 30 31 & Jan. 1)
Martin Luther King Jr. Day
President's Day
Good Friday
Memorial Day
Independence Day
Labor Day
Columbus Day
Veteran's Day
Thanksgiving Holiday (Thursday-Friday)
Christmas Holiday (Dec. 24-25)

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

FP-C EXAM CONTENT

The Certified Flight Paramedic (FP-C) Examination consists of 135 questions (125 scored and 10 non-scored pretest questions) and the candidate is provided 2.5 hours to complete the examination. The certification

process is focused on the knowledge level of accomplished, experienced paramedics currently associated with a Flight and /or Critical Care Transport Team(s). The questions on the examination are based in sound paramedicine. The candidate is expected to maintain a significant knowledge of current ACLS, PALS, NRP, and ITLS/PHTLS standards. This examination is not meant to test entry-level knowledge, but rather to test the experienced paramedics' skills and knowledge of critical care transport.

As you prepare for the examination, please consider there are a variety of mission profiles throughout the spectrum of transport medicine. Please remember this examination tests the candidates' overall knowledge of the transport environment, not the specifics of one individual program. Just because your program does not complete IABP transports, does not mean you will not have questions related to these types of transports. Likewise, if your program does not perform SAR, you still need to understand this information for the examination. We have included a brief outline below of the topics and skills included in the exam. As you can see, most of these are beyond the scope of the average field paramedic. Though some outline topics within the paramedic's scope of practice, the exam questions will be related to critical care and are of a much higher level of difficulty. The detailed content outline follows.

MAINTAINING YOUR CERTIFICATION

A minimum of 100 contact hours must be submitted with a clear and direct application to the practice of medicine in the area of specialty. Seventy-five of the contact hours must be in the CLINICAL category. Sixteen CLINICAL hours must be from an approved FP-C review class. Twenty-five CE's may be in the OTHER category to complete the 100 hours. It is acceptable to have more than 75 of the contact hours in the CLINICAL category. For CE to be applicable for renewal, it must have occurred during the four-year period of certification.

AUDITS

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

eligibility to recertify.

DISCIPLINARY POLICIES

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

FP-C Content Outline (Blueprint)

TOPIC AREAS	#QUESTIONS
TRAUMA AND BURN EMERGENCIES	19
SAFETY/TRANSPORT FUNDAMENTALS AND POST INCIDENT SURVIVAL	10
FLIGHT PHYSIOLOGY	9
ADVANCED AIRWAY AND VENTILATION MANAGEMENT	15
NEUROLOGICAL EMERGENCIES	9
CARDIOPULMONARY EMERGENCIES	25
TOXIC AND ENVIRONMENTAL EXPOSURES	9
PERINATAL AND PEDIATRIC EMERGENCIES	19
GENERAL MEDICAL PATIENT	10



FP-C Detailed Content Outline

1. Trauma and Burn Emergencies (19)

- A. Perform patient triage (including MCI and WMD incidents)
- B. Differentiate injury patterns associated with specific mechanisms of injury
- C. Rate a trauma victim using the Revised Trauma Score
- D. Rate a trauma victim using the Trauma Injury Severity Score (TRISS)
- E. Identify patients who meet trauma center criteria
- F. Perform a comprehensive assessment of the trauma patient
- G. Initiate the critical interventions for the management of the trauma patient
- H. Provide care for the patient with thoracic injuries
- I. Provide care for the patient with abdominal injuries
- J. Provide care for the patient with orthopedic injuries
- K. Administer appropriate medications for trauma management
- L. Assess a patient using the Glasgow Coma Scale/Score (GCS)
- M. Manage patients with head injuries
- N. Manage patients with spinal cord injuries
- O. Perform a baseline neurologic assessment of a trauma patient
- P. Perform an assessment of the burn patient
- Q. Calculate the estimated percentage of the body surface area burned
- R. Calculate appropriate fluid replacement amounts based on the patient's burn injury and physiologic condition
- S. Diagnose inhalation injuries in burn injury patients
- T. Perform escharotomies on burn injury patients
- U. Administer medications for burn patients
- V. Provide treatment of burn emergencies

2. Safety/Transport Fundamentals and Post Incident Survival (10)

- A. Assess the safety of the scene
- B. Conduct preflight checks to ensure aircraft integrity
- C. Conduct preflight checks to ensure equipment is present, functional, and stowed
- D. Observe for hazards during aircraft operation
- E. Utilize proper safety equipment while in flight
- F. Maintain a sterile cockpit during critical phases of flight
- G. Approach and depart the aircraft in a safe manner
- H. Ensure safety around the aircraft
- I. Secure the patient for flight
- J. Understand Human Factors Resource performance as it pertains to clinical and aviation performance
- K. Participate in flight mission safety decisions (including Go/No-Go, abort)
- L. Respond to in-flight emergencies:
 - a. fire
 - b. emergency egress
 - c. emergent landing
 - d. adverse weather conditions
 - e. de-pressurization
- M. Perform immediate post-accident duties at a crash site
 - a. Build survival shelters
 - b. Initiate emergency survival procedures
 - c. Ensure the safety of all passengers (including specialty teams, family, law enforcement, observer)
- N. Understand the weather conditions that impact flight operations
- O. Understand safety management systems
- P. Understand Just Culture

3. Flight Physiology (9)

- A. Identify causes of hypoxia
- B. Relate the stages of hypoxia to patient condition and treatment
- C. Take corrective measures to prevent altitude related hypoxia
- D. Identify signs of barometric trauma
- E. Identify stressors related to transport (including thermal, humidity, noise, vibration, or fatigue related conditions)
- F. Take corrective action for patient stressors related to transport
- G. Relate the relevant gas laws to patient condition and treatment
- H. Identify immediate causes of altitude related conditions in patients
- I. Identify immediate causes of altitude related conditions as they affect the air medical crew
- J. Provide interventions to prevent the adverse effects of altitude changes during patient transport

4. Advanced Airway and Ventilation Management (15)

- A. Identify the indications for basic and advanced airway management
- B. Perform advanced airway management techniques
- C. Administer appropriate medications for airway management
- D. Identify the indications and contraindications for specific airway interventions
- E. Implement the appropriate airway algorithms
- F. Manage complications of intubation
- G. Perform alternative airway management techniques
- H. Monitor airway management and ventilation (including capnography) during transport
- I. Implement ventilation settings to react to the patient's condition

5. Neurological Emergencies (9)

- A. Conduct differential diagnosis of coma patients
- B. Manage patients with seizures
- C. Manage patients with cerebral ischemia
- D. Initiate the critical interventions for the management of a patient with a neurologic

emergency

- E. Provide care for a patient with a specific neurologic emergency
- F. Perform an ongoing serial evaluation of a neurologic patient
- G. Assess changes in intracranial pressure using patient level of consciousness
- H. Perform a focused neurological assessment
- I. Evaluate muscle strength and motor function
- J. Administer medications for neurological management

6. Cardiopulmonary Emergencies (25)

- A. Perform a detailed cardiovascular assessment
- B. Identify patients experiencing an acute cardiac event (including acute myocardial infarction, heart failure, cardiogenic shock, primary arrhythmias, hemodynamic instability)
- C. Use invasive monitoring during transport, as indicated, for the purpose of clinical management
- D. Provide treatment for patients with acute cardiac events and hemodynamic abnormalities
- E. Use cardiopulmonary assist devices as part of patient management (including ventricular assist devices, transvenous pacer, intra-aortic balloon pump)
- F. Assist in the management of cardiopulmonary assist devices to patient condition as part of patient management (including ventricular assist devices, transvenous pacer, intra-aortic balloon pump)
- G. Administer electrical therapies during transport
- H. Administer medications for cardiac management
- I. Perform a detailed respiratory assessment
- J. Identify patients experiencing respiratory compromise (including acute respiratory distress syndrome, spontaneous pneumothorax, pneumonia)
- K. Monitor patient's respiratory status using

laboratory values and diagnostic equipment (including pulse oximetry, capnography, blood gas values, chest radiography)

L. Provide treatment for patients with acute respiratory events

M. Administer medications for respiratory management

7. Toxic and Environmental Exposures (9)

- A. Conduct a physical examination of a toxicological patient
- B. Decontaminate toxicological patients when indicated
- C. Provide emergency care for victims of envenomation (including snake bite, scorpion sting, spider bite)
- D. Administer medications intervention (including poison antidotes when indicated)
- E. Provide treatment for toxicological patients (including medication overdose, Chemical, Biological, Radiological, Nuclear, and Explosives)
- F. Perform an assessment of the patient suffering from an environmental emergency
- G. Identify the patient experiencing a cold related emergency (including frostbite, hypothermia, cold water submersion)
- H. Identify the patient experiencing a heat related emergency (including heat stroke, heat exhaustion, heat cramps)
- I. Identify the patient experiencing a diving related emergency (including decompression sickness, arterial gas emboli, drowning)
- J. Identify the patient experiencing an altitude related emergency (including HAPE, cerebral edema)
- K. Administer medications for environmental emergency patients
- L. Provide treatment of environmental emergencies

8. Perinatal and Pediatric Emergencies (19)

- A. Perform an assessment of the obstetrical patient
- B. Perform fetal assessment
- C. Perform electronic fetal monitoring
- D. Understand transport considerations of the

obstetrical patient

- E. Provide treatment for high-risk obstetrical patients
- F. Assess uterine contractions
- G. Assess cervical status
- H. Conduct interventions for obstetrical emergencies (including pregnancy induced hypertension, hypertonic or tetanic contractions, cord prolapse, placental abruption)
- I. Assess whether transport can safely be attempted or whether delivery should be accomplished at the referring facility
- J. Administer appropriate medications for obstetrical patients
- K. Manage precipitous delivery
- L. Perform an assessment of the neonatal patient
- M. Administer appropriate medications for neonatal patients
- N. Implement neonatal resuscitation
- O. Manage the neonatal patient during isolette transport
- P. Maintain the proper temperature for the neonatal patient
- Q. Transport neonatal patients receiving specialized ventilator therapies (including ECMO, nitric oxide, high frequency ventilation)
- R. Provide treatment of neonatal emergencies
- S. Understand how to care for a neonatal patient experiencing an abnormality (including respiratory, cardiac, congenital defects)
- T. Perform an assessment of the pediatric patient
- U. Identify the pediatric patient experiencing an acute respiratory event (including epiglottitis, bronchiolitis, asthma)
- V. Identify the pediatric patient experiencing an acute medical event (including meningitis, overdose, seizures)
- W. Identify the pediatric patient experiencing an acute cardiovascular event (including shock, cardiac anomaly, dysrhythmias)
- X. Identify the pediatric patient experiencing an acute traumatic event (including auto v. pedestrian, falls, child abuse)
- Y. Administer medications for pediatric patients
- Z. Provide treatment of pediatric emergencies

9. General Medical Patient (10)

- A. Perform a focused medical assessment
- B. Identify patients experiencing a medical emergency (including AAA, GI bleed, bowel obstruction, HHNC)
- C. Use invasive monitoring during transport, as indicated, for the purpose of clinical management
- D. Provide treatment for patients with medical emergencies
- E. Manage patient condition utilizing available laboratory values (including blood glucose, CBC)
- F. Administer medications for the medical patient
- G. Prevent transmissions of infectious disease
- H. Provide pain management
- I. Evaluate and record patient pain levels

END OF DETAILED CONTENT OUTLINE

FP-C SAMPLE QUESTIONS

1. Your patient has a closed head injury confirmed by CT scan. Initial assessment in the Neuro Trauma ICU, you find the following: ICP=24, BP= 110/58, CVP=8, HR=104, RR=20. What is your patient's CPP?

- A. 86 mmHG
- B. 51 mmHG
- C. 72 mmHG
- D. 134 mmHG

B is the correct answer:

Multiply the diastolic blood pressure by 2.

Add the systolic blood pressure to the total

Divide the total by 3. This is the mean arterial pressure (MAP).

Subtract the higher value (ICP or CVP) from the MAP to get CPP

2. For the average sized adult patient who has suffered severe burns, adequate fluid can be demonstrated by a minimum urine output of:

- A. 4-8ml/kg/hr
- B. 30-50ml/hr
- C. 10-20ml/hr
- D. 2-4ml/kg/hr

B is the correct answer: The American Burn Association Practice Guidelines for Burn Shock Resuscitation recommend 0.5 mL/kg/hr urine output in adults and 0.5–1.0 mL/kg/hr in children weighing < 30 kg. Lesser hourly urinary outputs in the first 48 hrs post burn almost always represent inadequate resuscitation.

3. A patient presented to the ED with chest pain. Initial vital signs are: HR of 76, BP of 112/68 and RR of 18. After sublingual nitroglycerine administration, the patient's vital signs are: HR 100, BP 88/56, and RR 20. You should suspect:

- A. Left ventricular infarction
- B. Anterior wall infarction
- C. Posterior wall infarction
- D. Right ventricular infarction

The correct answer is D: Patients with RV infarction are preload sensitive (due to poor RV contractility) and can develop severe hypotension in response to nitrates or other preload-reducing agents. Hypotension in right ventricular infarction is treated with fluid loading, and nitrates are contraindicated.

4. In relation to Henry's law, gases expand in solution with a decrease in pressure. Which physiologic condition is created as a result of this gas law principle?

- A. Arterial Embolism
- B. Spontaneous pneumothorax
- C. Barosinusitis
- D. Barodontalgia

The correct answer is A: Henry's is specific to gases dissolved in fluids. A is the only example that meets this criterion.

5. A 49-year-old male is complaining of severe abdominal pain, low-grade fever, nausea and vomiting. The physical exam reveals bruising around the umbilicus as well as the flanks. You suspect:

- A. Appendicitis
- B. Mesenteric Ischemia
- C. Cholecystitis
- D. Pancreatitis

The correct answer is D: Grey Turner sign refers to ecchymosis of the flanks and may occur in conjunction with Cullen sign, especially in patients with retroperitoneal hemorrhage.³ When Cullen or Grey Turner signs result from acute pancreatitis, they signal severe disease, with a mortality estimate as high as 37%

ON THE DAY OF YOUR EXAMINATION

On the day of your examination appointment, report to the Assessment Center no later than your scheduled testing time. Once you enter the Assessment Center, look for the signs indicating PSI/AMP 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 two forms of identification, one with a current photograph. Both forms of identification must be valid and include your current name and signature. You will also be required to sign a roster for verification of identity.

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

Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as primary identification, but may be used as secondary identification if they include your name and signature.

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.
- 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.

- No personal items, valuable, or weapons should be brought to the Assessment Center. PSI/AMP is not responsible for items left in the reception area.

SECURITY

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

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

Only one question is presented at a time. The question number appears in the lower right 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 window in the lower left portion of the screen. To change your answer, enter a different option by pressing the A, B, C or D key 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.

You may leave a question unanswered and return to it later. You may also bookmark questions for later review by clicking in the blank square to the right of the TIME button. Clicking on the hand icon or using the arrow key

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 you have completed the examination, the number of questions you answered is reported. If you have not answered all questions and you have time remaining, return to the examination and answer those questions. Be sure to answer each question before ending the examination. There is no penalty for guessing.

You may provide 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 you may enter your comments.

INCLEMENT WEATHER OR EMERGENCIES

In the event of inclement weather or unforeseen emergencies on the day of an examination, PSI/AMP 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 PSI/AMP's website at www.goAMP.com prior to the examination to determine if PSI/AMP has been advised that any Assessment Centers are 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 following the examination regarding rescheduling or reapplication procedures.

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

EXAMINATION RESTRICTIONS

- Pencils will be provided during check-in.
- Possession of a cellular phone or other electronic devices (including smart watches) is strictly prohibited and will result in dismissal from the examination.
- You will be provided with one piece of scratch paper

at a time to use during the examination. You must return the scratch paper to the supervisor 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, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

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

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

FOLLOWING THE EXAMINATION

FOR COMPUTER BASED TESTING: After you finish the examination, you are asked to complete a short evaluation of your testing experience conducted by

PSI/AMP. Then, you are instructed to report to the examination proctor to receive your score report. Scores are reported in printed form only, in person or by U.S. Mail. Scores are **NOT** reported over the telephone, by electronic mail or by facsimile.

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

SCORE REPORTING

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

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

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

Beginning in September of 2016, the IBSC no longer provides the passing candidate with a raw score nor

a breakdown of the examination score by topic area. Exam results are reported pass/fail. If you did not pass the exam, you will receive an examination report indicating subject areas of relative strength and weakness. The diagnostic report can assist you if you decide to retake the exam. This change is necessary to endorse the philosophy that certification is the goal and that the raw score number beyond the passing score does not matter.

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

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

IF YOU PASS THE EXAMINATION

If you pass the examination, your score report will state “pass” without a score breakdown. You will receive a card, patch and certificate within 4-6 weeks after your testing date. Your certification is valid for a four-year period.

IF YOU DO NOT PASS THE EXAMINATION

If 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. You may reapply to retake the exam after 30 days.

REQUESTS FOR HAND GRADING

A candidate may request a hand score by submitting a written request along with the fee of \$25.00 (check or money order). Candidates must include the following:

- * Contact information
- * Testing ID number
- * Date of exam
- * Testing location
- * Exam type

Request and payment should be addressed to:

PSI/AMP, Examination Services
18000 W. 105th St
Olathe, KS 66061

Once the request is received the answer sheet is manually scored against the examination key. Within 10 days a letter is mailed or emailed to the candidate with results of the hand score.

SCORES CANCELLED BY THE IBSC OR PSI/AMP

IBSC and PSI/AMP 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 PSI/AMP are committed to rectifying such discrepancies as expeditiously as possible. IBSC may void examination results if, upon investigation, violation of its regulations is discovered.

The best
PARAMEDICS
in the world
are board certified.



CRITICAL CARE PARAMEDIC ♦ FLIGHT PARAMEDIC
TACTICAL PARAMEDIC ♦ TACTICAL RESPONDER ♦ COMMUNITY PARAMEDIC

Learn more at www.bcctpc.org