

Certification Examination

CCCP

Certified Cardiometabolic Care Pharmacist



CANDIDATE
HANDBOOK

Recognition, Value, Expertise...

It is what certification is all about!

ABOUT CERTIFICATION

Competency-based certification allows pharmacists to demonstrate validated, practice-relevant knowledge in a defined specialty. Through CPS certification, candidates attest to professional accountability, lifelong learning, and safe, effective practice.

The Certification Commission for the Council on Pharmacy Standards (CC-CPS) is the independent body that designs, governs, and maintains CPS certification and recertification programs. CC-CPS operates at arm's length from CPS education and operations, with formal conflict-of-interest controls, documented firewalls, and term limits to preserve independence.

CC-CPS follows recognized best-practice frameworks, including ISO/IEC 17024, the Standards for Educational and Psychological Testing (AERA/APA/NCME), and guidance from ICE and NCCA.

TABLE OF CONTENTS

Eligibility Criteria	3
Resources for Exam Candidates	4
Fees	5-6
Steps to Register for Computer Testing	7
Application Checklist	8
Administrative Policies	9 - 11
General Policies	12 - 14
Exam Content Outline	15
About CPS	20

CANDIDATE
HANDBOOK ELIGIBILITY
CRITERIA

All eligibility criteria must be met at the time of application

CURRENT LICENSURE

Candidates must hold a Doctor of Pharmacy (Pharm.D.) or Bachelor of Science in Pharmacy (B.S. Pharm.) degree from a program accredited by the Accreditation Council for Pharmacy Education (ACPE). Graduates of programs outside of the U.S. must hold a degree deemed equivalent and/or possess a Foreign Pharmacy Graduate Examination Committee® (FPGEC) Certificate.

PRACTICE EXPERIENCE

Current/active unrestricted licensure as a pharmacist is required. An "unrestricted" license is not currently subject to any limitations, probation, or disciplinary action.

- **U.S. Licensed Pharmacists:** Must possess an active, unrestricted license to practice pharmacy in at least one U.S. state or territory.
- **International Pharmacists:** Must hold an active and unrestricted license in their country of practice. A certified English translation must be provided if the original license is not in English.

Candidates will need to upload their license or a printout of the verification that includes their name, license number, licensing state or country, and the date the license expires.

SPECIALTY QUALIFICATION

To ensure candidates have foundational knowledge in the specialty, one of the following two pathways must be met:

1. **Standard Pathway:** Completion of one year (12 months) of experience comprised of at least 2000 hours of practice time as a licensed pharmacist in one of the above exam specialties must be documented. **This is not an either/or requirement – both time and hours must be met.**
2. **Certificate Pathway:** The specialty experience requirement is met for candidates who hold an active certificate of completion from a nationally recognized provider in a related subject matter. This includes, but is not limited to, the completion of a relevant PGY residency, fellowship, certificate/training program, or a relevant graduate degree. Recognized providers include:
 - American Society of Health-System Pharmacists (ASHP)
 - American Pharmacists Association (APhA)
 - American College of Clinical Pharmacy (ACCP)
 - American Society of Consultant Pharmacists (ASCP)

CANDIDATE HANDBOOK

RESOURCES

CPS Exam Candidates

Use the [Study Guides & Preview Tests](#) page as the **official and most current source for all exam materials.**

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How to find your materials

1. Visit pharmacystandards.org/study-guides.
2. Search by certification name or acronym (e.g., CPOM).
3. Open the items under your credential:
 - **Outline** – Exam content outline & competencies
 - **Guide** – Candidate Guide with policies, sample items, and study tips
 - **Case Study** – Scenario-based practice
 - **Preview** – Short preview quiz
 - **Practice Exam** – Practice test with scoring



Before you register

- Read your Candidate Guide and Testing Guide (remote proctoring rules, ID requirements, system check, reschedule/cancel windows).
- Confirm your name on the account **matches your government ID**.
- Run the **system check** on the device and network you will use on test day.

Need help?

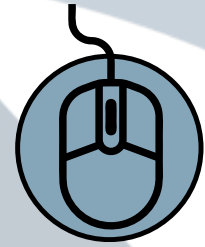
See FAQs or Contact Us from the Study Guides page.

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CPS will accept group payments for certification exams from institutions. Details are on the CPS website.

FEES

All fees are
non-refundable



\$395
TOTAL EXAM FEE

Application + Examination
Includes a **non-refundable**
\$50 application fee.

Examination Fees

- The total exam fee is \$395 (= \$50 Application + \$345 Examination).
- The \$50 application fee is non-refundable.
- If you are found ineligible, CPS refunds the \$345 examination portion automatically.
- After you schedule an appointment, reschedule/cancel windows and fees apply (see Administrative Policies, pp. 9–11).
- Payments are online only by Visa, Mastercard, or American Express (U.S. dollars).
- If paid by a third party (e.g., employer), any permitted refund is issued to that payer.
- Applications are not accepted by mail, phone, or fax.

Note: If an applicant is determined ineligible, CPS refunds the \$345 examination portion. The \$50 application fee is non-refundable.

Other Non-refundable Payment Related Fees**Incomplete
Application Fee**

All incomplete applications are subject to a non-refundable \$30 reprocessing fee upon the submission of proper documentation. See page 9 for more information.

**License
Verification**

If licensure information is requested requiring an additional submission, the candidate will have two weeks to provide the license with all the correct information and pay the non-refundable \$30 reprocessing fee. If this is not provided within the two weeks, the application will be marked ineligible. Ineligible applicants will receive a refund minus the \$50.00 non-refundable application fee. There are no refunds or withdrawals for applications using a bulk code.

**Credit Card
Chargeback**

Assessed only if a credit-card dispute is resolved in CPS's favor. Future registrations may be blocked until balances are cleared.

CANDIDATE HANDBOOK

FEES

All fees are
non-refundable

Other Exam Related Fees

**Reschedule
(date/time) — \$50**



Allowed **≥ 48 hours** before your appointment via your CPS account. Changes inside 48 hours are not permitted; the **no-show** policy applies.

**Exam Change —
\$125**



Administrative change to switch to a different exam (before an appointment is scheduled). May require re-review of eligibility.

Withdrawal — \$165



Cancel your exam before scheduling or **≥ 7** days before your appointment to withdraw. CPS refunds the examination portion (\$345) minus \$165. Within 7 days, or after a no-show, the examination portion is forfeited. See Administrative Policies (pp. 9–11) for full timelines.

Retest — \$395



Retest candidates must pay the full application (\$50) and examination (\$345) fees and must observe a 45-day wait before reapplying.
See Retest Policy (p. 9).

Computer exam candidates can change their scheduled testing date to a **\$50 non-refundable fee**.

Candidates may do this from within their CPS account.

Refer to CPS Testing Guide for details.

Refunds

Ineligible Computer Testing Applicants will receive a refund of the \$345 examination portion (the **\$50 application fee is non-refundable**) minus any outstanding charges.

No refunds

will be issued for the following circumstances:

- Candidates who are not successful in achieving certification.
- No-shows or candidates who fail to test.
- Candidates who are unable to schedule within the eligibility period and do not withdraw per policy.
- Once an exam session has started.

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STEPS TO REGISTER

HOW TO REGISTER FOR A CPS EXAM (REMOTE, COMPUTER-BASED)

STEP
1**Confirm eligibility**

Review the **Eligibility Criteria** for your credential (link to section).

STEP

2**Submit your application**

Submit your application online at the CPS website **PharmacyStandards.org**. Applications can only be submitted online. You cannot submit an application by mail, telephone or fax. Payment must be made online by credit card. Individual or group payments can be made.

STEP

3**Prepare your documents**

To get prepared to complete the application - *see the application checklist on the next page*. It is a handy listing of all the information you will need to supply.

STEP

4**Email confirmation of your registration**

After completing and submitting the application, you will receive an email confirmation within 30 minutes. **This will be the ONLY confirmation notice you will receive for your application. If you do not receive it, please make sure the email in your profile is accurate and check your email folders.**

STEP

5**Application approval procedure**

The application will be reviewed to determine qualification to take the examination. This process can take up to two weeks, depending on the volume of applications received at the time of submission. If the application is incomplete, *see page 10* to learn how to resubmit the application and what fees will need to be paid.

STEP

6**Notification of eligibility to take the exam**

If approved, an Eligibility Letter will be emailed and posted in your CPS account with instructions to schedule your exam.

Before scheduling:

- Run the system check on the device/network you will use.
- If you need accommodations, submit your request before booking.
- Ensure your account name matches your government ID.

Eligibility period: You must schedule and test within your 365-day eligibility period (see your letter).

CPS is not responsible for lost or misdirected email. **Please make sure the email in your profile is accurate and check your account 5-7 days after you have registered** to ensure your application was complete and additional information is not needed. If you do not receive your examination eligibility letter within 2 weeks of your examination application submission confirmation, use the "Contact Us" link on **PharmacyStandards.org** and select "Application I already submitted" from the drop down menu, to inform CPS.

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HANDBOOK

APPLICATION CHECK LIST

Before filing your application look over the below checklist and gather the information needed to complete it.

☐**PERSONAL INFORMATION:**

You have complete contact details (name as it appears on your government ID, address, phone, email). Your CPS profile email is current and monitored.

☐**ELIGIBILITY:**

You reviewed the eligibility requirements and meet one pathway (Standard or Certificate/Training)

☐**LICENSURE:**

You have your pharmacist license or primary-source verification showing name, license number, jurisdiction, type, and expiration date ready to upload. If not in English, include a certified English translation. Non-US grads include FPGEC® Certification (as applicable). Your license name matches your government ID or you have legal name-change proof.

☐**EMPLOYMENT:**

You know your current employer contact info (address, phone, email) and have 5-year work history (titles, dates, specialty area, supervisor/contact). Include gaps/unemployment where applicable.

☐**SPECIALTY QUALIFICATION DOCUMENTS:**

You have documentation for your pathway:

- Standard: summary of qualifying duties and estimated 2,000 hours/12 months within the stated window (verifiable).
- Certificate/Training: certificate of completion (or PGY/residency/fellowship/degree) plus syllabus/competency summary.

☐**APPLICATION AGREEMENT:**

You will check the agreement box to e-sign the statements below. Applications cannot be submitted without consent.

I have read and agree to abide by CPS policies in the Candidate Guide and Testing Guide, including fees, reschedule/withdrawal timelines, and conduct rules. I understand and consent to remote proctoring, including room scan, screen share, and audio/video recording for security and audit. I certify the information provided is true and complete; I understand that false or misleading statements may result in denial, invalidation, or revocation. I understand my application is subject to audit and authorize CPS to contact employers, licensing boards, and education providers to verify information. I acknowledge the \$50 application fee is non-refundable and that other refunds are governed by the published policy.

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HANDBOOK

ADMINISTRATIVE POLICIES

Incomplete Application Processing

An application is **incomplete** if any of the following apply:

- Missing or incorrect information.
- Licensure proof missing required data (name, license number, jurisdiction, type, expiration date) or is not in English without a certified translation.
- Payment not authorized or reversed (declined card, return, or chargeback).
- Any issue that prevents CPS from determining eligibility.

Process:

Incomplete applications are returned with instructions to upload the missing items and pay a **non-refundable \$30 reprocessing fee**. All filing deadlines continue to apply. If the resubmission does not fully resolve deficiencies, the application is declared ineligible (the **\$50 application fee is not refundable**).

Retest Policy

Candidates who wish to retake a CPS exam must submit a **new application**, meet the then-current eligibility criteria, and pay the **full application (\$50) and examination (\$345) fees**. CPS does not limit lifetime attempts, but the maximum number of attempts in a calendar year is **three (3)**. Each retest uses a different form of the exam.

Mandatory waiting period

- A **45-day wait is required from the date/time of the last attempt before submitting a retest application or scheduling a new appointment**.
- The wait applies to all delivery modes of testing and all exam forms.
- Applications submitted before the 45-day mark are **not accepted**. If submitted in error, the **application fee remains non-refundable**.

Interruption / invalid attempt rules

- If an exam session experiences **candidate-side** failure (device, internet, environment, refusal of proctoring/ID), the attempt is **invalid** and a retest after 45 days is required; fees follow the **No-Refunds** policy.
- If CPS or the test vendor causes the outage, CPS will provide a no-cost reschedule of the same attempt (no 45-day wait) or, if the attempt cannot be restored, a retest after 45 days without additional fees beyond the original exam fee.

Result notice

- The 45-day date is shown on the candidate's **results/attempt notice** and in the CPS account.

All timelines and fees are governed by the most current online policy at pharmacystandards.org; online versions supersede print.

All policies and procedures are subject to change without notice

CANDIDATE HANDBOOK

ADMINISTRATIVE POLICIES

Changes & Withdrawals

Reschedule (date/time) — \$50 non-refundable

For the same exam, you may change your appointment ≥ 48 hours before the start time via your CPS account.

- Must remain within your 365-day eligibility period.
- Limit: 1 reschedule per registration (additional changes require a withdrawal + new registration).
- No changes allowed < 48 hours before the appointment or on exam day.
- See Fees for no-show rules.

Exam or Eligibility-Window Change — \$125 non-refundable

Use this to switch to a different CPS exam or to adjust your eligibility period (no appointment scheduled yet).

- Re-establish eligibility for the new exam; CPS may request additional documentation.
- Any approved change uses the original 365-day period (no reset).
- Request must be submitted ≥ 30 days before the end of your eligibility period.
- Limit: 1 exam/window change per registration.
- No refunds of original fees or the change fee.

Rescheduling (same exam): \$50 | Exam change: \$125

All candidates requesting a change

MUST:

- Submit the change request within one calendar year from the first date of their original assigned eligibility period.
- Cancel their exam date (if they have one scheduled), before submitting a change. Scheduled exams may also be canceled using the "Schedule" link in your account.
- Use the CPS website online Change Request Form.
- Submit a non-refundable fee of \$125 with the Change Request Form.

Not permitted

- Changes on exam day or after the appointment start time.
- Switching exams after check-in begins.
- Only CPS pharmacy credentials may be selected.

To change examination category:

- Eligibility must be re-established for the new exam category, and additional documentation and fees may be required.
- The time to consider eligibility for the new category will count toward the original assigned computer testing window.
- ***Examinees must take the exam for which they have been determined eligible. No changes will be permitted on examination day.*** If a candidate knowingly or unknowingly takes an examination other than they were found eligible to take, the examination will not be scored. No refunds will be allowed, and all fee policies will apply if the candidate reapplies for an examination.
- Candidates must submit their request at least 30 days prior to the end of their 365-day eligibility period.

CANDIDATE
HANDBOOK

ADMINISTRATIVE POLICIES

Withdrawal Policy - Computer Testing

- Only the applicant/candidate may request a withdrawal.
- When you may withdraw:
 - Before scheduling an appointment, or
 - ≥ 7 days before your scheduled appointment time (withdrawal cancels the appointment).
- Refund: CPS refunds the examination portion (\$345) minus a \$165 withdrawal fee $\rightarrow$ \$180. The \$50 application fee is not refundable. Any outstanding charges are deducted from the refund.
- Requests < 7 days before the appointment or after a no-show are not eligible for any refund.

Withdrawal Policy - Bulk Purchase Voucher

Withdrawals are not allowed after eligibility is determined. Refunds are governed by the bulk purchase agreement; CPS does not issue refunds for redeemed codes. (Institutions manage reassignment within their terms.)

Substitution Policy

Candidate substitutions are not allowed. The name on the registration must match the government ID presented on test day. Name changes require legal documentation before scheduling.

Score Cancellation

CPS may cancel scores and/or invalidate an attempt for irregularities (e.g., identity mismatch, prohibited items, coaching, tampering, exam content disclosure, policy violations) with or without proof of intent. Fees are not refunded. CPS may impose waiting periods or bar future testing per policy.

Auditing Applications

Applications are subject to audit. Candidates must provide requested documentation (e.g., licensure, employment verification, training certificates) within 14 days. Failure to respond or verify may result in denial or revocation. By submitting an application, you authorize CPS to contact employers, licensing boards, and education providers for verification.

All policies and procedures are subject to change without notice

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CPS does not release live test questions, answer keys, or full forms. Using, sharing, soliciting, or possessing exam content—before or after testing—is a security violation and may result in score invalidation, revocation, and suspension of testing privileges.

GENERAL POLICIES

How Exams are Scored

CPS exams are **criterion-referenced**: your outcome is compared to a predefined performance standard, **not** to other candidates. The passing standard is set through periodic **standard-setting studies** (e.g., Angoff/Bookmark) conducted with subject-matter experts and approved by the CPS Board.

CPS uses **item response theory (IRT)** and **test equating** to place different forms of the exam on a common scale. Because some forms may be slightly harder or easier, equating ensures fairness—candidates meeting the standard on any form receive the **same pass/fail decision**.

Score reports provide:

- Your **overall result** (Pass/Fail).
- **Content-area diagnostics** to guide study. These diagnostics are **not percent correct** and are **not comparable** across candidates or attempts. Labels indicate performance **relative to the standard** (e.g., **Below Target / Near Target / At Target / Above Target**).

The passing standard may be reviewed periodically to reflect current practice and blueprint updates.

Retention of Computer Answer Strings

CPS retains computer answer strings and operational testing data for a minimum of 3 years and may retain longer for quality assurance and legal/regulatory purposes. Identity verification media (e.g., audio/video from remote proctoring) are retained per the CPS Privacy & Data Retention Policy.

All policies and procedures are subject to change without notice

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Authorization**

Certification is a non-transferable, revocable, limited, non-exclusive license to use the certification designation, subject to compliance with the policies and procedures, as may be revised from time to time.

Any use or display of CPS certification marks and/or logos without the prior written permission of the CPS is prohibited. Any candidate or certificant who manufacturers, modifies, reproduces, distributes or uses a fraudulent or otherwise unauthorized CPS certificate, CPS designation or other credential may be subject to disciplinary action, including denial or revocation of eligibility or certification. Any individual who engages in such behavior also may be subject to legal action.

GENERAL POLICIES

ADA and Nondiscrimination Policies

CPS does not discriminate on the basis of **age, sex, pregnancy, race, color, religion, national origin, ethnicity, disability, marital status, sexual orientation, gender identity or expression, military/veteran status, or genetic information.**

Testing accommodations. CPS provides **reasonable accommodations** consistent with the Americans with Disabilities Act (ADA) for qualified candidates. Requests must be **submitted with the application and before scheduling** an appointment, using the CPS Accommodation Request Form (see **pharmacystandards.org/accommodations**). Documentation must be **current** and signed by a qualified clinician describing the functional limitations and recommended accommodations. CPS will acknowledge requests within **5 business days** and issue a determination within **15 business days** of receiving complete documentation. Information is **confidential** and used only for accommodation determinations. Denials may be **appealed** per the Appeals Procedure below.

Appeals Procedure

Candidates may appeal eligibility determinations, accommodation decisions, exam administration irregularities, or policy applications. Appeals must be **submitted in writing within 60 days** of the decision or event and should include relevant facts and supporting documents. CPS will acknowledge receipt within **5 business days** and render a written decision within **30 days** (or notify if additional time is required). Appeals are reviewed by the **CPS Policy Review Committee**, independent of the original decision maker, and may be escalated to the **Board of Directors**. CPS does **not** release exam content or answer keys; score verification involves **administrative/technical re-scoring only**.

Revocation

Certification may be denied, suspended, or revoked for: falsification or misrepresentation; **exam security violations** (cheating, proxy testing, item disclosure); misuse of CPS names, logos, or marks; failure to meet or maintain eligibility/recertification requirements; **loss or restriction of the license to practice pharmacy**; nonpayment of required fees; or other material policy violations.

Prior to action, CPS will provide **written notice** of the allegations and an opportunity to **respond**. A written decision (which may include sanctions and eligibility to reapply after a specified period) will be issued and may be **appealed** under this policy.

All policies and procedures are subject to change without notice

CANDIDATE
HANDBOOK

For further details, visit the CPS website PharmacyStandards.org and download the recertification catalog for a full description of the recertification process. Click on **Renew your Certification** on the home page.

GENERAL POLICIES

Renew Your Certification

CPS requires **recertification every three (3) years** to verify ongoing competence in each credential's core knowledge areas.

Recertification Steps

Earn the required credit using either:

1. Continuing Education (CE) that fits your topics, or
2. Approved professional activities (e.g., teaching, publications, precepting, quality-improvement/projects, committee work).
3. Finish within 3 years, upload documentation, and keep records for audit.

Lapse & Reinstatement

If requirements are **not met by the deadline**, the credential **expires**. Expired credentials may be regained only through **re-examination**, subject to the then-current eligibility criteria. CE completed **after** expiration cannot be applied retroactively.

Audits & Recordkeeping

CPS randomly audits recertification applications. If selected, you must provide CE certificates and short activity descriptions within the requested timeframe. Maintain CE documentation **throughout the cycle and until approval**.

Verification of Your Credential

CPS provides **third-party verification** of active credentials on request.

- **When available:** After official results post to your CPS account and your digital certificate is issued.
- **What is verified:** Credential name and ID (if applicable), **status** (active/expired), **original certification date**, and **current expiration date**.
- **How to request:** From the CPS website (see pharmacystandards.org/verification), select **Request a Verification**, enter the recipient's email, and submit payment.
- **Fee & delivery:** **\$30 per request**. Verifications are sent by email to the designated party.
- **Notes:** CPS cannot verify until certification is achieved. Ensure your name and profile information are accurate before submitting a request.

All policies and procedures are subject to change without notice

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HANDBOOK

How to Study

CPS does not provide review courses or study materials for the examination. CPS views the examinations as an evaluative process. Eligibility criteria have been established to identify minimum levels of preparation for the examinations. CPS believes your practice experience is your best preparation. Candidates can review detailed test outlines and suggested resources in the Candidate Guides.

EXAM CONTENT OUTLINE

Domain 1: Comprehensive
Assessment & Care Planning
(20%)Task 1: Perform a comprehensive
cardiometabolic risk stratification.

Synthesize a patient's medical history, medication history, and lifestyle factors to inform a clinical assessment.

Interpret relevant laboratory and diagnostic data to establish a baseline for management.

Apply validated tools (e.g., ASCVD Pooled Cohort Equations, MESA, Reynolds Risk Score) to quantify global cardiovascular risk.

Evaluate risk-enhancing factors (e.g., family history, inflammatory conditions, ethnicity) to refine risk assessment.

Utilize advanced diagnostic tests (e.g., CAC scoring, Lp(a), hs-CRP) to personalize risk assessment in select patients.

Task 2: Design an integrated,
patient-centered care plan.

Collaborate with the patient using shared decision-making to establish SMART goals for risk reduction.

Develop an integrated care plan that addresses lifestyle, medication therapy, and self-monitoring.

Incorporate patient-specific preferences, cultural values, and readiness for change into the plan.

Prioritize interventions based on the potential for risk reduction and the patient's capacity for change.

Establish a clear follow-up and monitoring plan to track progress toward goals.

Task 3: Identify and address health
disparities and social determinants
of health (SDOH).

Screen for and identify SDOH (e.g., food insecurity, transportation, housing, health literacy) that impact cardiometabolic health.

Analyze practice-level data to identify disparities in cardiometabolic outcomes among vulnerable populations.

Adapt care plans to mitigate the impact of identified barriers on treatment adherence and outcomes.

Connect patients with community-based resources and support services to address non-medical needs.

Apply culturally competent strategies to address disparities in care among diverse ethnic and socioeconomic populations.

Task 4: Evaluate and integrate
digital health technologies.

Interpret data from digital health tools such as continuous glucose monitors (CGMs), remote blood pressure monitors, and wearable devices.

Utilize digital therapeutics and patient engagement platforms to support self-management and behavior change.

Incorporate patient-generated health data into ongoing clinical decision-making and monitoring.

Assess the usability, validity, and data security of various digital health technologies.

Develop workflows for the efficient integration of digital health data into the clinical practice.

Task 5: Manage medication access
and affordability.

Navigate complex prior authorization processes and appeal denied claims for guideline-directed therapies.

Develop strategies to overcome formulary restrictions and step therapy requirements.

Implement programs to connect patients with financial assistance (e.g., manufacturer coupons, patient assistance programs) to mitigate cost-related nonadherence.

Select cost-effective therapies that align with the patient's insurance coverage and financial capacity.

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HANDBOOK

EXAM CONTENT OUTLINE

Educate patients on navigating their prescription benefits and finding the lowest-cost options.

Task 6: Apply principles of precision medicine and pharmacogenomics (PGx).

Interpret PGx test results (e.g., CYP2C19 for clopidogrel, SLCO1B1 for statins) to personalize therapy.

Identify candidates for advanced therapies based on genetic markers or specific biomarkers.

Assess a patient's individual response and tolerance to medications to guide therapy adjustments.

Integrate pharmacogenomic data into clinical decision support tools to guide prescribing.

Counsel patients on the implications of their pharmacogenomic results for current and future therapy.

Domain 2: Lifestyle & Behavioral Interventions (15%)**Task 1: Design and implement medical nutrition therapy plans.**

Assess a patient's dietary patterns and their impact on cardiometabolic risk factors.

Provide education on evidence-based dietary approaches (e.g., DASH, Mediterranean, low-carbohydrate).

Collaborate with registered dietitians to provide comprehensive nutrition counseling.

Develop individualized meal plans that consider patient preferences, cultural background, and budget.

Counsel patients on practical skills such as label reading, portion control, and healthy cooking.

Task 2: Develop personalized physical activity plans.

Assess a patient's current physical activity level and any physical limitations or contraindications.

Provide a "physical activity prescription" that aligns with national guidelines for aerobic and resistance exercise.

Counsel patients on strategies to overcome barriers and incorporate physical activity into their daily routine.

Collaborate with physical therapists or exercise physiologists for patients with complex needs.

Educate patients on the benefits of physical activity for glycemic control, blood pressure, and weight management.

Task 3: Manage comprehensive weight management programs.

Provide evidence-based counseling for weight loss and maintenance, integrating nutrition, physical activity, and behavioral strategies.

Identify appropriate candidates for anti-obesity medications or bariatric surgery.

Manage pharmacotherapy for weight management, including GLP-1 receptor agonists and dual incretin therapies.

Monitor for and manage adverse effects of anti-obesity medications.

Provide long-term support for weight maintenance and relapse prevention.

Task 4: Implement tobacco cessation interventions.

Assess a patient's readiness to quit tobacco and provide counseling based on their stage of change.

Design evidence-based pharmacotherapy regimens, including nicotine replacement therapy and non-nicotine options.

Provide behavioral counseling and connect patients with quitlines and other support resources.

Manage side effects and withdrawal symptoms associated with cessation therapies.

Develop a relapse prevention plan with patients who have recently quit.

Task 5: Apply motivational interviewing and behavioral change strategies.

Utilize motivational interviewing techniques to explore ambivalence and enhance motivation for change.

Apply principles of cognitive-behavioral therapy to help patients identify and modify unhealthy habits.

Assess and enhance a patient's self-efficacy and activation in managing their own health.

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HANDBOOK**

EXAM CONTENT OUTLINE

Assist patients in developing problem-solving skills to overcome barriers to self-management.

Employ goal-setting and self-monitoring strategies to support long-term behavior change.

Task 6: Facilitate team-based and interprofessional care.

Collaborate effectively with primary care providers, cardiologists, endocrinologists, and dietitians.

Define and communicate the pharmacist's role within the interdisciplinary care team.

Participate in team huddles, case conferences, and shared medical appointments.

Develop referral pathways to connect patients with other members of the care team.

Manage interprofessional communication to ensure a coordinated and seamless patient experience.

Domain 3: Clinical Management of Cardiometabolic Diseases (40%)

Task 1: Manage pharmacotherapy for glycemic control in diabetes.

Apply current guidelines to design and adjust patient-specific medication regimens for type 2 diabetes.

Select agents based on their impact on glycemic control, weight, and cardiovascular/renal risk reduction.

Manage complex combination therapies, including oral agents, non-insulin injectables, and insulin.

Design and titrate complex insulin regimens, including basal-bolus and pump therapy.

Develop protocols for preventing, recognizing, and treating hypoglycemia and hyperglycemia.

Task 2: Manage pharmacotherapy for hypertension and dyslipidemia.

Design patient-specific antihypertensive regimens based on guidelines, compelling indications, and patient comorbidities.

Manage resistant hypertension through systematic optimization of the medication regimen.

Design statin-based regimens of the appropriate intensity and manage statin-associated side effects.

Incorporate non-statin therapies (e.g., ezetimibe, PCSK9 inhibitors, inclisiran, bempedoic acid) for high-risk patients.

Manage complex lipid disorders such as familial hypercholesterolemia and severe hypertriglyceridemia.

Task 3: Implement guideline-directed medical therapy (GDMT) for ASCVD, CKD, and HF.

Design comprehensive secondary prevention regimens for patients with established ASCVD (post-MI, stroke, revascularization).

Optimize the "four pillars" of therapy for patients with heart failure with reduced ejection fraction (HFrEF).

Implement evidence-based treatments for patients with heart failure with preserved ejection fraction (HFpEF).

Design pharmacologic regimens with SGLT2 inhibitors, RAAS inhibitors, and finerenone to slow the progression of CKD.

Ensure seamless transitions of care to optimize GDMT upon hospital discharge.

Task 4: Manage emerging and novel therapeutic agents.

Evaluate the evidence for and incorporate novel agents into practice, such as dual GIP/GLP-1 RAs for diabetes/obesity.

Apply evidence for emerging therapies such as inclisiran, finerenone, and vericiguat in appropriate patient populations.

Assess the expanding indications for existing drug classes (e.g., SGLT2 inhibitors in CKD/HF, GLP-1 RAs for primary prevention).

Manage the unique administration, monitoring, and access challenges of these novel therapies.

Monitor the pipeline of new cardiometabolic drugs to anticipate future changes in practice.

Task 5: Manage cardiometabolic conditions in special populations.

Adapt care plans for older adults, considering polypharmacy, fall risk, and cognitive function.

Manage cardiometabolic diseases during pregnancy and the postpartum period.

**CANDIDATE
HANDBOOK**

EXAM CONTENT OUTLINE

Design safe and effective regimens for patients with severe renal or hepatic impairment.

Address the unique challenges of managing type 1 diabetes, including advanced technologies.

Develop care plans for adolescents and young adults transitioning to adult care.

Task 6: Manage and prevent cardiometabolic disease complications.

Implement strategies to screen for and manage diabetic microvascular complications (retinopathy, neuropathy, nephropathy).

Optimize antiplatelet and anticoagulant therapy to prevent thrombotic events in high-risk patients.

Manage common comorbidities such as obstructive sleep apnea (OSA) and nonalcoholic fatty liver disease (NAFLD).

Coordinate care to prevent and manage diabetes-related foot complications.

Design regimens to minimize the risk of adverse drug events and drug-drug interactions in patients with multimorbidity.

Domain 4: Practice Management, Outcomes & Quality Improvement (15%)

Task 1: Design and manage pharmacist-led cardiometabolic care services.

Develop and practice under collaborative practice agreements for the management of cardiometabolic diseases.

Implement innovative practice models, such as pharmacist-led clinics, team-based care, and telehealth services.

Develop a business plan and demonstrate the value proposition of pharmacist services to stakeholders.

Design efficient workflows for patient identification, referral, documentation, and billing.

Ensure compliance with all legal, regulatory, and institutional requirements for clinical practice.

Task 2: Implement population health management strategies.

Utilize disease registries and data analytics to identify and risk-stratify high-risk patient populations.

Design and implement team-based care models to close gaps in care and improve quality metrics.

Develop proactive outreach programs for patients who are overdue for monitoring or follow-up.

Apply population health principles to manage care within value-based payment models (e.g., ACOs).

Implement evidence-based clinical pathways to standardize care for common cardiometabolic conditions.

Task 3: Measure and report on quality and outcome metrics.

Design and monitor a dashboard of key performance indicators (KPIs) for a cardiometabolic service.

Analyze the impact of interventions on payer-facing quality measures (e.g., HEDIS, CMS Star Ratings for A1c/BP control, statin use).

Track and report on clinical outcomes, such as changes in HbA1c, BP, LDL-C, and MACE rates.

Evaluate the economic impact of pharmacist services, including return on investment (ROI) and total cost of care.

Utilize outcomes data to justify and expand clinical services.

Task 4: Lead and participate in quality improvement (QI) initiatives.

Apply formal QI methodologies (e.g., PDSA cycles, Lean) to identify and address gaps in care.

Utilize QI tools, such as root cause analysis and process mapping, to improve clinical workflows.

Lead interprofessional teams in the design and implementation of QI projects.

Measure the impact of QI interventions on processes of care and patient outcomes.

Foster a culture of continuous quality improvement within the practice setting.

**CANDIDATE
HANDBOOK**

EXAM CONTENT OUTLINE

Task 5: Document pharmacist impact for justification and billing.

Utilize standardized systems to document clinical interventions and their impact on patient care.

Generate documentation that justifies pharmacist services for various billing models (e.g., MTM, "incident-to," chronic care management).

Translate clinical activities into quantifiable metrics of value (e.g., clinical outcomes, cost avoidance).

Develop reports and presentations to communicate the value of pharmacist services to administrators and payers.

Align documentation practices with the requirements of collaborative practice agreements and value-based care contracts.

Task 6: Navigate payer models and value-based care.

Differentiate between fee-for-service and various value-based payment models.

Align clinical services with the quality and cost metrics of value-based contracts.

Manage billing and coding for pharmacist services, including appropriate use of CPT and ICD-10 codes.

Develop partnerships with payers to support shared goals in cardiometabolic care.

Articulate the pharmacist's role in helping the organization succeed in value-based care.

**Domain 5: Patient-Centered
Communication & Education (10%)****Task 1: Provide comprehensive patient education and self-management support.**

Deliver education on medical conditions, medications, and lifestyle modifications using plain language.

Train patients on essential self-management skills, such as blood glucose monitoring and medication administration.

Utilize the teach-back method to confirm patient understanding and address knowledge gaps.

Develop and provide culturally and linguistically appropriate educational materials.

Empower patients to take an active role in their care through ongoing support and skill-building.

Task 2: Promote medication adherence and persistence.

Assess for and identify patient-specific barriers to medication adherence.

Develop individualized adherence plans that may include strategies like medication synchronization, reminders, and simplified regimens.

Utilize motivational interviewing to address patient ambivalence about taking long-term medications.

Evaluate the impact of interventions on adherence rates using measures like PDC or MPR.

Collaborate with the care team to address system-level barriers to adherence.

Task 3: Facilitate effective interprofessional collaboration.

Collaborate with cardiologists, endocrinologists, dietitians, and case managers to optimize team-based outcomes.

Serve as the primary medication expert and drug information resource for the interdisciplinary care team.

Communicate therapeutic recommendations to other providers in a clear, concise, and evidence-based manner.

Participate actively in interprofessional team rounds, clinics, and case discussions.

Navigate and resolve professional disagreements to ensure optimal patient care.

Task 4: Apply principles of shared decision-making.

Present all reasonable treatment options, including their risks, benefits, and costs.

Elicit and respect patient values, preferences, and goals for their care.

Assist patients in evaluating treatment options in the context of what is most important to them.

Collaboratively arrive at a treatment decision that is both evidence-based and aligned with the patient's preferences.

**CANDIDATE
HANDBOOK**

EXAM CONTENT OUTLINE

Document the shared decision-making process and the resulting care plan.

Task 5: Address health literacy and numeracy challenges.

Assess a patient's health literacy and numeracy skills using validated tools or informal methods.

Adapt verbal and written communication to match the patient's level of understanding.

Utilize visual aids, simple language, and concrete examples to explain complex concepts.

Confirm patient understanding of key instructions, such as medication doses and schedules.

Engage family members and caregivers, with the patient's permission, to support understanding.

Task 6: Coordinate care transitions across settings.

Perform timely and accurate medication reconciliation during transitions of care between ambulatory, inpatient, and specialty settings.

Communicate effectively with providers across different settings to ensure a safe and seamless handoff.

Provide enhanced education and follow-up for patients during vulnerable transition periods.

Implement strategies to prevent medication-related problems that lead to hospital readmissions.

Ensure that all members of the care team are aware of the patient's most current care plan.

**CANDIDATE
HANDBOOK**

ABOUT CPS

The Council on Pharmacy Standards (CPS) develops and administers professional certification programs for pharmacists. CPS awards credentials to qualified candidates who meet eligibility requirements and successfully pass the appropriate examination. Our programs validate advanced competence in contemporary practice areas, helping candidates demonstrate specialized expertise and employers verify it.

CPS certifications span pharmacy law and compliance, sterile and non-sterile compounding, immunization and public health, point-of-care testing, medication safety and quality, controlled substances stewardship, pharmacogenomics, telepharmacy, veterinary compounding, specialty pharmacy, and pharmacy informatics.

CPS PHILOSOPHY OF CERTIFICATION

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CPS encourages candidates to verify how certification relates to state licensure requirements, institutional policies, the standards of relevant professional organizations, and local employer expectations. For specific guidance, candidates should consult state boards of pharmacy, colleges and schools of pharmacy, professional associations, and prospective or current employers.