2025 | CANDIDATE HANDBOOK

COUNCIL ON PHARMACY STANDARDS

Certification Examination

CCPP

Certified Collaborative Practice Pharmacist

Council on Pharmacy Standards

COUNCIL ON PHARMACY STANDARDS

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.

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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)

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?

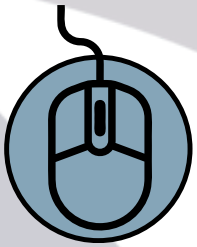
See FAQs or Contact Us from the Study Guides page.

FEES

All fees are non-refundable

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.



$395

TOTAL EXAM FEE

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

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

Group Fee Payments

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

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.

FEES

All fees are non-refundable

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.

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).

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:

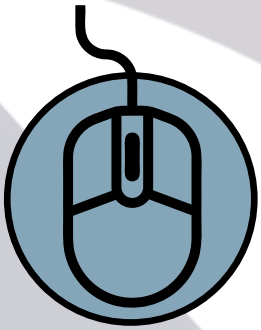
- Candidates who are not successful in achieving certification.
- No-shows or candidates who fail to test.
- Candidates who are unable to schedule within the eligibility period and do not withdraw per policy.
- Once an exam session has started.

COUNCIL ON PHARMACY STANDARDS

CANDIDATE HANDBOOK

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.

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.

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.

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 → $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

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.

Test Disclosure

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.

All policies and procedures are subject to change without notice

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.

Designation 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.

All policies and procedures are subject to change without notice

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**.

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.

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

EXAM CONTENT OUTLINE

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.

Domain 1: Foundational Principles & Patient Assessment (25%)

Task 1: Synthesize patient data to perform a comprehensive assessment.

Integrate subjective and objective data from the patient interview, medical record, and physical assessment.

Perform a best possible medication history (BPMH) and reconcile discrepancies across all sources.

Identify all active medical problems and medication therapy problems.

Assess patient-specific factors, including health literacy, cultural beliefs, and social determinants of health (SDOH).

Evaluate the patient's readiness for change and level of engagement in their own care.

Task 2: Perform focused physical assessments relevant to collaborative practice.

Measure vital signs (e.g., blood pressure, heart rate, respiratory rate) with proper technique.

Conduct targeted physical assessments (e.g., diabetic foot exam, edema assessment, respiratory assessment) to monitor disease progression and drug therapy.

Assess a patient's technique and ability to use medical devices (e.g., inhalers, glucometers, insulin pens).

Identify physical signs and symptoms indicative of adverse drug reactions or therapeutic ineffectiveness.

Document all physical assessment findings accurately within the patient's medical record.

Task 3: Interpret laboratory and diagnostic data to guide clinical decisions.

Interpret common laboratory tests (e.g., A1c, lipid panel, BMP, LFTs, INR) to evaluate disease state control.

Evaluate therapeutic drug monitoring results to manage medications with a narrow therapeutic index.

Assess lab values to screen for, diagnose, and monitor adverse drug effects (e.g., renal/hepatic toxicity).

Differentiate between critical and non-critical lab values and formulate an appropriate response plan.

Recommend and order appropriate lab tests as authorized by the CPA to monitor therapy.

Task 4: Develop an evidence-based, patient-centered care plan.

Apply current clinical practice guidelines to formulate therapeutic recommendations.

Establish patient-centered goals of care using shared decision-making principles.

Design a medication regimen that is safe, effective, affordable, and aligned with patient preferences.

Develop a comprehensive monitoring plan to assess therapeutic efficacy and safety.

Incorporate non-pharmacologic strategies, preventive care, and necessary referrals into the care plan.

Task 5: Assess a patient's need for preventive care and wellness services.

Evaluate a patient's immunization status and administer or recommend appropriate vaccines.

Screen for gaps in evidence-based preventive care, such as cancer screenings or osteoporosis management.

EXAM CONTENT OUTLINE

Calculate a patient's cardiovascular risk using a validated risk calculator to guide preventive therapy.

Assess lifestyle factors (e.g., diet, exercise, tobacco use) and provide appropriate counseling or referrals.

Identify and address medication-related risks, such as fall risk in older adults.

Task 6: Screen for and address social determinants of health (SDOH).

Utilize validated screening tools to identify patient-specific barriers related to SDOH (e.g., food insecurity, housing instability, transportation).

Adapt the care plan to account for identified social and economic barriers to care.

Connect patients with community-based resources to address their non-medical needs.

Document SDOH-related factors and interventions within the patient's medical record.

Advocate for policies and system-level changes that promote health equity for vulnerable populations.

Domain 2: Therapeutic & Chronic Disease Management (30%)

Task 1: Manage cardiometabolic conditions (diabetes, hypertension, dyslipidemia).

Apply current guidelines to initiate, adjust, and discontinue therapies for diabetes, hypertension, and dyslipidemia.

Select therapies based on their effects on clinical outcomes, comorbid conditions, and patient-specific factors.

Manage complex medication regimens, including combination oral therapies and injectable agents.

Monitor for and manage common adverse effects and drug-drug interactions associated with cardiometabolic medications.

Incorporate data from remote monitoring devices (e.g., CGMs, home BP monitors) into management decisions.

Task 2: Manage anticoagulation therapy.

Initiate and manage warfarin therapy using evidence-based dosing protocols.

Manage direct oral anticoagulants (DOACs), including agent selection, dose adjustments for renal dysfunction, and monitoring.

Develop protocols for peri-procedural management (bridging) of anticoagulant therapy.

Educate patients on the signs of bleeding/thrombosis and the importance of adherence.

Assess and manage drug-drug and drug-food interactions that affect anticoagulant therapy.

Task 3: Manage common respiratory conditions (asthma, COPD).

Apply GINA and GOLD guidelines to classify disease severity and guide medication selection.

Initiate, adjust, and discontinue inhaled corticosteroids, bronchodilators, and other respiratory medications.

Develop and review action plans for the management of exacerbations.

Assess and correct inhaler technique to optimize medication delivery and adherence.

Manage comorbidities and complications associated with chronic respiratory diseases.

Task 4: Manage women·s health conditions.

Apply current guidelines to select and manage hormonal contraception.

Manage menopausal hormone therapy, including risk/benefit assessment and regimen selection.

Develop and monitor treatment plans for osteoporosis, including pharmacologic and non-pharmacologic strategies.

Screen for and manage medication use during pregnancy and lactation.

Assess and manage drug-induced sexual dysfunction.

Task 5: Manage pain and implement opioid stewardship strategies.

Apply a multimodal approach to the management of chronic non-cancer pain.

Develop evidence-based tapering plans for patients on long-term opioid therapy.

EXAM CONTENT OUTLINE

Screen for and manage risks associated with opioid use, including substance use disorder.

Prescribe and provide education on naloxone for opioid overdose reversal.

Incorporate non-pharmacologic and non-opioid therapies into pain management plans.

Task 6: Manage common behavioral health and infectious diseases.

Initiate, adjust, and monitor pharmacotherapy for depression and anxiety under protocol.

Apply principles of antimicrobial stewardship to the outpatient management of common infections.

Manage medications for substance use disorders (e.g., opioid use disorder) as authorized by a CPA.

Manage outpatient parenteral antimicrobial therapy (OPAT) under a CPA.

Monitor for and manage common side effects and drug interactions of psychotropic and anti-infective medications.

Domain 3: Collaborative Practice Operations & Workflow (20%)

Task 1: Design and implement a collaborative practice service.

Conduct a needs assessment to justify the development of a pharmacist-led service.

Develop a business plan that outlines the service model, resource requirements, and value proposition.

Design efficient workflows for patient identification, referral, scheduling, and follow-up.

Integrate the pharmacist·s services into the existing clinic workflow and electronic health record (EHR).

Market the service to collaborating providers, staff, and eligible patients.

Task 2: Develop and maintain evidence-based treatment protocols.

Develop disease-specific protocols that guide clinical decision-making under the CPA.

Base all protocols on current, evidence-based clinical practice guidelines and literature.

Define clear criteria for medication initiation, dose titration, monitoring, and discontinuation.

Establish a process for the periodic review and update of all protocols.

Ensure protocols are approved by the collaborating provider and relevant institutional committees.

Task 3: Manage documentation for all clinical activities.

Document all patient encounters in the shared EHR in a timely, accurate, and complete manner.

Utilize standardized note formats (e.g., SOAP, FARM) for clinical documentation.

Ensure documentation is clear, concise, and effectively communicates the care plan to the entire healthcare team.

Document all communication with patients and other providers.

Ensure documentation meets all legal, regulatory, and billing requirements.

Task 4: Manage billing and coding for pharmacist-provided services.

Apply appropriate CPT codes for pharmacist-provided services (e.g., MTM, "incident-to," annual wellness visits).

Ensure compliance with all requirements for billing "incident-to" a physician's service.

Develop systems to track and report on billing, revenue, and productivity metrics.

Navigate different payment models, including fee-for-service and value-based care arrangements.

Justify the financial sustainability and return on investment of the CPA service.

Task 5: Leverage health information technology (IT) and telehealth.

Utilize telehealth platforms to conduct effective and compliant virtual patient care visits.

Integrate data from remote patient monitoring devices into clinical decision-making.

EXAM CONTENT OUTLINE

Leverage EHR functionalities such as clinical decision support, order sets, and predictive analytics to optimize care.

Use secure messaging and patient portals to enhance communication with patients.

Ensure the use of all technology complies with HIPAA and other privacy regulations.

Task 6: Manage population health and close care gaps.

Utilize patient registries and data dashboards to identify, risk-stratify, and manage a defined panel of patients.

Implement systematic processes to identify and close evidence-based gaps in care (e.g., missing labs, overdue screenings).

Design outreach strategies for high-risk patients to improve engagement and outcomes, aligning with ACO and payer models.

Track population-level metrics to assess the overall health of the patient panel.

Collaborate with the care team to implement team-based population health initiatives.

Domain 4: Communication & Interprofessional Collaboration (15%)

Task 1: Apply patient-centered communication strategies.

Utilize motivational interviewing techniques to explore ambivalence and facilitate health behavior change.

Engage patients in a shared decision-making process to develop a care plan they are willing and able to follow.

Adapt communication styles and educational materials to meet diverse health literacy levels.

Employ active listening and empathetic responding to build rapport and trust.

Use the teach-back method to confirm patient understanding of key information.

Task 2: Provide comprehensive patient education and self-management training.

Educate patients on their medical conditions, medications, and the importance of adherence.

Train patients on essential self-management skills and the proper use of medical devices.

Develop and provide culturally competent and language-appropriate educational materials.

Empower patients to take an active role in managing their health and medications.

Assess and address barriers to medication adherence and self-management.

Task 3: Manage communication with collaborating providers and the healthcare team.

Provide concise, clinically relevant, and evidence-based updates and recommendations.

Establish clear and reliable channels for routine and urgent communication.

Utilize a "closed-loop" communication process to ensure recommendations are received and understood.

Facilitate team-based care through participation in huddles, case conferences, and team meetings.

Document all interprofessional communication in the shared medical record.

Task 4: Manage interprofessional conflict and differences of opinion.

Identify the source of a professional disagreement regarding a patient's care plan.

Articulate a clinical rationale clearly and respectfully, supported by evidence.

Utilize negotiation and conflict resolution skills to arrive at a mutually agreeable solution.

Focus on shared goals and the patient's best interest to resolve disagreements.

Escalate unresolved conflicts through appropriate channels as defined by institutional policy.

EXAM CONTENT OUTLINE

Task 5: Manage medication therapy during transitions of care.

Participate in managing medication therapy when patients transition between care settings (e.g., hospital to home).

Perform timely and accurate post-discharge medication reconciliation to resolve discrepancies.

Communicate effectively with inpatient and outpatient providers 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 hospital readmissions.

Task 6: Adapt care plans based on cultural competence and health equity principles.

Assess the influence of a patient's cultural beliefs, values, and practices on their health decisions.

Adapt communication styles and care plans to be culturally sensitive and responsive.

Utilize qualified interpreters for patients with limited English proficiency.

Implement specific strategies to reduce health disparities within the patient population being served.

Create a welcoming and inclusive practice environment for all patients.

Task 7: Provide interprofessional education and mentorship.

Develop and deliver education on medication-related topics to medical residents, nurses, and other healthcare professionals.

Serve as a preceptor and role model for pharmacy students and residents in a collaborative practice setting.

Design and provide in-service training for clinic staff on new medications, guidelines, or clinical protocols.

Provide consultative advice and serve as a drug information resource for the entire care team.

Mentor colleagues who are new to collaborative practice or a specific disease state.

Domain 5: Legal, Ethical, and Regulatory Foundations (10%)

Task 1: Interpret state-specific laws and regulations governing CPAs.

Analyze the pharmacy practice act and board of pharmacy regulations in a specific state to determine the legal requirements for a CPA.

Differentiate between the authorities granted and restrictions placed on pharmacists under various state laws.

Ensure the scope of practice defined in a specific CPA is fully compliant with state law.

Maintain awareness of changes to laws and regulations that affect collaborative practice.

Distinguish between state-mandated requirements and institutional policies related to CPAs.

Task 2: Develop and maintain a legally compliant Collaborative Practice Agreement.

Draft a CPA document that includes all elements required by state law.

Clearly define the authorized functions, patient population, and specific protocols to be used.

Establish and document the qualifications and training of the participating pharmacist.

Ensure the CPA is properly signed, dated, and reviewed at the required intervals.

Maintain all CPA-related documentation in a manner that is accessible for audit or review.

Task 3: Apply risk management principles to collaborative practice.

Maintain adequate professional liability (malpractice) insurance that covers the scope of activities under the CPA.

Implement policies and procedures to minimize the risk of medication errors and patient harm.

Ensure compliance with all documentation and communication requirements outlined in the CPA.

Practice strictly within the defined scope of the CPA and supporting protocols.

EXAM CONTENT OUTLINE

Develop a plan for managing adverse patient outcomes and communicating with the collaborating provider.

Task 4: Adhere to federal regulations affecting collaborative practice.

Ensure compliance with HIPAA regulations for protecting patient privacy and health information.

Apply federal anti-kickback and physician self-referral (Stark Law) statutes to practice arrangements.

Comply with CLIA waiver requirements when performing point-of-care testing.

Adhere to all DEA regulations when managing controlled substances under a CPA.

Ensure billing and coding practices comply with Centers for Medicare & Medicaid Services (CMS) regulations.

Task 5: Manage patient consent and liability in a CPA model.

Develop and implement a process for obtaining and documenting informed consent from patients for care under a CPA.

Clearly explain the role of the pharmacist and the nature of the collaborative relationship to the patient.

Differentiate between the legal and professional responsibilities of the pharmacist and the collaborating provider.

Ensure that patient care decisions and their rationale are clearly documented to mitigate liability risk.

Maintain a clear understanding of the legal concept of vicarious liability in collaborative practice.

Task 6: Navigate ethical dilemmas in collaborative practice.

Apply a systematic framework to analyze and resolve ethical issues encountered in practice.

Manage conflicts of interest that may arise from relationships with industry or other entities.

Uphold the principles of patient autonomy, beneficence, non-maleficence, and justice in all clinical decisions.

Maintain professional boundaries in relationships with patients and colleagues.

Advocate for patient needs, even when they conflict with institutional or financial pressures.

Domain 6: Practice-Based Research, Outcomes, and Quality Improvement (10%)

Task 1: Collect and analyze patient care outcomes.

Identify appropriate clinical, humanistic, and economic outcomes to measure the impact of the CPA service.

Design and implement a system for systematically collecting outcomes data.

Analyze outcomes data to evaluate the effectiveness of the service and identify areas for improvement.

Compare practice-level outcomes to national benchmarks and quality measure targets.

Utilize data to demonstrate the value of the pharmacist's services to stakeholders.

Task 2: Participate in quality improvement (QI) projects.

Apply formal QI methodologies (e.g., PDSA cycles, Lean, Six Sigma) to improve care processes.

Lead or participate in interprofessional teams focused on improving quality and safety.

Utilize QI tools, such as process maps and root cause analysis, to identify system vulnerabilities.

Measure the impact of QI interventions on processes and outcomes.

Contribute to creating a culture of continuous quality improvement within the practice setting.

Task 3: Utilize data dashboards and registries for population health management.

Use data dashboards and patient registries to monitor population-level health outcomes (e.g., percentage of patients at A1c goal).

Leverage data analytics to identify high-risk patients or care gaps within a patient panel.

EXAM CONTENT OUTLINE

Generate reports to track progress on key quality measures (e.g., MIPS, HEDIS).

Translate population-level data into actionable strategies for improving care.

Ensure the accuracy and integrity of data entered into registries and dashboards.

Task 4: Participate in or support practice-based research.

Differentiate between quality improvement, practice-based research, and traditional clinical research.

Contribute to the design and implementation of practice-based research projects.

Ensure all research activities are conducted ethically and in compliance with IRB requirements.

Collect and manage research data with a high degree of accuracy and integrity.

Disseminate the results of QI and research projects through presentations or publications.

Task 5: Evaluate the impact of the service on healthcare quality measures.

Identify the key quality measures relevant to the patient population and practice setting (e.g., MIPS, HEDIS, UDS).

Design patient care services to proactively meet and exceed quality measure targets.

Analyze and report on the service's contribution to achieving organizational quality goals.

Use quality measure performance to refine care processes and patient interventions.

Articulate the link between the pharmacist's activities and performance on value-based care metrics.

Task 6: Maintain personal and professional development.

Engage in continuous professional development to maintain expertise in areas of collaborative practice.

Critically evaluate medical literature to incorporate new evidence into practice.

Participate in peer review and feedback processes to improve clinical skills.

Develop a personal plan for ongoing learning and skill development.

Contribute to the profession by precepting students or mentoring colleagues in collaborative practice.

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.