



Certification Examination

CPCO

Certified Pharmacy Compliance Officer



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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CANDIDATE
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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)

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:
 - o **Outline** – Exam content outline & competencies
 - o **Guide** – Candidate Guide with policies, sample items, and study tips
 - o **Case Study** – Scenario-based practice
 - o **Preview** – Short preview quiz
 - o **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.

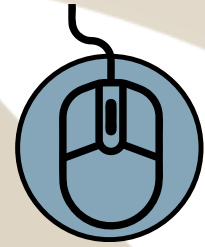
CANDIDATE HANDBOOK

Group Fee Payments

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
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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.

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).

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.

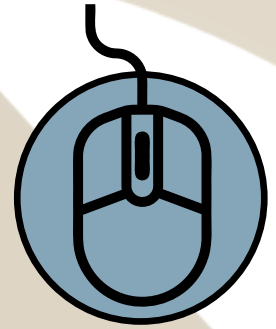
No refunds

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.

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

ADMINISTRATIVE POLICIES

Changes & Withdrawals

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

For the same exam, you may change your appointment \geq 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 \geq 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 \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

CANDIDATE
HANDBOOK**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.

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

CANDIDATE HANDBOOK

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.

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](https://www.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

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For further details, visit the CPS website [PharmacyStandards.org](https://www.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](https://www.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

CANDIDATE 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: Standards, Policies, and Governance (25%)

Task 1: Develop and maintain a Code of Conduct and compliance policies.

Establish a formal Code of Conduct that articulates the organization's commitment to ethical behavior and compliance.

Develop, implement, and maintain a comprehensive set of written pharmacy compliance policies and procedures.

Ensure policies address all key pharmacy risk areas, including billing, controlled substances, and patient privacy.

Establish a systematic process for the regular review and update of all compliance policies.

Translate complex laws and regulations into clear, understandable, and actionable policies.

Ensure all compliance policies are readily accessible to all employees and relevant parties.

Manage the version control and archiving of all compliance documentation.

Integrate the Code of Conduct and compliance policies into the organization's operational framework.

Task 2: Establish and lead a compliance governance structure.

Designate a qualified Compliance Officer with sufficient authority and resources.

Establish a high-level, multidisciplinary Compliance Committee.

Define the roles, responsibilities, and charter of the Compliance Committee.

Facilitate regular Compliance Committee meetings to oversee the compliance program.

Ensure the Compliance Officer has a direct line of communication to the CEO and Board of Directors.

Develop a formal compliance program work plan and annual report.

Secure appropriate budget and staffing for the compliance department.

Demonstrate the independence and autonomy of the compliance function within the organization.

Task 3: Oversee compliance with fraud, waste, and abuse (FWA) laws.

Interpret and apply the False Claims Act to pharmacy billing and dispensing practices.

Interpret and apply the Anti-Kickback Statute to relationships with prescribers, patients, and vendors.

Interpret and apply the Physician Self-Referral Law (Stark Law) to relevant financial relationships.

Develop policies and controls to prevent improper billing to Medicare and Medicaid.

Ensure compliance with regulations governing the provision of free items or services to beneficiaries.

Understand the OIG's role in enforcement and their published guidance documents.

Recognize high-risk areas for FWA in pharmacy operations (e.g., specialty pharmacy, 340B).

Implement controls to ensure the medical necessity of all billed claims.

Task 4: Manage compliance with DEA and state board regulations.

Develop and oversee a comprehensive controlled substance compliance program.

Ensure adherence to all DEA regulations regarding registration, recordkeeping, security, and inventory.

Implement robust policies and systems to prevent and detect drug diversion.

Stay current with and ensure compliance with all state board of pharmacy rules.

Oversee licensure requirements for the pharmacy, pharmacists, and technicians.

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EXAM CONTENT OUTLINE

Ensure compliance with regulations for compounding, telepharmacy, and other specialized practices.

Prepare for and manage inspections from the DEA and state boards of pharmacy.

Implement a system for tracking and responding to changes in pharmacy laws and regulations.

Task 5: Oversee the HIPAA Privacy and Security programs.

Develop and maintain all required HIPAA policies and procedures.

Serve as or work closely with the designated HIPAA Privacy and Security Officers.

Ensure appropriate administrative, physical, and technical safeguards are in place to protect PHI.

Oversee the process for providing patients with a Notice of Privacy Practices.

Manage patient rights, including access to records and requests for amendment.

Conduct a periodic security risk analysis as required by the HIPAA Security Rule.

Oversee the management and use of Business Associate Agreements (BAAs).

Manage the process for investigating and reporting potential breaches of PHI.

Task 6: Establish ethical and professional standards.

Promote a culture where ethical conduct is a core organizational value.

Develop policies for managing conflicts of interest for employees and leadership.

Ensure all marketing and promotional activities are conducted ethically and compliantly.

Establish standards for professional conduct in all interactions with patients and providers.

Integrate compliance and ethical considerations into performance evaluations.

Provide guidance to employees on resolving ethical dilemmas.

Ensure that all business decisions are filtered through a compliance and ethics lens.

Lead by example to demonstrate the organization's commitment to "doing the right thing."

Domain 2: Training, Education, and Communication (20%)

Task 1: Develop and implement an annual compliance training plan.

Conduct a needs assessment to identify the training requirements for different roles and departments.

Develop a formal compliance training plan that covers all required topics for the year.

Create general compliance training for all employees, covering the Code of Conduct and key policies.

Ensure all new hires receive compliance training as part of their onboarding process.

Implement a system to track the completion of all required training for all employees.

Periodically evaluate the effectiveness of the training program and make improvements.

Maintain records of all training materials, attendance, and completion dates.

Ensure the Board of Directors and senior leadership also receive appropriate compliance training.

Task 2: Create targeted training for high-risk areas.

Develop specialized training modules for employees working in high-risk areas (e.g., billing, purchasing).

Provide in-depth training on complex regulations like the Anti-Kickback Statute or the 340B program.

Create job-specific training on HIPAA privacy and security for staff who handle PHI.

Deliver specialized training on controlled substance handling and diversion prevention.

Update training materials promptly in response to new laws, regulations, or audit findings.

EXAM CONTENT OUTLINE

Use real-world case studies and interactive scenarios to enhance learning and engagement.

Assess the competency of staff in high-risk roles after training.

Provide ongoing, periodic training to reinforce key compliance concepts.

Task 3: Manage compliance communication channels.

Establish and publicize multiple lines of communication for employees to ask compliance questions.

Implement and manage a confidential reporting system, such as a compliance hotline or web portal.

Ensure that reporting channels allow for anonymity and are accessible to all employees.

Develop a process for triaging, investigating, and responding to all questions and reports.

Communicate the organization's strict non-retaliation policy for good-faith reporting.

Use various communication methods (e.g., newsletters, emails, intranet) to disseminate compliance information.

Provide regular updates to the organization on compliance program activities and initiatives.

Foster an environment where employees feel comfortable raising concerns without fear of reprisal.

Task 4: Ensure screening of employees and vendors.

Develop and implement a policy for screening all new and existing employees and contractors.

Check individuals and entities against the OIG's List of Excluded Individuals and Entities (LEIE).

Check individuals and entities against the GSA's System for Award Management (SAM) and any relevant state exclusion lists.

Perform routine, periodic re-screening of all employees and vendors (e.g., monthly).

Document all screening activities and the resolution of any potential matches.

Understand the consequences of employing or contracting with an excluded individual or entity.

Develop a process for immediate removal from service and investigation if a confirmed match is found.

Integrate the exclusion screening process into the hiring and contracting workflows.

Task 5: Promote a culture of compliance.

Work with leadership to establish a strong "tone at the top" that emphasizes the importance of compliance.

Make the compliance program visible and accessible throughout the organization.

Recognize and reward ethical behavior and commitment to compliance.

Ensure that compliance is viewed as a shared responsibility of all employees, not just the compliance department.

Conduct periodic culture surveys to assess the effectiveness of compliance initiatives.

Empower employees to be compliance champions within their own departments.

Integrate compliance messaging into regular organizational communications.

Ensure that leaders at all levels model compliant and ethical behavior.

Task 6: Oversee vendor and business associate management.

Develop a process for conducting compliance due diligence on potential vendors and partners.

Ensure that Business Associate Agreements (BAAs) are in place with all vendors who handle PHI.

Provide vendors with a copy of the organization's Code of Conduct and compliance expectations.

Incorporate compliance requirements and audit rights into vendor contracts.

Monitor the performance and compliance of key vendors and business associates.

Include vendor management in the annual compliance risk assessment.

Establish a process for reporting and managing compliance issues involving vendors.

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EXAM CONTENT OUTLINE

Terminate relationships with vendors who fail to meet compliance standards.

Domain 3: Auditing, Monitoring, and Risk Assessment (30%)

Task 1: Conduct an annual compliance risk assessment.

Develop a systematic methodology for identifying compliance risks across the organization.

Gather input from various departments to identify potential areas of vulnerability.

Analyze internal data, such as audit results and hotline reports, to identify risk trends.

Monitor external sources, such as OIG work plans and fraud alerts, for emerging risks.

Prioritize identified risks based on their likelihood and potential impact.

Create a risk registry to document and track all identified risks.

Use the results of the risk assessment to develop the annual audit work plan.

Present the findings of the risk assessment to the Compliance Committee and senior leadership.

Task 2: Develop and execute an annual audit work plan.

Create an annual audit work plan that focuses on the high-risk areas identified in the risk assessment.

Define the scope, objectives, and methodology for each planned audit.

Differentiate between auditing (retrospective review) and monitoring (real-time review).

Utilize statistically valid sampling methods when conducting audits.

Prepare formal audit reports that summarize the findings, conclusions, and recommendations.

Communicate audit results to the relevant department leaders and senior management.

Track the implementation of corrective action plans in response to audit findings.

Engage external auditors when specialized expertise or independence is required.

Task 3: Monitor for fraud, waste, and abuse in billing and claims data.

Develop and implement a continuous monitoring program for pharmacy claims data.

Use data analytics to identify outliers, patterns, and anomalies that could indicate FWA.

Monitor for high-risk billing practices, such as billing for non-existent prescriptions or upcoding.

Analyze data on prescription overrides, reversals, and returns for suspicious activity.

Monitor prescribing patterns of high-volume prescribers for potential kickback arrangements.

Review claims for appropriate documentation of medical necessity.

Identify and investigate any billing that is inconsistent with patient profiles or diagnoses.

Develop data-driven dashboards to visualize and track FWA risk indicators.

Task 4: Audit controlled substance handling and records.

Conduct regular, unannounced audits of controlled substance inventory and records.

Perform audits to reconcile controlled substance purchases, dispensing, and on-hand counts.

Review controlled substance records for completeness and compliance with DEA regulations.

Analyze data from automated dispensing cabinets to identify patterns of access and waste that could indicate diversion.

Audit the process for handling controlled substance waste and returns.

Review security measures for all areas where controlled substances are stored.

Investigate any unresolved discrepancies identified during an audit.

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EXAM CONTENT OUTLINE

Use audit findings to strengthen diversion prevention controls.

Task 5: Audit for HIPAA and privacy compliance.

Conduct audits to assess compliance with the organization's HIPAA policies and procedures.

Perform audits of user access to electronic health records to ensure it is appropriate.

Review patient charts to ensure that minimum necessary standards are being followed.

Monitor for and investigate any potential snooping or unauthorized access to PHI.

Conduct physical walkthroughs to assess for privacy risks, such as unsecured workstations or improper disposal of PHI.

Review the inventory of Business Associate Agreements to ensure it is complete and up-to-date.

Audit the breach notification process to ensure it is compliant with regulations.

Use the results of the security risk analysis to guide audit activities.

Task 6: Prepare for and manage external audits and inspections.

Serve as the central point of contact and coordinator for all external regulatory audits.

Prepare staff for what to expect during an audit or inspection.

Gather and organize all requested documentation in a timely manner.

Accompany auditors during on-site visits and facilitate interviews with staff.

Review and respond to the official audit findings and reports.

Develop and oversee the implementation of corrective action plans in response to external findings.

Maintain a positive and professional relationship with auditors and regulators.

Track all external audits and their outcomes to identify systemic compliance issues.

Domain 4: Investigations, Enforcement, and Corrective Action (25%)

Task 1: Develop and manage an internal investigation process.

Establish a formal policy and procedure for conducting internal compliance investigations.

Develop a system for logging and tracking all reported compliance concerns.

Ensure that investigations are conducted in a timely, thorough, and objective manner.

Maintain strict confidentiality throughout the investigation process.

Work with legal counsel and human resources during investigations as appropriate.

Preserve all relevant evidence and documentation related to an investigation.

Understand the principles of attorney-client privilege and when it applies.

Develop a standardized format for investigation reports and documentation.

Task 2: Lead and conduct internal investigations.

Develop a clear investigation plan for each reported concern.

Conduct interviews with the complainant, witnesses, and the subject of the investigation.

Gather and analyze relevant documentary evidence, such as billing records, emails, and policies.

Synthesize all evidence to reach a well-supported conclusion.

Prepare a final investigation report that summarizes the process, findings, and conclusions.

Determine whether a compliance violation has occurred based on the investigation findings.

Present the investigation findings to the Compliance Committee or leadership.

Ensure that all investigations are conducted ethically and impartially.

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EXAM CONTENT OUTLINE

Task 3: Enforce compliance standards through disciplinary action.

Develop and publicize disciplinary guidelines for compliance violations.

Ensure that disciplinary actions are applied consistently and fairly across the organization.

Work with Human Resources and management to determine the appropriate level of discipline for a violation.

Ensure that discipline is documented in the employee's personnel file.

Communicate that failure to report a known violation can also be grounds for discipline.

Hold managers accountable for the compliance of their direct reports.

Ensure that disciplinary action serves as a deterrent to future non-compliance.

Periodically review disciplinary actions to ensure consistency and fairness.

Task 4: Develop and track corrective action plans (CAPs).

Oversee the development of CAPs to address the root cause of identified compliance issues.

Ensure that CAPs include specific, measurable, achievable, relevant, and time-bound (SMART) actions.

Assign clear ownership and deadlines for each action item in a CAP.

Establish a system for tracking the progress and completion of all CAPs.

Validate that the corrective actions have been implemented and are effective in preventing recurrence.

Report on the status of all open CAPs to the Compliance Committee.

Provide support and guidance to departments as they work to implement their CAPs.

Formally document the closure of a CAP once all actions are complete and validated.

Task 5: Manage self-disclosure and reporting to government agencies.

Understand when a compliance violation may need to be reported to a government agency.

Evaluate the different self-disclosure protocols offered by agencies like the OIG and CMS.

Work with legal counsel to determine the risks and benefits of self-disclosure.

Manage the process of quantifying any overpayments that need to be repaid to federal health care programs.

Prepare and submit a comprehensive self-disclosure report to the appropriate agency.

Negotiate with the government to resolve the disclosed matter, potentially through a Corporate Integrity Agreement (CIA).

Oversee the fulfillment of all obligations under a settlement or CIA.

Understand the 60-day rule for reporting and returning overpayments.

Task 6: Ensure a non-retaliation policy is enforced.

Develop and prominently communicate a strict policy prohibiting retaliation against employees who report concerns in good faith.

Provide training to all managers on the importance of the non-retaliation policy.

Take immediate action to investigate any claims of retaliation.

Implement disciplinary action against any individual found to have engaged in retaliation.

Reassure employees who report concerns that they are protected from retaliation.

Monitor the employment status of employees who have reported concerns to look for signs of subtle retaliation.

Incorporate the non-retaliation policy into the Code of Conduct and general compliance training.

Create a workplace culture where reporting is encouraged and valued.

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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

Certification is a voluntary, rigorous evaluation that allows pharmacists to demonstrate advanced knowledge and be recognized for the expertise they possess. CPS certification and subspecialty examinations are designed to assess specialty knowledge and its application in contemporary pharmacy practice.

CPS credentials do not confer licensing authority or independent practice rights. Licensure and the ability to practice are governed by state boards of pharmacy and other applicable regulators. While some employers or jurisdictions may reference certification within their qualifications, CPS does not set licensure policy and cannot require recognition of its credentials. Practice and educational standards inform CPS examinations; however, the development of such standards rests with professional organizations, regulators, and the education community.

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.