

Certification Examination

CPHP

Certified Public Health Pharmacist



CANDIDATE
HANDBOOK

Recognition, Value, Expertise...

It is what certification is all about!

ABOUT CERTIFICATION

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

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

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

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CANDIDATE
HANDBOOK ELIGIBILITY
CRITERIA

All eligibility criteria must be met at the time of application

CURRENT LICENSURE

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

PRACTICE EXPERIENCE

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

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

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

SPECIALTY QUALIFICATION

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

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

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RESOURCES

CPS Exam Candidates

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

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How to find your materials

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



Before you register

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

Need help?

See FAQs or Contact Us from the Study Guides page.

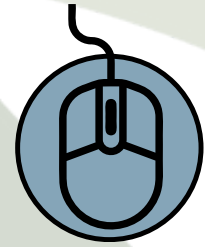
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Group Fee Payments

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.

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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

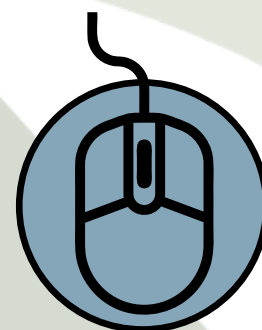
will be issued for the following circumstances:

- 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.

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STEPS TO REGISTER

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

STEP
1**Confirm eligibility**

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

STEP
2**Submit your application**

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

STEP
3**Prepare your documents**

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

STEP
4**Email confirmation of your registration**

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

STEP
5**Application approval procedure**

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

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

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

Before scheduling:

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

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

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

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APPLICATION CHECK LIST

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

☐**PERSONAL INFORMATION:**

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

☐**ELIGIBILITY:**

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

☐**LICENSURE:**

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

☐**EMPLOYMENT:**

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

☐**SPECIALTY QUALIFICATION DOCUMENTS:**

You have documentation for your pathway:

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

☐**APPLICATION AGREEMENT:**

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

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

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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

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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.

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ADMINISTRATIVE POLICIES

Withdrawal Policy - Computer Testing

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

Withdrawal Policy - Bulk Purchase Voucher

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

Substitution Policy

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

Score Cancellation

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

Auditing Applications

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

All policies and procedures are subject to change without notice

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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

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Authorization**

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

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

GENERAL POLICIES

ADA and Nondiscrimination Policies

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

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

Appeals Procedure

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

Revocation

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

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

All policies and procedures are subject to change without notice

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

GENERAL POLICIES

Renew Your Certification

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

Recertification Steps

Earn the required credit using either:

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

Lapse & Reinstatement

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

Audits & Recordkeeping

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

Verification of Your Credential

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

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

All policies and procedures are subject to change without notice

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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: Public Health Principles and Epidemiology (20%)

Task 1: Apply epidemiological and biostatistical methods to critically appraise and analyze population health data.

Calculate and interpret measures of disease frequency (e.g., incidence, prevalence) and association (e.g., relative risk, odds ratios).

Critically appraise the public health literature, evaluating study design, statistical methods, and conclusions.

Assess the impact of bias, confounding, and effect modification on study results.

Interpret statistical analyses, including p-values and confidence intervals, from public health literature.

Apply the criteria for causality to evaluate the evidence linking an exposure to a health outcome.

Task 2: Design and conduct a community health needs assessment (CHNA).

Synthesize quantitative data from public sources (e.g., vital statistics, BRFSS) to characterize a community's health status.

Gather qualitative data through methods like focus groups and key informant interviews to understand community perspectives.

Analyze data to identify and prioritize a community's health needs and assets.

Engage a diverse group of community stakeholders throughout the assessment process.

Translate CHNA findings into a community health improvement plan (CHIP).

Task 3: Manage public health surveillance systems to monitor health trends.

Differentiate between active, passive, and syndromic surveillance systems.

Analyze surveillance data to detect disease outbreaks and monitor long-term trends.

Utilize pharmacy-specific data sources, such as prescription dispensing data (PDMP), EHR, pharmacy claims, and immunization registries, for surveillance.

Manage the reporting of notifiable diseases and adverse drug events to the appropriate health authorities.

Evaluate the performance and attributes of a public health surveillance system.

Task 4: Apply public health law and ethics to practice.

Analyze the legal basis for public health actions, including the balance between individual rights and community protection.

Apply ethical principles, such as social justice and health equity, to public health decision-making.

Manage the legal and ethical requirements for data privacy and confidentiality in public health (e.g., HIPAA).

Evaluate the ethical considerations of resource allocation during public health emergencies.

Navigate potential conflicts of interest in public health partnerships and programs.

Task 5: Use biostatistics and informatics for pharmacy-driven public health research.

Formulate a research question and select an appropriate study design to address a public health problem.

Design data collection instruments and protocols for public health research.

Analyze research data using appropriate statistical methods.

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EXAM CONTENT OUTLINE

Interpret research findings and translate them into recommendations for practice or policy.

Disseminate research findings through presentations, publications, and reports.

Task 6: Evaluate environmental health risks and their impact on population health.

Assess the impact of environmental exposures (e.g., air pollution, contaminated water, climate change) on health outcomes.

Identify vulnerable populations that are disproportionately affected by environmental health hazards.

Develop risk communication messages to inform the public about environmental health threats.

Advocate for policies that promote environmental justice and a healthy, sustainable environment.

Collaborate with environmental health agencies to address community concerns.

Domain 2: Health Protection and Disease Prevention (20%)

Task 1: Design and manage community-wide immunization programs to improve population immunity.

Apply ACIP recommendations to develop and implement vaccination campaigns across the lifespan.

Manage vaccine logistics, including cold chain maintenance, storage, and inventory control.

Lead the operational planning and execution of mass vaccination clinics (e.g., influenza, COVID-19).

Utilize state immunization information systems (IIS) to track vaccination coverage and identify gaps.

Develop targeted, culturally competent strategies to address vaccine hesitancy and increase uptake in underserved populations.

Task 2: Implement antimicrobial stewardship programs in community and public health settings.

Apply principles of antimicrobial stewardship to promote the appropriate use of antibiotics in outpatient settings.

Analyze local and national antimicrobial resistance patterns to inform prescribing recommendations.

Develop and disseminate evidence-based treatment guidelines for common infections.

Educate providers and the public on the importance of appropriate antibiotic use.

Collaborate with public health departments to track and respond to outbreaks of resistant organisms.

Task 3: Design and implement population-based screening and prevention programs.

Apply evidence-based guidelines to design screening programs for chronic diseases (e.g., hypertension, diabetes) and infectious diseases (e.g., HIV, HCV).

Develop a robust referral pathway to link individuals with abnormal screening results to definitive diagnosis and care.

Design and implement comprehensive harm reduction strategies, including naloxone distribution, syringe service programs, and support for medication-assisted treatment (MAT), to prevent overdose and infectious disease transmission.

Design interventions to promote tobacco cessation at a population level.

Evaluate the clinical and economic outcomes of prevention programs.

Task 4: Develop and disseminate health education and promotion campaigns.

Apply health behavior theories to design effective health promotion interventions.

Create culturally and linguistically appropriate educational materials that adhere to health literacy principles.

Select appropriate communication channels to reach diverse target audiences.

Develop social marketing campaigns to influence health behaviors and social norms.

Evaluate the reach, effectiveness, and impact of health promotion campaigns.

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EXAM CONTENT OUTLINE

Task 5: Manage population-level interventions for chronic disease prevention and control.

Implement evidence-based programs, such as the National Diabetes Prevention Program (DPP), at a community level.

Design interventions to improve cardiovascular health across a population (e.g., hypertension control programs).

Utilize population health data to identify and engage high-risk individuals.

Promote self-management education and support for people with chronic conditions.

Collaborate with community partners to create environments that support healthy behaviors.

Task 6: Lead interprofessional collaborations to advance health promotion and disease prevention goals.

Partner with physicians, nurses, and community health workers to deliver team-based preventive care.

Collaborate with schools, worksites, and community organizations to implement health promotion initiatives.

Build coalitions to advocate for policies that support health and well-being.

Train other healthcare professionals and community members to be effective health advocates.

Serve as a medication expert on interdisciplinary public health task forces and committees.

Domain 3: Public Health Preparedness and Response (20%)**Task 1: Design pharmacy-specific and community-wide emergency preparedness and response plans.**

Apply an all-hazards approach to develop plans for various public health emergencies.

Integrate pharmacy services into local, state, and federal emergency response frameworks.

Design plans for ensuring continuity of pharmacy operations and patient care during a disaster.

Apply the principles of the Incident Command System (ICS) to manage emergency response activities.

Develop specific protocols to address the needs of medically vulnerable populations during emergencies.

Task 2: Manage the pharmaceutical supply chain and medical countermeasures (MCMs) during an emergency.

Design and manage the operational workflow of a Point of Dispensing (POD) site for mass prophylaxis or vaccination.

Coordinate with public health agencies to manage the request, receipt, and emergency distribution of assets from the Strategic National Stockpile (SNS).

Ensure the security, integrity, and proper storage of MCMs in a chaotic environment.

Develop strategies to ensure continuity of medication access for chronic conditions during a disaster (e.g., emergency refill policies).

Collaborate with supply chain partners to mitigate drug shortages and distribution challenges.

Task 3: Apply clinical and toxicological principles to manage CBRN (Chemical, Biological, Radiological, Nuclear) events.

Assess the signs and symptoms of exposure to high-priority CBRN agents.

Select and manage the appropriate pharmaceutical countermeasures for prophylaxis and treatment.

Serve as a subject matter expert on MCMs for the public, first responders, and other healthcare professionals.

Develop protocols for the safe handling and administration of MCMs.

Participate in the surveillance and detection of a potential CBRN event.

Task 4: Manage risk communication and public information during a health crisis.

Apply principles of crisis and emergency risk communication (CERC) to develop clear and empathetic messages.

Collaborate with a Joint Information Center (JIC) to ensure consistent public messaging.

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EXAM CONTENT OUTLINE

Develop strategies to rapidly combat health-related misinformation and disinformation.

Tailor communication to meet the cultural, linguistic, and accessibility needs of diverse communities.

Serve as a trusted source of medication and public health information for the media and the public.

Task 5: Design and evaluate emergency preparedness drills and exercises.

Apply the Homeland Security Exercise and Evaluation Program (HSEEP) framework to exercise design.

Develop pharmacy-specific objectives and scenarios for inclusion in broader public health exercises.

Serve in a leadership role (e.g., controller, evaluator) during a functional or full-scale exercise.

Analyze exercise performance to produce an After-Action Report (AAR) and Improvement Plan (IP).

Implement changes to emergency plans and procedures based on lessons learned from exercises.

Task 6: Manage the mental and behavioral health response for communities and responders.

Assess the potential mental health impacts of a public health emergency on the community.

Implement Psychological First Aid (PFA) principles in interactions with the public and staff.

Develop strategies to promote resilience and mitigate burnout among response personnel.

Ensure access to mental health resources for affected community members.

Collaborate with mental health professionals to integrate behavioral health support into the overall response.

Domain 4: Policy, Advocacy, and Program Management (20%)

Task 1: Design, implement, and evaluate pharmacy-led population health programs.

Apply the principles of program planning, implementation, and evaluation (PIE).

Develop a program logic model to guide planning and evaluation.

Create a detailed program budget and manage financial resources effectively.

Evaluate the health economics, cost-effectiveness, and return on investment (ROI) of pharmacist-led programs.

Design a robust evaluation plan to measure the process, impact, and outcomes of a program.

Task 2: Analyze the impact of public policy on pharmacy practice and population health.

Evaluate how federal, state, and local policies affect health outcomes and disparities.

Assess the impact of health system and payment reform on the delivery of public health services.

Analyze the intended and unintended consequences of policies related to medication access and affordability.

Translate policy analysis into actionable recommendations for organizational or community strategy.

Monitor the legislative and regulatory landscape for emerging issues and opportunities.

Task 3: Lead advocacy efforts to advance public health and the role of pharmacy.

Develop a strategic advocacy plan to influence policy and resource allocation decisions.

Build and lead coalitions with diverse stakeholders to amplify advocacy messages.

Communicate effectively with policymakers, providing expert testimony and policy briefs.

Engage in grassroots advocacy to mobilize community members and other health professionals.

Utilize media advocacy to shape public opinion and the policy agenda.

Task 4: Secure grant funding and other resources for public health initiatives.

Identify and assess funding opportunities from governmental agencies and private foundations.

Write competitive grant proposals that include a compelling needs statement, clear objectives, and a sound evaluation plan.

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EXAM CONTENT OUTLINE

Develop and justify a detailed budget for a grant application.

Manage grant-funded projects, ensuring compliance with all funder requirements.

Develop a diversified funding strategy to ensure the long-term sustainability of programs.

Task 5: Lead and manage a diverse public health workforce.

Apply principles of leadership, strategic planning, and systems thinking to public health practice.

Manage interprofessional teams to achieve shared public health goals.

Develop and implement training programs for pharmacists, students, and other public health professionals.

Mentor the next generation of public health pharmacy leaders.

Foster a culture of quality improvement and lifelong learning within a public health organization.

Task 6: Communicate public health data and information to diverse stakeholders.

Translate complex scientific information into clear, accessible messages for the public.

Develop data visualizations and reports to communicate health trends to policymakers.

Present public health information to community groups to empower local action.

Collaborate with communication specialists and the media to ensure accurate reporting.

Tailor communication strategies to the specific needs of different cultural and linguistic groups.

Domain 5: Global Health, Health Equity, and Digital Epidemiology (20%)

Task 1: Design public health interventions that address health disparities and the social determinants of health (SDOH).

Analyze population health data to identify and quantify health disparities.

Assess the impact of SDOH (e.g., housing, education, economic stability) on medication access and health outcomes.

Design interventions that address the root causes of health inequities.

Partner with community-based organizations to address the social needs of patients and communities.

Advocate for policies that promote health equity and social justice.

Task 2: Apply principles of cultural competence to public health pharmacy practice.

Assess the cultural beliefs, values, and practices of a target population to ensure interventions are respectful and relevant.

Develop culturally and linguistically appropriate health education and outreach materials.

Adapt clinical services and programs to meet the unique needs of diverse communities.

Recruit and train a diverse workforce that reflects the community being served.

Evaluate programs for their cultural appropriateness and impact on health disparities.

Task 3: Utilize health informatics and real-world data for population health management.

Analyze large datasets (e.g., EHR, pharmacy claims, surveillance data) to identify population health trends and risks.

Apply principles of clinical informatics to design and optimize population health interventions.

Use geographic information systems (GIS) to map health data and identify geographic hotspots of disease.

Evaluate the quality and limitations of different sources of real-world data.

Ensure the ethical use of data and protection of patient privacy in all informatics activities.

Task 4: Evaluate the use of artificial intelligence (AI) and digital epidemiology tools.

Assess the potential applications of AI and machine learning in public health surveillance (e.g., predicting overdose hotspots or infectious disease waves).

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EXAM CONTENT OUTLINE

Apply digital therapeutics and mobile health (mHealth) applications in the design of public health pharmacy interventions.

Utilize digital tools (e.g., social media, mobile apps) for health promotion and disease surveillance.

Analyze the impact of digital health technologies on health equity and the digital divide.

Evaluate the validity and ethical implications of predictive models used in public health.

Task 5: Contribute to global health initiatives and pandemic preparedness.

Analyze the role of pharmacists in strengthening global health security.

Contribute to efforts to ensure access to essential medicines in low- and middle-income countries.

Apply lessons learned from global pandemics to improve local, national, and international preparedness.

Contribute to global antimicrobial resistance (AMR) surveillance and stewardship efforts.

Collaborate with international organizations (e.g., WHO, FIP) on global health initiatives.

Task 6: Lead initiatives to improve health equity in medication use.

Design programs to overcome barriers to medication access and adherence in underserved populations.

Analyze medication use data to identify disparities in prescribing or outcomes among different demographic groups.

Advocate for equitable benefit design and formulary policies that do not disadvantage vulnerable populations.

Develop partnerships with community health workers and other trusted messengers to improve medication literacy.

Evaluate the impact of all pharmacy programs on health equity.

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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.