2025 | CANDIDATE HANDBOOK

COUNCIL ON PHARMACY STANDARDS

Certification Examination

CTCS

Certified Transitions of Care Specialist

Council on Pharmacy Standards

COUNCIL ON PHARMACY STANDARDS

CANDIDATE HANDBOOK

Recognition, Value, Expertise...

It is what certification is all about!

ABOUT CERTIFICATION

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

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

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

TABLE OF CONTENTS

ELIGIBILITY CRITERIA

All eligibility criteria must be met at the time of application

CURRENT LICENSURE

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

PRACTICE EXPERIENCE

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

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

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

SPECIALTY QUALIFICATION

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

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

RESOURCES

CPS Exam Candidates

Use the Study Guides & Preview Tests page as the official and most current source for all exam materials.

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How to find your materials

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

Before you register

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

Need help?

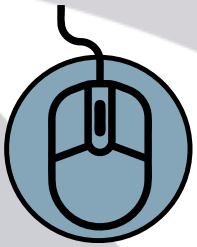
See FAQs or Contact Us from the Study Guides page.

FEES

All fees are non-refundable

Examination Fees

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



$395

TOTAL EXAM FEE

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

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

Group Fee Payments

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

Other Non-refundable Payment Related Fees

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

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

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

FEES

All fees are non-refundable

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

Candidates may do this from within their CPS account.

Refer to CPS Testing Guide for details.

Other Exam Related Fees

Reschedule (date/time) — $50 >

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

Exam Change — $125 >

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

Withdrawal — $165 >

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

Retest — $395 >

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

Refunds

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

No refunds

will be issued for the following circumstances:

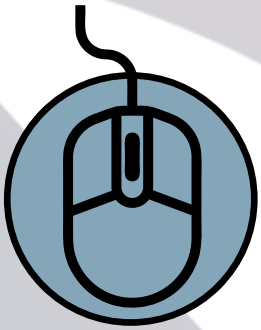
- Candidates who are not successful in achieving certification.
- No-shows or candidates who fail to test.
- Candidates who are unable to schedule within the eligibility period and do not withdraw per policy.
- Once an exam session has started.

COUNCIL ON PHARMACY STANDARDS

CANDIDATE HANDBOOK

STEPS TO REGISTER

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



STEP 1

Confirm eligibility

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

STEP 2

Submit your application

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

STEP 3

Prepare your documents

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

STEP 4

Email confirmation of your registration

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

STEP 5

Application approval procedure

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

STEP 6

Notification of eligibility to take the exam

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

Before scheduling:

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

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

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

APPLICATION CHECK LIST

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

☐ **PERSONAL INFORMATION:**

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

☐ **ELIGIBILITY:**

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

☐ **LICENSURE:**

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

☐ **EMPLOYMENT:**

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

☐ **SPECIALTY QUALIFICATION DOCUMENTS:**

You have documentation for your pathway:

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

☐ **APPLICATION AGREEMENT:**

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

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

ADMINISTRATIVE POLICIES

Incomplete Application Processing

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

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

Process:

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

Retest Policy

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

Mandatory waiting period

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

Interruption / invalid attempt rules

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

Result notice

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

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

All policies and procedures are subject to change without notice

CANDIDATE HANDBOOK

ADMINISTRATIVE POLICIES

Changes & Withdrawals

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

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

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

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

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

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

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

All candidates requesting a change MUST:

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

Not permitted

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

To change examination category:

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

ADMINISTRATIVE POLICIES

Withdrawal Policy - Computer Testing

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

Withdrawal Policy - Bulk Purchase Voucher

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

Substitution Policy

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

Score Cancellation

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

Auditing Applications

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

All policies and procedures are subject to change without notice

GENERAL POLICIES

How Exams are Scored

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

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

Score reports provide:

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

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

Retention of Computer Answer Strings

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

Test Disclosure

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

All policies and procedures are subject to change without notice

GENERAL POLICIES

ADA and Nondiscrimination Policies

CPS does not discriminate on the basis of **age, sex, pregnancy, race, color, religion, national origin, ethnicity, disability, marital status, sexual orientation, gender identity or expression, military/veteran status, or genetic information**.
Testing accommodations. CPS provides **reasonable accommodations** consistent with the Americans with Disabilities Act (ADA) for qualified candidates. Requests must be **submitted with the application and before scheduling** an appointment, using the CPS Accommodation Request Form (see **pharmacystandards.org/accommodations**). Documentation must be **current** and signed by a qualified clinician describing the functional limitations and recommended accommodations. CPS will acknowledge requests within **5 business days** and issue a determination within **15 business days** of receiving complete documentation. Information is **confidential** and used only for accommodation determinations. Denials may be **appealed** per the Appeals Procedure below.

Appeals Procedure

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

Revocation

Certification may be denied, suspended, or revoked for: falsification or misrepresentation; **exam security violations** (cheating, proxy testing, item disclosure); misuse of CPS names, logos, or marks; failure to meet or maintain eligibility/recertification requirements; **loss or restriction of the license to practice pharmacy**; nonpayment of required fees; or other material policy violations.
Prior to action, CPS will provide **written notice** of the allegations and an opportunity to **respond**. A written decision (which may include sanctions and eligibility to reapply after a specified period) will be issued and may be **appealed** under this policy.

Designation Authorization

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

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

All policies and procedures are subject to change without notice

GENERAL POLICIES

Renew Your Certification

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

Recertification Steps

Earn the required credit using either:

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

Lapse & Reinstatement

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

Audits & Recordkeeping

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

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

Verification of Your Credential

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

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

All policies and procedures are subject to change without notice

EXAM CONTENT OUTLINE

How to Study

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

Domain 1: Patient Assessment and Care Plan Development (20%)

Task 1: Perform comprehensive medication reconciliation upon admission.

Synthesize information from multiple sources (e.g., patient interview, EHR, community pharmacy records) to create a best possible medication history (BPMH).

Interpret and resolve medication discrepancies between the BPMH and admission orders.

Assess pre-admission medication adherence patterns and identify root causes for non-adherence.

Intervene with the prescriber to correct clinically significant discrepancies and document all actions.

Evaluate the appropriateness of continuing home medications during the inpatient stay.

Task 2: Evaluate patient-specific factors to identify risks for a poor transition.

Analyze clinical data to identify high-risk disease states and medication regimens.

Assess a patient's health literacy, cognitive function, and self-management capabilities.

Evaluate a patient's cultural and linguistic needs to ensure care plans are equitable and understandable.

Apply pharmacogenomic data, when available, to personalize medication therapy.

Utilize standardized risk assessment tools to stratify patients at high risk for readmission.

Task 3: Incorporate social determinants of health (SDOH) and behavioral health into TOC care planning.

Screen for and assess SDOH barriers such as housing instability, food insecurity, and lack of transportation.

Incorporate behavioral health and substance use disorders into TOC planning and risk assessment.

Assess and document caregiver readiness and capacity to support medication adherence post-discharge.

Integrate resources from social work, case management, and community organizations to address identified barriers.

Design care plans that are realistic and achievable within the context of the patient's social and economic situation.

Domain 2: Interdisciplinary Care Coordination and Handoffs (20%)

Task 1: Optimize inpatient pharmacotherapy in collaboration with the care team.

Participate in interdisciplinary rounds to contribute medication-related expertise to the daily plan of care.

Evaluate the appropriateness of inpatient medication changes and their implications for the discharge regimen.

Monitor for and intervene to prevent in-hospital adverse drug events.

Provide evidence-based recommendations for therapy optimization throughout the hospital stay.

Ensure all medication-related decisions are communicated clearly to the entire care team.

EXAM CONTENT OUTLINE

Task 2: Implement seamless care coordination and handoffs.

Facilitate "warm handoffs" between inpatient and outpatient care providers.

Integrate pharmacist-led TOC activities with the work of nursing, social work, and other allied health professionals.

Plan transitions to long-term care, rehabilitation, or behavioral health facilities.

Manage transitions for patients moving to specialized settings such as skilled nursing or assisted living.

Ensure that a clear plan for post-discharge follow-up is in place before the patient leaves the hospital.

Task 3: Ensure pharmacist-to-pharmacist continuity across care settings.

Implement standardized communication protocols for transmitting critical medication information to community and outpatient pharmacists.

Provide clear rationale for medication changes made during the hospitalization.

Collaborate with outpatient pharmacists on medication access issues, such as prior authorizations or formulary changes.

Establish bidirectional communication channels for post-discharge problem-solving.

Ensure a seamless transfer of medication management responsibility to the patient's primary outpatient pharmacist.

Task 4: Utilize health information technology and interoperability standards to support safe transitions.

Leverage EHR functionalities to create accurate and standardized discharge medication lists.

Utilize health information exchanges (HIEs) and national interoperability frameworks (e.g., TEFCA) to share data securely.

Apply knowledge of health IT data standards (e.g., HL7, FHIR) to facilitate the exchange of clinical information.

Incorporate telehealth and other digital health tools into the TOC workflow for enhanced patient engagement.

Ensure all electronic communication and documentation complies with HIPAA and other privacy regulations.

Domain 3: Discharge Planning, Counseling, and Implementation (25%)

Task 1: Finalize the discharge medication regimen.

Perform the final medication reconciliation to create a single, accurate, and reconciled list of discharge medications.

Ensure that the discharge plan addresses all medication changes made during the hospitalization.

Develop management plans for high-risk medications (e.g., anticoagulants, insulin, opioids) that require specific monitoring or tapering.

Simplify medication regimens where possible by minimizing frequency, consolidating doses, and eliminating unnecessary drugs.

Verify that all discharge prescriptions are accurate, complete, and sent to the correct pharmacy.

Task 2: Deliver effective, patient-centered discharge counseling.

Develop patient-friendly educational materials (e.g., Personal Medication List, Medication Action Plan) in plain language.

Employ the teach-back method to confirm patient and caregiver understanding of the discharge plan.

Tailor counseling strategies to accommodate for limited health literacy and cultural or linguistic diversity.

Provide clear instructions on what to do if a dose is missed or an adverse effect occurs.

Ensure the patient knows who to contact with medication-related questions after discharge.

Task 3: Prepare and support caregivers in post-discharge medication management.

Assess the caregiver's ability and willingness to assist with medication management.

Provide specific training to caregivers on administering complex medications (e.g., injections, inhalers).

Educate caregivers on how to use adherence tools such as pill boxes, med synchronization, and reminder apps.

Involve caregivers in the teach-back process to confirm their understanding of the medication plan.

EXAM CONTENT OUTLINE

Provide caregivers with resources and contact information for post-discharge support.

Task 4: Implement strategies to ensure medication access and adherence.

Intervene before discharge to resolve barriers to medication access, such as affordability and transportation.

Coordinate with on-site services (e.g., "Meds-to-Beds" programs) to ensure patients have medications in hand before leaving.

Connect patients with manufacturer assistance programs, co-pay cards, or other financial resources.

Integrate technology-enabled adherence support (e.g., smart pill bottles, mobile apps) into the discharge plan.

Arrange for the first post-discharge fill and any necessary refills to be ready at the patient's pharmacy.

Domain 4: Post-Discharge Follow-Up, Quality, and Reimbursement (15%)

Task 1: Manage post-discharge follow-up and problem-solving.

Implement a structured process for post-discharge follow-up (e.g., phone calls, home visits, telehealth) to assess patient status.

Identify and resolve medication-related problems that arise after discharge, coordinating with outpatient providers as needed.

Provide ongoing support and reinforcement to patients and caregivers during the vulnerable post-discharge period.

Reconcile medications again at the first post-discharge visit or encounter.

Report TOC-related medication safety events through institutional and national reporting systems.

Task 2: Evaluate the impact of TOC services on quality metrics.

Analyze key performance indicators, such as 30-day readmission rates, medication-related hospitalizations, and patient satisfaction.

Align TOC activities with institutional and national quality metrics (e.g., HEDIS, CMS Star Ratings).

Implement a continuous quality improvement (CQI) process to refine the TOC program.

Ensure that TOC processes are aligned with Joint Commission standards and other accreditation requirements.

Prepare and present reports on TOC outcomes to pharmacy and hospital leadership.

Task 3: Apply relevant regulatory and value-based reimbursement models.

Ensure that all documentation and communication practices comply with legal and regulatory requirements (e.g., HIPAA, CMS mandates).

Apply knowledge of relevant billing codes (e.g., Transitional Care Management codes) to support the sustainability of TOC services.

Analyze and report TOC-related performance under value-based reimbursement models (e.g., bundled payments, ACOs).

Demonstrate the financial impact and return on investment of pharmacist-led TOC services.

Align the TOC program with the goals of the CMS Hospital Readmissions Reduction Program (HRRP).

Task 4: Leverage telehealth and remote patient monitoring (RPM) to improve post-discharge care.

Integrate virtual visits into the post-discharge follow-up process to improve patient access.

Utilize remote patient monitoring (RPM) devices for medication adherence and vital sign tracking.

Use secure messaging platforms to provide ongoing support and answer patient questions.

Evaluate the effectiveness of telehealth interventions on patient outcomes and resource utilization.

Ensure that all telehealth activities are conducted in a compliant and secure manner.

Domain 5: Population Health, Risk Stratification, and Predictive Analytics (10%)

EXAM CONTENT OUTLINE

Task 1: Apply population health principles to transitions of care.

Analyze population-level data to identify trends in readmissions and medication-related problems.

Design and implement TOC programs that target specific high-risk populations.

Develop standardized clinical pathways for common disease states to improve the consistency of care.

Collaborate with public health organizations and community partners to address population-level health needs.

Measure the impact of TOC interventions on the health outcomes of the entire patient population.

Task 2: Utilize predictive modeling and risk stratification to target interventions.

Apply predictive analytics and machine learning models to identify patients at the highest risk of readmission.

Stratify populations based on risk factors such as polypharmacy, high-cost medications, and high healthcare utilization.

Integrate data from multiple sources (e.g., clinical, claims, social) to create comprehensive risk profiles.

Develop risk-based workflows that allocate pharmacist resources to the patients who will benefit most.

Continuously evaluate and refine predictive models to improve their accuracy and effectiveness.

Task 3: Align TOC activities with value-based care contracts.

Analyze the requirements of various value-based care models (e.g., ACOs, bundled payments, shared savings).

Design TOC services that directly support the quality and cost-containment goals of these contracts.

Develop metrics and reporting systems to demonstrate the value of TOC services to payers and health system leaders.

Collaborate with finance and contracting departments to ensure that TOC services are properly valued and supported.

Advocate for the inclusion of pharmacist-led TOC services in future value-based care agreements.

Domain 6: Leadership, Professionalism, and Health Equity (10%)

Task 1: Lead interdisciplinary transitions of care teams.

Facilitate team meetings and care conferences to ensure a coordinated approach to patient care.

Develop and implement standardized workflows and communication protocols for the TOC team.

Provide mentorship and coaching to other members of the healthcare team on TOC best practices.

Resolve conflicts and build consensus among team members with different professional backgrounds.

Advocate for the resources and support needed for the TOC team to be successful.

Task 2: Address health disparities and promote health equity in transitions of care.

Analyze data to identify disparities in readmission rates and other outcomes among different patient populations.

Design culturally and linguistically appropriate interventions to meet the needs of diverse patient groups.

Advocate for policies and programs that address the root causes of health inequities.

Promote institutional accountability for reducing disparities in readmissions and adverse drug events.

Partner with community-based organizations to build trust and improve access to care for underserved populations.

Task 3: Manage the training and professional development of TOC staff.

Develop a comprehensive training and orientation program for new staff members involved in TOC.

Lead staff training and competency validation for all TOC processes and procedures.

Implement a competency assessment program to ensure that all staff have the necessary skills and knowledge.

Provide ongoing education and professional development opportunities for the TOC team.

EXAM CONTENT OUTLINE

Foster a culture of continuous learning and quality improvement.

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.

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