Certification Examination in Geriatric Pharmacy

Sponsored by Commission for Certification in Geriatric Pharmacy (CCGP)

October 2012
Vision Statement
The Vision of CCGP is to ensure that all seniors receive high-quality pharmaceutical care from Certified Geriatric Pharmacists; and, that CCGP certified pharmacists are recognized as the preferred providers of pharmaceutical care to seniors.

Mission Statement
In order to achieve our Vision, CCGP commits to the following Mission:

- Protect and serve the public interest through the credentialing of qualified practitioners of geriatric pharmaceutical care.
- Develop and administer clinically relevant, legally-defensible, and psychometrically-sound certification programs and processes.
- Promote the value of CCGP credentials to the public, practitioners, employers, and payers.
- Advance the profession by establishing rigorous standards of care based on the most appropriate medications, therapies, and technologies, to ensure optimum outcomes.
- Ensure that CCGP products, services, organizational structure, and customer relations are viewed as the benchmark standard for credentialing organizations.

Through a long-term commitment to its Mission, CCGP will become a well recognized organization known as the leader in providing quality credentials in pharmaceutical care.

Commission for Certification in Geriatric Pharmacy
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABOUT CCGP</td>
<td>2</td>
</tr>
<tr>
<td>ABOUT THIS HANDBOOK</td>
<td>2</td>
</tr>
<tr>
<td>STATEMENT OF NONDISCRIMINATION POLICY</td>
<td>2</td>
</tr>
<tr>
<td>CERTIFICATION</td>
<td>2</td>
</tr>
<tr>
<td>TESTING AGENCY</td>
<td>2</td>
</tr>
<tr>
<td>EXAMINATION POLICIES</td>
<td>2</td>
</tr>
<tr>
<td>GENERAL INFORMATION</td>
<td>2</td>
</tr>
<tr>
<td>ELIGIBILITY REQUIREMENTS</td>
<td>2</td>
</tr>
<tr>
<td>AUDIT PROCEDURE</td>
<td>2</td>
</tr>
<tr>
<td>NAME AND/OR ADDRESS CHANGES</td>
<td>2</td>
</tr>
<tr>
<td>FOREIGN TRAINED/FOREIGN LICENSED APPLICANTS</td>
<td>2</td>
</tr>
<tr>
<td>APPLICATION FEE</td>
<td>3</td>
</tr>
<tr>
<td>CERTIFICATION MAINTENANCE FEE</td>
<td>3</td>
</tr>
<tr>
<td>EXAMINATION ADMINISTRATION</td>
<td>3</td>
</tr>
<tr>
<td>HOLIDAYS</td>
<td>3</td>
</tr>
<tr>
<td>REGISTERING FOR AN EXAMINATION</td>
<td>3</td>
</tr>
<tr>
<td>SCHEDULING AN EXAMINATION</td>
<td>3</td>
</tr>
<tr>
<td>ASSESSMENT CENTER LOCATIONS</td>
<td>4</td>
</tr>
<tr>
<td>SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES</td>
<td>4</td>
</tr>
<tr>
<td>TELECOMMUNICATION DEVICES FOR THE DEAF</td>
<td>4</td>
</tr>
<tr>
<td>EXAMINATION APPOINTMENT CHANGES</td>
<td>4</td>
</tr>
<tr>
<td>MISSED APPOINTMENTS AND CANCELLATION</td>
<td>4</td>
</tr>
<tr>
<td>INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY</td>
<td>4</td>
</tr>
<tr>
<td>PREPARING FOR THE EXAMINATION</td>
<td>4</td>
</tr>
<tr>
<td>TAKING THE EXAMINATION</td>
<td>5</td>
</tr>
<tr>
<td>IDENTIFICATION</td>
<td>5</td>
</tr>
<tr>
<td>SECURITY</td>
<td>5</td>
</tr>
<tr>
<td>PERSONAL BELONGINGS</td>
<td>5</td>
</tr>
<tr>
<td>EXAMINATION RESTRICTIONS</td>
<td>5</td>
</tr>
<tr>
<td>MISCONDUCT</td>
<td>5</td>
</tr>
<tr>
<td>COPYRIGHTED EXAMINATION QUESTIONS</td>
<td>6</td>
</tr>
<tr>
<td>PRACTICE EXAMINATION</td>
<td>6</td>
</tr>
<tr>
<td>TABLE OF LABORATORY VALUES</td>
<td>6</td>
</tr>
<tr>
<td>TIMED EXAMINATION</td>
<td>6</td>
</tr>
<tr>
<td>CANDIDATE COMMENTS</td>
<td>6</td>
</tr>
<tr>
<td>FOLLOWING THE EXAMINATION</td>
<td>6</td>
</tr>
<tr>
<td>PASS/FAIL SCORE DETERMINATION</td>
<td>7</td>
</tr>
<tr>
<td>SCORES CANCELLED BY CCGP OR AMP</td>
<td>7</td>
</tr>
<tr>
<td>IF YOU PASS THE EXAMINATION</td>
<td>7</td>
</tr>
<tr>
<td>IF YOU DO NOT PASS THE EXAMINATION</td>
<td>7</td>
</tr>
<tr>
<td>FAILING TO REPORT FOR AN EXAMINATION</td>
<td>7</td>
</tr>
<tr>
<td>CONFIDENTIALITY</td>
<td>7</td>
</tr>
<tr>
<td>RECOGNITION OF CERTIFICATION</td>
<td>7</td>
</tr>
<tr>
<td>QUESTIONS ABOUT THE EXAMINATION</td>
<td>7</td>
</tr>
<tr>
<td>DUPLICATE SCORE REPORTS</td>
<td>8</td>
</tr>
<tr>
<td>REQUEST FOR HANDSCORING</td>
<td>8</td>
</tr>
<tr>
<td>CONTINUATION OF CERTIFICATION</td>
<td>8</td>
</tr>
<tr>
<td>RECERTIFICATION</td>
<td>8</td>
</tr>
<tr>
<td>RECERTIFICATION GRACE PERIOD</td>
<td>8</td>
</tr>
<tr>
<td>EXAMINATION CONTENT</td>
<td>8</td>
</tr>
<tr>
<td>DETAILED CONTENT OUTLINE</td>
<td>9</td>
</tr>
<tr>
<td>SAMPLE QUESTIONS</td>
<td>13</td>
</tr>
<tr>
<td>SELF-ASSESSMENT EXAMINATION</td>
<td>14</td>
</tr>
<tr>
<td>RECOMMENDED REFERENCES</td>
<td>14</td>
</tr>
<tr>
<td>EXAMINATION APPLICATION AND INSTRUCTIONS</td>
<td>15</td>
</tr>
<tr>
<td>REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS FORM</td>
<td>17</td>
</tr>
<tr>
<td>DOCUMENTATION OF DISABILITY-RELATED NEEDS</td>
<td>18</td>
</tr>
</tbody>
</table>

All questions and requests for information about CCGP Certification should be directed to:

CCGP
1321 Duke Street
Alexandria, VA 22314-3563
Voice: 703/535-3036
Fax: 703/739-1500
E-mail: info@ccgp.org
Website: www.cccgp.org

All questions and requests for information about examination scheduling should be directed to:

Applied Measurement Professionals, Inc.
18000 W. 105th Street
Olathe, KS 66061-7543
Voice: 913/895-4600
Fax: 913/895-4651
E-mail: info@goAMP.com
Website: www.goAMP.com

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Rev. 10/10/2012
ABOUT CCGP
The Commission for Certification in Geriatric Pharmacy (CCGP) is a nonprofit corporation created in February 1997 by the American Society of Consultant Pharmacists (ASCP) Board of Directors. CCGP was created to oversee the certification program in geriatric pharmacy by establishing eligibility criteria and other program policies. CCGP is accredited by the National Commission for Certifying Agencies.

The CCGP Board of Commissioners is comprised of seven pharmacist members; one public commissioner; one nonvoting representative appointed by the American Society of Consultant Pharmacists Board of Directors; two individuals who represent stakeholders with an interest in geriatric pharmacy (e.g. payers, employers, physicians); and the CCGP Executive Director, ex officio. The membership of CCGP is comprised of individuals who have passed the Certified Geriatric Pharmacist (CGP) examination and are currently credentialed.

Check the CCGP Web site for access to CCGP bylaws and relevant policies and procedures, including the disciplinary policy and appeals policy.

ABOUT THIS HANDBOOK
This Candidate Handbook is only a guide. The information, procedures and fees detailed in this publication may be amended, revised or otherwise altered at any time and without advance notice by CCGP. The provision of this handbook does not confer any rights upon the applicant. For the most current version of this handbook, please visit www.ccgp.org or www.goAMP.com.

STATEMENT OF NONDISCRIMINATION POLICY
CCGP does not discriminate among applicants on the basis of age, gender, race, religion, national origin, disability, sexual orientation or marital status.

CERTIFICATION
The certification program in geriatric pharmacy is intended to recognize those pharmacists who demonstrate knowledge of geriatric pharmacotherapy and the knowledge and skills required to provide pharmaceutical care to the elderly. These pharmacists may practice in a variety of settings, including hospital, community or long-term care.

TESTING AGENCY
Applied Measurement Professionals, Inc., (AMP) is the professional testing agency contracted by CCGP to assist in the development, administration, scoring and analysis of the certification examination. AMP services also include the reporting of scores to candidates who take the examination. AMP is a research and development firm that conducts professional competency assessment research and provides examination services for a number of credentialing programs.

EXAMINATION POLICIES
CCGP offers the Certification Examination in Geriatric Pharmacy to individuals in geriatric pharmacy practice. The examination consists of 150 multiple-choice questions. You will be allowed three hours to complete the examination. Individuals passing the Certification Examination in Geriatric Pharmacy are credentialed as Certified Geriatric Pharmacists (CGP).

CCGP with the advice and assistance of AMP prepares the examinations. Individuals with expertise in geriatric pharmacy practice write the questions and review them for relevancy, consistency, accuracy and appropriateness.

GENERAL INFORMATION
The office hours for CCGP are Monday through Friday, 9:00 a.m. – 5:00 p.m. (Eastern Time). The offices are closed on all Federal holidays. Applicants are encouraged to submit their applications online at the CCGP Web site (www.ccgp.org). A valid credit card account number is required for all online applications. The online application process uses a secure server.

ELIGIBILITY REQUIREMENTS
To be eligible for the Certification Examination in Geriatric Pharmacy, an applicant must currently be a licensed pharmacist and must have a minimum of two years of experience as a licensed pharmacist. Applications must be accompanied by:
1) a photocopy of current state pharmacy registration certificate/license, and
2) a check, money order or credit card payment.

For online applications, the pharmacy registration certificate/license may be submitted in electronic form and payment should be by credit card.

AUDIT PROCEDURE
CCGP reserves the right to audit any application submitted for the Certification Examination in Geriatric Pharmacy.

NAME AND/OR ADDRESS CHANGES
You are responsible for notifying CCGP of any address change or legal name change in a timely manner. Failure to do so may affect admission to the examination, or receipt of important information from CCGP about maintenance or renewal of certification. Notification of a change of e-mail address is also encouraged. CCGP may be contacted at: info@ccgp.org.

FOREIGN TRAINED/FOREIGN LICENSED APPLICANTS
Pharmacists who are not licensed to practice pharmacy in the United States may apply to take the Certification Examination in Geriatric Pharmacy. However, the practice analysis upon which the examination is based was conducted in the United States and CCGP certification is oriented primarily toward pharmacists licensed and practicing in the United States. Applicants who are not licensed to practice pharmacy in the United States must provide notarized documentation of their legal authorization to practice pharmacy in another country. Please note that CCGP certification does not confer the privilege to practice pharmacy in the United States or in any other country.
APPLICATION FEE

The Application Fee for the examination is $600. Fees may be paid by check or money order (made payable to CCGP), or by credit card (VISA, MasterCard, Discover or American Express). DO NOT SUBMIT CASH. Online applications require a valid credit card account number.

Application fees are non-refundable. Exceptions to this policy will be determined by the executive committee and appeals will be considered only on the basis of documented hardships.

You must submit the appropriate fee with the application.

Returned checks and/or declined credit card transactions will be subject to a $25 handling fee. You must send a certified check or money order for the amount due, including the handling fee, to CCGP to cover returned check and/or declined credit card transactions.

CERTIFICATION MAINTENANCE FEE

Candidates who successfully complete the requirements for certification are responsible to pay a certification maintenance fee. Two payment options are available. A single payment of $250 may be paid upon successful completion of the requirements, to cover the full five-year period of certification. Alternatively, the fee may be paid in four annual installments of $75 each, beginning the year after certification. This fee is used to provide services to Certified Geriatric Pharmacists, such as The Credential, a quarterly electronic newsletter, and a listing of Certified Geriatric Pharmacists on the CCGP Web site.

EXAMINATION ADMINISTRATION

The examination is delivered by computer at over 170 AMP Assessment Centers geographically located throughout the United States, Canada, Australia, and other countries. The examination is offered during four (4) testing windows: January/February, April/May, July/August, and October/November. Deadlines for each window are as follows:

<table>
<thead>
<tr>
<th>Testing Window</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>January/February</td>
<td>December 15</td>
</tr>
<tr>
<td>April/May</td>
<td>March 15</td>
</tr>
<tr>
<td>July/August</td>
<td>June 15</td>
</tr>
<tr>
<td>October/November</td>
<td>September 15</td>
</tr>
</tbody>
</table>

The examination is administered by appointment only Monday through Saturday at 9:00 a.m. and 1:30 p.m. Available dates will be indicated when scheduling your examination. Candidates are scheduled on a first-come, first-served basis.

Once an Application has been submitted, you will be permitted to schedule an examination date in two consecutive windows. For example, if you submit an application by the March 15 deadline you can schedule an examination in either the April/May or July/August window.

Failing to schedule and take the examination in one of the two consecutive windows will result in the Application being placed on “Inactive” status. In order to reactivate the application, you will need to pay a $100 activation fee. The rules for scheduling and taking the examination will apply – missing two consecutive windows will again result in the application being designated as “inactive.”

HOLIDAYS

The examinations are not offered on the following holidays:

- New Year's Day
- Martin Luther King Jr. Day
- President's Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veteran's Day
- Thanksgiving Holiday
- Christmas Holiday
- New Year's Eve

REGISTERING FOR AN EXAMINATION

You should ensure that the CCGP Application has been properly completed and that the information provided is accurate. Your careful attention will enable prompt and efficient processing. Candidates will not be able to schedule an examination appointment with AMP until the Application has been processed. AMP will send notification by mail and email to registered candidates with examination scheduling procedures.

SCHEDULING AN EXAMINATION

After you have received confirmation from AMP, there are two ways to schedule an appointment for the examination.

1. Online Scheduling: Go to www.goAMP.com at any time and select “Candidates.” Follow the simple, step-by-step instructions to select your examination program and schedule an examination.

   OR

2. Telephone Scheduling: Call AMP at 888/519-9901 to schedule an examination appointment. This toll-free number is answered from 7:00 a.m. to 9:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 7:00 p.m. on Friday and 8:30 a.m. to 5:00 on Saturday.

Applicants will be assigned a unique identification number by CCGP when the application has been processed. When scheduling an examination, be prepared to confirm a location, a preferred date and time for testing, and to provide your CCGP identification number. When you contact AMP to schedule an examination appointment, you will be notified of the time to report to the Assessment Center. Please make a note of it because you will NOT receive an admission letter.
If you contact AMP by 3:00 p.m. Central Time on... | Depending on availability, your examination may be scheduled beginning... |
---|---|
Monday | Wednesday |
Tuesday | Thursday |
Wednesday | Friday/Saturday |
Thursday | Monday |
Friday/Saturday | Tuesday |

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**ASSESSMENT CENTER LOCATIONS**

AMP Assessment Centers have been selected to provide accessibility to the most candidates in all states and major metropolitan areas. International locations are also offered in Canada and Australia. A current listing of AMP Assessment Centers, including addresses and driving directions, may be viewed at AMP’s website located at www.goAMP.com. Specific address information will be provided when you schedule an examination appointment.

**SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES**

CCGP and AMP comply with the Americans with Disabilities Act and strive to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. CCGP and AMP will provide reasonable accommodations for candidates with disabilities.

Wheelchair access is available at all Assessment Centers. Candidates with visual, sensory or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements. Candidates testing with approved special accommodations should schedule their test via AMP’s toll-free number to ensure their accommodations are confirmed. Be sure to inform CCGP and AMP of your need for special accommodations when calling to schedule your examination.

 Candidates who wish to request special accommodations should submit the "Request for Special Examination Accommodations" form (see back of handbook) with their application.

**TELECOMMUNICATION DEVICES FOR THE DEAF**

AMP is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available 8:30 a.m. to 5:00 p.m. (Central Time) Monday-Friday at 913/895-4637. This TDD phone option is for individuals equipped with compatible TDD machinery.

**EXAMINATION APPOINTMENT CHANGES**

You may reschedule an examination appointment at no charge once by calling AMP at 888/519-9901 by 3:00 p.m. Central Time at least two full business days prior to the scheduled testing session. (See following table.)

**CHANGES**

| if you contact AMP by 3:00 p.m. Central Time on... | Depending on availability, your examination may be scheduled beginning... |
---|---|
Monday | Wednesday |
Tuesday | Thursday |
Wednesday | Friday/Saturday |
Thursday | Monday |
Friday/Saturday | Tuesday |

**MISSING APPOINTMENTS AND CANCELLATION**

You will forfeit the examination registration and all fees paid to take the examination under the following circumstances:

- You wish to reschedule an examination but fail to contact AMP at least two full business days prior to the scheduled testing session;
- you wish to reschedule a second time;
- you appear more than 15 minutes late for an examination; or
- you fail to report for an examination appointment.

A complete Application and appropriate fee are required to re-register for the examination.

**INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY**

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center.

You may visit AMP’s website at www.goAMP.com prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to an Assessment Center is temporarily interrupted during an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

**PREPARING FOR THE EXAMINATION**

Your primary objective in preparing for the examination is to pass. Other objectives such as learning new material and reviewing old material are critical toward this objective. Begin your study by developing your strategy for success.

A good study strategy includes preparation. To prepare, determine first what you need to learn, choose your study materials, and select a quiet, comfortable place that allows you to focus.
Before you begin, check to make sure you have everything you need. Try to avoid interruptions for any reason.

Developing a study plan will allow you to learn the most as you study. Include setting goals in your study plan. Review what you have studied as often as possible. The more you review, the more you will retain.

You may also wish to purchase CCGP’s Self-Assessment Examination (SAE). The SAE is designed to help pharmacists measure their knowledge and skills in geriatric pharmacy practice. It will help identify those areas where additional continuing education may be helpful. It will also provide a candidate with a simulated experience in undertaking the actual certification examination. Please see page 14 for more information concerning the SAE.

TAKING THE EXAMINATION

Your examination will be given by computer at an AMP Assessment Center. You do not need any computer experience or typing skills to take your examination. On the day of your examination appointment, report to the Assessment Center no later than your scheduled testing time. Look for the signs indicating AMP Assessment Center Check-in. IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME YOU WILL NOT BE ADMITTED.

IDENTIFICATION

To gain admission to the Assessment Center, you must present two forms of identification, one with a current photograph. Both forms of identification must be valid and include your current name and signature. You will be required to sign a roster for verification of identity.

Acceptable forms of photo identification include a current driver’s license with photograph, a current state identification card with photograph, a current passport, or a current military identification card with photograph. Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as the primary form of identification, but may be used as secondary identification if they include your name and signature.

You must have proper identification to gain admission to the Assessment Center. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of your examination fee.

SECURITY

CCGP and AMP maintain administration and security standards designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

• Examinations are proprietary. No cameras, notes, tape recorders, Personal Digital Assistants (PDAs), pagers or cellular phones are allowed in the testing room. Possession of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.

• Only silent, non-programmable calculators without alpha keys or printing capabilities are allowed in the testing room.

• No guests, visitors or family members are allowed in the testing room or reception areas.

PERSONAL BELONGINGS

No personal items, valuables, or weapons should be brought to the Assessment Center. Only wallets, keys and silent, non-programmable calculators without alpha keys or printing capabilities are permitted. Coats must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker.

• watches

• hats

Once you have placed everything into the soft locker, you will be asked to pull out your pockets to ensure they are empty. If all personal items will not fit in the soft locker you will not be able to test. The site will not store any personal belongings.

If any personal items are observed in the testing room after the examination is started, the administration will be forfeited.

EXAMINATION RESTRICTIONS

• Pencils will be provided during check-in.

• You will be provided with one piece of scratch paper at a time to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive your score report.

• No documents or notes of any kind may be removed from the Assessment Center.

• No questions concerning the content of the examination may be asked during the examination.

• Eating, drinking or smoking will not be permitted in the Assessment Center.

• You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

MISCONDUCT

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

• create a disturbance, are abusive, or otherwise uncooperative;

• display and/or use electronic communications equipment such as pagers, cellular phones, PDAs;

• talk or participate in conversation with other examination candidates;

• give or receive help or are suspected of doing so;

• leave the Assessment Center during the administration;

• attempt to record examination questions or make notes;
The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the “Time” box in the lower right portion of the screen or select the Time key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right portion of the screen. Choices of answers to the examination question are identified as A, B, C, or D. You must indicate your choice by either typing in the letter in the response box in the lower left portion of the computer screen or clicking on the option using the mouse. To change your answer, enter a different option by pressing the A, B, C, or D key or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen or select the NEXT key. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key. When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing.

**CANDIDATE COMMENTS**

During the examination, comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.

**FOLLOWING THE EXAMINATION**

After completing the examination, you are asked to complete a short evaluation of your examination experience. Then, you are instructed to report to the examination proctor to receive a report that verifies that you have completed the examination. Scores are reported in printed form only by U.S. mail. Score reports will be mailed within 6 weeks after the close of the testing window. Scores are not reported over the telephone, by electronic mail, or by facsimile.
PASS/FAIL SCORE DETERMINATION

Your score report will indicate a “pass” or “fail.” Additional detail is provided in the form of raw scores by major content category. Test scores are reported as raw scores and scaled scores. A raw score is the number of correctly answered questions; a scaled score is statistically derived from the raw score. Your total raw score determines whether you pass or fail; it is converted to and reported as a scaled score ranging between 0 and 99.

The methodology used to set the minimum passing score for each examination is the Angoff method, applied during the performance of a Passing Point Study by a panel of content experts. The experts evaluated each question on the respective examination to determine how many correct answers are necessary to demonstrate the knowledge and skills required for the designation. The candidate’s ability to pass the examination depends on the knowledge and skill displayed during the examination, not on the performance of other candidates.

The minimum scaled score needed to pass the examination has been set at 75 scaled score units. The reason for reporting scaled scores is that different forms (or versions) of the examination may vary in difficulty. As new forms of the examination are introduced, a certain number of questions in each content area are replaced. These changes may cause one form of the examination to be slightly easier or harder than another form. To adjust for these differences in difficulty, a procedure called “equating” is used. The goal of equating is to ensure fairness to all candidates.

In the equating process, the minimum raw score (number of correctly answered questions) required to equal the scaled passing score of 75 is statistically adjusted (or equated). For instance, if the examination is determined to be more difficult than the previous form of the examination, then the minimum raw passing score required to pass will be slightly lower than the original raw passing score. If the examination is easier than the previous form of the examination, then the minimum raw score will be higher. Equating helps to assure that the scaled passing score of 75 represents the same level of competence no matter which form of the examination a candidate takes.

In addition to the candidate’s total scaled score and scaled score required to pass, raw scores (the actual number of questions answered correctly) are reported for the major categories on the content outline. The number of questions answered correctly in each major category is compared to the total number of questions possible in that category on the score report (e.g., 15/20). Content categorical information is provided to assist candidates in identifying areas of relative strength and weakness.

SCORES CANCELLED BY CCGP OR AMP

CCGP and AMP are responsible for the validity and integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. CCGP and AMP reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

IF YOU PASS THE EXAMINATION

If you pass the examination, CCGP will request that you sign a Declaration on the Appropriate Use of the Credential and remit a five-year certification maintenance fee in the amount of $250.00. If you prefer, you may choose to pay the certification maintenance fee in four equal annual payments of $75 each, beginning the year following certification. Following receipt of the Declaration and fee payment preference, CCGP will send a Certificate, in your name, officially designating you as a Certified Geriatric Pharmacist.

IF YOU DO NOT PASS THE EXAMINATION

There is no limit to the number of times you may attempt the examination. If you were unsuccessful in your examination attempt, you may reregister once every 90 days by completing another Application and submitting appropriate fees. The fee to retake the examination after an unsuccessful attempt is $300, if the examination is retaken within two years. After two years, the full fee ($600) must be paid.

FAILING TO REPORT FOR AN EXAMINATION

If you fail to report for an examination, you forfeit all fees paid to take the examination. A completed application and examination fee are required to reapply for examination.

CONFIDENTIALITY

Information about candidates for testing and their examination results are considered confidential. Individual examination scores are released ONLY to the individual candidate. Questions concerning examination results should be referred to the CCGP Candidate Services Department in writing.

RECOGNITION OF CERTIFICATION

If you pass the certification examination you are entitled to use the designation “CGP” for Certified Geriatric Pharmacist. CCGP will provide certificants with a certificate of recognition suitable for framing. In addition, certificants will be entitled to additional items, such as lapel pins, that display the logo for Certified Geriatric Pharmacist. Contact CCGP for additional information.

QUESTIONS ABOUT THE EXAMINATION

Candidates may not have access to the examinations or to specific questions except during administration of the examination. Candidates may comment on any question, the administration of the examination or the test center facilities on their answer sheet on the day of the examination. Individual responses to question comments will not be provided.
**DUPLICATE SCORE REPORTS**

You may purchase additional copies of your results at a cost of $25 per copy. Requests must be submitted to AMP in writing. The request must include your name, identification number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to AMP in the form of a money order or cashier's check. Duplicate score reports will be mailed within approximately five business days after receipt of the request and fee. Requests must be submitted within one year of your examination to be processed.

**REQUEST FOR HANDSCORING**

Candidates who do not pass the Examination may request a manual verification of the computer scoring. Requests for manual rescoring must be submitted to AMP, 18000 W. 105th Street, Olathe, KS 66061-7543 in writing within 100 days of the Examination. The fee to hand score the Examination is $15. The request should include: your name, identification number, mailing address, Examination date, test site, signature and a copy of your score report. Upon receipt of the request and appropriate fee, the candidate’s responses will be inspected and hand-scored. This process takes approximately 30 days. Candidates near a passing score should be aware that to ensure correct reporting of results, the testing agency selects a random sampling of Examinations of candidates who score within one unit of passing. These Examinations are automatically hand-scored before results are mailed as a quality control measure. Thus, it is extremely doubtful that any Examination results will change from “fail” to “pass” through handscoring.

**CONTINUATION OF CERTIFICATION**

All Certified Geriatric Pharmacists are required to maintain their certification in good standing with the CCGP. To do so, certificants will be requested to submit an annual questionnaire and a signed Attestation of a Valid License. Failure to submit a signed Attestation may jeopardize the certificant’s good standing with CCGP, ultimately resulting in suspension of their certified standing.

**RECERTIFICATION**

CCGP mandates periodic recertification of an individual who is certified as an assurance to the public and the profession that certified practitioners undergo periodic evaluation of their specialized knowledge and skill. The intent of this process is to ensure that the certificant at least maintains, or ideally enhances, his or her level of competence in geriatric pharmacy practice. A competent geriatric pharmacist must keep pace with changes in technology and available drugs for diagnosis and treatment.

Recertification is required every five (5) years, in accordance with processes established by the CCGP Board of Commissioners. The 5-year period was developed and approved by the CCGP Board when the program was launched in 1997. This timeframe was considered to reflect the rate of change in geriatric pharmacy practice while being practically attainable.

**RE bâtification Grace Period**

If a CCGP Certified Geriatric Pharmacist (CGP) fails to successfully complete the recertification process, extension of certification may be granted for six months while the individual seeks to successfully complete the process. The recertification fee must be paid before the grace period is granted. If a CCGP certified pharmacist does not complete the process within that period, then the individual’s status as a CGP will lapse. Once certification has lapsed, reinstatement can be achieved only by successfully completing the entire certification process.

**EXAMINATION CONTENT**

To begin your preparation in an informed and organized manner, you should know what to expect from the actual examination in terms of the content. Information regarding the content of the examination is presented in this handbook. The content outline will give you a general impression of the examination and, with closer inspection, can give you specific study direction by revealing the relative importance given to each category on the examination.

**Note:** Medications on the certification examination will be referred to by the generic name only (USAN or USP name). Medications which are known by the British Approved Name outside the United States will have this name in parentheses. For example: albuterol (salbutamol). Laboratory examination results will be presented in both conventional and international units. The content for the examination is based on a job analysis and is described in the following detailed content outline.

This process involves:

1) paying the $400 Recertification Application Fee and achieving a passing score on a multiple-choice objective examination, based on the content outline of the Certification Examination in Geriatric Pharmacy

OR

2) paying the $400 Recertification Application Fee and successfully completing the Professional Development Program for CGP Recertification. Please visit the CCGP website for further information on this program at [www.ccgp.org](http://www.ccgp.org).
I. PATIENT SPECIFIC ACTIVITIES (56 items, 40%)

A. Collect and Evaluate Patient-Specific Information (8 items)
1. Interpret and apply knowledge of the following to the provision of pharmaceutical care for senior adults:
   a. patterns of medication use
   b. causes of morbidity and mortality
2. Assess and apply understanding of the following issues to the provision of pharmaceutical care for senior adults:
   a. continuum of care
   b. wellness and health promotion
   c. end of life issues (advance directives, treatment issues, quality of life choices)
   d. ethical issues
   e. physiological changes that accompany aging (e.g., sensory, body composition, organ system function, pharmacokinetic and pharmacodynamic changes)
   f. results of standardized assessment tools (MMSE, GDS, etc.)
3. Evaluate the social aspects of aging in the provision of pharmaceutical care for senior adults related to the following:
   a. economic issues
   b. availability of community based services (referrals and triage)
   c. role of caregiver
   d. cultural
4. Communicate with senior patients, their caregivers and healthcare professionals:
   a. recognize communication barriers including age-related sensory and cognitive impairments, illiteracy, and language and cultural differences
   b. apply strategies to overcome communication barriers
   c. apply privacy and confidentiality principles
   d. ensure patient understanding of prescribed therapy
5. Interpret and monitor laboratory results and procedures for the senior patient
6. Recognize and assess:
   a. altered disease state presentations in seniors
   b. altered psychological status in seniors
7. Identify and assess compliance/adherence issues affecting potential treatment plans (e.g., memory loss, sensory changes, hearing, cognition, patient beliefs, economics, and learning disabilities)
8. Obtain and evaluate:
   a. an accurate drug history including over the counter and alternative/complementary medications
   b. relevant physical assessment information
   c. past medical history
9. Apply principles of pharmacokinetic and pharmacodynamic changes associated with aging to the design of the pharmacotherapy regimen

B. Identify, Resolve and Prevent Medication Therapy – Related Problems (12 items)
1. Untreated or under-treated conditions
2. Improper drug selection
3. Subtherapeutic or Supratherapeutic dosage
4. Monitor patient’s compliance/adherence with medications and apply strategies to educate the patient and/or caregiver, and encourage compliance/adherence with therapy
5. Adverse drug events
6. Drug interactions
7. Drug use without indication
8. Treatment failures

C. Determine Patient’s Pharmaceutical and Related Health Care Needs and Integrate into Care Plan (6 items)

D. Select Drug Therapy Goals which Focus on Function and Quality of Life (8 items)
E. Design and Implement a Therapeutic Regimen in Collaboration with the Patient and Other Health Care Professionals (10 items)
   1. Apply concept of risk: benefit for each drug
   2. Recommend non-prescription drugs
   3. Educate on therapy options (e.g., generics, alternative therapies, nondrug therapies, formulary options)
   4. Educate on medication-related problems (e.g., side effects of medication, drug interactions)
   5. Recognize need for referral to specialized healthcare provider for further evaluation/treatment

F. Patient Monitoring Plan (12 items)
   1. Design plan to monitor for safety, effectiveness and achievement of therapeutic goals
   2. Implement plan
   3. Evaluate its effects on quality of life issues
   4. Document steps and outcomes of pharmaceutical care plan

II. DISEASE SPECIFIC ACTIVITIES (63 items, 45%)
A. Cardiovascular Disorders – e.g., Hypertension, Heart Failure, Ischemic Heart Disease, Myocardial Infarction, Cardiac Arrhythmias, Hyperlipidemia, Peripheral Vascular Disease (8 items)
   1. Recognize common signs and symptoms
   2. Apply disease-specific knowledge to management of patients (e.g., epidemiology, risk factors, pathogenesis and pathophysiology, diagnostic/prognostic issues, clinical course, available practice guidelines, pharmacoeconomics, quality of life, patient satisfaction)
   3. Design and recommend patient-specific pharmacotherapy considering comorbidity and other factors
   4. Evaluate drug response using effectiveness and safety endpoints, quality of life issues and recommend modifications in therapy as necessary

B. Dermatologic Disorders – e.g., Drug Induced Skin Disorders, Xerosis, Fungal Rashes, Pressure Ulcers, Other Common Skin Disorders (2 items)
   1. Recognize common signs and symptoms
   2. Apply disease-specific knowledge to management of patients (e.g., epidemiology, risk factors, pathogenesis and pathophysiology, diagnostic/prognostic issues, clinical course, available practice guidelines, pharmacoeconomics, quality of life, patient satisfaction)
   3. Design and recommend patient-specific pharmacotherapy considering comorbidity and other factors
   4. Evaluate drug response using effectiveness and safety endpoints, quality of life issues and recommend modifications in therapy as necessary

C. Endocrine and Exocrine Disorders – e.g., Thyroid Disorders, Diabetes Mellitus, SIADH, Disorders of the Adrenal Gland, Paget’s Disease, Hormone Replacement Therapy (7 items)
   1. Recognize common signs and symptoms
   2. Apply disease-specific knowledge to management of patients (e.g., epidemiology, risk factors, pathogenesis and pathophysiology, diagnostic/prognostic issues, clinical course, available practice guidelines, pharmacoeconomics, quality of life, patient satisfaction)
   3. Design and recommend patient-specific pharmacotherapy considering comorbidity and other factors
   4. Evaluate drug response using effectiveness and safety endpoints, quality of life issues and recommend modifications in therapy as necessary

D. Gastrointestinal Disorders – e.g., Peptic Ulcer Disease, Gastro-Esophageal Reflux Disease, Diarrhea and Constipation, Irritable Bowel Syndrome, Inflammatory Bowel Disease, Hepatitis, Cirrhosis, Pancreatitis, Cholelithiasis (4 items)
   1. Recognize common signs and symptoms
   2. Apply disease-specific knowledge to management of patients (e.g., epidemiology, risk factors, pathogenesis and pathophysiology, diagnostic/prognostic issues, clinical course, available practice guidelines, pharmacoeconomics, quality of life, patient satisfaction)
   3. Design and recommend patient-specific pharmacotherapy considering comorbidity and other factors
   4. Evaluate drug response using effectiveness and safety endpoints, quality of life issues and recommend modifications in therapy as necessary
E. Hematologic Disorders – e.g., Anemias, Disorders of Hemostasis, Thrombocytopenia, Disorders of White Blood Cells (3 items)
   1. Recognize common signs and symptoms
   2. Apply disease-specific knowledge to management of patients (e.g., epidemiology, risk factors, pathogenesis and pathophysiology, diagnostic/prognostic issues, clinical course, available practice guidelines, pharmacoconomics, quality of life, patient satisfaction)
   3. Design and recommend patient-specific pharmacotherapy considering comorbidity and other factors
   4. Evaluate drug response using effectiveness and safety endpoints, quality of life issues and recommend modifications in therapy as necessary
F. Infectious Diseases – e.g., Pneumonia, Tuberculosis, Herpes Zoster, AIDS, Skin and Soft Tissue Infections, Bone and Joint Infections, Gastrointestinal Infections, Genitourinary Tract Infections, Influenza, Ophthalmic Infections, Nosocomial Infections, Drug Resistance, Immunizations (6 items)
   1. Recognize common signs and symptoms
   2. Apply disease-specific knowledge to management of patients (e.g., epidemiology, risk factors, pathogenesis and pathophysiology, diagnostic/prognostic issues, clinical course, available practice guidelines, pharmacoconomics, quality of life, patient satisfaction)
   3. Design and recommend patient-specific pharmacotherapy considering comorbidity and other factors
   4. Evaluate drug response using effectiveness and safety endpoints, quality of life issues and recommend modifications in therapy as necessary
G. Musculoskeletal Disorders – e.g., Osteoarthritis, Rheumatological Diseases, Osteoporosis, Gout, Acute and Chronic Pain, Foot Disorders (6 items)
   1. Recognize common signs and symptoms
   2. Apply disease-specific knowledge to management of patients (e.g., epidemiology, risk factors, pathogenesis and pathophysiology, diagnostic/prognostic issues, clinical course, available practice guidelines, pharmacoconomics, quality of life, patient satisfaction)
   3. Design and recommend patient-specific pharmacotherapy considering comorbidity and other factors
   4. Evaluate drug response using effectiveness and safety endpoints, quality of life issues and recommend modifications in therapy as necessary
H. Neurological Disorders – e.g., Cerebrovascular Disease (Stroke, Transient Ischemic Attacks), Movement Disorders (Parkinson’s Disease, Essential Tremor), Dementias (Alzheimer’s Disease, Levy Body Disease, Ischemic Vascular Dementia), Delirium, Seizure Disorders, Neuropathies, Acute and Chronic Pain Syndromes, Progressive Supranuclear Palsy, Multiple Sclerosis, Restless Leg Syndrome, Headache (7 items)
   1. Recognize common signs and symptoms
   2. Apply disease-specific knowledge to management of patients (e.g., epidemiology, risk factors, pathogenesis and pathophysiology, diagnostic/prognostic issues, clinical course, available practice guidelines, pharmacoconomics, quality of life, patient satisfaction)
   3. Design and recommend patient-specific pharmacotherapy considering comorbidity and other factors
   4. Evaluate drug response using effectiveness and safety endpoints, quality of life issues and recommend modifications in therapy as necessary
I. Nutrition and Hydration Disorders – e.g., Malnutrition, Weight Loss, Dehydration, Fluid and Electrolyte Disorders (2 items)
   1. Recognize common signs and symptoms
   2. Apply disease-specific knowledge to management of patients (e.g., epidemiology, risk factors, pathogenesis and pathophysiology, diagnostic/prognostic issues, clinical course, available practice guidelines, pharmacoconomics, quality of life, patient satisfaction)
   3. Design and recommend patient-specific pharmacotherapy considering comorbidity and other factors
   4. Evaluate drug response using effectiveness and safety endpoints, quality of life issues and recommend modifications in therapy as necessary
J. Oncology – e.g., Breast Cancer, Skin Cancer, Prostate Cancer, Lung Cancer, Colorectal Cancer, Brain Tumors (1 item)
   1. Apply disease-specific knowledge to management of patients (e.g., epidemiology, risk factors, pathogenesis and pathophysiology, diagnostic/prognostic issues, clinical course, available practice guidelines, pharmacoconomics, quality of life, patient satisfaction)
K. Ophthalmology – e.g., Glaucoma, Dry Eyes, Blepharitis, Macular Degeneration, Cataracts (1 item)
   1. Apply disease-specific knowledge to management of patients (e.g., epidemiology, risk factors, pathogenesis and pathophysiology, diagnostic/prognostic issues, clinical course, available practice guidelines, pharmacoeconomics, quality of life, patient satisfaction)

L. Psychiatric Disorders – e.g., Depression, Bipolar, and Other Mood Disorders, Schizophrenia and Other Psychotic Disorders, Sleep Disturbances, Anxiety Disorders, Behavioral Disorders, Substance Abuse (8 items)
   1. Recognize common signs and symptoms
   2. Apply disease-specific knowledge to management of patients (e.g., epidemiology, risk factors, pathogenesis and pathophysiology, diagnostic/prognostic issues, clinical course, available practice guidelines, pharmacoeconomics, quality of life, patient satisfaction)
   3. Design and recommend patient-specific pharmacotherapy considering comorbidity and other factors
   4. Evaluate drug response using effectiveness and safety endpoints, quality of life issues and recommend modifications in therapy as necessary

M. Genitourinary Disorders – e.g., Urinary Incontinence/Retention, Benign Prostatic Hyperplasia, Sexual Dysfunction, Renal Dysfunction (4 items)
   1. Recognize common signs and symptoms
   2. Apply disease-specific knowledge to management of patients (e.g., epidemiology, risk factors, pathogenesis and pathophysiology, diagnostic/prognostic issues, clinical course, available practice guidelines, pharmacoeconomics, quality of life, patient satisfaction)
   3. Design and recommend patient-specific pharmacotherapy considering comorbidity and other factors
   4. Evaluate drug response using effectiveness and safety endpoints, quality of life issues and recommend modifications in therapy as necessary

N. Respiratory Disorders – e.g., Chronic Obstructive Pulmonary Disease, Asthma, Sleep Apnea (4 items)
   1. Recognize common signs and symptoms
   2. Apply disease-specific knowledge to management of patients (e.g., epidemiology, risk factors, pathogenesis and pathophysiology, diagnostic/prognostic issues, clinical course, available practice guidelines, pharmacoeconomics, quality of life, patient satisfaction)
   3. Design and recommend patient-specific pharmacotherapy considering comorbidity and other factors
   4. Evaluate drug response using effectiveness and safety endpoints, quality of life issues and recommend modifications in therapy as necessary

III. POPULATION SPECIFIC ACTIVITIES (21 items, 15%)
A. Research (8 items)
   1. Design and conduct medication use evaluations (MUE) and drug use review (DUR)
   2. Apply MUE/DUR results to improve the quality of care
   3. Evaluate and apply quality improvement data (e.g., patient safety, medication utilization/safety, root cause analysis)

B. Economics and Access (3 items)
   1. Interpret Pharmacoeconomic Data

C. Health Policy (3 items)
   1. Communicate with healthcare professionals to improve quality of care
   2. Ensure that privacy and confidentiality standards are maintained
   3. Optimize the Continuum of Care process (e.g., reconciliation, medication delivery systems)
   4. Interpret and apply geriatric practice guidelines
   5. Develop and implement clinical protocols, policy and procedures, etc.

D. Education (7 items)
   1. Identify educational needs for target audiences
   2. Design and/or implement educational activities for target audiences
   3. Evaluate outcome of educational activities
**SAMPLE QUESTIONS**

1. Many older adults have impaired absorption of which of the following nutrients?
   - A. folate
   - B. ascorbic acid
   - C. nicotinic acid
   - D. cyanocobalamin

2. The daughter of a 69-year-old female has noted changes in her mother’s behavior over the past year. The primary care physician recently administered a Mini-Mental State Examination (MMSE) and obtained a score of 16. Based on this score, the mother’s cognitive impairment should be considered:
   - A. unimpaired.
   - B. mild.
   - C. moderate.
   - D. severe.

3. A resident has been isolating herself in her room. She is very sad and cries frequently. Her husband of 53 years passed away 9 months ago, and she was placed on trazodone at that time. Her current drug regimen includes the following:
   - trazodone 25 mg qhs
   - digoxin 0.25 mg daily
   - phenytoin 300 mg qhs
   - multivitamin daily
   - calcium with vitamin D daily

Which of the following is the most appropriate treatment recommendation?
   - A. Decrease digoxin to 0.125 mg daily.
   - B. Change trazodone to sertraline.
   - C. Add buspirone 5 mg bid.
   - D. Check the phenytoin level.

4. Which of the following monitoring parameters are most useful to determine if a patient is experiencing orthostatic hypotension?
   - 1. supine blood pressure
   - 2. standing blood pressure
   - 3. systolic blood pressure
   - 4. diastolic blood pressure

   - A. 1, 2, and 3 only
   - B. 1, 2, and 4 only
   - C. 1, 3, and 4 only
   - D. 2, 3, and 4 only

5. Which of the following parameters should be monitored in Paget’s disease of the bone?
   - A. AST
   - B. creatinine
   - C. cholesterol panel
   - D. alkaline phosphatase

6. An 82-year-old female resident, with no urinary symptoms, has a chronic indwelling catheter. The nursing staff reports cloudy urine and the following urinalysis is obtained:
   - color amber
   - appearance cloudy
   - specific gravity 1.01
   - WBC 3
   - RBC 1
   - bacteria few
   - nitrite negative
   - leukocyte esterase negative

Which of the following therapies should be recommended?
   - A. Encourage fluids and begin norfloxacin.
   - B. Remove catheter and start fluconazole.
   - C. Alkalinize urine and start methenamine (hexamine).
   - D. Monitor resident for urinary symptoms.

7. Which of the following is a cardinal feature of neuroleptic malignant syndrome?
   - A. rigidity
   - B. thrombocytosis
   - C. hypothermia
   - D. bradycardia

8. Which of the following eye drops is most likely to exacerbate glaucoma?
   - A. gentamicin
   - B. dexamethasone
   - C. diclofenac
   - D. ciprofloxacin

9. A 78-year-old man with dementia was admitted to the hospital following increased confusion and a fall. The patient’s history includes angina, HTN, hyperlipidemia, BPH, and vascular dementia. He is currently agitated and attempting to strike the nurse. Daily medications upon admission include the following:
   - hydrochlorothiazide 25 mg
   - atenolol 50 mg
   - atorvastatin 10 mg
   - terazosin 5 mg
   - aspirin 81 mg
   - haloperidol 1 mg prn agitation

Which of the following laboratory tests should be recommended initially?
   - A. yes yes no no
   - B. yes no yes no
   - C. no no yes yes
   - D. no yes no yes
10. In reviewing medication errors for the last quarter, a Quality Improvement Committee notices a large increase in errors of similarly named medications. Which of the following is the MOST appropriate next step?

A. Investigate the source of error in the medication use process.
B. Distribute a list of sound-alike medications to the nurses.
C. Identify the nursing staff administering the medications.
D. Determine the pharmacy staff dispensing the medications.

Answer Key:

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<th>Correct Answer</th>
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<td>2C-2</td>
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SELF-ASSESSMENT EXAMINATION
CCGP offers a Self-Assessment Examination (SAE) to help candidates prepare for the Certification Examination in Geriatric Pharmacy. The SAE is available in an online, Web-based format and in paper-and-pencil, booklet format.

The SAE consists of 150 multiple-choice questions based on the current Certification Examination content outline. Candidates completing the SAE will receive total scores and a summary of strengths and weaknesses by content area. Both versions of the SAE (Web-based and paper-and-pencil) contain explanations for each correct and incorrect answer, helping you to better understand the reasoning that supports the correct therapy.

For more information about the SAE, please visit www.ccgp.org and click on the link “Self Assessment Exam.”

RECOMMENDED REFERENCES
As a credentialing body, CCGP does not provide education. However, the American Society of Consultant Pharmacists has developed a list of resource materials and links to information about geriatrics and geriatric drug therapy. We mention this resource here in case it may be useful to candidates. The link is: www.ascp.com/GeriPharm
Certification Examination in Geriatric Pharmacy
EXAMINATION APPLICATION

Applicant Status
Please indicate whether you are a NEW APPLICANT, REAPPLICANT or RECERTIFICATION Candidate for the Certification Examination in Geriatric Pharmacy:

☐ NEW APPLICANT
☐ REAPPLICANT: The last time I attempted the Certification Examination in Geriatric Pharmacy was: ______________________ (mm/dd/yyyy)
☐ RECERTIFICATION Candidate:
☐ By Examination ☐ By Continuing Education

Fees: Indicate the appropriate fee(s).

☐ New Applicant Examination Fee $600
☐ Reapplicant Examination Fee (if taken within two years) $300
☐ Recertification Candidates Fee (Examination or Continuing Education) $400
☐ Reactivation Fee $100

Method of Payment
☐ Check (payable to CCGP)
☐ Money Order (payable to CCGP)
☐ Credit Card Type:
   Please select one: ☐ VISA ☐ MasterCard
   ☐ Discover ☐ American Express

Account No.
Expiration: Mo Yr
Name as it appears on Card
Signature

Personal Information
Name: _____________________________________________________________________________________________________
(First, Middle Initial, Last, Generation)
Gender: ☐ Male ☐ Female
Former Name: (if applicable) ________________________________________________________________________________
Date of Birth: mm/dd/yy _____________________________________________________________________________________
Daytime Phone: __________________________ Evening Phone: __________________________
E-mail: __________________________________________________________________________________________________

Preferred Mailing Address
Is this address: ☐ Home ☐ Business
Address _____________________________________________________________________________________________________
Address _____________________________________________________________________________________________________
City________________________ State_____ Zip___________ Country_______________________

Special Examination Requests
☐ Special ADA Accommodation Request (please complete form and submit with your application and fees).

– over –
Demographic Information

1. Academic Degrees
   Indicate the highest academic degree(s) you have completed: Please select one
   - BS
   - PharmD
   - BS plus PharmD
   - BS plus advanced degree other than PharmD
   - PharmD plus other advanced degree
   - Other – Please Specify___________________

2. Pharmacy Experience
   Indicate the number of years you have practiced as a pharmacist: Please select one
   - less than 2 years
   - 2 years
   - 3 years
   - 4–5 years
   - 6–10 years
   - 11–19 years
   - 20–29 years
   - 30 or more

3. Geriatric Pharmacy Experience
   Indicate the number of years you have practiced geriatric pharmacy: Please select one
   - less than 1
   - at least 1 but less than 2
   - 2–3
   - 4–5
   - 6–10
   - 11 or more

4. Hours Spent in Geriatric Pharmacy
   Indicate the number of hours you spend per week in geriatric pharmacy practice: Please select one
   - none
   - 1–10
   - 11–20
   - 21–30
   - 31 or more

5. Type of Pharmacy Practice
   Indicate your type of pharmacy practice: Please select one
   - Academia
   - Community – chain (four or more stores)
   - Community – independent
   - Government (VA, DOD, HHS etc.)
   - Hospital – Community
   - Hospital – University
   - Independent practice
   - Industry
   - Long-term care pharmacy
   - Mail service pharmacy
   - Managed care pharmacy
   - Other – Specify

Computer-Based Exam
   Following processing of this Application, you will receive an email to make an appointment to undertake the Computer-Based Examination at more than 170 locations throughout the U.S., Australia, Canada and other countries.

Select Test Window:
   - January/February Exam
   - April/May Exam
   - July/August Exam
   - October/November Exam

Signature
   By submitting this application, I certify that I have read all portions of the Candidate Handbook and application. I certify that the information I have submitted in the application and the documents I have enclosed are complete and correct to the best of my knowledge and belief. I certify that I have a minimum of two years experience as a licensed pharmacist. I understand that if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed, not released or invalidated by CCGP.

Signature: __________________________________________ Date: ________________________

Complete this form and submit it to Candidate Services, CCGP, 1321 Duke Street, Alexandria, VA 22314-3563 with the required fee and a copy of your pharmacist license.
REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-related Needs on the reverse side so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

Applicant Information

Test Center ___________________________

Last Name  First Name  Middle Name

Address

City  State  Zip Code

Special Accommodations

I request special accommodations for the _____ / _____ administration of the ______________________________________ examination(s).

Month  Year

Please provide (check all that apply):

____ Reader

____ Extended testing time (time and a half)

____ Reduced distraction environment

____ Please specify below if other special accommodations are needed.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Comments: ____________________________________________________________________________________________________

_______________________________________________________________________________________________________________

_______________________________________________________________________________________________________________

PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with AMP staff my records and history as they relate to the requested accommodation.

Signature: ______________________________________________________  Date: _______________________________

Return this form with your examination application to:
Candidate Services Department, CCGP, 1321 Duke Street, Alexandria, VA 22314-3563.
If you have questions, call the Candidate Services Department at 703/535-3036.
DOCUMENTATION OF
DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to ensure that AMP is able to provide the required examination accommodations.

Professional Documentation

I have known ______________________ since _____ / _____ / ______ in my capacity as a

______________________________________________________________

Candidate Name

Date

Professional Title

The applicant discussed with me the nature of the examination administered. It is my opinion that because of this applicant’s disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability: _______________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signed: __________________________ Title: __________________________

Date: ___________________________ License # (if applicable): ______________________

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