Candidate
EXAMINATION HANDBOOK

CERTIFIED PROFESSIONAL IN
CPHQ
®
HEALTHCARE QUALITY

CPHQ Examination

Program Administered by the
Healthcare Quality Certification Commission of
the National Association for Healthcare Quality

WORLD CLASS. CERTIFIED. PROFESSIONAL.

NAHQ HQCC
NATIONAL ASSOCIATION FOR HEALTHCARE QUALITY   HEALTHCARE QUALITY CERTIFICATION COMMISSION

IT IS YOUR RESPONSIBILITY TO READ AND UNDERSTAND THE CONTENTS OF THIS HANDBOOK BEFORE APPLYING FOR THE EXAMINATION.

This Handbook contains current information about the Certified Professional in Healthcare Quality (CPHQ) certification examination developed by the Healthcare Quality Certification Commission (HQCC) as of January. It is essential that you keep it readily available for reference until you are notified of your performance on the examination. All previous versions of this Handbook are null and void.

Direct all correspondence, address changes, requests for a current Candidate Handbook, and for information about the development and administration of the CPHQ examination, certification program and recertification to

> **Certification/Recertification:**
> HQCC Headquarters
> 4700 W. Lake Avenue
> Glenview, IL 60025
>
> For general inquiries and questions about the exam or recertification: 800.966.9392
> Fax: 847.375.6320
> E-mail: info@cphq.org
> www.cphq.org

Candidates taking the examination can register for an examination online at
www.cphq.org.

Affiliation

HQCC of the National Association for Healthcare Quality (NAHQ) was formed in 1976 to advance the profession of healthcare quality through the development of a certification program. The HQCC is the certifying arm of NAHQ, a not-for-profit organization. The HQCC establishes policies, procedures and standards for certification and recertification in the field of healthcare quality. The granting of Certified Professional in Healthcare Quality (CPHQ) status by the HQCC recognizes professional and academic achievement through the individual's participation in this voluntary certification program.

Accreditation

The CPHQ certification program is fully accredited by the National Commission for Certifying Agencies (NCCA), the accrediting arm of the Institute for Credentialing Excellence (ICE), Washington, D.C.

Statement of Nondiscrimination

The certification examination is offered to all eligible candidates, regardless of age, gender, race, religion, national origin, marital status or disability. Neither NAHQ nor AMP discriminates on the basis of age, gender, race, religion, national origin, marital status or disability.

Introduction to the CPHQ Program

The purpose of certification in the healthcare quality field is to promote excellence and professionalism. The program certifies individuals who demonstrate they have acquired a body of knowledge and expertise in this field by passing a written international examination. The CPHQ designation provides the healthcare employer and the public with the assurance that certified individuals possess the necessary skills, knowledge and experience in healthcare quality to perform competently.

The high standards of the certification program are ensured by the close working relationships among NAHQ, HQCC, healthcare quality professionals, and testing experts. HQCC adheres to standards of the National Commission for Certifying Agencies (NCCA) in the development and implementation of its certification program, as well as guidelines issued by the Equal Employment Opportunity Commission (EEOC) and the *Standards for Educational and Psychological Testing* (1999) prepared by the Joint Committee on the Standards for Educational and Psychological Testing of the American Educational Research Association (AERA), the American Psychological Association (APA), and the National Council on Measurement in Education (NCME).

The certification program is not designed to determine who is qualified or who shall engage in healthcare quality activities. The goal is to promote excellence and professionalism by documenting individual performance as measured against a predetermined level of knowledge about quality. A cooperative effort by HQCC, Applied Measurement Professionals, Inc. (AMP), and practicing healthcare quality professionals has resulted in the definition of tasks significant to the practice of quality. It is these competencies that are included in the certification examination. The examination materials are developed by practicing quality professionals and HQCC.

Examination Services

NAHQ contracts with Applied Measurement Professionals, Inc. (AMP) to provide examination services. AMP processes examination applications, recertification materials, and tracking of continuing education. AMP carefully adheres to industry standards for development of practice-related, criterion-referenced examinations to assess competency and is responsible for administering the certification exam, scoring and reporting of examination results.

Questions related to the examination should be referred to

> AMP/CPHQ Exam Services
> 18000 West 105th St.
> Olathe, KS 66061-7543, USA
> 913.895.4600
> Fax 913.895.4650
> E-mail info@goAMP.com
> www.goAMP.com

Objectives of Certification

The objectives of the certification program for quality professionals are to

1. promote professional standards and improve the practice of quality

2. give special recognition to those professionals who demonstrate an acquired body of knowledge and expertise in the field through successful completion of the examination process

3. identify for employers, the public and members of allied professions individuals with acceptable knowledge of the principles and practice of healthcare quality

4. foster continuing competence and maintain the professional standard in healthcare quality through the recertification program.

Definition of the Quality Professional

The practice of quality occurs in all healthcare settings, is performed by professionals with diverse clinical and non-clinical educational and experience backgrounds, and involves the knowledge, skills and abilities needed to perform the tasks significant to practice in the CPHQ examination content outline. (Refer to the Examination Content Outline found later in this handbook.)

A Certified Professional in Healthcare Quality (CPHQ) is ...

an individual who has passed the accredited examination, demonstrating competent knowledge, skill and understanding of program development and management, quality improvement concepts, coordination of survey processes, communication and education techniques, and departmental management.

The commission's goal is to produce examinations that test generic concepts that can be applied to any healthcare setting. Candidates who pass the CPHQ examination must also understand how all of these important elements of quality, case/care/disease/utilization management and risk management, as well as data management and general management skills integrate to produce an effective and efficient system to monitor and improve care.

Certification

To become certified, each quality professional must pass the CPHQ examination. The examination is available in computer-based format at assessment centers in the United States and multiple international locations. Certified professionals are entitled to use the designation "CPHQ" after their names. Certification in quality is effective on the date you pass the examination. The credential is valid from that date through a two-year period which begins on the 1st day of January of the year following the date you pass the examination. Candidates who do not achieve a passing score or whose cycle of eligibility has expired must submit a new application and be determined eligible again for a subsequent testing cycle.

Each successful candidate will receive a certificate that is suitable for framing, identification card, CPHQ pin and recertification information approximately 6-8 weeks after completing the examination.

Recertification

Following successful completion of the certification examination, the CPHQ is required to maintain certification by fulfilling continuing education (CE) requirements, which are reviewed and established annually by HQCC. The current requirements include obtaining and maintaining documentation of thirty (30) CE hours over the two-year recertification cycle and payment of a recertification fee. All continuing education must relate to areas covered in the most current examination content outline. Current employment in the quality field is **NOT** required to maintain active CPHQ status. The process for obtaining recertification is described on the website at **www.cphq.org** and is provided to each CPHQ upon initial certification and at the beginning of each subsequent recertification cycle.

Eligibility Requirements

All candidates have complete access to the examination process. Those who aspire to excel and demonstrate their competency in the field of healthcare quality have a chance to do so and achieve certification.

After years of extensive experience in testing research and development and after observing the extraordinarily diverse backgrounds of exceptional candidates who have been successful on the examination and as CPHQs, the commission is confident that the carefully crafted CPHQ examination will differentiate between candidates who are able to demonstrate competence and those who are not. It is with this confidence that HQCC celebrates the elimination of barriers such as minimum education and/or experience requirements that are not objectively linked to success on the examination and effectiveness as a healthcare quality professional.

Each candidate must take time to assess and judge his/her own readiness to apply to take the CPHQ examination, particularly if you have not worked in the field for at least two years. A careful review of all available information about the tasks covered in the CPHQ examination content outline, the sample examination questions, reference list and any other available data is essential before you make the decision to apply for the examination.

The Examination Committee develops and writes the examination to test the knowledge, skills and abilities of effective quality professionals **who have been performing a majority of the tasks on the examination outline for two years**. The examination does **not** test at the entry level and **is not appropriate for entry-level candidates**. If you are new to healthcare quality, have worked in the field less than two years or your experience as a quality manager was **NOT** specifically related to healthcare, HQCC cautions that you may not be ready to attempt the examination. Refer to the content outline later in this handbook for detailed content information and other tools to assess your readiness.

About the Examination

The CPHQ examination is the only fully accredited, standardized measurement of the knowledge, skills and abilities expected of competent quality professionals. The examination is available in a computerized format on a daily basis at AMP Assessment Centers.

The certification examination is an objective, multiple-choice examination consisting of 140 questions. 125 of these questions are used in computing the score, as discussed later in this handbook. The following percentage guidelines are used in selecting the three types of questions that appear on each examination: 32% recall, 53% application, and 15% analysis. Recall questions test the candidate's knowledge of specific facts and concepts. Application questions require the candidate to interpret or apply information to a situation. Analysis questions test the candidate's ability to evaluate, problem solve or integrate a variety of information and/or judgment into a meaningful whole.

Pretest Questions on the Examination

In addition to the 125 scored questions, CPHQ examinations also include an additional 15 pretest questions. You will be asked to answer these questions, however, they will not be included in the scored examination result. Pretest questions will be disbursed within the examination, and you will not be able to determine which of the questions are being pretested and which will be included in your score. This is necessary to assure that candidates answer pretest questions in the same manner as they do scored questions. This allows the question to be validated as accurate and appropriate before it is included as a measure of candidate competency.

The examination content is based upon a practice analysis conducted every 3 years to ensure the content is current, practice-related and representative of the responsibilities of healthcare quality professionals. Participants in the practice analysis survey must have completed a minimum of one year working in healthcare quality, case/care/disease/utilization and/or risk management for their responses to be included in the research.

Examination Administration

Examinations are delivered by computer at over 170 AMP assessment centers located throughout the United States. The examination is administered by appointment only Monday through Friday at 9:00 a.m. and 1:30 p.m. Evening and Saturday appointments may be scheduled based on availability. Available dates will be indicated when scheduling your examination. Candidates are scheduled on a first-come, first-served basis.

International Examination Services

For information regarding the availability of international computerized assessment centers please visit the AMP website at **www.goAMP.com**. If you are an international candidate you will need to submit a completed application form and the application fee. All other rules and regulations regarding the computerized examination apply to international examination candidates. All examinations will be given in computerized format only. International candidates will not receive instant score reports. Results will be sent within 5–10 business days after completion of the examination to the candidate's address on record.

Assessment Center Locations

AMP assessment centers have been selected as CPHQ testing sites to provide accessibility to the most candidates in all states and major metropolitan areas. A current listing of AMP assessment centers, including addresses and driving directions, may be viewed at **www.cphq.org**. Specific address information will be provided when you schedule an examination appointment.

Holidays

Examinations will not be offered on the following holidays:

New Year's Day

Martin Luther King Day

Presidents' Day

Good Friday

Memorial Day

Independence Day (July 4)

Labor Day

Columbus Day

Veterans' Day

Thanksgiving Day (and the following Friday)

Christmas Eve Day

Christmas Day

New Year's Eve Day

Special Arrangements for Candidates with Disabilities

AMP complies with the Americans with Disabilities Act and strives to ensure that no individual with a disability, as defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment, is deprived of the opportunity to take the examination solely by reason of that disability. AMP will provide reasonable accommodations for candidates with disabilities. Candidates requesting special accommodations must call AMP at 888.519.9901 to schedule their examination.

1. Wheelchair access is available at all established assessment centers. Candidates must advise AMP at the time of scheduling that wheelchair access is necessary.

2. Candidates with visual, sensory, physical or learning disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements and will be reviewed by AMP.

Verification of the disability and a statement of the specific type of assistance needed **must be made in writing to AMP** at least 45 calendar days prior to your desired examination date by completing the *Request for Special Examination Accommodations* and *Documentation of Disability-Related Needs* forms. AMP will review the submitted forms and will contact you regarding the decision for accommodations.

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 am–5 pm (CST), Monday–Friday at 913.895.4637. This TDD phone option is for individuals equipped with compatible TDD machinery.

Applying for/Scheduling an Examination

1. **Online Application/Scheduling:** You may complete the application process online by visiting **www.cphq.org** and selecting "CPHQ Exam." The instructions will guide you through the application process. After the application information and credit card payment (VISA, MasterCard, American Express, and Discover) have been submitted, and you will receive an e-mail in approximately 1 week from AMP with instructions on how to schedule your exam. Upon approval, you will have 90 days to schedule and sit for the exam.

OR

2. **Check:** Complete the online application and mail your check for appropriate fees to HQCC/NAHQ. Please note that there is an additional $25 fee for payment by check.

    HQCC will process your check and within approximately 2 weeks you will receive a confirmation notice including a website address and toll-free telephone number to contact AMP to schedule an examination appointment (see following table). If eligibility cannot be confirmed, notification why the application is incomplete will be sent. If a confirmation of eligibility notice is not received within 4 weeks, contact AMP at 888.519.9901.

When you schedule your examination appointment, be prepared to confirm a location and a preferred date and time for testing. You will be asked to provide your unique identification number. When you call or go online to schedule your examination appointment, you will be notified of the time to report to the assessment center and if an e-mail address is provided you will be sent an e-mail confirmation notice.

If special accommodations are being requested, complete the Request for Special Examination Accommodations form included in this handbook and submit it to AMP at least 45 days prior to the desired examination date.

Rescheduling or Canceling an Examination

You may reschedule your appointment ONCE at no charge by calling AMP at 888.519.9901 at least 2 business days prior to your scheduled appointment. The following schedule applies.

If your examination is scheduled on...	You must call AMP by 3:00 p.m. Central Time to reschedule the Examination by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

Missed Appointments and Cancellations

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

- You cancel your examination after confirmation of eligibility is received.

- You wish to reschedule an examination but fail to contact AMP at least 2 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.

- You fail to report for an examination appointment.

A new, complete application and examination fee are required to reapply for examination.

No Refunds

Fees are nonrefundable. Declined credit cards will be subject to a $25 handling fee. A certified check or money order for the amount due, including the handling fee, must be sent to HQCC/NAHQ to cover declined credit card transactions.

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.

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 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 also be required to sign a roster for verification of identity. You MUST bring one of the following:

• driver's license with photograph

• state identification card with photograph

• passport

• military identification card with photograph.

The second form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature). If your name on these documents is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order).

Assessment Center Security

AMP administration and security standards are 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.

• Calculators are not necessary as all calculations found on the examination can be performed without the aid of a calculator. However, if you wish to do so you are permitted to bring a personal calculator and use it during the examination. The only type of calculator permitted is a simple battery-powered pocket calculator that does not have an alphanumeric keypad, and

does not have the capability to print or to store or retrieve data. You MUST present your calculator to the examination proctor for inspection PRIOR to the start of the examination. Using a calculator during the examination that has NOT been inspected may result in dismissal from the examination.

• 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 and keys 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 is suspected of doing so

- leave the assessment center during the administration

- attempt to record examination questions or make notes

- attempt to take the examination for someone else

- are observed with personal belongings

- are observed with notes, books or other aids without it being noted on the roster.

# Copyrighted Examination Questions

All examination questions are the copyrighted property of NAHQ. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject the candidate to severe civil and criminal penalties.

Practice Examination

Prior to attempting the timed examination, you will be given the opportunity to practice taking an examination on the computer. The time used for this practice examination is **NOT** counted as part of the examination time or score. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

Timed Examination

Following the practice examination, the actual examination will begin. Before beginning, instructions for taking the examination are provided on-screen.
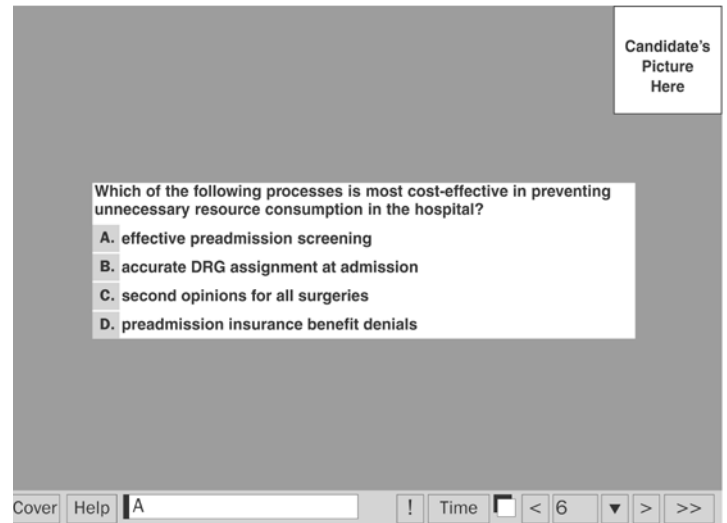
The computer monitors the time spent on the examination. You will have three hours to complete the examination. The examination will terminate if testing exceeds the time allowed. Click on the "Time" box in the lower right portion of the screen or select the Time key to monitor testing time. A digital clock indicates the time remaining 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 questions 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 an 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. To review any question, 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 using the mouse and 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 you finish the examination, you are asked to complete a short evaluation of your testing experience. Then, you are instructed to report to the examination proctor to receive your score report. Scores are reported in printed form only, in person or by U.S. mail. **To assure confidentiality, no candidate examination scores will be reported over the telephone, by electronic mail or by facsimile**. Neither HQCC nor the testing agency will release a copy of individual score reports to employers, schools or other individuals or organizations without your written authorization.

The score report you receive as you leave the assessment center will include your photograph, taken prior to the start of the examination. The score report will reflect either "pass" or "fail," followed by a raw score indicating the number of questions you answered correctly. Additional detail is provided in the form of raw scores by each of the four major content categories. This information is provided as feedback to help you understand your performance within the major content categories. Your pass/fail status is determined by your overall raw score for the entire examination. Even though the examination consists of 140 questions, your score is based on 125 scored questions. Fifteen of the questions on the examination are "pretest" questions and are not included in the final score.

Failing candidates may reapply for subsequent examinations. Candidates may test one time per 90-day period. There is no limitation on the number of times the examination may be taken.

Fees

Fees for the CPHQ examination are shown in the table that follows.

CPHQ Examination Fees		
	Nonmember Fee (in U.S. dollars)	NAHQ Member Fee (in U.S. dollars)
All Examinations:	$440 (credit card) $465 (check)	$370 (credit card) $395 (check)

If you wish to join NAHQ, contact NAHQ at 800-966-9392 or visit **www.nahq.org**.

Exam fees may be paid by credit card, personal check, or money order for the total amount, payable to HQCC/NAHQ. Checks drawn on non-United States banks must state "Payable in U.S. Dollars". Please write the name of the candidate taking the exam on the face of your check. An additional $25 charge will be added for any returned checks or rejected credit cards to cover additional handling fees and service charges imposed by the bank or credit card company. Your canceled check or credit card receipt serve to document payment for the examination.

Scores Canceled by HQCC or AMP

HQCC and AMP are responsible for the 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. HQCC and AMP are committed to rectifying such discrepancies as expeditiously as possible. Examination results may be voided if, upon investigation, violation of regulations is discovered.

Disciplinary Policy

HQCC shall undertake sanctions against applicants, candidates or individuals already awarded the CPHQ designation only in relation to failure to meet requirements for initial certification or recertification. The CPHQ certification program is a voluntary process, not required by law for employment in the field. Monitoring and evaluating actual job performance is beyond the scope of HQCC and NAHQ.

Applications may be refused, candidates may be barred from future examinations, or candidates or individuals already certified may be sanctioned, including revocation of the CPHQ designation, for the following reasons:

1. attesting to false information on the application or on recertification documents or during the random audit procedure

2. giving or receiving information to or from another candidate during the examination

3. removing or attempting to remove examination materials or information from the testing site

4. unauthorized possession and/or distribution of any official testing or examination materials

5. representing oneself falsely as a designated CPHQ.

Pass/Fail Score Determination

Neither HQCC nor AMP is not able to release or discuss individual questions with candidates following the examination. To do so would require elimination of that question from the item bank of pretested questions and deplete the number of pretested questions required to develop future versions of the examination.

The methodology used to set the minimum passing score is the Angoff method, applied during the performance of a Passing Point Study by a panel of experts in the field. The experts evaluated each question on the examination to determine how many correct answers are necessary to demonstrate the knowledge and skills required to pass this examination portion. Your ability to pass the examination depends on the knowledge and skill you display, not on the performance of other candidates.

Passing scores may vary slightly for each version of the examination. To ensure fairness to all candidates, a process of statistical equating is used. This involves selecting an appropriate mix of individual questions for each version of the examination that meet the content distribution requirements of the examination content blueprint. Because each question has been pretested, a difficulty level can be assigned. The process then considers the difficulty level of each question selected for each version of the examination, attempting to match the difficulty level of each version as closely as possible. To assure fairness, slight variations in difficulty level are addressed by adjusting the passing score up or down, depending on the overall difficulty level statistics for the group of scored questions that appear on a particular version of the examination.

If You Pass the Examination

If you pass CPHQ examination, you are entitled to use the designation *Certified Professional in Healthcare Quality* and registered acronym "CPHQ", with your name on letterheads, business cards, and all forms of address. Certification is for individuals only. The CPHQ designation may not be used to imply that an organization, association, or private firm is certified.

For U.S. candidates, HQCC will mail a congratulatory letter and information packet for each new CPHQ, which includes an identification card, certificate and a CPHQ pin. For international candidates, HQCC will e-mail a congratulatory letter and information packet for the new CPHQ. HQCC will attempt to mail the materials to the candidates's address but cannot guarantee it will reach the international CPHQ. Costs of reshipment will be the responsibility of the international CPHQ. You should **expect to receive this packet approximately one month following the end of the month within which you took and passed the examination**.

HQCC reserves the right to recognize publicly any candidate who has successfully completed a CPHQ certification examination, thereby earning the certification credential.

Replacement certificates can be purchased by sending a written request and the required $15 fee to HQCC/NAHQ. Replacement or extra CPHQ pins are available for $7. The reorder form is available at **www.cphq.org**.

Continuing Education Credit

Some organizations accept successful completion of a certification examination for continuing education (CE) credit. Check with your licensure or registration board or association for acceptance and CE credits allowed.

Refer to the "Recertification" section in this handbook for details about CE requirements to maintain CPHQ status after passing the examination.

Verification of CPHQ Status

Information on the current certification status of an individual will be provided to the public upon request. Employers who request verification of CPHQ status must provide the individual's name and CPHQ number to assure correct identification in the CPHQ database. Annually, a listing of successful candidates will be published in the program newsletter and on the CPHQ website at **www.cphq.org**.

If You Do Not Pass the Examination

If you do not pass the certification examination, you may reapply for subsequent examinations. You may test one time per 90-day period. There is no limitation on the number of times the examination may be taken. Repeat candidates must submit a new application and full examination fee. Names of candidates who do not pass the examination are confidential and are not revealed under any circumstances, except by legal compulsory process.

Appeals

Because the performance of each question on the examination that is included in the final score has been pretested, there are no appeal procedures to challenge individual examination questions, answers, or a failing score.

Actions by the commission affecting eligibility of a candidate to take the examination may be appealed. Additionally, appeals may be considered for alleged inappropriate examination administration procedures or environmental testing conditions severe enough to cause a major disruption of the examination process and which could have been avoided.

All appeals must be submitted in writing by mail to HQCC/NAHQ, attention HQCC chair, at 4700 West Lake Ave., Glenview, IL 60025, or by e-mail to info@cphq.org. Equivalency eligibility appeals must be received within thirty (30) days of the initial HQCC action. Appeals for alleged inappropriate administration procedures or severe adverse environmental testing conditions must be received within sixty (60) days of the release of examination results.

The HQCC Chair will respond within thirty (30) days of receipt of the appeal. If this decision is adverse, the candidate may file a second-level appeal within thirty (30) days. A three-member panel of HQCC will review the chair's decision and respond with a final decision within forty-five (45) days of receipt.

Duplicate Score Report

You may purchase additional copies of your score report at a cost of $25 per copy payable to HQCC/NAHQ. Requests must be submitted to HQCC, in writing, within 90 days after the examination. The request must include your name, CPHQ number, mailing address, date of examination and authorization signature. Use the form in the back of this handbook to request a duplicate score report. Duplicate score reports will be mailed approximately **five** business days after receipt of the request.

Preparation for the CPHQ Certification Examination

HQCC neither sponsors, endorses nor financially benefits from any review courses or published materials for the CPHQ certification examination. Examination questions are written from a wide variety of publications and resources in the field. Some suggested preparation for the examination might include but **should not be limited to** the following resources:

1. *Q-Solutions: Essential Resources for the Healthcare Quality Professional,* 2nd edition (NAHQ) www.nahq.org

2. The CPHQ Self Assessment Exam: This self assessment can help identity areas of strength/improvements for the CPHQ examination. www.cphq.org

3. CPHQ Review Course CD-ROM: This voice-over PowerPoint presentation is designed to help focus the study efforts of candidates planning to take the CPHQ exam and contains 5 sections that follow the exam matrix, including 2-3 practice questions with answers to help you prepare. www.nahq.org

4. The Healthcare Quality Handbook: A Professional Resource and Study Guide. Brown, Janet A. www.nahq.org.

5. *Facilitation at a Glance: Your Pocket Guide to Facilitation*. Bens, Ingrid. (2008). 2nd Ed.

6. *Measuring Quality Improvement in Healthcare: A Guide to Statistical Process Control Applications*. Carey, Raymond G. (2001).

7. *Preventing Medication Errors*. Institute of Medicine. (2007).

8. The Six Sigma Way Team Fieldbook. Pande, Peter, Neuman, Robert, & Cavanagh, Roland. 2002.

9. *Understanding Patient Safety*. Wachter, Robert, 2008.

10. *Improving Healthcare Using Toyota Lean Production Methods*. Chalice, Robert, 2007.

11. *The Quality Toolbox*, Tague, Nancy, 2005.

12. Lean Six Sigma Pocket Toolbook. George, Michael, Rowlans, David, Price, Mark & Maxey, John. 2005.

13. *The Memory Jogger™ 2,* 2nd Ed. Brassard, Michael. www.goalqpc.com

14. *A Dash through the Data! Using Data for Improvement*, an educational DVD on the basics of using data for QI by Sandra K. Murray, www.nahq.org

15. Patient Safety-Achieving a New Standard for Care: Quality Chasm Series

16. The Team Handbook-3rd Edition 2004

17. *The Lean Enterprises Memory Jogger*. Richard L. Macinnes

International Terminology Crosswalk

Candidates are encouraged to review the terms listed on page 15 which could be found on a CPHQ examination. This list includes healthcare quality terms and words that may have different meanings in different countries. For purposes of the CPHQ examination, they are considered to have the same or equivalency meaning in the context of individual examination questions.

A translation of these terms from English to Arabic, Spanish and traditional Chinese can be viewed and printed from the www.cphq.org website by clicking on "International." The translation is provided as an aid to candidates for whom English is not their primary language. These candidates may find it helpful to familiarize themselves with the list and translation prior to taking the examination.

The CPHQ Examination Committee uses this terminology crosswalk as a reference when reviewing and approving questions for the examination. They may decide to include both or several words that have a similar meaning in the context of an individual question, separated by a "slash" mark, to help candidates understand the question and/or answer choices.

Terminology Crosswalk of Terms

- administrator = leader or facility (hospital) director
- aggregate = summarize (usually referring to data)
- ambulatory care unit = outpatient care unit
- appointment = initial acceptance for membership in a healthcare service, such as a medical staff or medical group
- behavioral health = behavioral/mental health
- capitation = capitated = predetermined or pre-negotiated fee
- case management = case/care/disease management
- case mix = patient groupings
- CEO = chief executive officer (CEO)
- charter = start = assign
- clinical pathways = clinical/critical pathways/guidelines
- compensable = payable
- CQI = continuous quality improvement (CQI)
- credentialing = initial evaluation of credentials or initial credentialing process
- credentials = qualifications (e.g., licenses, certifications, education, experience)

- delinquency rate = non completion rate (usually referring to medical records)
- deploy = implement = start = initiate
- DRG = the diagnosis related group (a method of categorizing illnesses for purposes of payment or statistical analysis)
- ED = emergency department (ED)
- equipment = device = supplies
- FTE = full time equivalent = full time employee
- generic screening = concurrent screening
- governing body = board of directors = board of trustees
- H&P = history and physical
- healthcare organization = healthcare entity
- HMO = health maintenance organization
- legal standard = requirement of law
- LOS = length of stay (LOS)
- managed care setting = a facility with managed care contracts
- "Meals on Wheels" = meals in home
- member = patient, in the context of a managed care program
- modality = type of service
- pathway = pathway/guideline
- performance improvement = quality improvement
- proctor = mentor = coach = supervise = observe
- providers/practitioners = physicians or other licensed independent practitioners
- quality council = steering council = QM committee
- reappointment = renewal of membership in a healthcare service, such as a medical staff or medical group
- reappraisal = re-evaluate competency = periodic competency review
- recredentialing = periodic re-evaluation and renewing of credentials
- senior management = directors = administrators
- sentinel event = sentinel/unexpected event
- severity = mental or physical dependency = acuity
- sues = takes legal action against
- third party payor = payer = insurance company
- transcriptionist = secretary = typist
- unit = unit/ward/floor
- workers compensation = injured workers
- "written off" = erased = waived (usually referring to a financial obligation)

CPHQ Examination Content Outline

The content validity of the CPHQ examination is based on a practice analysis which surveyed healthcare quality professionals on the tasks they perform. Each question on the examination is linked directly to one of the tasks listed below. In other words, each question is designed to test if the candidate possesses the knowledge necessary to perform the task and/or has the ability to apply it to a job situation.

Each of the tasks below was rated as significant to practice by healthcare quality professionals who responded to the survey. One decision rule used by the exam committee required that a task be significant to practice in the major types and sizes of healthcare facilities, including those employed in managed care. Thus the examination content is valid for this segment of healthcare quality professionals as well as those employed in hospital, clinic, home care, behavioral/mental health or other care settings.

The following list of tasks is those which form the content outline of the CPHQ examination and to which the examination questions are linked:

1. **Management and Leadership (21 items)**
   A. **Strategic**
      1. Facilitate development of leadership values and commitment to quality
      2. Facilitate program/project development and evaluation (e.g., enterprise risk management, patient safety, infection prevention and control, new service lines)
      3. Facilitate assessment, development, and design of the organization's quality culture
      4. Facilitate or participate in organization-wide strategic planning
      5. Link performance/quality improvement activities with strategic goals
      6. Identify customer/supplier relationships (internal and external)
      7. Facilitate or participate in developing an organizational vision and mission statement
      8. Identify performance measures/key performance/quality indicators (e.g., balanced scorecards, dashboards)
      9. Participate in the integration of environmental safety programs within the organization (e.g., air quality, infection control practices, building, hazardous waste)
      10. Determine applicability of performance improvement models (e.g., PDCA, Six Sigma, Lean)
      11. Facilitate evaluation and/or selection of appropriate accreditation or recognition program(s) (e.g., The Joint Commission (TJC), Magnet, Baldrige, Det Norske Veritas (DNV), American Osteopathic Association (AOA), Healthcare Facility Accreditation Program (HFAP))
      12. Demonstrate financial benefits of a quality program

      13. Lead and facilitate change within the organization
      14. Integrate the results of the performance/quality improvement process into strategic planning for the organization
   B. **Operational**
      1. Facilitate establishment of a performance/quality improvement oversight group (e.g., Quality Council, Steering Council, QM Committee, Patient Safety Committee)
      2. Identify champions (e.g., stakeholders, process owners, quality, patient safety)
      3. Communicate organizational values and commitment to staff
      4. Interact with external quality consultants (i.e., subject matter experts)
      5. Coordinate survey processes (i.e., accreditation, licensure, or equivalent)

2. **Information Management (31 items)**
   A. **Design and Data Collection**
      1. Maintain confidentiality of performance/quality improvement records and reports
      2. Organize information for committee meetings (e.g., agendas, reports, minutes)
      3. Use epidemiological principles in data collection and analysis
      4. Assess customer needs/expectations (e.g., surveys, focus groups, teams) to ensure the voice of the customer is heard
      5. Perform or coordinate data inventory listing activities (i.e., availability of data from various sources)
      6. Perform or coordinate data definition activities
      7. Perform or coordinate data collection methodology (e.g., qualitative, quantitative)
   B. **Measurement and Analysis**
      1. Facilitate the use of process analysis tools to display data (e.g., fishbone, Pareto chart, run chart, scattergram, control chart)
      2. Use basic statistical techniques to present data (e.g., mean, standard deviation)
      3. Use or coordinate the use of statistical process control components (e.g., common and special cause variation, random variation, trend analysis)
      4. Interpret data to support decision making (e.g., benchmarking, outcome data)
   C. **Communication**
      1. Interact with staff regarding quality issues (e.g., patient issues, service delivery, human resources)
      2. Compile and write performance/quality improvement reports
      3. Coordinate and promote the dissemination of performance/quality improvement information within the organization
      4. Participate in public reporting activities (e.g.,

organizational transparency, website content, ensuring accuracy)
   5. Facilitate communication with accrediting and regulatory bodies

3. **Performance/Quality Measurement and Improvement (45 items)**

   A. **Planning**
      1. Facilitate establishment of priorities for performance/quality improvement activities
      2. Facilitate development of performance/quality improvement action plans and projects
      3. Facilitate program development, evaluation, planning, projects, and activities
      4. Facilitate development or selection of process and outcome measures
      5. Facilitate evaluation/selection of evidence-based practice guidelines (e.g., for standing orders or as guidelines for physician ordering practice)
      6. Facilitate or participate in the development of clinical/critical pathways or guidelines
      7. Aid in evaluating the readiness to apply for external quality awards
      8. Aid in evaluating survey readiness for accrediting and regulatory bodies

   B. **Implementation and Evaluation**
      1. Participate on performance/quality improvement teams (i.e., as a coordinator or team member/leader/facilitator)
      2. Evaluate team performance
      3. Facilitate or participate in the credentialing and privileging process (e.g.,
Focused Professional Practitioner Evaluation (FPPE), Ongoing Professional Practitioner Evaluation (OPPE))
      4. Coordinate or participate in quality improvement projects
      5. Participate in the process of organizational reviews or audits for:
         a. safe medicine practices (medication usage evaluation)
         b. medical records
         c. mortality and morbidity review
         d. infection prevention and control processes
         e. peer review
         f. patient advocacy (e.g., patient rights, ethics)
         g. service quality (e.g., satisfaction results, complaints, employees)
      6. Facilitate or participate in the process of departmental reviews (e.g., pathology, radiology, pharmacy, nursing)
      7. Perform or coordinate risk management:
         a. risk identification
         b. risk analysis and evaluation

         c. risk prevention

   C. **Education and Training**
      1. Design organizational performance/quality improvement training (e.g., quality, patient safety)
      2. Provide training on performance/quality improvement, program development, and evaluation concepts
      3. Evaluate effectiveness of performance/quality improvement training
      4. Develop/provide survey preparation training (e.g., accreditation, licensure, or equivalent)

4. **Patient Safety (28 items)**

   A. **Strategic**
      1. Facilitate assessment and development of the organization's patient safety culture
      2. Identify applicability of external patient safety initiatives (e.g., regulatory, accreditation, WHO)
      3. Facilitate the ongoing development and enhancement of a patient safety program
      4. Link patient safety activities with strategic goals
      5. Integrate patient safety concepts within the organization

   B. **Operational**
      1. Contribute to development and revision of a written plan for a patient safety program
      2. Determine how technology can enhance the patient safety program (e.g., CPOE, BCMA/barcoding, EMR, abduction/elopement security systems, human factors engineering)
      3. Integrate patient safety initiatives into organizational activities
      4. Participate in the process of patient safety goals review
      5. Perform or coordinate risk management
         a. incident report review
         b. sentinel/unexpected event review
         c. root cause analysis
         d. failure mode and effects analysis

   125 TOTAL ITEMS

Note: Approximately 26 percent of the items will require recall on the part of the candidate, 54 percent will require application of knowledge, and 20 percent will require analysis. All examination forms will include 15 unscored pretest items.

Additional Sample Questions with Performance Detail

The following 10 questions have been removed from active use from the CPHQ examination item pool that is established, maintained and owned by HQCC. The purpose of releasing these questions is to provide information that could assist prospective candidates to prepare for the examination and to further their understanding of the examination process.

These questions attempt to provide examples that represent a range of content and difficulty that would be typical of an actual examination. However, this small number of sample questions does not provide a complete depiction of the overall diversity that candidates should expect to encounter on an actual examination form.

Following each question is the correct response (key), the cognitive level (Cog) required for a response, the linkage to the current test content outline (TCO), and a description of other relevant question characteristics and notes about the history of the question, where applicable. Additional information about the CPHQ examination and certification program is available from a variety of other sources. These sources include but are not limited to other sections in this handbook, www.cphq.org, and course work offered by NAHQ or other educational providers independently from and without endorsement by HQCC.

Abbreviations used in the sample questions below are defined as

Key = the letter of the correct answer.

Cog = cognitive level required for a response (recall, application or analysis).

TCO = task on the test content outline to which the question is linked.

1. The primary benefit of adopting a countrywide or global uniform set of discharge data is to

    A. facilitate computerization of data.
    B. validate data being collected from other sources.
    C. facilitate collection of comparable health information.
    D. assist medical records personnel in collecting internal data.

    Key: C   Cog: Application
    TCO: IIA7

2. In order to perform a task for which one is held accountable, there must be an equal balance between responsibility and

    A. authority.
    B. education.
    C. delegation.
    D. specialization.

    Key: A   Cog: Recall
    TCO: IA10

3. A patient was in the operating room when a piece of a surgical instrument broke off and was left in the patient's body. The patient was readmitted for removal of the foreign object. Which of the following would most likely apply in this situation?

    A. res ipsa loquitur
    B. contributory negligence
    C. contractual liability
    D. tort liability

          Key: A   Cog: Application
          TCO: IVB9b

4. Which of the following types of budgets itemizes the major equipment to be purchased in the next year?

    A. capital
    B. variable
    C. operating
    D. fixed

          Key: A   Cog: Recall
          TCO: IB11

5. A quality professional needs to assign a staff member to assist a medical director in the development of a quality program for a newly established service. Which of the following staff members is MOST appropriate for this project?

    A. a newly hired staff member who has demonstrated competence and has time to complete the task
    B. a knowledgeable staff member who works best on defined tasks
    C. a motivated staff member who is actively seeking promotion
    D. a competent staff member who has good interpersonal skills

          Key: D   Cog: Application
          TCO: IIIB6

6. A surgeon's wound infection rate is 32%. Further examination of which of the following data will provide the MOST useful information in determining the cause of this surgeon's infection rate?

    A. mortality rate
    B. facility infection rate
    C. use of prophylactic antibiotics
    D. type of anesthesia used

          Key: C   Cog: Application
          TCO: IIIB7e

7. Pharmacy and Nursing are having difficulty developing an action plan for medication errors. Pharmacy Services states that Nursing Services causes the majority of the problems related to errors, while Nursing Services states the opposite. The quality professional's role in resolving this problem is to

    A. provide them with directives on how to solve the problem.
    B. facilitate discussion between the groups to enable them to assume ownership of their portions of the problem.
    C. assign the task to an uninvolved manager.
    D. refer the problem to the facilitywide quality council.

          Key: B   Cog: Application
          TCO: IIIC2

8. Which of the following is MOST likely to be a benefit of concurrent ambulatory surgical case review?

   A. decreased medical record review at discharge
   B. an increase in the number of cases failing screening criteria
   C. an increase in reviewer competence
   D. decreased medical record requests

   > Key: A   Cog: Application
   > TCO: IIA6

9. A well-designed patient safety program should include all of the following EXCEPT

   A. an annual patient safety committee meeting.
   B. planned response to adverse events.
   C. orientation and continuing education on patient safety issues.
   D. review of patient safety policies and procedures for all departments.

   > Key: A   Cog: Recall
   > TCO: IVA3

10. Discharge planners regularly monitor the number of inappropriate referrals, the timeliness of discharge planning, and the number of days of discharge delays. What additional monitor should be added to evaluate the appropriateness of discharge planning interventions?

   A. adequacy of documentation in progress notes
   B. attainment of discharge planning goals
   C. timeliness of referrals to discharge planning
   D. number of discharge planning referrals from nursing

   > Answer: B   Cog: Analysis
   > TCO: IIIB7

11. A primary purpose of an information management system is to allow an organization to

   A. save time.
   B. centralize demographics.
   C. reduce cost.
   D. evaluate data.

   > Answer: D   Cog: Recall
   > TCO: IIA9

12. Which part of a job description should be used in a criteria-based performance evaluation?

   A. salary grade
   B. duties and responsibilities
   C. working conditions
   D. qualifications

   > Answer: B   Cog: Application
   > TCO: IIID6

13. Which of the following monitors provides patient outcome information?

    A. healthcare-acquired infection rate
    B. nursing care documentation compliance
    C. antibiotic therapy discontinuation compliance
    D. equipment malfunction rate

        Answer: A   Cog: Application
        TCO: IIIA3

14. One major difference between traditional quality assurance (QA) and quality improvement (QI) is that QI

    A. stresses peer review, while QA focuses on the customer.
    B. focuses on individuals, while QA focuses on team synergy.
    C. stresses team management, while QA stresses team collaboration.
    D. focuses on the process, while QA focuses on individual performance.

        Answer: D   Cog: Application
        TCO: IIIB6

CPHQ Examination Blueprint Matrix

Content Category	% of exam	# of questions	# of questions in each of the three cognitive levels on the exam		
			Recall	Application	Analysis
1. Management and Leadership	22%	21	8	17	3
2. Information Management	24%	31	9	14	7
3. Performance Measurement and Improvement	38%	45	18	21	8
4. Patient Safety	16%	28	5	11	4
Total	**100%**	**125**	**40**	**63**	**22**
% of Total		**100%**	**32%**	**50%**	**18%**

Instructions for Completing the CPHQ Examination Application

1. Visit www.cphq.org.

2. Click on "CPHQ Certification Examination."

3. Click on "Apply for the Exam."

4. You will be directed to a login screen. If you are a NAHQ member, please use your SSO login information to sign in. If you are not a NAHQ member, please create your login information.

5. Click on "Apply for Certification."

6. You will see two tabs at the top of your page. A red tab means the tab is incomplete. A green tab means that the tab is complete.

7. Please complete the information that is required. Note that you will have 90 days to schedule and sit for the examination.

**Apply online at <u>www.cphq.org</u> or mail the completed online application
with payment of appropriate fee (checks payable to HQCC/NAHQ) to:**

HQCC Headquarters
4700 W. Lake Avenue
Glenview, IL 60025

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 examination accommodations can be processed efficiently. The information you provide and any documentation regarding your disability and your need for examination accommodations will be treated with strict confidentiality.

Candidate Information

Social Security # _____ – _____ – _____

_____
Name (Last, First, Middle Initial, Former Name)

_____
Mailing Address

_____

_____
City   State   Zip Code

_____
Daytime Telephone Number

Special Accommodations

I request special accommodations for the _____ examination.

Please provide (check all that apply):

      _____ Reader

      _____ Extended examination 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 and fee to:

AMP/CPHQ Exam Services, 18000 West 105th St., Olathe, KS 66061-7543.

If you have questions, call the Examination Services Department at 913.895.4600.

ZAMP™

Documentation of Disability-Related Needs

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

Professional Documentation

I have known _____ since _____ / _____ / _____ in my capacity
Candidate Name Date

_____ .
Professional Title

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

Description of Disability:_____

_____

_____

_____

_____

Signed: _____ **Title:**_____

Printed Name:_____

Address: _____

_____

Telephone Number: _____

Date: _____ **License # (if applicable):** _____

Return this form with your examination application and fee to:
AMP/CPHQ Exam Services, 18000 West 105th St., Olathe, KS 66061-7543.
If you have questions, call the Examination Services Department at 913.895.4600.

Request for Duplicate CPHQ Examination Score Report

Directions: You may use this form to ask AMP, the testing agency, to send you a duplicate copy of your score report. This request must be postmarked no later than 90 days after the examination administration. Proper fees and information must be included with the request. Please print or type all information in the form below. Be sure to provide all information and include the correct fee, or the request will be returned.

Fees: $25 U.S. Dollars per copy. Please enclose a check or money order payable in U.S. Dollars to AMP. Do not send cash. Write your test identification number on the face of your payment.

Mail to: AMP/CPHQ Exam Services   Amount enclosed: $_____
18000 West 105th St.
Olathe, KS 66061-7543, USA   Examination Date: _____

Print your current name and address:

Name_____ Candidate ID _____

Street _____

City_____ State/Prov. _____ Zip/Postal Code _____

Country_____

Daytime Telephone (_____) _____ Fax (_____) _____

E-mail _____

If the above information was different at the time you were tested, please write the original information below:

Name_____ Candidate ID or Social Security Number_____

Street _____

City_____ State/Prov. _____ Zip/Postal Code _____

Country_____

Daytime Telephone (_____) _____ Fax (_____) _____

E-mail _____

Examination Date _____ Test Site _____

I hereby request AMP to send a duplicate copy of my score report to the first address shown above.

_____
Candidate's Signature   Date

Request to Change Mailing or E-mail Address

All address and e-mail changes must be submitted in writing, either by mail or facsimile, including an authorization signature and candidate ID number.

You may use this form to request that HQCC enter a change of address, including e-mail address, into our database once you have registered for the examination. To protect your confidential record and assure that no unauthorized person is able to alter your record, we require that all address changes be submitted in writing and include your authorizing signature.

HQCC will forward your address change to the testing agency AMP. If you have questions, please contact HQCC at 800.966.9392 or info@cphq.org.

Mail or fax your request to: HQCC
4700 W. Lake Avenue
Glenview, IL 60025, USA
Fax 847.375.6490

Print your NEW name and address (use of home address recommended):

Name_____ Candidate ID _____

Street _____

City_____ State/Prov. _____ Zip/Postal Code_____

Country_____

Work Telephone (_____) _____ Home Telephone (_____) _____

E-mail _____

Print your **OLD** information as it appeared on your application form:

Name_____ (if different from above)

Street _____

City_____ State/Prov. _____ Zip/Postal Code_____

Country_____

Daytime Telephone (_____) _____ Fax (_____) _____

E-mail _____

Examination Date _____ Test Site _____

I hereby authorize HQCC and AMP to change my address in the examination database as shown above.

_____
Candidate signature   Date