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

Certification Board for Professionals in Patient Safety  
268 Summer Street, 6th Floor  
Boston, MA 02210  
Voice: 617-391-9927  
Fax: 617-391-9999  
Email: info@cbpps.org  
Website: www.CBPPS.org

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

Applied Measurement Professionals, Inc.  
18000 W. 105th St.  
Olathe, KS 66061-7543  
Phone: 888-519-9901  
Fax: 913-895-4650  
Website: www.goAMP.com

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ABOUT THE EXAMINATION
The Certified Professional in Patient Safety (CPPS) credential distinguishes health care professionals who meet the competency requirements in the areas of patient safety science and human factors engineering, and who demonstrate the ability to apply this knowledge to effectively plan and implement patient safety initiatives. Candidates may include patient safety professionals, clinicians, non-clinical health care workers, executives, and other professionals with the requisite background.

The certification exam is a rigorous and comprehensive credentialing process consisting of 110 questions, 100 of which are scored. The other 10 are pretest questions. You will be asked to answer these questions, but they will not be factored into your scored examination result. These pretest questions are dispersed within the examination and are not marked in any way. This ensures candidates answer pretest questions in the same manner as scored questions, allowing the pretest questions to be validated as accurate and appropriate before being included as a measure of candidate competency.

There are three types of questions on the exam:

• Recall: The ability to recall or recognize specific information
• Application: The ability to comprehend, relate or apply knowledge to new or changing situations
• Analysis: The ability to analyze and synthesize information, determine solutions and/or evaluate the usefulness of a solution

Only 2% of the exam questions are categorized as recall. The rest are divided between application and analysis.

The examination is available in a computerized format on a daily basis at AMP Assessment Centers across the United States and internationally.

TESTING AGENCY
Applied Measurement Professionals, Inc. (AMP) is engaged in educational and occupational measurement and provides examination development and administration to a variety of client organizations. AMP assists the Certification Board for Professionals in Patient Safety (CBPPS) in the development, administration, scoring and analysis of the Certified Professional in Patient Safety (CPPS) examination. AMP, located in the greater Kansas City area, is a leading provider of licensing and certification examinations for professional organizations.

NONDISCRIMINATION POLICY
AMP does not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability, marital status or any other protected characteristic.

EXAMINATION ADMINISTRATION
Examinations are delivered by computer at more than 190 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. 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 rules and regulations regarding the computerized examination apply to international examinations. Examinations will be given in computerized format only. International candidates will not receive instant score reports. Results will be sent within two business days after completion of the examination to the candidate’s address of record.

ASSESSMENT CENTER LOCATIONS
AMP Assessment Centers have been selected 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 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
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 form. 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 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 FEES**

<table>
<thead>
<tr>
<th>American Society of Professionals in Patient Safety Members:</th>
<th>$295*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-members:</td>
<td>$400*</td>
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Payment may be made by credit card (VISA, MasterCard, American Express, or Discover), cashier’s check, company check, or money order made payable to AMP. Personal checks are not accepted. Examination registration fees are not refundable or transferrable and expire in one year.

Credit card transactions that are declined will be subject to a $25 handling fee. A cashier’s check or money order for the amount due, including the handling fee, must be sent to AMP to cover declined credit card transactions.

* International candidates, please add $100 (U.S. dollars) for international examination fee.

**REGISTERING FOR AN EXAMINATION**

1. **Online:** You may register online by going to [www.goAMP.com](http://www.goAMP.com) and selecting “Schedule/Apply for an Exam.” The computer will guide you through the process. After your application information and credit card payment (VISA, MasterCard, American Express, or Discover) have been submitted, you will be prompted to schedule an examination appointment or to supply additional eligibility information.

2. **Paper:** Complete and mail the paper application included in this handbook with appropriate fee (credit card, cashier’s check or money order). An application is considered complete only if all information requested is complete, legible and accurate; if you are eligible for the examination; and if the appropriate fee accompanies the application.

Approximately two weeks after receipt, AMP will send you a confirmation notice including a unique identification number, a website address and toll-free telephone number to schedule an examination appointment (see following table). If your eligibility cannot be confirmed, notification why your application is incomplete will be sent. If you do not receive information about your application within 4 weeks, call AMP at 888-519-9901.

<table>
<thead>
<tr>
<th>If you contact AMP by 3:00 p.m. Central Time on...</th>
<th>Depending on availability, your examination may be scheduled as early as...</th>
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<tr>
<td>Monday</td>
<td>Wednesday</td>
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<tr>
<td>Tuesday</td>
<td>Thursday</td>
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<td>Wednesday</td>
<td>Friday/Saturday</td>
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<tr>
<td>Thursday</td>
<td>Monday</td>
</tr>
<tr>
<td>Friday</td>
<td>Tuesday</td>
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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 email address is provided you will be sent an email 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.
PREPARING FOR THE EXAMINATION

The method of preparation and amount of time spent preparing for the examination can be driven by the candidate’s study preferences, level of professional and relevant experience, or academic background. Some methods of preparation may include, but are not limited to:

Review of the Content Outline and Resource List

Review the content categories and related tasks. Identify and focus review on tasks that you do not perform regularly or with which you are less familiar.

Review the resource list curated by The Expert Oversight Committee and other subject matter experts. Identify and focus review on resources that cover content areas with which you are less familiar.

Remember that most questions in the CPPS Examination are job-related/experience-based and test the application and analysis of information rather than just the recall of facts.

Both the CPPS Examination Content Outline and Resource List can be found at www.cbpps.org.

Complete the Self-Assessment Examination (SAE)

A Self-Assessment Examination (SAE) or practice exam is an online tool created by the CBPPS to simulate the CPPS Examination. The SAE is available for purchase at http://store.lxr.com/dept.aspx?id=127.

The 50-question online practice exam was developed using the same procedures as the examination, and conforms to examination specifications in content, cognitive levels, format, and difficulty. Feedback reports from the SAE show performance by domain and can be helpful in directing study and use of resources. The questions presented in the SAE are different from the questions contained on the certification examination.

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.

<table>
<thead>
<tr>
<th>If the examination is scheduled on...</th>
<th>AMP must be contacted by 3:00 p.m. Central Time to reschedule the examination by the previous...</th>
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<td>Monday</td>
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<td>Monday</td>
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<tr>
<td>Friday/Saturday</td>
<td>Tuesday</td>
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MISSED APPOINTMENTS AND CANCELLATIONS

You will forfeit your examination registration and all fees paid to take the examination under the following circumstances. A new, complete application and examination fee are required to reapply for examination.

- You cancel your examination after confirmation of eligibility is received.
- You wish to reschedule an examination but fail to contact AMP at least two 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.

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. Once you arrive at the location, 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. The primary form must be government issued, current and include your name, signature and photograph. No form of temporary identification will be accepted. You will also be required to sign a roster for verification of identity.

- Examples of valid primary forms of identification are: driver’s license with photograph; state identification card with photograph; passport; military identification card with photograph.

- The secondary 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 your registration 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).

Candidates 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 examination fees.

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, pagers or cellular/smart phones are allowed in the testing room. Possession of a cellular/smart phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.

- Only silent, nonprogrammable calculators without alpha keys or printing capabilities are allowed in the testing room if needed.

- 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. Large coats and jackets 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. The proctor will lock the soft locker prior to you entering 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
- wallets
- keys

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

If any personal items are observed or heard (e.g., cellular/smart phones, alarms) in the testing room after the examination is started, you will be dismissed and 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. 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/smart phones;
• 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;
• attempt to take the examination for someone else;
• are observed with personal belongings; or
• are observed with notes, books or other aids without it being noted on the roster.

COPYRIGHTED EXAMINATION QUESTIONS
All examination questions are copyrighted. 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 you to severe civil and criminal penalties.

COMPUTER LOGIN
After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on screen to enter your unique identification number. You will take your photograph which will remain on screen throughout your examination session. This photograph will also print on your score report.

PRACTICE EXAMINATION
Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score.

When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

If you wish to see and practice navigating within the computer-based testing environment before your examination date, a free online computer-based testing tutorial is available. Go to the LXR Store at http://store.lxr.com and follow the instructions to access a Sample Web Test.

TIMED EXAMINATION
Following the practice examination, you will begin the timed examination. There are 100 items plus 10 pretest items on the examination. You will have 2 hours to complete the examination. Before beginning, instructions for taking the examination are provided on screen.

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 menu bar on the screen 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 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 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. 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 to advance to the next unanswered or bookmarked question.
on the examination. To identify all unanswered and book-
marked questions, repeatedly click on the hand icon. 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 exclama-
tion 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 an examination completion report.

SCORES CANCELLED BY THE CLIENT
OR AMP
AMP is 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. CBPPS and AMP reserve the right to
void or withhold examination results if, upon investigation,
violation of its regulations is discovered.

PASS/FAIL SCORE DETERMINATION
CBPPS uses a criterion-referenced methodology in scor-
ing the certification examination. With this type of scoring
methodology, there is no “curve,” and candidates do not
compete against one another. Instead, candidate perfor-
ance is compared to the criterion of acceptable practice
of a qualified patient safety professional. The passing score
for the examination is determined by using a process known
as the Angoff method, in which experts in the field estimate
the difficulty of each item on the examination for the mini-
mally qualified candidate. These judgments are averaged to
determine the minimum passing score, which represents the
amount of knowledge a minimally qualified candidate would
likely demonstrate on the examination. A statistical process
called equating is used to adjust for the slight variations in
difficulty that can occur among multiple test forms (versions
of the examination). These steps help ensure that all candi-
dates are held to the same standard of performance.

Scaled scores are reported to emphasize that although dif-
ferent forms of the examination may have slight differences
in difficulty, the passing score for an examination is based on
a consistent level of performance. Scaled scores are com-
puted by setting the raw passing score equal to the scaled
score required to pass. The scaled score is not the same
as a percentage. The raw passing score may vary slightly
between forms, depending on the difficulty of the items on
the form; however, the scaled score required to pass (and the
level of knowledge required to pass) does not change. This
process is used to ensure fairness to all candidates.

IF YOU PASS THE EXAMINATION
If you pass the examination, you will be able to use the CPPS
designation to indicate certification status. Recertification will
be required every three years.

IF YOU DO NOT PASS THE EXAMINATION
Unsuccessful candidates who wish to retake the examination
must wait 30 days before reapplying to AMP and remit all
applicable fees and documentation.

FAILING TO REPORT FOR AN
EXAMINATION
If you fail to report for an examination, you will forfeit the
registration and all fees paid to take the examination. A
completed application form and examination fee is required
to reapply for examination.

CONFIDENTIALITY
Information about candidates for testing and their examina-
tion results are considered confidential. Studies and reports
concerning candidates will contain no information identifi-
able with any candidate, unless authorized by the candidate.

DUPLICATE SCORE REPORT
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, unique identi-
fication 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.


**RECERTIFICATION**

Following successful completion of the CPPS examination, the certificant is required to maintain certification by fulfilling continuing education (CE) requirements, or through successful retest.

Recertification cycle: 3 years

CE requirement: 45 hours total

Accepted types of CE:

- All CE that follows the CPPS content outline is accepted.
- CE options include: education programs, self-study, CPPS item writing, academic coursework, and more.

For detailing recertification guidelines and forms visit www.cbpps.org.
CERTIFIED PROFESSIONAL IN PATIENT SAFETY (CPPS)
EXAMINATION APPLICATION

This form is to be used for exams given at established AMP Assessment Centers only

To apply for the CPPS examination, complete this application and return it with the examination fee to:
Applied Measurement Professionals, Inc. • CPPS Examination • 18000 W. 105th St. • Olathe, KS 66061-7543
Fax: 913-895-4650

PERSONAL INFORMATION

Name: First_________________________________________ MI ____________ Last ___________________________________________

Title: ____________________________________________________________________________________________________________

Organization: _____________________________________________________________________________________________________

Date of Birth: _____________________________________________________________________________________________________

Address:  _________________________________________________________________________________________________________

State:______________________________________ Zip: ___________________ Country: ______________________________________

Email: ____________________________________________________________ Phone:  _______________________________________

ELIGIBILITY FOR EXAMINATION

Patient safety practices as an integral component of current or future professional responsibilities, in addition to:

☐ Baccalaureate degree or higher plus 3 years of experience (includes time spent in clinical rotations and residency programs) in a
health care setting or with a provider of services to the health care industry

☐ Associate degree or equivalent plus 5 years of experience (includes time spent in clinical rotations) in a health care setting or with
a provider of services to the health care industry

APPLICATION STATUS

☐ I am applying as a new candidate.

☐ I am applying as a reapplicant. – Candidates are required to wait 30 days between attempts of the examination.

MEMBERSHIP STATUS AND EXAMINATION FEE

Membership Status

To be eligible for the reduced CPPS examination fee, a candidate must be a current member of American Society of Professionals in Patient Safety (ASPPS).

For information on joining ASPPS, visit the ASPPS website at www.npsf.org. Membership must be obtained before application for examination at the reduced fee can be honored.

Enter your membership number: ________________________

If your membership cannot be verified, you will be billed for the difference in examination fee.

Examination Fee

Payment may be made by credit card, company check, cashier’s check or money order made payable to AMP. Personal checks are not accepted.

☐ ASPPS Member . . . . . . . $295 (U.S. dollars)*
☐ Non-member: . . . . . . . $400 (U.S. dollars)*
*International candidates, add $100 (U.S. dollars) for international fee.

If payment is made by credit card, complete the following:

☐ VISA ☐ MasterCard ☐ American Express
☐ Discover

Credit Card Number

Expiry Date

Your Name as it Appears on the Card

SPECIAL ACCOMMODATIONS

Do you require special disability related accommodations during testing?

☐ No ☐ Yes

If yes, please complete the Request for Special Examination Accommodations form included with this handbook and submit it with an application and fee at least 45 days prior to the desired testing date. Specific information about special accommodations is provided in the handbook.
DEMOGRAPHIC INFORMATION

Responses to these questions will be used by CPPS only in the aggregate to evaluate the CPPS Certification Program. (Select only one response unless directed otherwise.)

1. Please Indicate:
   - [ ] Male
   - [ ] Female

2. Indicate years in the health care industry:
   - [ ] 3-5 years
   - [ ] 6-10 years
   - [ ] 11-15 years
   - [ ] 16-20 years
   - [ ] 21-30 years
   - [ ] 30+ years

3. Which of the following best describes your organization?
   - [ ] Academic Medical Center
   - [ ] Ambulatory Care Facility
   - [ ] Consulting Practice
   - [ ] Group Practice
   - [ ] Health Care Association/Society
   - [ ] Health Care Solutions Provider/Supplier/Manufacturer
   - [ ] Health Plan
   - [ ] Hospital/Health System
   - [ ] Military Health Care Facility
   - [ ] Physician Office
   - [ ] Other Health Care Organization
   - [ ] Other_______________________

4. Which of the following best describes the approximate size of your organization (Full Time Employees)?
   - [ ] 1-100
   - [ ] 101-250
   - [ ] 251-500
   - [ ] 501-1,000
   - [ ] 1,001-5,000
   - [ ] More than 5,000
   - [ ] Not Applicable

5. Which of the following best describes your discipline?
   - [ ] Administration
   - [ ] Education
   - [ ] Environmental Services
   - [ ] Finance/Business
   - [ ] Governance/Regulatory Services
   - [ ] Health Information Management
   - [ ] Human Resources
   - [ ] Information Technology
   - [ ] Medicine
   - [ ] Nursing
   - [ ] Patient Care Services
   - [ ] Patient Safety
   - [ ] Pharmacy
   - [ ] Physical Therapy
   - [ ] Quality Management
   - [ ] Rehabilitation Services
   - [ ] Respiratory Therapy
   - [ ] Risk Management
   - [ ] Social Work/Case Management
   - [ ] Supply Chain Management
   - [ ] Other_______________________

6. Which of the following best describes your job category?
   - [ ] Administrator
   - [ ] Analyst
   - [ ] Board Member
   - [ ] Clinician
   - [ ] Coordinator
   - [ ] Department Head
   - [ ] Director
   - [ ] Executive
   - [ ] Frontline Staff
   - [ ] Manager
   - [ ] Safety/Quality Officer
   - [ ] Technician
   - [ ] Technologist
   - [ ] Therapist
   - [ ] Other_______________________

7. Please list credentials earned:
   ________________________________________________________

8. Please indicate for which of the below you are seeking this credential:
   - [ ] Current position
   - [ ] Future position

SIGNATURE

I certify that I agree to abide by regulations of the CPPS program contained in this handbook. I believe that I comply with all admission policies for the CPPS examination. I certify that the information I have submitted in this application is complete and correct to the best of my knowledge and belief. 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 or voided.

Name (Please Print): _______________________________________________________________________________________________

Signature: ___________________________________________________________ Date: _______________________________________
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 next page 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. Please return this form to AMP within 45 days of the desired testing date.

CANDIDATE INFORMATION

Name (Last or Family Name, First, Middle Initial, Former Name)

________________________________________________________________________________________________________

Mailing Address

____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

City                         State/Province            Zip Code/Postal Code and Country

Daytime Telephone Number with country code if outside of North America

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

_____ Large print examination (paper and pencil administration only)

_____ Circle answers in examination booklet (paper and pencil administration only)

_____ Other special accommodations (Please specify.)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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:
Examination Services Department, AMP, 18000 W. 105th St., Olathe, KS 66061-7543, Fax 913-895-4650.
If you have questions, call the Examination Services Department at 888-519-9901.
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 as a

Candidate Name

__________________________________________________________.

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): _________________________________

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If you have questions, call the Examination Services Department at 888-519-9901.