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**HOW TO CONTACT BCCTPC**

Board for Critical Care Transport Paramedic Certification (BCCTPC®)
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**HOW TO CONTACT AMP**

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Phone: (913) 895-4600
Fax: (913) 895-4650
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INTRODUCTION
The Board for Critical Care Paramedic Certification is responsible for the construction and administration of the Certified Flight Paramedic (FP-C), the Certified Critical Care Paramedic (CCP-C) and Tactical Paramedic Certification (TP-C) Examinations. The examinations are available in both traditional paper and pencil and also computer based.

The board is not affiliated or part of any other trade organization and is not involved in any way with any review courses offered to the public. If you have questions concerning the board or the administration of the examinations please contact the BCCTPC at help@bcctpc.org.

TESTING AGENCY
Applied Measurement Professionals, Inc. (AMP) is the professional testing agency contracted by BCCTPC® to assist in the development, administration, scoring and analysis of the Certified Flight Paramedic, the Certified Critical Care Paramedic, and the Certified Tactical Paramedic examinations. AMP is a research and development firm that conducts professional competency assessment research and provides examination services for a number of health practitioner credentialing programs.

STATEMENT OF NON-DISCRIMINATION
BCCTPC® and AMP do not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability or marital status.

APPLYING FOR AN EXAMINATION
Register for the examinations through the BCCTPC® website at www.BCCTPC.org or by contacting the BCCTPC® at (770) 978-4400. After your completed registration and fees have been submitted and approved, within five business days you will receive an electronic notice that you are eligible to take the examination. A testing ID number will be issued along with instructions how to schedule your exam. The period of testing eligibility is one year.

SCHEDULING AN EXAMINATION
After you have received notification of your eligibility from BCCTPC®, you may schedule an examination appointment with AMP by one of the following methods. Be prepared to confirm a date and location for testing.

Online Scheduling: Go to www.goAMP.com at anytime and select “Candidates.” Follow the simple step-by-step instructions to choose your examination and register for the examination.

OR

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

The examinations are administered by appointment only Monday through Friday at 9:00 a.m. and 1:30 p.m. Individuals are scheduled on a first-come, first-served basis. Refer to the chart below.

<table>
<thead>
<tr>
<th>If you contact AMP by 3:00 p.m. Central Time on…</th>
<th>Your examination may be scheduled beginning…</th>
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<tr>
<td>Monday</td>
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<td>Friday/Saturday</td>
<td>Tuesday</td>
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</tbody>
</table>

After the appointment is made, you will be given a time to report to the Assessment Center. Please make a note of it since an admission letter will not be sent. You will only be allowed to take the examination for which the appointment has been made. No changes in examination type will be made at the Assessment Center. UNSCHEDULED CANDIDATES (WALK-INS) WILL NOT BE ADMITTED to The Assessment Center.

Note: Examinations will not be offered on the following holidays:

- New Year’s Holiday (Dec. 30-31)
- Martin Luther King Jr. Day
- President’s Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veteran’s Day
- Thanksgiving Holiday (Thursday/Friday)
- Christmas Holiday (Dec. 24-25)
SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES

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

Wheelchair access is available at all established Assessment Centers. Candidates with visual, sensory or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements. To request special accommodations, complete the REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS form included in this handbook then submit it with your application and fee at least forty-five (45) business days prior to your desired testing date. Please inform AMP of your need for special accommodations when scheduling your examination.

TELECOMMUNICATION DEVICES FOR HEARING IMPAIRED

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.

ASSESSMENT CENTER LOCATIONS

Examinations are administered by computer at 170 AMP Assessment Centers geographically distributed throughout the United States. Assessment Center locations, detailed maps and directions are available on AMP’s website, www.goAMPcom. Specific address information will be provided when you schedule your examination appointment.

EXAMINATION APPOINTMENT CHANGES

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 your examination is scheduled on…</th>
<th>You must contact AMP by 3:00 p.m. Central Time to reschedule your examination by the previous…</th>
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<tbody>
<tr>
<td>Monday</td>
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<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.

- 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.

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

Failing to Report for an Examination

If you do not schedule an examination within the one year eligibility period, you forfeit the application and all fees paid to take the examination. A complete application and fee are required to reapply for examination.

Preparing for the Examination

The study and test-taking advice described here may be helpful as you prepare for the examination. Try to be objective about your individual learning needs when deciding how best to study. Plan your study schedule well in advance.

The examination will be timed and the computer will indicate the time remaining on the screen. If you find it distracting, the time feature may be turned off during the examination. If you choose to turn off the time feature, you should pace yourself by periodically checking your progress. This will allow you to make any necessary adjustments. Remember, the more questions you answer,
the better your chances of achieving a passing score. The time limit is intended to allow candidates to complete the entire examination by working quickly and efficiently.

Be sure to answer each question, even the ones for which you are uncertain. Avoid leaving any questions unanswered; this will maximize your chances of passing. It is better to guess than to leave a question unanswered; there is no penalty for guessing.

**FP-C EXAM CONTENT**

The Certified Flight Paramedic (FP-C) Examination consists of 125 questions and the candidate is provided 2.5 hours to complete the examination. The certification process is focused on the knowledge level of accomplished, experienced paramedics currently associated with a Flight and/or Critical Care Transport Team(s). The questions on the examination are based in sound paramedicine. The candidate is expected to maintain a significant knowledge of current ACLS, PALS, NALS, and ITLS/PHTLS standards. This examination is not meant to test entry-level knowledge, but rather to test the experienced paramedic’s skills and knowledge of critical care transport.

As you prepare for the examination, please consider there are a variety of mission profiles throughout the spectrum of transport medicine. Please remember this examination tests the candidates overall knowledge of the transport environment, not the specifics of one individual program. Just because your program does not complete IABP transports, does not mean you will not have questions related to these types of transports. Likewise, if your program does not perform SAR, you still need to understand this information for the examination.

We have included a brief outline below of the topics and skills included in the exam. As you can see, most of these are beyond the scope of the average field paramedic. Though some outline topics within the paramedic’s scope of practice, the exam questions will be related to critical care and are of a much higher level of difficulty. The detailed content outline follows.

**FP-C**

<table>
<thead>
<tr>
<th>Question Category</th>
<th># of Questions on Exam</th>
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<tr>
<td>Flight Physiology</td>
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<tr>
<td>Advanced Airway Management Techniques</td>
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<tr>
<td>Neurological Emergencies</td>
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<td>Critical Cardiac Patient</td>
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<td>Respiratory Patient</td>
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<td>Environmental</td>
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FP-C Detailed Content Outline

1. Trauma Management (12)
   A. Perform patient triage
   B. Differentiate injury patterns associated with specific mechanisms of injury
   C. Identify patients who meet trauma center criteria
   D. Perform a comprehensive assessment of the trauma patient
   E. Initiate the critical interventions for the management of the trauma patient
   F. Provide care for the patient with life-threatening thoracic injuries (e.g., pneumothorax, flail chest, tapenade, myocardial rupture)
   G. Provide care for the patient with abdominal injuries (e.g., diaphragm, liver and spleen)
   H. Provide care for the patient with orthopedic injuries (e.g., pelvic, femur, spinal)
   I. Administer appropriate pharmacology for trauma management

2. Aircraft Fundamentals, Safety and Survival (14)
   A. Assess the safety of the scene
   B. Conduct preflight checks to ensure aircraft integrity
   C. Conduct preflight checks to ensure equipment is present, functional, and stowed
   D. Observe for hazards during aircraft operation
   E. Utilize proper safety equipment while in flight
   F. Maintain a sterile cockpit during critical phases of flight
   G. Approach and depart the aircraft in a safe manner
   H. Ensure safety around the aircraft
   I. Secure the patient for flight
   J. Participate in crew resource management (CRM)
   K. Participate in flight mission safety decisions (e.g., Go – No Go, abort)
   L. Respond to in-flight emergencies
      1. Fire
      2. Emergency egress
      3. Emergent landing
      4. Adverse weather conditions
   M. Perform immediate post-accident duties at a crash site
   N. Build survival shelters
   O. Initiate emergency survival procedures
   P. Ensure the safety of all passengers (e.g., specialty teams, family, law enforcement, observer)
   Q. Estimate weather conditions that are below weather minimums

3. Flight Physiology (7)
   A. Identify causes of hypoxia
   B. Take corrective measures to prevent altitude related hypoxia
   C. Identify signs of barometric trauma
   D. Identify stressors related to transport (e.g., thermal, humidity, noise, vibration, or fatigue related conditions)
   E. Take corrective action for patient stressors related to transport
   F. Relate the relevant gas laws to patient condition and treatment
   G. Relate the stages of hypoxia to patient condition and treatment
   H. Identify immediate causes of altitude related conditions in patients
   I. Identify immediate causes of altitude related conditions as they affect the air medical crew
   J. Provide appropriate interventions to prevent the adverse effects of altitude changes during patient transport

4. Advanced Airway Mgmt. Techniques (11)
   A. Identify the indications for basic and advanced airway management
   B. Identify the indications and contraindications for specific airway interventions
   C. Perform advanced airway management techniques
   D. Administer appropriate pharmacology for airway management
   E. Implement a failed airway algorithm
   F. Identify esophageal intubation
   G. React to intubation complications
   H. Perform alternative airway management techniques (e.g., needle cricothyrotomy, surgical cricothyrotomy, Seldinger technique, retrograde intubation, LMA)
   I. Monitor airway management and ventilation during transport
   J. Use mechanical ventilation

5. Neurological Emergencies (7)
   A. Conduct differential diagnosis of coma patients
   B. Manage patients with seizures
   C. Manage patients with cerebral ischemia
   D. Initiate the critical interventions for the management of a patient with a neurologic emergency
   E. Provide care for a patient with a specific neurologic emergency
   F. Perform a baseline neurologic assessment of a trauma patient
   G. Perform an ongoing serial evaluation of a neurologic patient
   H. Assess changes in intracranial pressure using patient level of consciousness
   I. Perform a focused neurological assessment
   J. Assess a patient using the Glasgow coma scale
   K. Manage patients with head injuries
   L. Manage patients with spinal cord injuries
   M. Evaluate muscle strength and motor function
   N. Administer appropriate pharmacology for neurological management

6. Critical Cardiac Patient (18)
   A. Perform a detailed cardiovascular assessment
   B. Identify patients experiencing an acute cardiac event (e.g., acute myocardial infarction, heart failure, cardiogenic shock, primary arrhythmias, hemodynamic instability)
   C. Use invasive monitoring during transport, as indicated, for the purpose of clinical management
   D. Provide treatment for patients with acute cardiac events and hemodynamic abnormalities
E. Control cardiopulmonary support devices to patient condition as part of patient management (e.g., ventricular assist devices, transvenous pacer, intra-aortic balloon pump)
F. Assist in the control of cardiopulmonary support devices to patient condition as part of patient management (e.g., ventricular assist devices, transvenous pacer, intra-aortic balloon pump)
G. Conduct defibrillation during transport
H. Administer appropriate pharmacology for cardiac management

7. Respiratory Patient (8)
A. Perform a detailed respiratory assessment
B. Identify patients experiencing respiratory compromise (e.g., acute respiratory distress syndrome, spontaneous pneumothorax, pneumonia)
C. Monitor patient’s respiratory status using laboratory values and diagnostic equipment (e.g., pulse oximetry, capnography, blood gas values, chest radiography)
D. Provide treatment for patients with acute respiratory events
E. Administer appropriate pharmacology for respiratory management

8. Toxic Exposures (3)
A. Conduct a physical examination of a toxicological patient
B. Decontaminate toxicological patients when indicated
C. Administer poison antidotes when indicated
D. Provide emergency care for victims of envenomation (e.g., snake bite, scorpion sting, spider bite)
E. Administer appropriate pharmacology for toxic exposures
F. Provide treatment for toxicological patients (e.g., medication overdose, chemical/biological/radiological exposure)

9. Obstetrical Emergencies (4)
A. Perform an assessment of the obstetrical patient
B. Perform fetal assessment
C. React to special transport considerations of the obstetrical patient
D. Provide treatment for high-risk obstetrical patients
E. Assess uterine contractions
F. Conduct interventions for obstetrical emergencies (e.g., pregnancy induced hypertension, hypertonic or titanic contractions, cord prolapse, placental abruption)
G. Assess whether transport can safely be attempted or whether delivery should be accomplished at the referring facility
H. Administer appropriate pharmacology for obstetrical patients
I. Manage emergent delivery

10. Neonates (5)
A. Perform an assessment of the neonatal patient
B. Reevaluate the clinical assessment and management of the neonate when initial emergency measures fail
C. Administer appropriate pharmacology for neonatal patients
D. Implement neonatal resuscitation according to established practice
E. Manage the isolette transport
F. Provide treatment of neonatal emergencies

11. Pediatric (9)
A. Perform an assessment of the pediatric patient
B. Identify the pediatric patient experiencing an acute respiratory event (e.g., epiglottitis, bronchiolitis, asthma)
C. Identify the pediatric patient experiencing an acute medical event (e.g., meningitis, overdose, seizures)
D. Identify the pediatric patient experiencing an acute cardiovascular event (e.g., shock, cardiac anomaly, dysrhythmias)
E. Identify the pediatric patient experiencing an acute traumatic event (e.g., auto v. pedestrian, falls, child abuse)
F. Administer appropriate pharmacology for pediatric patients
G. Provide treatment of pediatric emergencies

12. Burn Patients (5)
A. Perform an assessment of the burn patient
B. Calculate the percentage of total body surface area burned
C. Calculate appropriate fluid replacement amounts based on the patient’s burn injury and physiologic condition
D. Diagnose inhalation injuries in burn injury patients
E. Administer appropriate pharmacology for burn patients
F. Provide treatment of burn emergencies

13. General Medical Patient (16)
A. Perform a focused medical assessment
B. Identify patients experiencing a medical emergency (e.g., AAA, GI bleed, bowel obstruction, HHNC)
C. Use invasive monitoring during transport, as indicated, for the purpose of clinical management
D. Provide treatment for patients with medical emergencies
E. Manage patient condition utilizing available laboratory values (e.g., blood glucose, CBC, H/H)
F. Administer appropriate pharmacology for the medical patient
G. Prevent transmissions of infectious disease
H. Provide appropriate pain management
I. Evaluate and record patient pain levels

14. Environmental (6)
A. Perform an assessment of the patient suffering from an environmental emergency
B. Identify the patient experiencing a cold related emergency (e.g., frostbite, hypothermia, cold water submersion)
C. Identify the patient experiencing a heat related emergency (e.g., heat stroke, heat exhaustion, heat cramps)
D. Identify the patient experiencing a diving related emergency (e.g., decompression sickness, arterial gas emboli, near drowning)
E. Identify the patient experiencing a altitude related emergency (e.g., HAPE, cerebral edema)
F. Administer appropriate pharmacology for environmental emergency patients
G. Provide treatment of environmental emergencies
C CP-C EXAMINATION CONTENT

The Certified Critical Care Paramedic (CCP-C) Examination consists of 125 questions and the candidate is provided 2.5 hours to complete the examination. The certification process is focused on the knowledge level of accomplished, critical care paramedics providing patient care in the pre-hospital, inter-hospital and hospital environment. The questions on the examination are based in sound paramedicine. The candidate is expected to maintain a significant knowledge of current ACLS, PALS, NALS, & ITLS/PHTLS standards. This examination is not meant to test entry-level knowledge, but rather to test the experienced paramedic's skills and knowledge.

As you prepare for the examination, please consider there are a variety of mission profiles throughout the spectrum of transport medicine. Please remember this examination tests the candidates overall knowledge of the transport environment, not the specifics of one individual program. Just because your program does not complete IABP transports, does not mean you will not have questions related to these types of transport. Likewise, if your program does not provide neonatal transport, you still need to understand this information for the examination.

We have included a brief outline below of the topics and skills included in the exam. As you can see, most of these are beyond the scope of the average field paramedic. Though some outline topics within the paramedic's scope of practice, the exam questions will be related to critical care and are of a much higher level of difficulty. The detailed content outline follows.

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<td>Advanced Airway Management Techniques</td>
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<td>Neurologic Patient</td>
<td>11</td>
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<td>Respiratory Patient</td>
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<tr>
<td>Toxic Exposure and Environmental Patient</td>
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<td>Obstetrical Patients</td>
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<td>Neonatal and Pediatric Patient</td>
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<td>Burn Patients</td>
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</tr>
<tr>
<td>General Medical Patient</td>
<td>12</td>
</tr>
</tbody>
</table>
1. Trauma Patient Management (12)
   A. Differentiate injury patterns associated with specific mechanisms of injury
   B. Rate a trauma victim using the Trauma Score
   C. Identify patients who meet trauma center criteria
   D. Perform a comprehensive assessment of the trauma patient
   E. Initiate the critical interventions for the management of the trauma patient
      1. Manage the patient with life-threatening thoracic injuries (e.g., pneumothorax, flail chest, tamponed, myocardial rupture)
      2. Manage the patient with abdominal injuries (e.g., diaphragm, liver and spleen)
      3. Manage the patient with orthopedic injuries (e.g., pelvic, femur, spinal)
      4. Manage the patient with neurologic injuries (e.g., subdural, epidural, increased ICP)
   F. Manage patient's status using
      1. laboratory values (e.g., blood gas values, ISTAT)
      2. diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)
   G. Administer pharmacologic agents
   H. Manage trauma patient complications
      I. Administer blood products

2. Transport Fundamentals, Safety and Survival (9)
   A. Manage the safety of the work environment
   B. Conduct checks to ensure transport vehicle integrity
   C. Conduct checks to ensure equipment is present, functional, and stowed
   D. Observe for hazards during transport vehicle operation
   E. Use safety equipment while in transport
   F. Secure the patient for transport
   G. Practice crew resource management
   H. Participate in mission safety decisions
      I. Evaluate transport mode
      J. Perform immediate post-accident duties at a crash site
   K. Ensure the safety of all passengers (e.g., specialty teams, family, law enforcement, observer)
   L. Identify stressors related to transport (e.g., thermal, humidity, noise, vibration, or fatigue related conditions)
   M. Take corrective action for patient stressors related to transport

3. Advanced Airway Management Techniques (12)
   A. Identify the indications for basic and advanced airway management
   B. Identify the indications and contraindications for specific airway interventions
   C. Perform advanced airway management techniques
   D. Administer pharmacology for airway management
   E. Implement a failed airway algorithm
   F. React to intubation complications
   G. Perform alternative airway management techniques (e.g., needle cricothyotomy, surgical cricothyotomy, retrograde intubation, LMA)
   H. Monitor airway management and ventilation during transport
      I. Manage mechanical ventilation

4. Neurologic Patient (11)
   A. Perform an assessment of the patient
   B. Conduct differential diagnosis of patients with coma
   C. Manage patients with seizures
   D. Manage patients with cerebral ischemia
   E. Initiate the critical interventions for the management of a patient with a neurologic emergency
   F. Provide care for a patient with a neurologic emergency
   G. Assess a patient using the Glasgow coma scale
   H. Manage patients with head injuries
      I. Manage patients with spinal cord injuries
      J. Manage patient's status using
         1. laboratory values (e.g., blood gas values, ISTAT)
         2. diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)
   K. Administer pharmacologic agents
   L. Manage neurologic patient complications

5. Cardiac Patient (12)
   A. Manage patients experiencing a cardiac event (e.g., acute coronary syndrome, heart failure, cardiogenic shock, primary arrhythmias, hemodynamic instability)
   B. Use invasive hemodynamic monitoring
   C. Assist in the use of cardiopulmonary support devices as part of patient management (e.g., ventricular assist devices, transvenous pacer, intra-aortic balloon pump)
   D. Use cardiopulmonary support devices as part of patient management (e.g., ventricular assist devices, transvenous pacer, intra-aortic balloon pump)
   E. Manage patient's status using
      1. laboratory values (e.g., blood gas values, ISTAT)
      2. diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)
   F. Administer pharmacologic agents
   G. Manage cardiac patients complications

6. Respiratory Patient (12)
   A. Perform an assessment of the patient
   B. Identify causes and stages of respiratory failure
   C. Manage patients with respiratory compromise (e.g., acute respiratory distress syndrome, spontaneous pneumothorax, pneumonia)
   D. Manage patient's status using
      1. laboratory values (e.g., blood gas values, ISTAT)
      2. diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)
   E. Administer pharmacologic agents
   F. Manage respiratory patients complications
7. Toxic Exposure and Environmental Patient (12)
   A. Toxic Exposure Patient
      1. Perform an assessment of the patient
      2. Decontaminate toxicological patients (e.g., chemical/
         biological/radiological exposure)
      3. Administer poison antidotes
      4. Provide care for victims of envenomation (e.g., snake
         bite, scorpion sting, spider bite)
      5. Manage patient’s status using
         a. laboratory values (e.g., blood gas values, ISTAT)
         b. diagnostic equipment (e.g., pulse oximetry, chest
            radiography, capnography)
   B. Environmental Patient
      1. Perform an assessment of the patient
      2. Manage the patient experiencing a cold-related illness
         (e.g., frostbite, hypothermia, cold water submersion)
      3. Manage the patient experiencing a heat-related illness
         (e.g., heat stroke, heat exhaustion, heat cramps)
      4. Manage the patient experiencing a diving related
         illness (e.g., decompression sickness, arterial gas
         emboli, near drowning)
      5. Manage the patient experiencing altitude-related
         illness
      6. Manage patient’s status using
         a. laboratory values (e.g., blood gas values, ISTAT)
         b. diagnostic equipment (e.g., pulse oximetry, chest
            radiography, capnography)
      7. Administer pharmacologic agents
      8. Treat patient with environmental complications

8. Obstetrical Patients (9)
   A. Perform an assessment of the patient
   B. Manage fetal distress
   C. Manage obstetrical patients
   D. Assess uterine contraction pattern
   E. Conduct interventions for obstetrical complications (e.g.,
      pregnancy induced hypertension, hypertonic or titanic
      contractions, cord prolapse, placental abruption)
   F. Determine if transport can safely be attempted or if
      delivery should be accomplished at the referring facility
   G. Manage patient’s status using
      1. laboratory values (e.g., blood gas values, ISTAT)
      2. diagnostic equipment (e.g., pulse oximetry, chest
         radiography, capnography)
   H. Administer pharmacologic agents
   I. Manage emergent delivery and post-partum
      complications

9. Neonatal and Pediatric Patient (15)
   A. Neonatal Patient
      1. Perform an assessment of the patient
      2. Manage the resuscitation of the neonate
      3. Manage patient’s status using
         a. diagnostic equipment (e.g., pulse oximetry, chest
            radiography, capnography)
      4. Administer pharmacologic agents
      5. Manage neonatal patient complications
   B. Pediatric Patient
      1. Perform an assessment of the patient
      2. Manage the pediatric patient experiencing a medical
         event
         a. Respiratory
         b. Cardiac
         c. GI
         d. Neuro
         e. Endocrine
      3. Manage the pediatric patient experiencing a traumatic
         event
         a. Single vs. multiple system
         b. Burns
         c. Non-accidental trauma
      4. Manage patient’s status using
         a. laboratory values (e.g., blood gas values, ISTAT)
         b. diagnostic equipment (e.g., pulse oximetry, chest
            radiography, capnography)
         c. Administer pharmacologic agents
         d. Treat patient with pediatric complications

10. Burn Patients (9)
    A. Perform an assessment of the patient
    B. Calculate the percentage of total body surface area
       burned
    C. Manage fluid replacement therapy
    D. Manage inhalation injuries in burn injury patients
    E. Manage patient’s status using
       1. laboratory values (e.g., blood gas values, ISTAT)
       2. diagnostic equipment (e.g., pulse oximetry, chest
          radiography, capnography)
    F. Administer pharmacologic agents
    G. Provide treatment of burn complications

11. General Medical Patient (12)
    A. Perform an assessment of the patient
    B. Manage patients experiencing a medical condition (e.g.,
       AAA, GI bleed, bowel obstruction, HHNC)
    C. Use invasive monitoring for the purpose of clinical
       management
    D. Manage patient’s status using
       1. laboratory values (e.g., blood gas values, ISTAT)
       2. diagnostic equipment (e.g., pulse oximetry, chest
          radiography, capnography)
    E. Administer pharmacologic agents
    F. Treat patient with general medical complications
FP-C/CCP-C SAMPLE QUESTIONS

1. On initial presentation of classic heatstroke, the paramedic would expect what acid-base imbalance?
   a. metabolic alkalosis
   b. metabolic acidosis
   c. respiratory alkalosis
   d. respiratory acidosis

   1c. Initial symptoms of classic heat stroke include dizziness, headache, malaise, confusion, fever, tachycardia, hypotension and hyperventilation. The respiratory rate quickens to increase heat loss through exhaled air, as well as due to an increased metabolic rate. Therefore, respiratory alkalosis can be expected during the initial presentation phase. *Air & Surface Patient Transport: Principles & Practice*, p.489.

2. You are called to a rural facility for a 56 year old male who was found unconscious in a local river. The patient has lacerations to the head and upper extremities. The sending facility has placed an ET tube and has the patient sedated and paralyzed. The patient has a pulmonary artery catheter showing a CVP-2, PA pressures of 16/9, a cardiac output of 32 L/min and an SVR of 426. Based on this profile you expect the patient to be experiencing:
   a. cardiogenic shock
   b. ARDS
   c. hypovolemic shock
   d. neurogenic shock

   2d. This patient is presenting with a low CVP, low pulmonary artery pressures, low cardiac output and a low systemic vascular resistance. A patient in neurogenic shock loses sympathetic stimulation below the level of injury, thus inhibiting vasoconstriction and resulting in hypotension or low filling pressures. Thelan, L., Urden, M., Lough, K., & Stacy, K. (1998) *Critical Care Nursing Diagnosis and Management*, St. Louis, MO: Mosby.

3. Upon placing an OB patient on a fetal monitor for transport, the paramedic notes hypertonic contractions on the toco meter, late decelerations on the fetal monitor followed by a sinusoidal pattern. The flight paramedic suspects what condition?
   a. chorionitis
   b. placental abruption
   c. uterine rupture
   d. oligohydramnios

   3b. Patterns of placental abruption include hypertonic or titanic contractions, distressed fetal response and sinusoidal patterns on the fetal monitor. In addition, pregnant patients in their third trimester are predisposed to placental abruption even in low impact collisions. *Air & Surface Patient Transport: Principles & Practice*, p.533 & 547.

4. You respond to an outlying facility to transport a 3 year old with sudden onset of respiratory distress, fever, dysphagia and drooling. The patient is coughing up blood tinged sputum. No significant past medical history or allergies. What do you suspect is the cause of the respiratory distress?
   a. croup
   b. epiglottitis
   c. foreign body aspiration
   d. bronchiolitis

   4b. Rationale: The patient is exhibiting signs and symptoms of epiglottitis. Epiglottitis typically occurs in children between the ages of 3 and 7. The child will present with an onset of symptoms within the past 6-8 hours. Symptoms include dysphagia, fever, drooling, and a hoarse or muffled voice.

5. You are called to transport a 67 year old male with complaints of sudden onset of severe back and shoulder pain radiating to his flank, groin, and buttocks. The patient is diaphoretic and pale. His chest x-ray shows mediasternal widening and a left pleural effusion. What disease process do you suspect?
   a. Kidney stone
   b. Aortic aneurysm
   c. Pulmonary embolus
   d. Myocardial infarction

   5b. Classic symptoms of aortic dissection include sudden onset of interscapular, back or substernal pain, sometimes extending to the legs. Shock, diaphoresis, peripheral cyanosis, pallor and restlessness are also present. Signs of organ ischemia and cardiac disease may also be present. Chest x-ray findings include mediastinal widening, a localized bulge on the aortic arch, tracheal deviation, left pleural effusion, and extension of the aortic shadow beyond a calcified aortic wall. *Air & Surface Patient Transport: Principles & Practice*, p.395-6.

6. When transferring a patient from an air ambulance to a ground ambulance, the ground personnel should
   a. stay outside the landing zone until signaled by the pilot or flight crew
   b. swiftly approach the aircraft to continue the patient transfer
   c. cautiously approach the aircraft and open the door
   d. make contact with dispatch and wait on the tarmac

   6a. Ground personnel should wait outside the landing zone and approach only when signaled. Emergency Care and Transportation of the Sick and Injured 8th Ed. P.826.
We have included a brief outline below of the topics and skills included in the exam. The detailed content outline follows.

**TP-C EXAMINATION CONTENT**

The Certified Tactical Paramedic (TP-C) Examination consists of 100 questions and the candidate is provided 2 hours to complete the examination. The certification process is focused on the knowledge level of accomplished, tactical paramedics in hostile and austere environments. The questions on the examination are based in sound paramedicine and tactical principles. The candidate is expected to maintain a significant knowledge of current ACLS, ITLS/PHTLS, TCCC and TECC standards.

As you prepare for the examination, please consider there are a variety of mission profiles throughout the spectrum of tactical medicine. Please remember this examination tests the candidate’s overall knowledge of the tactical environment, not the specifics of one individual program or curriculum.

The expectation for the TP-C exam candidate is competency in casualty assessment, stabilization and evacuation in hostile and austere environments, as well as thorough familiarity with tactical principles, triage, and operational medicine. Candidates must have significant knowledge of the Committee on Tactical Combat Casualty Care and the Committee for Tactical Emergency Casualty Care guidelines, management of the full tactical injury spectrum (from less-than-lethal to Chemical, Biological, Radiological, Nuclear and high yield Explosives (CBRNE), force health protection, and medico-legal aspects of Tactical Emergency Medical Services.

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<td>Airway</td>
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<tr>
<td>Canine Management</td>
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TP-C Detailed Content Outline

1. Tactical Combat Casualty Care (TCCC) Methodology (11)
   a. Care under fire (CUF) phase of TCCC
   b. Tactical field care (TFC) phase of TCCC
   c. Tactical Evacuation (TACEVAC) phase of TCCC

2. Hemorrhage Control (7)
   a. Recognize wound types/mechanisms at high-risk for life-threatening hemorrhage, both internal and external
   b. Reassess efficacy of previously employed hemorrhage control techniques
   c. Perform hemorrhage control using:
      i. Tourniquet
      ii. Direct pressure
      iii. Wound packing
      iv. Wound dressing
      v. Pressure dressing
      vi. Hemostatic agent (e.g., combat gauze, chito gauze)

3. Airway (7)
   a. Perform airway assessment
   b. Manage the airway using:
      i. Casualty positioning (e.g., recovery position)
      ii. Basic airway clearance techniques (e.g., chin-lift, jaw-thrust)
      iii. Suction devices
      iv. Airway adjuncts (nasopharyngeal airway (npa)
      v. Supraglottic airway (SGA) device (e.g., King, LMA)
      vi. Surgical airway (cricothyroidotomy)
      vii. Endotracheal (ET) intubation
      viii. Rapid sequence intubation (RSI)
      ix. Paralytic agents (e.g., for long term neuromuscular blockade)
      x. Verification of tube placement:
         1. Bougie
         2. End tidal CO₂ detection
         3. Esophageal detection device (e.g., bulb, syringe)

4. Breathing (6)
   a. Assess respiratory status
   b. Use capnography
   c. Use pulse oximetry
   d. Seal penetrating thoracic wounds with occlusive dressing
   e. Perform needle thoracostomy (e.g., needle decompression)
   f. Perform tube thoracostomy (e.g., chest tube)
   g. Use a mechanical ventilator

5. Circulation (6)
   a. Assess adequacy of perfusion (e.g., monitoring, physical exam)
   b. Recognize potential causes of shock
   c. Establish vascular access:
      i. Peripheral venous access
      ii. Intraosseous access
      iii. Provide oral fluid resuscitation
      iv. Perform damage control resuscitation

6. Medication Administration (4)
   a. Provide oxygen therapy
   b. Administer analgesia / sedation agents:
      i. Morphine
      ii. Oral routes
      iii. Parenteral routes
      iv. Ketamine
      v. Versed
      vi. Valium
   c. Administer OTC medication:
      i. Anti-inflammatories
      ii. Decongestants
      iii. Antihistamines
      iv. Antipyretics
      v. Antitussives
      vi. Antidiarrheals
   d. Administer prescription medicines outside of the DOT paramedic curriculum:
      i. Antibiotics
      ii. Non-narcotic analgesics
      iii. Nerve agents antidotes
      iv. Cyanide antidotes
      v. Epi-auto injectors

7. Neurological Emergencies (4)
   a. Perform neurologic assessment
   b. Manage suspected spinal injuries in the following settings/scenarios:
      i. Unconscious
      ii. Blunt trauma
      iii. Penetrating trauma
      iv. Blast injuries
   c. Determine the differential diagnosis of a comatose patient
   d. Manage patients with seizures
   e. Perform a baseline neurologic assessment of a trauma patient
   f. Assess changes in intracranial pressure using clinical findings
   g. Perform a focused neurological assessment
   h. Assess a patient using the Glasgow coma scale
      i. Manage patients with head injuries
      j. Administer pharmacology for neurological management

8. Trauma Management (6)
   a. Perform patient triage
   b. Identify top 3 causes of preventable death (e.g., TCCC)
   c. Perform START triage
   d. Perform SALT triage
   e. Use MARCH algorithm
   f. Differentiate injury patterns associated with specific mechanisms of injury
g. Provide care for the patient with thoracic injuries (e.g., pneumothorax, flail chest, cardiac tamponade)

h. Provide care for the patient with abdominal injuries (e.g., diaphragm, liver and spleen)
i. Provide care for the patient with orthopedic injuries (e.g., pelvic, femur, spinal)
j. Administer pharmacology for trauma management
k. Perform fracture dislocation management
l. Reduce dislocations

9. Burn Patients (4)
   a. Perform an assessment of the burn patient
   b. Calculate the percentage of total body surface area burned
   c. Calculate fluid replacement amounts based on the patient’s burn injury and physiologic condition
      i. Rule of tens
      ii. Parkland formula
      iii. Brooke formula

10. Remote Assessment/Surrogate Care (4)
    a. Perform a remote assessment/surrogate care
    b. Determine situational variables impacting rescue
    c. Communicate finding to command staff for integration into extraction plan
    d. Direct surrogate to assess the need for life saving medical care
    e. Direct a surrogate to provide lifesaving medical care

11. Rescue / Extraction (5)
    a. Perform threat extraction
    b. Use methods of rescue breaching (e.g., evacuation through drywall, cinderblock, window)
    c. Recommend extraction method based on the casualty’s specific injuries

12. Incident Command System/Chain of Command and Interface with EMS (2)
    a. Use a centralized command and control system
    b. Interface with local medical authority

13. Tactical Team Operations (4)
    a. Identify specialized equipment and its use in tactical operations and TEMS:
       i. Personal protective equipment (PPE)/uniforms
       ii. Breaching/diversionary
       iii. Firearms/weapons: clear and render safe
    b. Stage standardized team medical equipment
    c. Understand basic tactical movement technique and their importance to team safety
       i. Demonstrate open field movement
       ii. Cover and concealment
       iii. Fatal funnel
       iv. Stack
       v. Wedge

14. Medical Mission Analysis (8)
    a. Provide medical mission analysis
       i. Pre-mission
       ii. Establish and manage a casualty collection point
       iii. Infiltration
       iv. Actions on objective
       v. Exfiltration
       vi. Post-mission
       vii. Special population (e.g., pediatric, elderly, language)
    b. Provide medical threat assessment
       i. Environmental hazards (e.g., heat, cold, wind, rain)
       ii. Tactical threats (e.g., weapons, dogs, improvised explosive devices (IEDs)
       iii. Hazardous materials
       iv. Weapons of mass destruction (WMD)/(CBRNE)

15. Legal Aspects of TEMS: Comply with legal aspects of the following: (7)
    a. HIPAA
    b. Evidence preservation and Chain of Custody
    c. Scope of Practice
    d. Illegal Search and Seizure and other Fourth Amendment Issues

16. Force Health Protection (3)
    a. Manage work/rest/sleep cycles
    b. Evaluate pertinent medical history of assigned personnel
    c. Identify immunizations and chemoprophylaxis (e.g., malaria) for a given team and settings
    d. Identify aspects of hydration for a given team and setting
    e. Identify aspects of nutrition and food safety for a given team and setting
    f. Identify aspects of field sanitation for a given team and setting
    g. Monitor team use of tactical protective equipment (e.g., ballistic eyewear, body armor, Nomex gloves)
17. Environmental Factors (4)
   a. Manage environmental emergencies
   b. Manage weapons of mass destruction (WMD)/
      (CBRNE) casualties
      i. Administer antidotes
      ii. Perform field decontamination
18. Manage Injuries and Complications Associated with
    Less Lethal Weapons (5)
   a. Chemical munitions (e.g. CS, OC)
   b. Electrical conductive weapons
   c. Impact weapons
   d. Light/sound diversionary devices (e.g. flash-bang)
19. Canine Management (3)
   a. Manage working dog trauma
   b. Manage environmental emergencies in dogs

Total Questions on Exam (100)

■ TP-C SAMPLE QUESTIONS

1. When a dog and handler are preparing for a
   mission in a hot, dry environment, the best
   approach for the medic to hydrate the working
   dog is to
   a. Inject crystalloid intramuscularly into
      several of the large muscle groups.
   b. Establish an IV in the foreleg to provide
      fluids and maintain a saline lock.
   c. Infuse crystalloid subcutaneously into
      the dog's scruff between the shoulder
      blades.
   d. Rely on oral hydration with an
electrolyte-balanced solution.

2. The counter-sniper/observer team has informed
   the team commander of a casualty. Using only
   radio contact with the observer, what questions
   that will aid in the decision making process as to
   when to affect the rescue?
   a. The location of the casualty in relation to
      a door or breaching point
   b. The number and location of other
      hostages and any other injuries.
   c. How big is the blood pool and are there
      signs of any movement.
   d. If there are any hostages or non-
      combatants in the path of a direct
      assault.

3. A tactical team member has received a gun shot
   wound to his right upper leg with significant
   hemorrhage. As the rescue element prepares to
   affect the rescue, the downed officer should be
   directed to:
   a. Apply direct pressure to the wound and
      lay still.
   b. Apply a tourniquet and then play dead.
   c. Seek cover or concealment and apply a
      tourniquet when tactical feasible.
   d. Make a run for the closet point of cover
      and concealment and then await rescue.

4. One mission of the tactical paramedics is to
   perform a rapid assessment of the medical
   situation to allow whom to make informed
   decisions regarding mission goals and priorities?
   a. Medical Director
   b. Point Operator
   c. Team Leader
   d. Breacher
5. For a tactical medic to render safe the pistol of a downed officer, he should:
   a. Drop the magazine, clear the chamber, decock and select safe
   b. Drop the magazine, clear the chamber, pull the trigger and select safe
   c. Clear the chamber, drop the magazine, decock and select fire
   d. Clear the chamber, crop the magazine, pull the trigger and select safe

6. A team member has sustained a single gunshot wound to the lower abdomen from a 9 mm pistol. He is alert, fully oriented, and complaining of severe abdominal pain. He has a palpable radial pulse, but appears pale and diaphoretic. Vital signs include a pulse of 120 and respiratory rate of 24. You have established peripheral intravenous access. What is the most appropriate fluid administration plan at this time?
   a. 500 ml of 6% hetastarch solution (Hextend)
   b. 1L of Lactated Ringer's solution rapid infusion
   c. 1L of Normal Saline solution rapid infusion
   d. Restrict fluids and continue to monitor

TP-C Answers

1 = C
2 = A
3 = B
4 = C
5 = A
6 = D
ON THE DAY OF YOUR EXAMINATION

On the day of your examination appointment, report to the Assessment Center no later than your scheduled testing time. Once you enter the Assessment Center, look for the signs indicating AMP Assessment Center Check-In. IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME YOU WILL NOT BE ADMITTED.

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.

Acceptable forms of primary identification include photo ID's such as a current:

1. driver's license
2. state identification card
3. passport
4. military identification card

Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as primary identification, but may be used as secondary identification if they include your name and signature.

You are prohibited from misrepresenting your identity or falsifying information to obtain admission to the Assessment Center.

YOU MUST HAVE PROPER IDENTIFICATION TO GAIN ADMISSION TO THE ASSESSMENT CENTER.

After your identity has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your identification number. You will digitally take your picture and it will remain on-screen throughout your testing session. This photograph will also print on your score report.

SECURITY

BCCTPC® and AMP maintain examination administration and security standards that are designed to assure that 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 electronic devices, pagers or cellular phones are allowed in the testing room.
- Only silent, non-programmable calculators without alpha keys or printing capabilities are allowed in the testing room.
- No guests, visitors or family members are allowed in the testing room or reception areas.
- No personal items, valuable, or weapons should be brought to the Assessment Center. AMP is is not responsible for items left in the reception area.

PRACTICE EXAMINATION

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

TIMED EXAMINATION

Following the practice examination, you will begin the actual examination. Instructions for taking the examination are accessible on-screen once you begin the examination. The FP-C and CCP-C examinations contain 135 questions (125 scored and 10 non-scored pretest questions. Two and one-half hours are allotted to complete the examination. The TP-C examination contains 110 questions (100 scored and 10 non-scored pretest questions. Two hours are allotted to complete the examination. The following is a sample of what the computer screen will look like when you are attempting the examination.

Which of the following terms describes a concept that emphasizes the comprehensive management of patient care of a specific disease type?

A. vertically integrated patient care
B. co-operative care
C. point of care
D. patient focused care
The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time limit. You may click on the “Time” button in the lower right portion of the screen or select the TIME key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The time feature may also be turned off during the examination.

Only one question is presented at a time. The question number appears in the lower right portion of the screen. The entire question appears on-screen (i.e., stem and four options labeled – A, B, C and D). Indicate your choice by either entering the letter of the option you think is correct (A, B, C or D) or clicking on the option using the mouse. Your answer appears in the window in the lower left portion of the screen. To change your answer, enter a different option by pressing the A, B, C or D key or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

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

You may leave a question unanswered and return to it later. You may also bookmark questions for later review by clicking in the blank square to the right of the Time button. Clicking on the hand icon or selecting the NEXT key advances 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 you have completed the examination, the number of questions you answered is reported. If you have not answered all questions and you have time remaining, return to the examination and answer those questions. Be sure to answer each question before ending the examination. There is no penalty for guessing.

You may provide comments 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 you may enter your comments.

**INCLEMENT WEATHER OR EMERGENCIES**

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](http://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.

**EXAMINATION RESTRICTIONS**

- Pencils will be provided during check-in.
- Possession of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- 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 a 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, is abusive, or otherwise uncooperative;
• display and/or use electronic communications equipment such as pagers, cellular phones, personal electronic device;
• 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; or
• are observed with notes, books or other aids.

Violation of any of the above provisions results in dismissal from the examination session. The candidate's score on the examination is voided and examination fees are not refunded. Evidence of misconduct is reviewed to determine whether the candidate will be allowed to reapply for examination. If re-examination is granted, a complete application and fee are required to reapply.

■ 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. Scores are NOT reported over the telephone, by electronic mail or by facsimile.

Your score report will indicate a “pass” or “fail”. Additional detail is provided in the form of raw scores by major content category. A raw score is the number of questions you answered correctly. Your pass/fail status is determined by your raw score and does not include the “pretest” questions.

The methodology used to set the minimum passing score is the Angoff Method, in which expert judges estimate the passing probability of each question on the examination. These ratings are averaged to determine the minimum passing score (i.e., the number of correctly answered questions required to pass the examination).

■ IF YOU PASS THE EXAMINATION
If you pass the examination, you will receive a card, patch and certificate within 4-6 weeks. Your certification is valid for a four year period.

■ IF YOU DO NOT PASS THE EXAMINATION
If you fail the examination, you may reapply to retake the exam after 30 days.

■ SCORES CANCELLED BY THE BCCTPC OR AMP
BCCTPC® 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. BCCTPC® and AMP are committed to rectifying such discrepancies as expeditiously as possible. BCCTPC® may void examination results if, upon investigation, violation of its regulations is discovered.

■ DUPLICATE SCORE REPORTS
You may purchase additional copies of your score report at a cost of $25 per copy. Requests must be submitted to AMP, in writing, within 12 months after the examination. The request must include your name, mailing address, telephone number, date of examination and examination taken. Submit the form on page 17 with the required fee payable to AMP. Duplicate score reports will be mailed within approximately two weeks after receipt of the request.
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 and submit it with your application at least 45 days prior to your requested examination date. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

Candidate Information

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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.

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Signed: ____________________________ Date: ____________________________

Return this form via mail to: BCCTPC®, 4835 Riveredge Cove, Snellville, GA 30039, or scan your documents and email to mnewman@bcctpc.org
DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure the appropriate examination accommodations are provided.

Professional Documentation
I have known __________________________________________ since ___ / ___ / ___ in my capacity as a

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: __________________________ E-mail Address: __________________________

Date: __________________________ License # (if applicable): __________________________

Return this form via mail to: BCCTPC®, 4835 Riveredge Cove, Snellville, GA 30039, or scan your documents and email to mnewman@bcctpc.org
DUPLICATE SCORE REPORT REQUEST FORM

DIRECTIONS: Use this form to request a duplicate score report. Complete all requested information. This form must be received within one year of the examination date and include a check or money order for $25 payable to AMP. Duplicate score reports will be processed and mailed within approximately two weeks following receipt of the request.

Name: 

Mailing Address:  

Daytime Phone: 

Examination Date: 

I hereby authorize AMP to send me a duplicate of my examination results.

Signature:  

Date:  

Mail your completed form and fee to:  
AMP, 18000 W. 105th Street, Olathe, KS 66061-7543