Candidate Handbook

The FP-C examination and certification program is accredited by the National Commission for Certifying Agencies (NCCA)

The BCCTPC is a subsidiary of

INTERNATIONAL BOARD
OF SPECIALTY CERTIFICATION
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HOW TO CONTACT THE IBSC
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4835 Riveredge Cove
Snellville, GA 30039 USA
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Web: www.IBSCertifications.org

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Baltimore, MD 21224 USA
Phone: +1 (800) 462-8669
Web: www.Prometric.com
POPULATION BEING CERTIFIED

The Certified Flight Paramedic (FP-C) exam candidate is a paramedic professional who is seeking employment with or who is currently associated with an air medical and or ground critical care patient transport service. The candidate must possess an advanced level knowledge of the various transport environments, not the sole requirements or specifications for any one individual transport program or patient population, i.e.: adult, pediatrics, neonatal, maternal, etc.

Candidates must have an understanding of advanced level patient care pathophysiology, while maintaining a significant knowledge of current standards established for Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Neonatal Resuscitation Program (NRP), International Trauma Life Support (ITLS), and industry accreditation standards.

This certification examination is beyond the scope of the average, entry-level field paramedic and is not intended to evaluate entry-level knowledge; but rather to measure the experienced paramedic's skills and knowledge of the patient requiring critical care intervention during the various aspects of patient transport, i.e.: ground ambulance, helicopter, aircraft, marine/boats, etc. The target audience for the Certified Flight Paramedic (FP-C) certification is any licensed or certified paramedic functioning in a specialty and or critical care area of clinical practice. The broader audience includes the following:

1. United States government
2. United States military as well as foreign militaries
3. Federal, state, and local Emergency Medical Services (EMS) providers
4. Private and government operated Emergency Medical Services (EMS) agencies
5. Helicopter and fixed wing medical transport programs
6. Ground ambulance providers
7. Marine transport, i.e.: U.S. Navy, maritime vessels, etc.
8. Hospitals and various acute care medical facilities
9. Education institutions such as local and state colleges or technical centers that provide Emergency Medical Services (EMS) training
10. Municipal fire protection departments
11. Various local, state, and federal police or law enforcement agencies
12. Other areas around the globe that already or may require specialty certification, i.e.: State Department operations, Department of Defense (DoD), etc.

For additional questions related to qualifying for a certification examination, please contact the IBSC at +1 (770) 978-4400 or via help@IBSC.org.
INTRODUCTION
The International Board of Specialty Certification (IBSC) is responsible for the construction, administration, and maintenance of the Certified Flight Paramedic (FP-C) examination.

The IBSC does not believe paramedics should work in the air medical transport environment without being certified. The legal risk to the employer and the medical director is exponentially increased without validation of clinical competency. The FP-C certification targets competency at the mastery level of paramedic practice coupled with entry-level competency over the knowledge, skills and abilities contained within the Flight Paramedic specialty.

ELIGIBILITY
To obtain certification, the candidate must meet each of the following:
- Hold an unrestricted license or certificate to practice as a paramedic
- Complete an approved examination application
- Submit paramedic license or certification for verification and approval

The examination is available in computer-based testing (CBT), traditional paper-pencil testing (PBT), and remote proctor testing (RPT) formats.

To maintain certification, the certificant must meet all eligibility requirements, as well as demonstrate continued competency by meeting all recertification requirements. These requirements can be found on the IBSC website at http://www.ibscertifications.org/exam/exam-requirements

The examination is available in computer-based testing (CBT), traditional paper-pencil testing (PBT), and remote proctor testing (RPT) formats. The board is not affiliated with – nor part of – any trade organization and is not involved with any review courses offered to the public. If you have questions concerning the board or the administration of the examinations, please contact the IBSC at help@IBSC.org or by calling the IBSC office at +1 (770) 978-4400 – 1000-1600 Eastern Time Monday – Friday.

TESTING AGENCY
The IBSC has partnered with Prometric – a leading provider of technology-enabled testing and assessment solutions to many of the world’s most recognized licensing and certification organizations, academic institutions, and government agencies. Annually supporting more than 7 million test takers in 160 countries around the world. Prometric assists with the development, administration, scoring and analysis of the Certified Flight Paramedic (FP-C) examinations. All CBT and RPT examination delivery are provided by the Prometric testing center network with RPT being offered by the Prometric ProProctor platform. All PBT delivery is coordinated directly through the IBSC office.

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

REQUEST FOR ACCOMMODATION
To be considered for an accommodation under the ADA, an individual must present adequate documentation demonstrating that his/her condition substantially limits one or more major life activities. Only individuals with disabilities who, with or without reasonable accommodations, meet the eligibility requirements for certification at the level of the requested examination are eligible for accommodations.

For more information related to accommodations, please contact the IBSC at +1 (770) 978-4400. Additional information can also be found at http://www.ibscertifications.org/resource/pdf/ADA.pdf

APPLYING FOR AN EXAMINATION
Register for the FP-C examination via the IBSC website at www.IBSCertifications.org or by contacting the IBSC office at +1 (770) 978-4400. After your completed registration and fees have been submitted and approved, you will receive an electronic notice confirming your eligibility to take the examination. A
testing confirmation number will be issued along with instructions how to schedule your exam. The period of testing eligibility is one year.

SCHEDULING AN EXAMINATION
Check the www.IBSCertifications.org website for scheduled paper-pencil (PBT) examinations. Computer-based (CBT) examinations and remote proctor testing (RPT) can be scheduled at www.Prometric.com/IBSC. Follow the simple step-by-step instructions to register for your examination.

EXAMINATION LOCATIONS
The IBSC offers our entire family of examinations including FP-C®, CCP-C®, CP-C®, MTSP-C®, TP-C®, or the TR-C® exams at conferences, colleges, and public facilities around the world.

CBT examinations are administered at Prometric Assessment Centers geographically distributed throughout the world. RPT options are based on location, computer accessibility, and internet connectivity. Assessment Center locations and RPT specifications can be found at www.Prometric.com

CHANGED, MISSED, OR CANCELLED APPOINTMENTS
For paper-pencil examinations, contact the IBSC Office at +1 (770) 978-4400 or help@IBSC.org

For CBT or RPT examinations, you can change or cancel your examination appointment date in the Prometric scheduling portal at www.Prometric.com or 800-462-8669. The following rules apply:
- More than thirty (30) days from your appointment date – no change fees apply
- Twenty-nine (29) to five (5) days prior to your appointment date – a $100 rescheduling or cancellation fee applies

If four (4) or less days prior to your appointment – you must:
- First, cancel your appointment on-line with Prometric
- Then contact the IBSC at +1 (770) 978-4400 to reschedule – you must cancel with Prometric prior to contacting the IBSC
- A $100 rescheduling or cancellation fee applies

You will forfeit your examination registration and all fees paid to take the examination under the following circumstances.
- You arrive after the examination start-time for a paper-pencil examination appointment.
- You are more than 15 minutes late from the start of the exam.
- You fail to report for an examination appointment.

A new, complete registration and all examination fees are required if you chose to reapply for any examination.

To change the type of examination (e.g.: from FP-C to CCP-C), or the mode of testing (e.g.: CBT to PBT, RPT to CBT, etc.), contact the IBSC Office at +1 (770) 978-4400 or help@IBSC.org – additional fees will apply.

All examination candidates will adhere to the IBSC rules and acknowledge the IBSC has a disciplinary process that affords everyone due process. Exam fees are non-refundable.

UNSCHEDULED CANDIDATES (WALK-INS) ARE NOT ADMITTED TO ANY IBSC EXAMINATION.

PREPARING FOR THE EXAMINATION
The first step is to complete the eligibility process. The candidate must complete an approved application – providing proof of paramedic licensure or certification. The examination is designed to validate the unique knowledge and skills of the Flight Paramedic. Experience in the critical care transport environment and additional education in this specialty area are highly recommended to prepare you for being successful on the examination.

FP-C EXAM CONTENT
The Certified Flight Paramedic (FP-C) Examination consists of 135 questions (110 scored and 25 non-scored pretest 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, NRP, and ITLS/PHTLS standards. This examination is not meant to test entry-level knowledge, but rather to test the experienced paramedics’ 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. 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.

**MAINTAINING YOUR CERTIFICATION**

A minimum of 100 contact hours must be submitted with a clear and direct application to the practice of medicine in their area of specialty. Seventy-five of the contact hours must be in the CLINICAL category. Sixteen CLINICAL hours must be from an approved FP-C review class. Twenty-five CE's may be in the OTHER category to complete the 100 hours. It is acceptable to have more than 75 of the contact hours in the CLINICAL category. For CE to be applicable for renewal, it must have occurred during the four-year period of certification. See guidelines at [http://www.ibscertifications.org/recert/recert-requirements](http://www.ibscertifications.org/recert/recert-requirements)

**AUDITS**

The IBSC reserves the right to investigate recertification material at any time. You must retain documentation of all continuing education. Failure to submit education when audited will result in denial of eligibility to recertify.

**DISCIPLINARY POLICIES**

The IBSC has disciplinary procedures, rights of appeals, and due process within its policies. Individuals applying for certification or recertification who wish to exercise these rights may contact the IBSC for copies of the Review and Appeals Process Policy and the Denial, Suspension, or Revocation of Certification Policy. Requests to appeal must be submitted within thirty days (30) calendar days of receipt of notice of a determination.

**FP-C CONTENT OUTLINE (BLUEPRINT)**

<table>
<thead>
<tr>
<th>TOPIC AREAS</th>
<th># items</th>
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<td>SAFETY AND TRANSPORT</td>
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<td>PEDIATRIC</td>
<td>9</td>
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<td>PROFESSIONAL CONSIDERATIONS</td>
<td>7</td>
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</tbody>
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**NOTE:** Each test form includes 25 unscored pretest items in addition to the 110 scored items for a total of 135 items in a 2.5-hour test timeframe.
FP-C Content Outline (Blueprint)

I. Safety and Transport 8% (9 items)
   1. Aircraft operations
   2. Aerodynamics
   3. Aircraft performance
   4. Emergency procedures (e.g., fire, de-pressurization, IIMC)
   5. Landing zone operations
   6. Obstacle avoidance procedures
   7. Survival techniques
   8. Weather patterns
   9. Refueling operations
  10. Personal wellness (e.g., fatigue, fitness for duty)
  11. Hazard reporting
  12. Communication and radio operations
  13. Safety and restraint systems
  14. Pre-flight check
  15. Passenger briefing
  16. Risk assessment
  17. Night vision goggle operation (NVGO)
  18. GPS and navigation

II. Flight Physiology 6% (7 items)
   1. Gas laws
   2. Hypoxias
   3. Stressors of flight
   4. Altitude injuries
   5. Time of useful consciousness (TUC)
   6. Pressurized versus unpressurized aircraft cabins

III. Airway, Anesthesia, and Analgesics 15% (17 items)
   1. Airway assessment
   2. Anatomy and physiology
   3. Pharmacology
   4. Passive oxygenation
   5. Failed airway
   6. Surgical airway
   7. Mechanical ventilation
   8. Alternative airway devices
   9. Peri-intubation arrest
  10. Special airway considerations (e.g., tracheostomy)
  11. Tube confirmation and monitoring
  12. Airway suctioning
  13. Waveform capnography monitoring
  14. Non-invasive positive pressure ventilation
IV. Medical Emergencies 13% (14 items)
1. Endocrine system
2. Adrenal system
3. Renal system
4. Metabolic
5. Sepsis
6. Infectious disease
7. Toxicology
8. Blood products
9. Gastrointestinal
10. Lab values (e.g., CBC, Coag, BMP, ABG, Cardiac panel)
11. Advanced medical assessments
12. Treatment modalities
13. Invasive line procedures
14. Radiographic interpretation
15. Respiratory system (e.g., Krebs cycle, oxyhemoglobin dissociation curve, intrathoracic pressure)

V. Neurological 11% (12 items)
1. Neurological assessment
2. Seizures
3. Altered mental status
4. Cerebral Ischemia (e.g., large vessel occlusion)
5. Neuroprotective strategies (e.g., positioning, hemodynamics, EVD management)
6. Cerebral hemorrhage
7. Traumatic brain injury
8. Spinal cord injuries
9. Neurological diagnostics (e.g., CT scan)
10. Lab values (e.g., coag panel, BMP)
11. Pharmacologic agents
12. Monitoring equipment (e.g., ICP monitor)

VI. Cardiac 14% (14 items)
1. Multi-lead interpretation
2. Anatomy
3. Mechanical support device (e.g., Impella, ECMO, VAD, IABP)
4. Acute coronary syndromes (ACS)
5. Cardiogenic shock
6. Heart failure
7. Infectious cardiac disease (e.g., pericarditis, endocarditis, valvular disease)
8. Arrhythmias
9. Hypertensive crisis
10. Hemodynamic instability
11. Chronic cardiac conditions
12. Vascular disorders (e.g., AAA, thoracic dissection)
13. Electrophysiology
14. Cardiac diagnostics (e.g., ultrasound, cardiac echo)
15. Lab values (e.g., cardiac panel)
16. Pharmacologic agents
17. Monitoring equipment

VII. Trauma/Burn 12% (13 items)
1. Trauma/Burn diagnostics (e.g., CT x-ray, ultrasound)
2. Lab values
3. Pharmacologic agents
4. Monitoring equipment
5. Surgical interventions
6. Blood product administration and management
7. Lethal triad of trauma
8. Fluid resuscitation (e.g., burns)
9. Burns (e.g., thermal, electrical, chemical, radiological)
10. Toxic inhalation injuries

VIII. Maternal Fetal and Neonatal 7% (8 items)
1. Maternal Fetal and Neonatal diagnostics (e.g., tocodynamometer)
2. Lab values
3. Pharmacologic agents
4. Monitoring equipment
5. Complications of delivery (e.g., cord prolapse, placental abruption)
6. Multiple-birth
7. Pre-eclampsia and Eclampsia
8. Premature Rupture of Membranes (PROM)
9. Maternal
   (1) Pregnancy induced hypertension
   (2) Hypertonic or tetanic contractions
   (3) HELLP
   (4) Retained products
10. Neonatal
   (1) Fluid/electrolyte (e.g., maintenance calculation)
   (2) General Isolette operations
   (3) Thermal management
   (4) Cardiac conditions (e.g., coarcation)
   (5) Surgical emergencies (e.g., NEC, diaphragmatic hernia, gastroschisis)
   (6) Respiratory Distress Syndrome (RDS)

IX. Pediatric 8% (9 items)
1. Pediatric diagnostics
2. Lab values
3. Pharmacologic agents
4. Monitoring equipment
5. Airway disease (e.g., croup, RSV)
6. Nonaccidental trauma
7. Fluid/electrolyte replacement
8. Metabolic emergencies (e.g., DKA)
9. Special needs (e.g., developmental delays, autism spectrum, hematology-oncology)
10. High-tech (e.g., home vent)
11. Infectious disease (e.g., meningitis, re-emergent diseases)
12. Airway and ventilator management
X. Professional Considerations 6% (7 items)
   1. Common accreditation standards
   2. Research design, methodologies, and terminology
   3. Privacy considerations
   4. JUST culture
   5. Evidence based medicine
   6. Ethical considerations (e.g., end of life considerations, DNR)
   7. GAMUT metrics
   8. Caregiver PTSD and suicide risk

TOTAL ITEMS = 110

END OF DETAILED CONTENT OUTLINE
**FP-C SAMPLE QUESTIONS**

A 22-year-old male athlete is experiencing dyspnea, chest pain, and syncope with exertion. The 12-lead EKG reveals atrial fibrillation and left ventricular hypertrophy. You suspect
- A. methamphetamine use.
- B. **hypertrophic cardiomyopathy**.
- C. mitral valve stenosis.
- D. pericarditis.

Reference: Air Surface Patient Transport: Principles Practice 5th ed page 515

Rationale: Hypertrophic cardiomyopathy (HCM) is a genetically determined autosomal dominant disorder that causes abnormal development of cardiac myocytes and intramural coronary arterioles. HCM patients are typically young (2nd or 3rd decade of life). Left ventricular (LV) hypertrophy is a defining characteristic of HCM. Atrial fibrillation (AF) is the most common dysrhythmia, both in the general population and in patients with HCM. AF is common with Mitral Stenosis as well but is usually manifested in 4th or 5th decade of life rather than in young previously healthy individuals.

An unresponsive 23-year-old female is having seizures of an unknown etiology. During your assessment, you smell wintergreen emanating from her breath. Which of the following should you suspect?
- A. Hypermethioninemia
- B. Acetaminophen poisoning
- C. Diabetic ketoacidosis
- D. **Methyl salicylate poisoning**


Rationale: Methyl salicylate or oil of wintergreen has a very distinctive odor, which emanates from the breath of a patient poisoned by it. Methyl salicylate is contained in topical liniments to treat joint and muscular pain. Once absorbed in the body, it metabolizes into salicylates, including salicylic acid, a known NSAID. Hypermethioninemia is an excess of methionine, an amino acid, which may cause a patient’s breath may smell of boiled cabbage. Acetaminophen poisoning is not associated with this smell.

You are transporting a 21-year-old male who was stabbed multiple times in the chest. He is cyanotic, and you observe jugular vein distention. After a liter fluid bolus of normal saline, his vital signs are HR 120, RR 28, BP 60/50, and SpO2 94%. Which of the following is the most appropriate intervention?
- A. Administer norepinephrine
- B. **Perform a pericardiocentesis**
- C. Administer phenylephrine
- D. Perform a left tube thoracostomy

Reference: Critical Care Transport (2nd Ed) by the American Academy of Orthopaedic Surgeons (AAOS), the American College of Emergency Physicians (ACEP) and UMBC. (2017). Page 329-330

Rationale: Signs and symptoms of a cardiac tamponade are a narrowed pulse pressure, JVD and muffled heart tones. Of the choices only a pericardiocentesis would benefit patient after volume had been administered.

A 25-year-old male who is in septic shock and has a serum lactate of 7.5 mg/dL and a MAP of 58 mmHg. To what lactate and MAP should target your treatment?
- A. 3.5 mg/dL and 60 mmHg
- B. 5.0 mg/dL and 60 mmHg
- C. **3.0 mg/dL and 65 mmHg**
- D. 5.5 mg/dL and 65 mmHg

Reference: Critical Care Transport (2nd Ed) by the American Academy of Orthopaedic Surgeons (AAOS), the American College of Emergency Physicians (ACEP) and UMBC. (2017). Page 276

Rationale: Septic shock is defined as fluid unresponsive hypotension requiring a vasopressor to maintain MAP of 65 mmHg or greater and serum lactate level greater than 2 mmol/L in the absence of hypovolemia.
A 28-year-old male is obtunded and has extensive facial trauma following an MVC. His vital signs are HR 120, RR 6, BP 90/60, \(\text{SpO}_2\) 93%, and \(\text{EtCO}_2\) 50. You are unable to identify any landmarks due to excessive bleeding and edema. Now you are unable to get chest rise with an OPA and BVM ventilation. His current vital signs HR 140, RR 6, BP 84/56, \(\text{SpO}_2\) 70%, \(\text{EtCO}_2\) 60. You should

A. palpate and stabilize the cricothyroid membrane and make a 5 to 7 cm vertical incision through his skin.

B. reposition his head and attempt a second intubation attempt with suction and a bougie.

C. palpate and stabilize the cricothyroid membrane and make a 5 to 7 cm horizontal incision through his skin.

D. reposition his head and attempt a second intubation attempt with a smaller ET tube.


Rationale: Failed airway algorithm states if \(\text{SpO}_2\) drops below 93% at any point, ventilate with a facemask and OPA/SGA. If no improvement of \(\text{EtCO}_2\) progress to surgical airway. The correct landmark is the cricothyroid membrane and should be incised vertically. 5-7 cm horizontally would risk cutting adjacent vasculature.

**What are the daytime weather minimums of your non-mountainous rotor-wing base?**

A. **800 feet and 2 miles**

B. 800 feet and 3 miles

C. 1000 feet and 3 miles

D. 1000 feet and 5 miles

Reference: Critical Care Transport (2nd Ed) by the American Academy of Orthopaedic Surgeons (AAOS), the American College of Emergency Physicians (ACEP) and UMBC. (2017). Page 413

Rationale: This patient is likely presenting with autonomic dysreflexia as evidenced by HTN, bradycardia, and flushed diaphoretic face with nasopharyngeal vessel congestion. A potential precipitator of autonomic dysreflexia may be a full bladder and drainage of the bladder should be performed to rule out that as the cause. Atropine is not indicated as patient’s symptoms are not related to bradycardia. Nitroprusside may eventually be indicated, but identification and correction of precipitating factors.

A 38-year-old female you are transporting by air has an \(\text{SpO}_2\) of 98% on room air. During transport, her \(\text{SpO}_2\) starts to decrease and you administer supplemental oxygen. Which of the following explains the drop in her \(\text{SpO}_2\)?

A. Boyle’s Law

B. **Dalton’s Law**

C. Charles’ Law

D. Henry’s Law


Rationale: Dalton’s Law – as altitude increases, the partial pressure decreases requiring oxygen at higher altitudes.

A 24-year-old male complains of a headache, nasal congestion, and his skin is flushed and diaphoretic. He has a history of paraplegia secondary to a T3 severed spinal cord injury. His vitals are HR 45, RR 22, BP 214/120, and \(\text{SpO}_2\) 98%. You should

A. administer atropine.

B. administer nitroprusside.

C. **insert a foley catheter.**

D. insert a nasogastric tube.

Reference: Critical Care Transport (2nd Ed) by the American Academy of Orthopaedic Surgeons (AAOS), the American College of Emergency Physicians (ACEP) and UMBC. (2017). Page 413

Rationale: The flight visibility requirements for the daytime in a non-mountainous location is 800 feet and 2 miles
ON THE DAY OF YOUR EXAMINATION
On the day of your examination appointment:
For CBT testing – report to the Prometric Assessment Center no later than your scheduled testing time. Once you enter the Assessment Center, look for the signs indicating Prometric 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 acceptable photo identification. Identification must be valid and include your current name, signature, and photo.

Acceptable forms of primary identification include photo ID’s such as a current:
1. driver’s license
2. gov’t issued identification card
3. passport
4. military identification card

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.**

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
- No guests, visitors or family members are allowed in the testing room or reception areas
- All personal items will be placed in a locker and will not be accessible during the examination

For RPT testing – Ensure your computer and internet connectivity meet the requirements outlined in your confirmation letter at https://rpcandidate.prometric.com/Home/SystemCheck

Sign into the ProProctor portal at least 15 minutes prior to your scheduled appointment time at https://rpcandidate.prometric.com/

To gain admission to RPT process, you must present acceptable photo identification. Identification must be valid and include your current name, signature, and photo.

Acceptable forms of primary identification include photo ID’s such as a current:
1. driver’s license
2. gov’t issued identification card
3. passport
4. military identification card

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

SECURITY
IBSC and Prometric maintain examination administration and security standards that are designed to assure all candidates are provided the same opportunity to demonstrate their abilities. Each Prometric Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes. Candidates may be subjected to a metal detection scan upon entering the examination room.

During CBT and RPT testing the computer monitors the time you spend on the examination. The examination will terminate if you exceed the time limit. A digital clock – located at the top of the screen – indicates the time remaining for you to complete the examination.

Only one question is presented at a time. The question number appears on the left 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 highlighted window below the question. To change your answer, enter a different option 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 next button 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 back button.

The “gear” icon on the bottom left of the screen allows you to change the color of the pages.

You may leave a question unanswered and return to it later. The “question mark” icon on the bottom of the page will return you to the overall instruction page. To return to the exam, click the "continue exam" icon on the bottom of the page.

You may flag questions for later review by clicking the “flag” button at the bottom of the page.

You can eliminate answers by using the “strike-through” feature by right clicking on the mouse. To remove the “strike-through” right click again.

All unanswered and flagged questions will be noted on the left side of the screen – next to the actual question number. This will provide a list of flagged and unanswered questions. When you have completed the examination, you will be prompted several times to exit and finish the examination. Be sure to answer each question before ending the examination. There is no penalty for guessing.

For paper-pencil examinations, the candidate will be required to complete the following:

- manually complete the bubble sheet – pencils will be provided
- ensure all answers are properly marked
- when changing answers, ensure all improper marks are properly erased
- provide exam feedback on the back of the bubble sheet
- simple calculator will be provided

INCLEMENT WEATHER OR EMERGENCIES

In the event of inclement weather or unforeseen emergencies on the day of an examination Prometric 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 the Prometric website at www.Prometric.com prior to the examination to determine if your Assessment Center has 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 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

- Possession of a cellular phone or other electronic devices (including smart watches) is strictly prohibited and will result in dismissal from the examination.
- You will be provided with a wipe-off board to use during the examination. You must return the wipe-off board to the Assessment Center staff 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, and your scores will not be reported. Examination fees will be forfeited. Examples of misconduct include:
• creating a disturbance, becoming 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
FOR COMPUTER BASED and REMOTE PROCTOR TESTING: After you finish the examination, you will be asked to complete a short evaluation of your testing experience conducted by Prometric. Score reports will be e-mailed to the address used when registering, within one hour of the examination.

FOR PAPER-PENCIL TESTING: After you finish the examination, you will return all materials to the examination proctor in the envelopes provided. Score reports will be e-mailed to the address used when registering, within thirty (30) days from the examination date.

SCORE REPORTING
To pass any IBSC examination, your score must equal or exceed the passing score. The passing standard for each IBSC exam is established using standard-setting techniques that follow best practices in the testing industry.

The passing standard for each certification exam is set by a designate IBSC Subspecialty Board, Test Committee or Subject Matter Expert Group. Members of these groups are nationally recognized specialists whose combined expertise encompasses the breadth of clinical knowledge in the specialty area. Members include educators, managers and providers, incorporating the perspectives of both the education and practice environments. In setting the passing standard, the committee considers many factors, including relevant changes to the knowledge base of the field as well as changes in the characteristics of minimally qualified candidates for certification.

The passing standard for an exam is based on a specified level of mastery of content in the specialty area. Therefore, no predetermined percentage of examinees will pass or fail the exam. The committee sets a content-based standard, using the modified-Angoff method.

The IBSC no longer provides the passing candidate with a raw score nor a breakdown of the examination score by topic area. Exam results are reported pass/fail. If you did not pass the exam, you will receive an examination report indicating subject areas of relative strength and weakness. The diagnostic report can assist you if you decide to retake the exam. This change is necessary to endorse the philosophy that certification is the goal and that the raw score number beyond the passing score does not matter.

The domain scores on the score report is not used to determine pass-fail decision outcomes. They are only provided to offer a general indication regarding your performance in each domain. The examination is designed to provide a consistent and
precise determination of your overall performance and is not designed to provide complete information regarding your performance in each domain. You should remember that areas with a larger number of items will affect the overall score more than areas with a fewer number of items. The precision and consistency of scores diminishes with fewer items, and therefore, sub-scores should be interpreted with caution, especially those that correspond to domains with very few items.

Numeric scores are not provided for examinees who pass to ensure that the scores are not used for purposes other than licensure and certification. For example, numeric scores should not be used for hiring and promotion decisions because the IBSC exams are not designed for these purposes.

WHEN YOU PASS THE EXAMINATION
When you pass the examination, your score report will state “pass” without a score breakdown. You will receive a certificate and wallet card within 8 weeks from our partners at The Award Group. Your certification lapel pin and patch will be sent under a separate mailing within 3 weeks of your testing date. Your FP-C certification is valid for a four-year period.

IF YOU DO NOT PASS THE EXAMINATION
Should you fail the examination, 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. As an example, in domain “A”, the score of 7/12 means you correctly answered 7 of the 12 questions. Providing this data allows the candidate to direct their review and study material to address those domains in which you were not successful. You may retake the examination after 30 days. The retesting process is outlined at http://www.ibscertifications.org/resource/pdf/Retesting%20Policy.pdf

SCORES CANCELLED BY THE IBSC OR PROMETRIC
IBSC and Prometric 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. IBSC and Prometric are committed to rectifying such discrepancies as expeditiously as possible. Examination results may be cancelled if, upon investigation, a violation or discrepancy is discovered.
Abbreviation List FP-C and CCP-C Exams

The following abbreviations may be seen on the FP-C and CCP-C certification examinations:

Ab – Abortion
ABG – arterial blood gas
AC – assist control
ACLS – Advanced Cardiac Life Support
ALT – alanine aminotransferase
AST – aspartate aminotransferase
ATC – air traffic control
BP – blood pressure
BUN – blood urea nitrogen
BVM – bag, valve, mask
CABG – coronary artery bypass graft
CaCl – calcium chloride
CAMTS – Commission on Accreditation of Medical Transport Systems
CBC – complete blood count
CEW – conducted energy weapon
CHF – congestive heart syndrome
Cl – chloride
CMV – conventional mechanical ventilation
CO – cardiac output
CO2 – carbon dioxide
COPD – chronic obstructive pulmonary disease
CPAP – continuous positive airway pressure
CPP – cerebral perfusion pressure
CPR – cardiopulmonary resuscitation
Cr – creatinine
CT – CAT scan, computerized axial tomography
CVP – Central venous pressure
DBP – diastolic blood pressure
DPL – diagnostic peritoneal lavage
DUI – driving under the influence
ED – emergency department
EKG or ECG – electrocardiogram
EMS – emergency medical services
EtCO2 – carbon dioxide
ETT – endotracheal tube
G – Gravida
g or gr – gram
GCS – Glasgow coma scale/score
GI – gastrointestinal
GSW – gunshot wound
HAA – helicopter air ambulance
HCO3 – serum bicarbonate
HELLP syndrome – hemolytic anemia, elevated liver enzymes, and low platelet count
HEMS – helicopter emergency medical services
HFOV – high frequency oscillatory ventilation
HR – heart rate
HTN – hypertension
IABP – intra-aortic balloon pump
ICP – Intracranial pressure
ICU – intensive care unit
IDDM – insulin dependent diabetes mellitus
IFR – Instrument Flight Rules
IIMC – Inadvertant instrument meteorological conditions
IM – intramuscular
IO – intrasosseous
I-time – inspiratory time
IV – intravenous
IVP – IV push
JVD – jugular venous distention
K+ – potassium
KCL – potassium chloride
kg – kilogram
LOC – loss of consciousness
LZ – landing zone
MHz – Mega hertz
MI – myocardial infarction
MSL – mean sea level
MVC – motor vehicle crash or collision
Na – Sodium
NaCl – sodium chloride
NC – nasal cannula
NGT – nasogastric tube
NICU – neonatal intensive care unit
NiIDDM – non-insulin dependent diabetes mellitus
NRB – nonrebreather
NTSB – National Transportation Safety Board
NVGs – night vision goggles
OGT – oral gastric tube
P – Para
PAD – Pulmonary artery diastolic pressure
PAOP – Pulmonary artery occlusion pressure
PAP – Pulmonary artery pressure
PAS – pulmonary artery systolic pressure
PCWP – pulmonary capillary wedge pressure
PEEP – positive end-expiratory pressure
PICU – pediatric intensive care unit
PIH – pregnancy-induced hypertension
PIP – peak inspiratory pressure
PMH – past medical history
PO – per os, orally
PPE – personal protective equipment
PROM – premature rupture of membranes
PVR – pulmonary vascular resistance
RDS – respiratory distress syndrome
ROSC – return of spontaneous circulation
RR – respiratory rate
RSI – rapid sequence induction
RVP – Right ventricular pressure
SaO₂ / Sats – SaO₂, saturations, O₂ sats
SARS – severe acute respiratory syndrome
SBP – systolic blood pressure
SIMV – synchronized intermittent mandatory ventilation
SpO₂ – oxygen saturation
SQ – subcutaneous
SVR – systemic vascular resistance
SVT – Supraventricular Tachycardia
Temp or T – temperature
tPA – tissue plasminogen activator
TXA – Tranexamic acid
VFR – Visual Flight Rules
Vt or TV – tidal volume
WPW – Wolff-Parkinson-White syndrome