



# Candidate Handbook



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**HOW TO CONTACT THE IBSC**  
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**HOW TO CONTACT PROMETRIC**  
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### **POPULATION BEING CERTIFIED**

The Certified Tactical Responder (TR-C) exam candidate is at minimum an Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT) or Law Enforcement Officer (LEO) currently providing medical care in austere and care-under-fire environments. The expectation for the TR-C examination candidate is knowledge in casualty assessment, stabilization, and evacuation in hostile and austere environments, as well as thorough familiarity with tactical principles, triage, and operational medicine. Candidates should 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 CBRNE), force health protection, and medico-legal aspects of Tactical Emergency Medical Services.

This certification examination is intended to evaluate mastery-level knowledge of a non-paramedic's skills and knowledge of the patient requiring tactical care intervention during the various aspects of providing care in the tactical or austere environment. The target audience for the Certified Tactical Responder (TR-C) certification examination is any licensed or certified LEO, EMR, EMT or AEMT functioning in an austere and care-under-fire environment. The broader audience includes the following:

- i. United States as well as foreign militaries
- ii. Federal, state and local Emergency Medical Services (EMS) providers
- iii. Private and government operated Emergency Medical Services (EMS) agencies
- iv. Various Law Enforcement Organizations
- v. Ground ambulance companies supporting tactical care initiatives
- vi. Hospitals and various acute care medical facilities functioning in austere environments
- vii. Education institutions such as local and state colleges or technical centers that provide Emergency Medical Services (EMS) training
- viii. Other areas around the globe that already require specialty tactical certification

For additional questions related to qualifying for a certification examination, please contact the IBSC at +1 (770) 978-4400 or via [help@IBSC.org](mailto:help@IBSC.org).

## INTRODUCTION

The International Board of Specialty Certification (IBSC) is responsible for the construction, administration and maintenance of the Certified Tactical Responder (TR-C) examination.

The IBSC does not believe the EMR, LEO, EMT, or AEMT should work in the tactical environment without being certified. The legal risk to the employer and the medical director exponentially increases without validation of clinical competency. The TR-C certification targets competency at the mastery level of tactical practice coupled with entry-level competency over the knowledge, skills and abilities contained within the tactical medicine environment.

## ELIGIBILITY

To obtain certification, the candidate must:

- Hold an unrestricted license or certificate to practice as an Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT) or be currently licensed or certified as a Law Enforcement Officer (LEO)
- Hold medical director authorization to practice (Canada only).
- Have tactical knowledge consistent with current TCCC/TECC guidelines.
- Complete an approved examination application
- Submit a license or certification for verification and approval. (Sworn law enforcement officers who have had formalized medical training but are not currently licensed may petition the IBSC for a waiver)

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

The examination is available in computer-based testing (CBT) and traditional pencil/paper 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](mailto: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 trusted leader in global test development and delivery solutions for academic, corporate, financial, government, healthcare, professional associations and technology markets. Prometric assists with the development, administration, scoring and analysis of the Certified Tactical Responder (TR-C) examinations. All CBT examination delivery are provided by the Prometric testing center network – with P&P delivery coordinated 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 TR-C examination via the IBSC website at [www.IBSC.org](http://www.IBSC.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. An eligibility testing 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.IBSC.org](http://www.IBSC.org) website for scheduled pencil/paper examinations. Computer based (CBT) examinations can be scheduled at [www.Prometric.com/IBSC](http://www.Prometric.com/IBSC). Follow the simple step-by-step instructions to choose and register for your examination.

## EXAMINATION LOCATIONS

The IBSC offers our entire family of examinations including FP-C®, CCP-C®, CP-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. Assessment Center locations are available online. A complete listing of these sites can be found at [www.Prometric.com](http://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](mailto:help@IBSC.org)

For CBT examinations, you can change or cancel your examination appointment date in the Prometric scheduling portal at [www.Prometric.com](http://www.Prometric.com) or 800-967-1139. 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:

- Cancel your appointment on-line with Prometric
- Then contact the IBSC at +1 (770) 978-4400 to reschedule
- A \$100 rescheduling or cancellation fee will apply

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 pencil/paper examination appointment.

- You are more than 15 minutes late from the start of the exam.
- You fail to report for an examination appointment.
- You do not schedule an examination within the one-year eligibility period.

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

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

All examination candidates will adhere to the IBSC rules and acknowledge that the IBSC has a disciplinary process that affords everyone due process.

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

## PREPARING FOR THE EXAMINATION

The first step is to complete an approved application and provide proof of EMR or higher licensure or certification. The examination is designed to validate the unique knowledge and skills of the Tactical Responder. Experience in care in the austere environment with additional education in this specialty area are highly recommended to prepare you for being successful on the examination.

## TR-C EXAM CONTENT

The Certified Tactical Responder (TP- C) Examination consists of 110 questions (100 scored and 10 non-scored pretest questions). The candidate is provided 2 hours to complete the examination. The certification process is focused on the knowledge level of accomplished, experienced tactical EMS providers currently working with tactical teams. The questions on the examination are based in sound paramedicine with an emphasis on the tactical environment. The expectation for the TR-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. This examination is not meant to test entry-level tactical knowledge, but rather to test the experienced operator’s skills and knowledge of tactical medicine.

As you prepare for the examination, please consider there are a variety of mission profiles throughout the TEMS spectrum. Please remember this examination tests the candidates’ overall knowledge of critical care therapies and the TEMS environment, not the specifics of one individual program. Just because your program does not have working dogs, that does not mean you will not have questions related to the care of these animals. Likewise, if your program does not perform care under fire, 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 provider. Though some outline topics are within the operator’s scope of practice, the exam questions will be related to overall tactical care and may have a higher level of difficulty. The detailed content outline follows.

**MAINTAINING YOUR CERTIFICATION**

The current TR-C certificant must obtain the following education to be considered for recertification:

- Current EMR certification or higher.
- Demonstrate a minimum of 16 hours of tactical casualty care education consistent with current TCCC/TECC guidelines that are state or provincial or CAPCE approved.
- Medical Director Competencies (CANADA)
- If not currently certified at the minimum EMR level, the candidate must submit these 3 items:
  - a. A letter requesting an exception from IBSC policy that the candidate does not hold current EMR or higher licensure but has a medical role on the tactical team.
  - b. A letter from the TEMS medical director endorsing their request for continued TR-C certification.
  - c. A letter outlining 32 hours of continuing medical education appropriate to the candidate’s skill level that has been accomplished in the prior 4 years.

The NAEMT TCCC program is acceptable for sixteen of these CE hours. For CE to be applicable for renewal, it must have occurred during the four-year period of certification

See recertification guidelines at <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.

The detailed content outline follows.

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

TOPIC AREAS	# OF QUESTIONS
<b>TACTICAL CASUALTY CARE (TECC/TCCC)</b>	46
<b>TACTICAL OPERATIONS</b>	23
<b>PLANNING</b>	15
<b>SPECIALIZED MEDICAL CARE</b>	16
<b>TOTAL SCORED ITEMS</b>	100

**NOTE:** Each test form includes 10 unscored pretest items in addition to the 100 scored items for a total of 110 items in a 2.0-hour test timeframe.

**I. TACTICAL CASUALTY CARE (TECC/TCCC)  
(46 questions in the section)**

- A. Tactical Casualty Care (TECC/TCCC) Methodology  
Perform Tactical Medical Skills in the:
1. Direct Threat / Care Under Fire / Hot Zone care
  2. Indirect Threat / Tactical Field Care / Warm Zone care
  3. Evacuation / Tactical Evacuation Care / Cold Zone care

- A. Hemostasis
1. Recognize wound types/mechanisms at high-risk for life threatening hemorrhage, both internal and external
  2. Reassess efficacy of previously employed hemorrhage control techniques
  3. Perform hemorrhage control using:
    - a) tourniquet (extremity and junctional)
    - b) direct pressure
    - c) indirect pressure
    - d) wound packing
    - e) wound dressing
    - f) pressure dressing
    - g) hemostatic agent (e.g., combat gauze, chito gauze)

- B. Airway
1. Perform airway assessment
  2. Manage the airway using:
    - a) casualty positioning (e.g., recovery position)
    - b) basic airway techniques (e.g., chin-lift, jaw thrust)
    - c) suction devices
    - d) airway adjuncts (NPA)
    - e) supraglottic airway (SGA) device (e.g., King, LMA)
    - f) verification of tube placement: End tidal CO<sub>2</sub> detection / capnography

- C. Respiration/Breathing
1. Assess respiratory status
  2. Use capnography
  3. Use pulse oximetry
  4. Seal penetrating thoracic wounds with occlusive dressing
  5. Perform needle thoracostomy (e.g., needle decompression)
  6. "Burp" a chest wound

- D. Circulation
1. Assess adequacy of perfusion (e.g., monitoring, physical exam)
  2. Recognize potential causes of shock
  3. Perform Damage Control Resuscitation (DCR)
    - a) crystalloid
    - b) colloids

- c) TXA
4. Provide oral fluid resuscitation

- E. Vascular Access
1. Peripheral intravenous access
  2. Intraosseous access

- F. Medication administration
1. Provide oxygen therapy
  2. Administer non-prescription medications:
    - a) anti-inflammatories
    - b) antihistamines
  3. Administer prescription medications
    - a) antibiotics
    - b) non-narcotic analgesics
    - c) nerve agent antidotes
    - d) cyanide antidotes
    - e) morphine
    - f) ketamine
    - g) midazolam
    - h) diazepam
    - i) fentanyl
    - j) naloxone
  4. Administer hypertonic saline for neurological management of head injuries

- G. Casualty Immobilization and Packaging
1. Perform neurologic assessment
  2. Manage suspected spinal injuries in the following settings/scenarios:
    - a) unconscious
    - b) blunt trauma
    - c) penetrating trauma
    - d) blast injuries
  3. Determine the differential diagnosis of a comatose patient
  4. Manage patients with seizures
  5. Perform a baseline neurologic assessment of a trauma patient
  6. Assess changes in intracranial pressure using clinical findings
  7. Perform a focused neurological assessment
  8. Assess a patient using the Glasgow Coma Scale
  9. Manage patients with head injuries
  10. Provide care for the patient with orthopedic injuries (e.g., pelvic, femur, spinal)
  11. Perform fracture dislocation management
  12. Reduce dislocations
  13. Perform an assessment of the burn patient
  14. Calculate the percentage of total body surface area burned
  15. Calculate fluid replacement amounts based on the patient's burn injury and physiologic condition
    - a) Rule of Tens
    - b) Parkland formula



- H. Trauma Management
  1. Perform patient triage
  2. Identify top 3 causes of preventable death from tactical trauma (i.e., TECC/TCCC)
  3. Use MARCH algorithm: massive bleeding, airway, respiration, circulation, hypothermia/head injuries
  4. Differentiate injury patterns associated with specific mechanisms of injury
  5. Provide care for the patient with thoracic injuries (e.g., pneumothorax, flail chest)
  6. Provide care for the patient with abdominal injuries (e.g., diaphragm, liver and spleen)
- I. Mass casualty triage
  1. Perform START triage
  2. Perform SALT triage

**II. TACTICAL OPERATIONS  
(23 questions in the section)**

- A. Remote Medical Assessment and Surrogate Treatment
  1. Perform a remote assessment /surrogate care
  2. Determine situational variables impacting rescue
  3. Communicate findings to the team leader for integration into extraction plan
  4. Direct a surrogate to assess the need for life saving medical care
  5. Direct a surrogate to provide lifesaving medical care
- B. Operational Rescue and Casualty Extraction
  1. Perform high threat extraction
  2. Use methods of rescue breaching (e.g., evacuation through drywall, cinderblock, window)
  3. Recommend extraction method based on the casualty's specific injuries
- C. Tactical Familiarization
  1. Identify specialized equipment and its use in tactical operations and TEMS:
    - a) personal protective equipment (PPE)/uniforms
    - b) breaching/diversionary
    - c) firearms/weapons: clear and render safe
  2. Stage standardized team medical equipment
  3. Understand basic individual and team tactical movement techniques and their importance to team safety
    - a) demonstrate open field movement
    - b) cover and concealment
    - c) fatal funnel
    - d) stack
    - e) wedge
    - f) slicing the pie
    - g) clearing threats
    - h) building sectoring/tactical numbering

4. Situational awareness to personal, patient and team safety in a tactical operation
  - a) implement noise/light discipline
  - b) manage stress response
  - c) execute 5 S's (seize, secure, search, segregate, speed)
  - d) use the contact and cover technique
  - e) employ PIE (proximity, immediacy, expectancy)
  - f) employ critical stress mitigation techniques
5. Manage Injuries and Complications Associated with Less Lethal Weapons
  - a) Chemical munitions (e.g., CS, OC)
  - b) Conducted energy weapons
  - c) Impact weapons
  - d) Light/sound diversionary devices (e.g., flash-bang)
6. Canine Management
  - a) Manage working dog trauma
  - b) Manage environmental emergencies in dogs

**III. PLANNING  
(15 questions in the section)**

- A. Medical Planning
  1. Provide medical mission analysis
    - a) pre-mission
    - b) establish and manage a Casualty Collection Point (CCP)
    - c) infiltration
    - d) actions on objective
    - e) exfiltration
    - f) post-mission
    - g) special population (e.g., pediatric, elderly, cultural)
  2. Provide medical threat assessment
    - a) environmental hazards (e.g., heat, cold, wind, rain)
    - b) tactical threats (e.g., weapons, dogs, improvised explosive devices (IEDs))
    - c) hazardous materials / clandestine labs
    - d) weapons of mass destruction (WMD) / chemical biological radiological nuclear explosives (CBRNE)
  3. Incident Command Structure(ICS)
    - a) Use a centralized command and control system

- b) Interface with local medical authority

B. Legal Aspects of TEMS: Comply with legal aspects of the following:

1. Patient privacy
2. Evidence preservation and Chain of Custody
3. Scope of Practice
4. Warrants, search and seizure laws

**IV. Specialized Medical Care  
(16 questions in the section)**

- A. Force Health Protection
  1. Manage work/rest/sleep cycles
  2. Evaluate pertinent medical history of assigned personnel
  3. Identify immunizations and chemoprophylaxis (e.g., malaria) for a given team and settings
  4. Identify aspects of hydration for a given team and setting
  5. Identify aspects of nutrition and food safety for a given team and setting
  6. Identify aspects of field sanitation for a given team and setting
  7. Monitor team use of tactical protective equipment (e.g., ballistic eyewear, body armor, fire resistant gloves)
- B. Environmental Factors
  1. Identify environmental emergencies
  2. Manage environmental emergencies
- C. Hazardous Materials Management
  1. Recognize hazardous materials
  2. Administer antidotes
  3. Perform field decontamination

**END OF DETAILED CONTENT OUTLINE**

TR-C SAMPLE QUESTIONS

1. Entry has been made and the area secured, what is this phase of TCCC called?
  - a. Tactical Evacuation
  - b. Care Under Fire
  - c. Buddy Aid
  - d. Tactical Field Care

Answer: d

2. What is the best immediate action for arterial extremity bleeding that has not been controlled with a tourniquet during tactical field care?
  - a. Apply a second tourniquet proximal to the first
  - b. Use a hemostat to clamp the vessel
  - c. Apply direct pressure to the bleeder
  - d. Pack the wound with a hemostatic dressing

Answer: a

3. What is the most common etiology of preventable death in the tactical environment?
  - a. Airway compromise
  - b. Extremity hemorrhage
  - c. Tension pneumothorax
  - d. Traumatic Brain Injury

Answer: b

4. Which of the following statements most accurately describes the process of triage in a tactical scenario?
  - a. Triage decisions made in the tactical environment will never be the same as those made at a higher level of care
  - b. The number of categories is flexible and are determined by the senior medical personnel present
  - c. Triage and treatment are always performed in separate areas dependent on the scene and situation
  - d. Triage involves the evaluation and treatment of casualties based on available resources

Answer: d

5. During an entry, your team is receiving direct and effective fire from an unknown number of persons. You observe a casualty who has a gunshot wound to his leg and you note spurting blood coming from the wound. What is the most appropriate action for the Tactical Responder?
  - a. Provide suppressing fire while directing the casualty to apply a tourniquet.
  - b. Rapidly apply a tourniquet and move the casualty to a safe area.
  - c. Call for assistance to rapidly move the casualty to a safe area
  - d. Direct the casualty to apply a field dressing as you provide suppressing fire

Answer: a

6. Your team is engaged by small arms fire while conducting an entry. The lead person in the stack is struck multiple times. You drag him out of the immediate line of fire behind a wall. Your assessment reveals the following: massive facial trauma with gurgling blood in the oropharynx, two gunshot wounds to the left chest without exit wounds, and arterial bleeding from the right thigh. He is in respiratory distress. Which of the following treatments are in the correct sequence according to TCCC guidelines?
  - a. Cricothyroidotomy, tourniquet, needle thoracostomy, occlusive chest seals.
  - b. Tourniquet, cricothyroidotomy, needle thoracostomy, occlusive chest seals.
  - c. Cricothyroidotomy, needle thoracostomy, tourniquet, occlusive chest seals.
  - d. Tourniquet, cricothyroidotomy, occlusive chest seals, needle thoracostomy.

Answer: b

7. Which of the following organs is most resistant to the primary blast injury of a high explosive detonation?
  - a. Colon
  - b. Spleen
  - c. Small bowel
  - d. Lung

Answer: d

## ON THE DAY OF YOUR EXAMINATION

On the day of your examination appointment, 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 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.

## 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.

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

- manually complete the scantron sheet
- ensure all answers are properly marked
- when changing answers, ensure all improper marks are properly erased
- provide exam feedback on the back of the scantron sheet

### 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](http://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

- Pencils will be provided during check-in.
- 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 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 TESTING:** After you finish the examination, you are 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 PENCIL/PAPER 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, six weeks 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.

## IF YOU PASS THE EXAMINATION

If 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 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.

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