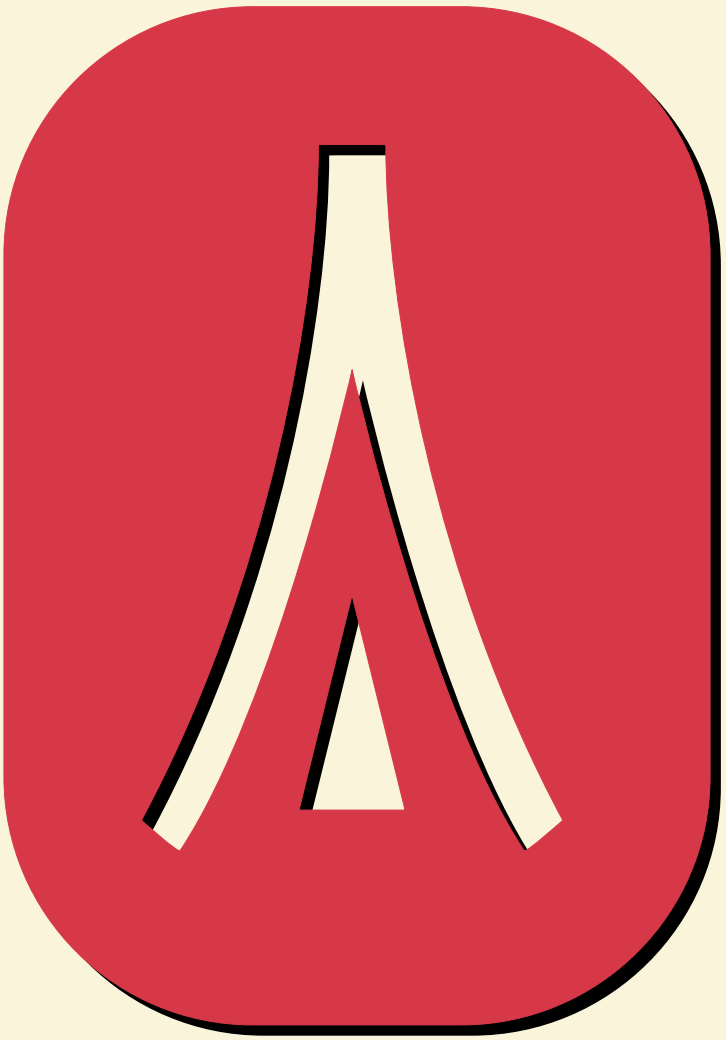
NAECB

NATIONAL
ASTHMA EDUCATOR
CERTIFICATION BOARD



Certified Asthma Educator (AE-C)

CANDIDATE HANDBOOK

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ABOUT NAECB

The National Asthma Educator Certification Board, Inc. (NAECB) is a voluntary health certifying board created in 2001 to evaluate the professional competence of asthma educators. The primary purposes of the NAECB are to prepare and conduct examinations to test the qualifications of candidates for certification as asthma educators.

The NAECB is governed by no less than 9 and no more than 17 voting members. The Directors represent the multiple disciplines involved in asthma education, counseling, and coordination of care and include at least

- one (1) behavioral scientist;
- one (1) health educator;
- one (1) nurse;
- one (1) pharmacist;
- one (1) physician; and
- one (1) respiratory therapist.

Representation is by discipline and competency, not by organizational membership. The Board of Directors also includes a Public Member and an At-Large Member.

NAECB's Mission: *To promote optimal asthma management and quality of life among individuals with asthma, their families and communities, by advancing excellence in asthma education through the Certified Asthma Educator process.*

Asthma Educator Definition: *An asthma educator is an expert in teaching, educating, and counseling individuals with asthma and their families in the knowledge and skills necessary to minimize the impact of asthma on their quality of life. The educator possesses comprehensive, current knowledge of asthma pathophysiology and management including developmental theories, cultural dimensions, the impact of chronic illness, and principles of teaching-learning. The educator is knowledgeable about objective and subjective evaluations used to diagnose asthma and assess its control. The educator capably instructs individuals with asthma on the optimal use of medications and delivery devices particularly explaining technical concepts to individuals in language each can understand. The educator conducts thorough assessments of individuals and families to identify strengths and resources as well as negative psychological factors, the social and economic impact of asthma, educational needs, and barriers to optimal healthcare and self-management. The educator works with an individual with asthma, his/her family, and other healthcare professionals to develop, implement, monitor, and revise an asthma action plan customized to the individual's needs, environment, disease severity, and lifestyle to optimize the individual's self-management skills. The educator monitors asthma education program outcomes and recommends modifications to improve quality and effectiveness. The educator serves as a resource to the community by providing information about asthma as well as healthcare and community resources.*

A primary job responsibility of the certified asthma educator is the provision of asthma coordination and counseling services.

ABOUT THIS HANDBOOK

This handbook provides information that you will need to register for the NAECB Examination, including eligibility requirements, examination policies, an examination content outline and an examination application. Be sure to keep the handbook until you take the examination; you may wish to refer to it later.

TESTING AGENCY

The NAECB has contracted with Applied Measurement Professionals, Inc. (AMP) to assist in the development, administration, scoring and analysis of its examination. AMP services also include the processing of examination applications and the reporting of scores to candidates who take the examination.

STATEMENT OF NONDISCRIMINATION

The NAECB does not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability or marital status.

ELIGIBILITY REQUIREMENTS

Individuals may be admitted to the examination based on either of the two following qualifications:

1. The following currently licensed or credentialed health care professionals may be admitted to the examination:

   Physicians (MD, DO)
   Physician Assistants (PA-C)
   Nurses (RN, LPN, NP)
   Respiratory Therapists (RRT, CRT)
   Pulmonary Function Technologists (CPFT, RPFT)
   Pharmacists (RPh)
   Social Workers (CSW)
   Health Educators (CHES)
   Physical Therapist (PT)
   Occupational Therapist (OT)

2. Individuals providing direct patient asthma education, counseling or coordinating services with a minimum of 1000 hours experience in these activities.

The NAECB reserves the right to verify eligibility requirements.

EXAMINATION ADMINISTRATION

The NAECB Examination is delivered by computer at over 170 AMP Assessment Centers geographically located throughout the United States. There are no application deadlines and a candidate who meets eligibility requirements may submit an application and fee at any time. The examination is administered by appointment only Monday through Saturday at 9:00 a.m. and 1:30 p.m. Candidates are scheduled on a first-come, first-served basis. The examination is not offered on the following holidays:

New Year's Day
Martin Luther King Day
Presidents' Day
Good Friday
Memorial Day
Independence Day (July 4)
Labor Day
Columbus Day
Veterans' Day
Thanksgiving (and the following Friday)
Christmas Eve Day
Christmas Day
New Year's Eve Day

EXAMINATION FEES

You must submit the appropriate fee with a complete examination application according to the following schedule. Payment may be made by credit card (VISA, MasterCard, American Express or Discover), cashier's check or money order made payable to AMP. **Cash, company and/or personal checks are not accepted.**

Examination Fee	
New Candidate	$295
Repeat Candidate	$195
Recertification Fee	$245

ASSESSMENT CENTER LOCATIONS

A current list of Assessment Centers can be viewed at **www.goAMP.com**. Specific address information will be provided when a candidate schedules an examination appointment.

TELECOMMUNICATION DEVICES FOR THE DEAF

AMP is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available 8:30 a.m. to 5:00 p.m. (Central Time) Monday-Friday at 913/895-4637. This TDD phone option is for individuals equipped with compatible TDD machinery.

SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES

NAECB 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 and submit it with your application and fee at least 45 business days prior to your desired examination date. Please inform AMP of your need for special accommodations when scheduling your examination.

APPLYING FOR AN EXAMINATION

● THE APPLICATION PROCESS

There are two ways to apply for the NAECB Examination after eligibility requirements are satisfied. All candidates may access the application process through the NAECB at **www.naecb.org**. Applications that are incomplete will be returned, along with any fees submitted minus a $50 processing fee.

1. **Online Application/Scheduling:** You may complete the application and scheduling process in one online session by visiting **www.naecb.org** and selecting **Examination Application**. The computer screens will guide you through the complete process. After the application information and payment using a credit card (VISA, MasterCard, American Express, Discover) have been submitted, eligibility will be confirmed or denied and you will be prompted to schedule an examination appointment or supply additional eligibility information. If special

accommodations are being requested, please contact AMP at 888/519-9901.

OR

2. **Paper Application and Scheduling:** Complete and submit to NAECB/AMP the paper application included in this handbook and appropriate fee (credit card, cashier's check or money order). A paper application is considered complete only if all information requested is complete, legible and accurate; if the candidate is eligible for the examination; and if the appropriate fee accompanies the application.

   NAECB and AMP will process the paper application and within approximately two weeks will send a confirmation notice including a website address and toll-free telephone number to contact AMP to schedule an examination appointment (see table below).

If you contact AMP by 3:00 p.m. Central Time on…	Your examination may be be scheduled as early as…
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday (Saturday if open)
Thursday	Monday
Friday	Tuesday

Be prepared to confirm a location and a preferred date and time for testing and to provide your Social Security number as a unique identification number. If a confirmation notice is not received within 4 weeks, contact NAECB/AMP at 888/519-9901. When you call to schedule an appointment for examination, you will be notified of the time to report to the Assessment Center. Please make a note of it because you will NOT receive an admission letter.

Your application is valid for one year, during which you must schedule an appointment to test on the computer and take the examination. If you fail to schedule an appointment within the one-year eligibility period, you will forfeit the application and all fees paid to take the examination. A complete application and examination fee are required to reapply for examination. You are allowed to take only the examination for which application is made and a confirmation notice is received. **Unscheduled candidates (walk-ins) are not tested.**

EXAMINATION APPOINTMENT CHANGES

You may reschedule an appointment for examination at no charge **once** by calling AMP at 888/519-9901 **AT LEAST TWO BUSINESS DAYS** prior to the scheduled examination session. (See following.)

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

If you wish to reschedule an examination but fail to contact AMP at least two business days prior to the scheduled examination session, reschedule a second time, appear more than 15 minutes late for an examination and cannot be seated, or fail to report for an examination appointment, you will forfeit the application and all fees paid to take the examination. A complete application and examination fee are required to reapply for examination.

EXAMINATION CONTENT

The examination is based upon four major content areas. Each of the content areas is briefly described and followed by an outline of the topics included in the area. In addition, the number of examination questions devoted to each major content area is noted. The examination is composed of 175 questions (150 scored questions, 25 pretest questions). Performance on the pretest questions does not affect your score. The pretest questions are not identified.

Each questions on the examination is categorized by a cognitive level that a candidate would likely use to respond. These categories are:

1. Recall (RE): The ability to recall or recognize specific information is required.
2. Application (AP): The ability to comprehend, relate or apply knowledge to new or changing situations is required.
3. Analysis (AN): The ability to analyze and synthesize information, determine solutions and/or to evaluate the usefulness of a solution is required.

Major Category	Percentage of Examination Questions
I. The Asthma Condition	**20%**
II. Patient and Family Assessment	**26%**
III. Asthma Management	**43%**
IV. Organizational Issues	**11%**

CERTIFICATION EXAMINATION FOR ASTHMA EDUCATORS DETAILED CONTENT OUTLINE

Open cells show an examination could include items from indicated cognitive levels. Shaded cells prevent appearance of items on examinations.	Cognitive Levels			
	Recall	Application	Analysis	TOTALS
I. THE ASTHMA CONDITION	**9**	**20**	**1**	**30**
A. Pathophysiology	**4**	**6**	**0**	**10**
1. Teach an individual with asthma and their family using simple language by illustrating the following with appropriate educational aids				
a. normal pulmonary anatomy and physiology				
b. alterations in lung anatomy and physiology that characterize asthma e.g., • inflammation • bronchial hyperresponsiveness • bronchial wall edema • excess mucous secretion • smooth muscle contractions				
c. immediate and potential long-term sequelae of airway inflammation e.g., • hyperresponsiveness • airway remodeling				
d. processes occurring in the lungs during an asthma exacerbation				
2. Explain				
a. terms used to characterize asthma e.g., • severity • control • impairment • risk				
b. how asthma severity and its control affect lung function measurements				
3. Teach an individual with asthma that asthma is a chronic airway disease with varying levels of severity and characterized by exacerbations				
4. Associate signs and symptoms of asthma with its underlying pathophysiology				
5. Compare asthma characteristics across age groups e.g., • infants • children • adults • elderly				
B. Factors Contributing to Acute and Chronic Asthma	**5**	**14**	**1**	**20**
1. Describe to an individual with asthma				
a. differences between an allergen and an irritant				
b. common triggers that provoke asthma				
c. the way triggers (e.g., allergens, irritants, exercise, infections) can be distinct and synergistic for each individual with asthma				
d. the role of active and passive tobacco smoke exposure in the development and control of asthma				
e. the role of family history and environmental factors (e.g., infections, diet, exposures) in the development of asthma				
f. potential occupational risks in the development and control of asthma				
g. medications (e.g., β-blockers, non-steroidal anti-inflammatory agents, anesthetics) that may exacerbate asthma				
2. Explain how to identify factors (e.g., allergens, pollutants) in the environment contributing to symptoms experienced by an individual with asthma e.g., • home • school • work place • outside				

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	Recall	Application	Analysis	TOTALS
3. Identify conditions that may mimic asthma or affect asthma control e.g., • obesity • obstructive sleep apnea • vocal cord dysfunction • stress • depression				
4. Explain how specific conditions may relate to the development and control of asthma				
a. pregnancy				
b. gastroesophageal reflux disease				
c. allergic conditions e.g., • rhinitis • sinusitis • eczema • allergic bronchopulmonary aspergillosis				
d. infections (e.g., sinusitis, pneumonia)				
e. COPD				
II. ASSESSMENT OF AN INDIVIDUAL WITH ASTHMA AND FAMILY	**6**	**19**	**17**	**42**
A. History from an Individual with Asthma	**2**	**7**	**7**	**16**
1. Interview an individual about				
a. the pattern of current symptoms				
b. the impact of asthma on the quality of life, activity level, and social / functional roles for an individual with asthma				
c. signs and symptoms requiring medical care				
d. high-risk asthma signs and symptoms e.g., • past intubations • over-use of β-agonists • poor perceivers • frequent use of systemic corticosteroids				
e. the reason(s) for loss of control				
2. Define an individual's asthma severity and control (e.g., impairment, risk) from available information				
3. Identify				
a. triggers (e.g., irritants, allergens)				
b. exercise association				
c. co-morbid conditions e.g., x sinusitis x nasal polyps x gastroesophageal reflux disease				
4. Solicit information about medications, and alternative and complementary therapies e.g., • over-the-counter • prescriptions • herbal and nutritional supplements • natural food products • physical therapies (e.g., yoga, acupuncture)				
5. Integrate information from the medical record into an assessment e.g., • family, clinical and medical history • physical examination • vital signs findings • laboratory, pulmonary function, and radiological results • current and past therapies • diagnostic interpretations of objective measures				

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	Recall	Application	Analysis	TOTALS
B. Physical Signs in an Individual with Asthma	**1**	**2**	**1**	**4**
1. Recognize signs of an acute exacerbation e.g., • cyanosis • accessory muscle use • labored breathing • clipped speech				
2. Recognize the significance of auscultated breath sounds e.g.,				
• crackles x wheezes x silent chest				
3. Direct an individual to emergent care based on current presentation				
C. Objective Measures	**2**	**3**	**2**	**7**
1. Emphasize the importance of using objective measures to an individual with asthma to identify asthma and assess control				
2. Explain to an individual with asthma				
a. the purpose and technique for testing allergies (e.g., IgE levels, hypersensitivity skin testing) and comorbid conditions (e.g., sinus imaging, pH probe)				
b. the purpose, technique, or results for				
1) peak flow monitoring				
2) spirometric measures				
3) pre-bronchodilator and post-bronchodilator pulmonary function testing				
4) pulse oximetry				
3. Assess whether an individual's peak flow or spirometric results are valid				
D. Educational Needs	**1**	**7**	**7**	**15**
1. Assess				
a. the knowledge and skills of an individual with asthma and his or her family regarding asthma and treatment				
b. adherence barriers regarding self-assessment and self-management e.g., • financial • cultural • attitudes				
c. knowledge of potential and known triggers in an individual's home, school, or work environments				
d. readiness and ability to learn, and learning style in an individual with asthma				
e. coping strategies used by an individual with asthma and his or her family				
f. the primary source of healthcare for an individual with asthma				
g. how an individual with asthma is currently recognizing and acting on changes in his or her symptoms				
2. Elicit goals and concerns of an individual with asthma and his or her family				
3. Utilize effective interviewing skills (e.g., ask open-ended questions, maintain eye contact)				
4. Conduct a multidimensional assessment of an individual with asthma and his or her family e.g., • socioeconomic • psychosocial • health literacy level • culture • language • healthcare beliefs and practices				
III. ASTHMA MANAGEMENT	**10**	**31**	**19**	**60**
A. Medications and Delivery Devices	**3**	**12**	**5**	**20**
1. Explain how medications are prescribed based on asthma severity and control				
2. Discuss				
a. the mechanism of action (e.g., β2 adrenergic, and leukotriene modifier) of asthma medications				

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	Recall	Application	Analysis	TOTALS
b. the role in therapy (e.g., quick relief, long-term control) of asthma medications				
c. side effects, drug interactions, and safety (e.g., beta agonist overuse, inhaled vs. systemic corticosteroids) of asthma medications				
d. the administration route, dose, frequency, and duration of each asthma medication				
e. the relative efficacy of asthma medications				
3. Dispel misconceptions (e.g., inhaled corticosteroids vs. anabolic steroids) about asthma medications				
4. Demonstrate correct techniques for inhaled delivery devices e.g., • MDI • DPI • nebulizers • valved holding chambers				
a. assembly				
b. administration				
c. cleaning				
d. replacement or refilling				
e. troubleshooting				
5. Assess whether an individual with asthma correctly demonstrates techniques for inhaled delivery devices e.g., • MDI • DPI • nebulizers • valved holding chambers				
a. assembly				
b. administration				
c. cleaning				
d. replacement / refilling				
e. troubleshooting				
6. Recommend devices to optimize inhaled medication delivery for an individual with asthma e.g., • elderly • child • disabled				
7. Summarize potential benefits and risks associated with alternative therapies and over-the-counter medications				
8. Emphasize importance of taking medications as prescribed when alternative and over-the-counter medications are available				
9. Discuss the purpose of				
a. immunotherapy in controlling allergy symptoms				
b. controlling atopic diseases (e.g., allergic rhinitis, allergic bronchopulmonary aspergillosis)				
c. preventive immunizations (e.g., influenza)				
d. treatment of comorbid conditions				
e. smoking cessation medications				
B. Behavioral and Environmental Modifications	**3**	**6**	**4**	**13**
1. Recommend strategies to address				
a. the management of exercise-induced asthma				
b. psychosocial (e.g., stress, anxiety, depression)				
c. social support and family factors				
d. economic issues				
e. drug abuse				
f. active smoking				
g. adherence issues				

Open cells show an examination could include items from indicated cognitive levels. Shaded cells prevent appearance of items on examinations.	Cognitive Levels			
	Recall	Application	Analysis	TOTALS
2. Employ culturally sensitive approaches to individuals with asthma and their families				
3. Allay concerns and fears of an individual with asthma and his or her family, and dispel myths they may believe				
4. Emphasize the importance of following a comprehensive trigger avoidance plan				
5. Recommend strategies to reduce, avoid, or eliminate common triggers in homes, work places, and schools e.g., • second-hand smoke • other irritants • allergens • infections • chemical exposure				
6. Discuss the effectiveness of various equipment e.g., • air cleaners • vacuum cleaners • dehumidifiers • allergen-impermeable cover				
C. Asthma Management and Education Plan	**4**	**13**	**10**	**27**
1. Development				
a. tailor the plan to the individual's				
1) goals and concerns				
2) educational needs assessment e.g., • learning style • health literacy • culture				
3) asthma severity				
4) age				
b. create an individualized, written asthma action plan that addresses				
1) daily management (e.g., medications, environmental control)				
2) recognition of worsening asthma				
3) control of worsening asthma				
4) follow up asthma care				
c. create an individualized self-management education plan that • begins at the time of a diagnosis • is systematic • is integrated with other medical care • reinforces critical information • includes skill demonstrations for an individual with asthma • divides content into manageable amounts				
d. review an action plan with a physician and other team members				
e. clarify a physician's instructions for an individual with asthma				
2. Implementation				
a. employ verbal and non-verbal communication skills				
b. critique educational materials for cost, readability, accuracy, specificity, illustrations, and source credibility				
c. select educational material for an individual while considering needs assessment results and the education plan				
d. encourage integration of the action plan into childcare, home, workplace, and / or school				
e. instruct an individual with asthma to assess control using symptoms and peak expiratory flow meter readings				
f. demonstrate use of peak expiratory flow equipment and results e.g., • use of a peak flow meter • timing of measurements • documenting results • maintaining equipment				

Open cells show an examination could include items from indicated cognitive levels. Shaded cells prevent appearance of items on examinations.	Cognitive Levels			
	Recall	Application	Analysis	TOTALS
g. coach an individual with asthma how to effectively communicate as a partner in his or her care with healthcare providers, caregivers, and asthma educator				
h. review an individual's decision-making skills and confidence for				
1) using asthma medications				
2) managing worsening asthma				
3) seeking care				
4) implementing his or her asthma action plan				
i. reinforce the importance of self-management strategies in asthma control				
j. indicate how team members should track and document progress and mastery of self-management actions				
3. Periodic reevaluation of the written asthma action plan				
a. reassess the level of asthma control				
b. review decision-making criteria with an individual with asthma and his or her family, particularly looking for what he or she can do differently				
c. reassess adherence to the written asthma action plan				
d. revise an asthma management plan after regular reassessment based on individual goals, expectations, and outcomes				
e. use				
1) symptoms diaries and checklists to assist in reevaluation of asthma control				
2) peak expiratory flow results to assist in reevaluation of asthma control				
f. establish a personal best and revise zones				
g. coordinate follow-up care at each visit to check skill in self-monitoring and self-management				
IV. ORGANIZATIONAL ISSUES	**5**	**10**	**3**	**18**
A. Needs Assessment	**1**	**1**	**1**	**3**
1. Identify outcome indicators				
2. Obtain information (e.g., methods, data sources) about the asthma population and healthcare providers				
3. Use findings to make recommendations				
B. Program Development	**1**	**3**	**1**	**5**
1. Identify resources e.g., • funding • facilities • personnel				
2. Prioritize program features based on resources and characteristics of the target population (e.g., asthma severity, risk factors)				
3. Compare evidence-based solutions to program needs				
4. Create goals of program and specific objectives to meet those goals				
5. Select teaching methods and settings that will best meet objectives for the target population				
C. Program Implementation	**1**	**1**	**0**	**2**
1. Ensure safety and privacy of individuals with asthma e.g., x HIPAA x OSHA x infection control				
2. Maintain a program database				
3. Coordinate training for program staff				
D. Program Evaluation	**1**	**2**	**1**	**4**
1. Select validated program evaluation tools				
2. Assess program processes e.g., • adherence (e.g., attendance, diary completion) of participant • the influence of the program on participants' knowledge, skills, and / or attitudes (e.g., confidence, outcome expectations) • procedure and task implementation				

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	Recall	Application	Analysis	TOTALS
3. Assess program outcomes e.g., • key outcomes (e.g., quality-of-life, functional status, asthma control, healthcare utilization, participant satisfaction) • measures for key program outcomes • program effectiveness				
4. Use findings to assess program impact and need for modifications				
E. Referral and Professional Networking	**1**	**3**	**0**	**4**
1. Identify community resources that may be beneficial to the needs of an individual with asthma				
2. Organize family support / education activities				
3. Describe strategies to assist an individual with asthma with financial burdens associated with his / her disease				
4. Outline criteria for appropriate referral to an asthma specialist				
5. Collaborate with other providers				
6. Coordinate asthma care with other providers and between systems				
7. Provide education and technical assistance to • third-party payers • community and health care professionals • work sites • schools • faith-based groups				
Totals	**30**	**80**	**40**	**150**

TESTING OUTSIDE OF THE UNITED STATES

Individuals who reside outside the United States may apply to take the examination to achieve the AE-C credential. Persons who are interested in achieving the credential should access the following link so they may observe the list of international testing sites.

http://www.goamp.com/displayTCList.aspx?pExamID=20653

Choose “International Only” from the “Country selection” menu after the webpage loads.

The list is kept current with the sites at which the AE-C Examination can be administered. A proctor who ensures standardized testing conditions supervises each administration.

NAECB SAE

The NAECB SAE is a 75-item multiple choice online practice examination. It was developed to be parallel in content and difficulty to the actual asthma educator certification examination. Items are based on the four major content areas and detailed content outline that details the knowledge, skills, and ability consistently used to provide asthma education. The content outline is available in the Candidate Handbook on the NAECB website. Each item includes rationale statements for both correct and incorrect answers. The actual examination time allotted is 3½ hours; consider completing the SAE in half that time because it contains half the number of items. The SAE should be regarded as a diagnostic tool to assess a candidate’s strengths and weaknesses, rather than a study guide for the examination. A passing score on the SAE does not, in any way, guarantee a passing score on the NAECB examination. Utilization of this SAE tool is not a requirement for eligibility or for success in passing the certification examination. Certified practitioners can use the SAE to see if they are remaining current with the profession. The SAE will provide experience in computer-based testing as well as the NAECB-type items.

The SAE will be available online to you for a period of 90 days from the date the order is placed. After you receive your score report, you cannot access the exam again. Your individual results will be anonymous and are not reported back to the NAECB. You will receive a report with a total score report and subscores by major content area.

SAMPLE EXAMINATION QUESTIONS

Sample question 1. Matrixed at 1A1b application (answer: B)
Which of the following should be included when educating an adult female regarding the characteristics of asthma?

A. Airway inflammation is the main cause of her exercise-induced asthma symptoms
B. Bronchoconstriction is the main cause of her increased coughing during exertion
C. Airway inflammation causes her initial symptoms when she is exposed to cigarette smoke
D. Bronchoconstriction causes her symptoms that do not respond to quick relief medications

Sample question 2. Matrixed at IIA2 application (answer: C)
A six year old with asthma was seen by her clinician with recurrent cough and wheeze. She admits to waking twice per month with a cough the past three months and requiring albuterol twice per week. The asthma educator knows that according to the EPR-3 guidelines, this child's level of asthma control would be classified as:

A. Very well Controlled
B. Well controlled
C. Not well controlled
D. Very poorly controlled

Sample question 3. Matrixed at 1B1c application (answer: A)
An adolescent presents with wheezing, coughing, and shortness of breath after aerobic exercise. Which of the following is the MOST likely cause of these symptoms?

A. Bronchospasm
B. Airway inflammation
C. Mucus production
D. Airway edema

Sample question 4. Matrixed at IIIA2b application (answer: C)
An adolescent male with persistent asthma tells his asthma educator that his current medications are not controlling his symptoms. He is using albuterol four times daily with a valved-holding chamber. He stopped using his budesonide because he "did not feel better after using it." Which of the following actions by the asthma educator would MOST likely improve his asthma control over the short term?

A. Verify the adequacy of his inhaler technique with a valved-holding chamber
B. Recommend changing budesonide to a different medication
C. Discuss the differences between the use of quick-relief and long-term control medications
D. Advise him about environmental modifications he can employ to avoid asthma triggers.

Sample question 5. Matrixed at IC2b1 application (answer: C)
A person with asthma has a predicted peak flow reading of 400L/min. Today the peak flow reading is 450 L/min. Based on the predicted reading, what is the BEST interpretation of today's peak flow?

A. Red zone
B. Yellow zone
C. Green zone
D. Personal best zone

Sample question 6. Matrixed at IIIC1a1 application (answer: D)
Which of the following communication techniques should be used by an asthma educator to improve rapport when interviewing a woman with asthma?

A. Address the woman by her first name
B. Maintain continuous eye contact
C. Speak clearly and authoritatively
D. Encourage her to set her own asthma goals

Sample question 7. Matrixed at IIA2 analysis (answer: C)
A 16-year-old boy is referred to an asthma educator for review of his asthma. He is currently a quarterback for his high school football team and is hoping to receive a college scholarship to play football. He states that he never coughs, wheezes, or experiences chest tightness or shortness of breath while playing football. He does have an albuterol inhaler which he rarely uses. He states that his asthma is "not that bad." The asthma educator reviews a pulmonary function test the boy recently completed and notices an FEV_1 of 70%. The report shows an improvement of 15% following nebulized albuterol. The asthma educator should recognize that the boy

A. does not need medication to control asthma due to his infrequent symptoms.
B. does not need to take his albuterol unless he has symptoms of coughing or wheezing.
C. has uncontrolled asthma despite not displaying any symptoms.
D. should be taught to recognize subtle symptoms that he may be ignoring now.

Sample question 8. Matrixed at IIIb6 application (answer: C)
Which of the following environmental changes would most likely improve the symptoms of a person with dust mite sensitivity?

A. Using a HEPA filter in the living room
B. Running a room ionizer in the bathroom
C. Encasing the mattress and pillows in the bedroom
D. Installing new carpet in the bedroom

Sample question 9. Matrixed at IVAD3 Analysis (answer: A)
An asthma educator is evaluating the effectiveness of a local asthma program over the last year. There is a discrepancy between patient-reported asthma severity and provider-assessed asthma severity among the program's participants. The asthma educator wishes to evaluate what impact this discrepancy is having on asthma morbidity of the participants in the program. Which of the following would be the BEST measure of asthma morbidity to use?

A. asthma-related emergency department visits
B. prescribing patterns of long-term control asthma medications
C. use of national asthma guidelines by clinicians
D. asthma quality of life survey results

Sample question 10. Matrixed at 111A4d recall (answer D)
The nebulizer cup for a home Pari-nebulizer® should be replaced every:

A. One month
B. Two months
C. Four months
D. Six months

Sample question 11. Matrixed at IVE6 applications (answer: A)
An asthma educator is meeting with the parents of a 3-year-old girl with persistent asthma. The parents appear to understand the girl's asthma action plan from her provider, but admit they often do not follow it. Levalbuterol and budesonide nebulizer treatment are given about four times per week and seem to control her symptoms. They do not have medical insurance and sometimes struggle with paying utility and other bills. Currently, medications are obtained through a combination of patient assistance programs and occasional samples. A referral to which provider would likely be most beneficial at this time?

A. Social worker
B. Pharmacist
C. Primary care physician
D. Asthma specialist

Sample question 12. Matrixed at IIIB5 applications (answer: A)
An asthma educator is volunteering with her local asthma coalition which is addressing asthma triggers in local schools. Which issue would be most appropriate for the group to pursue?

A. Removal of rabbits and guinea pigs from the science classrooms
B. Obtaining high efficiency filters for the ventilation systems
C. Promoting non-dairy substitutions in the cafeteria
D. Recommending non-aerobic exercises during gym classes

REVIEW REFERENCES

Journals:

Allergy
Allergy & Asthma Proceedings
American Journal of Respiratory & Critical Care Medicine
American College of Chest Physicians (CHEST)
European Respiratory Journal
Journal of Allergy and Clinical Immunology
Journal of Asthma
Journal of Asthma and Allergy Educators
Pediatrics
Pediatric Allergy, Immunology & Pulmonology
Pediatric Pulmonology
Respiratory Care
Thorax

Books:

American Medical Association. Understanding Health Literacy: Implications for Medicine and Public Health Schwartzberg JG, VanGeest JB, Wang CC – eds.

Bartholomew LK, Parcel GS, Kok G, Gottlieb NH. Planning Health Promotion Programs: An Intervention Mapping Approach (3rd Edition), 2011.

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Walsh, BK, Czervinske, MP, Di Blasi, RM, Perinatal and Pediatric Respiratory Care (3rd edition), Elsevier Health Sciences, 2009.

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Pedersen, SE, Hurd, SS, Lemanske, RF et al, Global Strategy for the Diagnosis and Management of Asthma in Children 5 years and younger, Ped Pul 2011; 46:1-17.

Miller, MR, Hankinson, J, Brusasco, F et al, Standardization of Spirometry, Eur Resp J 2005; 26:319-338.

Wanger, J, Clausen,J, Coates, A, Standardization of the measurement of lung volumes, Eur Resp J 2005; 26:511-522.

Weiler, JM, Anderson, SD, Randolph, C et al, Practice Parameter, Pathogenesis, prevalence, diagnosis and management of exercise-induced bronchoconstriction: a practice parameter, Ann Allergy Asthma Immunol 2010; 105:S1-47.

Websites:

American Academy of Allergy, Asthma and Immunology
http://www.aaaai.org

American Association for Respiratory Care
http://www.aarc.org

American College of Asthma, Allergy and Immunology
http://acaai.org

American Lung Association
http://www.lungusa.org

American Thoracic Society
http://www.thoracic.org

Asthma and Allergy Foundation of America
http://www.aafa.org

Asthma & Allergy Network/ Mothers of Asthmatics
http://www.aanma.org

Environmental Protection Agency (Managing asthma in school)
http://www.epa.gov/laq/schools/managingasthma.html

Guidelines for the Diagnosis and Management of Asthma
http://www.nhlbi.nih.gov/guidelines/asthma

Physician Asthma Care Education (PACE)
http://www.nhlbi.nih.gov/health/prof/lung/asthma/pace/index.htm

U.S. Department of Health and Human Services
(Office for Civil Rights) HIPPA Privacy and Security Rules
http://hhs.gov/ocr/privacy/index.html

ON THE DAY OF YOUR EXAMINATION

On the day of your examination appointment, report to the Assessment Center no later than your scheduled 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 EXAMINATION 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 photo identification include: a current driver's license with photograph, a current state identification card with photograph, a current passport, or a current military identification card with photograph. Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable, but may be used as secondary identification if it includes 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.**

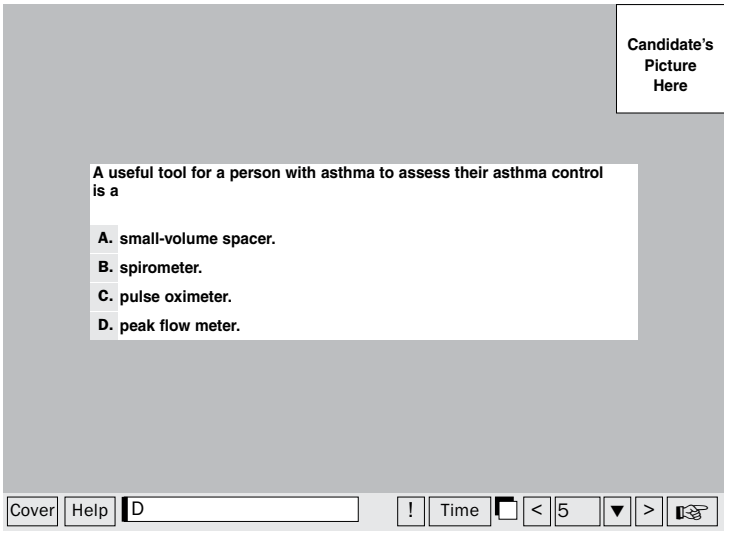
After your identification has been confirmed, you will be directed to a testing carrel. You will be prompted on-screen to enter your Social Security number. Your photograph will be taken and it will remain on-screen throughout your examination session. This photograph will also print on your score report.

PRACTICE EXAMINATION

Prior to attempting the timed 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 timed examination.

TIMED EXAMINATION

Following the practice examination, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen. The examination contains 175 questions. Three and one-half 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.



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 examination question is presented at a time. The question number appears in the lower right portion of the screen. The entire examination 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.** 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.

A question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key. When the examination is completed, the number of questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those

questions. Be sure to answer each question before ending the examination. **There is no penalty for guessing.**

Comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.

INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center.

You may visit AMP's website at **www.goAMP.com** prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to an Assessment Center is temporarily interrupted during an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

SECURITY

The NAECB and AMP maintain examination administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, Personal Digital Assistants (PDAs), pagers or cellular phones are allowed in the testing room. Possession of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- 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.

PERSONAL BELONGINGS

No personal items, valuables, or weapons should be brought to the Assessment Center. Only wallets and keys are permitted. Coats must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker.

- watches
- hats
- cell phones or personal communication devices

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

If any personal items are observed in the testing room after the examination is started, the administration will be forfeited.

EXAMINATION RESTRICTIONS

- Pencils will be provided during check-in.
- You will be provided with one piece of scratch paper at a time to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive your score report.
- No documents or notes of any kind may be removed from the Assessment Center.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

MISCONDUCT

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

- create a disturbance, are abusive, or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular phones, PDAs;

- talk or participate in conversation with other examination candidates;
- give or receive help or is suspected of doing so;
- leave the Assessment Center during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings, or
- are observed with notes, books or other aids without it being noted on the roster.

COPYRIGHTED EXAMINATION QUESTIONS

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

FAILING TO REPORT FOR AN EXAMINATION

If you fail to report for an examination, you forfeit the application and all fees paid to take the examination. A completed application and examination fee are required to reapply for examination.

FOLLOWING THE EXAMINATION

After completing the examination, you are asked to complete a short evaluation of your examination experience. You are then 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. Even though the examination consists of 175 questions, your score is based on 150 questions; 25 questions are “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 examination question. 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 NAECB Examination, you are allowed to use the designation AE-C®. Passing candidates will receive a certificate signed by the Chairman of the NAECB by the end of the month following the examination month.

IF YOU DO NOT PASS THE EXAMINATION

If you do not pass the examination, you may reschedule a reexamination appointment within one year of your application date by contacting AMP at **www.goAMP.com** or 888/519-9901. Repeat candidate fees apply ($195) for each time the examination is repeated. There is a waiting period of ninety (90) days between examination attempts with a maximum of three (3) attempts in a one (1) year period. In the case of extenuating circumstances, candidates may petition the NAECB. If the time has exceeded one year since the date of your application to NAECB, you will need to apply to the NAECB again for permission to take the NAECB examination with all the associated fees ($295.00).

SCORES CANCELED BY THE NAECB OR AMP

The NAECB is 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. The NAECB is committed to rectifying such discrepancies as expeditiously as possible. The NAECB may void examination results if, upon investigation, violation of its regulations is discovered.

CONFIDENTIALITY

Information about candidates for testing or renewal of certification and their examination results are considered confidential; however, the NAECB reserves the right to use information supplied by or on behalf of a candidate in the conduct of research. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

DUPLICATE SCORE REPORT

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, Social Security number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to AMP. Duplicate score reports will be mailed

within approximately five business days after receipt of the request and fee.

RENEWAL OF CERTIFICATION

Attaining certification is an indication of mastery of a well-defined body of knowledge at a point in time. Periodic renewal of the certification is required to maintain certified status. Initial certification or renewal of certification is valid for seven years. Certificants may renew their certification by re-examination only up to one year prior to the expiration of initial certification. The recertification fee is $245.

Failure To Renew: A certificant who fails to renew his/her certification is no longer considered certified and may not use the credential awarded for certification in professional communications, such as on letterhead, stationery and business cards, in directory listings and in signature.

NAECB EXAMINATION APPLICATION

Applicants may complete the application process online at www.naecb.org by selecting Examination Application. If you prefer to complete the paper application, please complete all sections of this form. Please include credit card information or enclose a cashier's check or money order payable to AMP for the appropriate amount. Mail the application and fee to:

NAECB Examination, Applied Measurement Professionals, Inc., 18000 W. 105th Street, Olathe, KS 66061-7543.
For further information, you may call the Candidate Support Center at 888/519-9901.

PERSONAL INFORMATION *(please print using black or blue ink)*

Name: _____
(Last, First, Middle)

Social Security Number:_____ Date of Birth: _____
If you do not wish to provide your SSN, leave this area blank and AMP will assign an ID number to you.

Daytime Telephone Number:_____ Evening Telephone Number: _____

Fax Number:_____ E-mail Address:_____

Street Address: _____

City:_____ State:_____

Zip Code/Postal Code: _____ Country: _____

Eligibility Requirements – Please complete one of the following eligibility requirements:

☐ I am a currently licensed or credentialed health care professional in the following profession (please indicate by checking box):

- ☐ Physician (MD, DO)
- ☐ Physician Assistant (PA-C)
- ☐ Nurse (RN, LPN, NP)
- ☐ Respiratory Therapist (RRT, CRT)
- ☐ Pulmonary Function Technologist (CPFT, RPFT)
- ☐ Pharmacist (RPh)
- ☐ Social Worker (CSW)
- ☐ Health Educator (CHES)
- ☐ Physical Therapist (PT)
- ☐ Occupational Therapist (OT)

OR

☐ I am applying for the NAECB Examination with a minimum of 1000 hours experience in asthma education, counseling or coordinating services.

EXAMINATION INFORMATION

I am including a Special Accommodations Request:

☐ No

☐ Yes *(Complete the form included in this handbook.)*

I am a: ☐ New Applicant
☐ Reapplicant
☐ Recertifier

EXAMINATION FEE

Payment may be made by credit card, cashier's check or money order made payable to AMP.

☐ New Applicant	$295
☐ Reapplicant	$195
☐ Recertifier	$245

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

☐ VISA ☐ MasterCard
☐ American Express ☐ Discover

_____
Credit Card Number

_____
Expiration Date

_____
Name on Card

_____
Signature

DEMOGRAPHIC QUESTIONS

1. Nature of the Practice setting in which you work:
   - ☐ University
   - ☐ Hospital
   - ☐ Multispecialty Clinic
   - ☐ Physician Office
   - ☐ Academic
   - ☐ Private Practice
   - ☐ Nursing Home/Extended Care Facility
   - ☐ Home Health Agency
   - ☐ Emergency Department
   - ☐ Other _____
2. Number of Hours (per week) in Asthma Education, Coordination or Counseling Services:
   - ☐ Less than 8 hours
   - ☐ 8-16 hours
   - ☐ 17-24 hours
   - ☐ 25-32 hours
   - ☐ 33-40 hours
   - ☐ More than 40 hours
3. Experience as an Asthma Educator, Coordinator or Counselor:
   - ☐ 0-1 year
   - ☐ 2-3 years
   - ☐ 4-5 years
   - ☐ 6-10 years
   - ☐ 11-15 years
   - ☐ 16 years or more
4. Type of Primary Practice Setting:
   (check all that apply to your ONE primary practice setting)
   - ☐ Hospital Inpatient
   - ☐ Hospital Outpatient
   - ☐ Both Hospital Inpatient/Outpatient
   - ☐ Physician's Office
   - ☐ Community Health Agency
5. Location of Primary Practice Setting:
   - ☐ Urban
   - ☐ Rural
   - ☐ Suburban
6. Highest Education Level Achieved:
   - ☐ Diploma (college)
   - ☐ Associate Degree
   - ☐ Baccalaureate Degree
   - ☐ Master's Degree
   - ☐ Doctoral or Medical Degree
7. How did you hear about Certification?
   (check all that apply)
   - ☐ Professional Journal *(specify)* _____
   - ☐ Regional Meeting *(specify)* _____
   - ☐ National Meeting *(specify)* _____
   - ☐ NAECB Mailing
   - ☐ NAECB website
   - ☐ Colleague
   - ☐ Other _____

CODE OF CONDUCT AND SIGNATURE

AE-C® Applicants/Certificants shall abide by the rules and regulations promulgated by the NAECB with regard to applying for and taking the examination. Once notified of successful completion of the examination, applicants shall promptly adopt the designation AE-C® and utilize it as part of their professional activities.

AE-C® Certificants shall immediately cease and desist using the designation in any and all forms in the event they (1) decide not to seek re-certification, or (2) are no longer eligible for any reason including termination by the NAECB. No one shall adopt the designation that has not been so notified by the NAECB.

Applicants and Certificants will hold confidential information regarding the examination that could assist another applicant seeking certification.

Certificants will conduct themselves in a professional manner and provide asthma coordination, counseling and education in a manner that will be in furtherance of the mission of the NAECB and in no way be harmful to the public. Certificants will not engage in any inappropriate or unethical behavior, nor provide asthma coordination, counseling or education while experiencing any physical impairment affecting their performance.

Applicants, through the act of applying for and paying their examination fee, agree to abide by this Code of Conduct, the NAECB Disciplinary Policies, and all rules and regulations of the NAECB.

I certify that I agree to abide by regulations of the NAECB Program and the Code of Conduct described above. I believe that I comply with all admission policies for the NAECB Examination. I certify that the information I have submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed or voided.

(Sign and date in ink.)

Name (Please Print):_____

Signature: _____ Date:_____

REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your examination accommodations can be processed efficiently. The information you provide and any documentation regarding your disability and your need for examination accommodations will be treated with strict confidentiality.

Candidate Information

Social Security # _____ – _____ – _____

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

_____
Mailing Address

_____

_____
City State Zip Code

_____
Daytime Telephone Number

Special Accommodations

I request special accommodations for the _____ examination.

Please provide (check all that apply):

_____ Reader
_____ Extended examination time (time and a half)
_____ Reduced distraction environment
_____ Other special accommodations (Please specify.)

_____
_____
_____

Comments: _____

_____

_____

PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with AMP staff my records and history as they relate to the requested accommodation.

Signed: _____ **Date:** _____

Return this form with your examination application and fee to:
Candidate Support Center, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543, Fax: 913/895-4651.
If you have questions, call the Candidate Support Center at 888/519-9901.

DOCUMENTATION OF DISABILITY-RELATED NEEDS

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

Professional Documentation

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

_____.
Professional Title

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

Description of Disability: _____

_____

_____

_____

_____

Signed: _____ **Title:** _____

Printed Name: _____

Address: _____

_____

Telephone Number: _____

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

Return this form with your examination application and fee to:
Candidate Support Center, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543, Fax: 913/895-4651.
If you have questions, call the Candidate Support Center at 888/519-9901.