For questions regarding certification, contact:

Compliance Certification Board (CCB)
6500 Barrie Road, Ste 250
Minneapolis, MN 55435
888-580-8373
Fax 952-988-0146
e-mail: hccb@hcca-info.org

For questions regarding examination application and administration, contact:

Applied Measurement Professionals, Inc. (AMP)
18000 W. 105th Street, Olathe, KS 66061-7543
888-519-9901
Fax 913-895-4651
e-mail: info@goAMP.com

CCB BOARD OF DIRECTORS

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The material in this handbook is current at the time of printing and is subject to change without notice. Please refer to the most recent CCB Candidate Handbook for current program policies and procedures.
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ABOUT CCB

In 1998, the Health Care Compliance Association (HCCA) set out to develop a certification program for healthcare compliance professionals. After preliminary work by the HCCA Board of Directors and Education Committee, HCCA established the Compliance Certification Board (CCB) in 1999 to complete the process of developing an examination and assume responsibility for managing the certification program.

The independent CCB is governed by a Board of Directors appointed by the HCCA Board. The President and Immediate Past President of HCCA are ex-officio members of the CCB Board of Directors. The mission of the CCB is to develop criteria for the determination of competence in the practice of health care compliance at a variety of levels and to recognize individuals meeting these criteria. In pursuit of this mission, CCB utilizes work groups as needed. Members of the work groups are appointed by the CCB Board of Directors from among individuals certified in health care compliance and leaders in the field.

ABOUT THIS HANDBOOK

This handbook provides information that you will need to register for the CCB Certified in Healthcare Research Compliance (CHRC) Examination, including eligibility requirements, examination policies, an examination content outline and an examination application. Be sure to keep the handbook after you have registered for the examination; you may wish to refer to it later.

CERTIFICATION

The purpose of certification is to promote healthcare compliance through the certification of qualified healthcare compliance professionals by:

1. Recognizing formally those individuals who meet the eligibility requirements of the CCB and pass the Certified in Healthcare Research Compliance (CHRC) Examination.
2. Encouraging continued personal and professional growth in the practice of healthcare research compliance.
3. Providing a national standard of requisite knowledge required for certification; thereby assisting employers, the public and members of the health professions in the assessment of a healthcare research compliance professional.

TESTING AGENCY

The CCB has contracted with Applied Measurement Professionals, Inc. (AMP) to assist in the development, administration, scoring and analysis of its Certified in Healthcare Research Compliance (CHRC) 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 CCB and AMP do not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability or marital status.

ABOUT THE EXAMINATION

The examination is designed to test a well-defined body of knowledge representative of professional practice in the discipline. Successful completion of a certification examination verifies broad-based knowledge in the discipline being tested.

The examination leads to a certification credential in a healthcare research discipline defined by a role delineation study. Each edition of the certification examination is constructed in accordance with examination specifications that list content categories and tasks to be covered and assign numbers of test items and cognitive complexity to content categories. Specifications are developed to represent tasks that are performed in professional practice.

The CCB examination is developed through a combined effort of qualified content experts and testing professionals. They review the test items to ensure that they are accurate in their content, relevant to practice and representative of good testing procedures.

This handbook provides specific information related to the Certified in Healthcare Research Compliance Examination. Individuals who meet eligibility requirements and who successfully pass this examination attain the Certified in Healthcare Research Compliance (CHRC) designation. To apply for this examination, complete the application included with this handbook and mail it to the address provided. This handbook can also be found on HCCA’s website (www.hcca-info.org).

ELIGIBILITY REQUIREMENTS

To be eligible for the Certified in Healthcare Research Compliance (CHRC) Examination, candidates must fulfill the requirements in each of the following categories.

A. Work Experience – Candidates must meet one of the following criteria:

Active Compliance Professional

Have a minimum of one year of full-time work experience in healthcare compliance in a healthcare setting or with a provider of services to the healthcare industry, with at least 50 percent of job duties dedicated to healthcare research compliance, namely, those tasks reflected in the exam content outline.

Allied Professional

Have a minimum of 1,500 hours of work experience in healthcare compliance, performing tasks reflected in the exam content outline, in a healthcare setting or with a provider of services to the healthcare industry, obtained over a period not to exceed two years.

Student

Students who complete the compliance coursework from a CCB accredited university program.

Candidates must complete Section 2 on the CCB Examination Application, indicating which of these two criteria they meet.

B. Continuing Education

All candidates must submit twenty credits of continuing education received in the 12 month period preceding the date of the exam.

*Please note: Candidates taking the CHRC exam at an HCCA event will fulfill this requirement by attending the sessions during the week prior to the exam date. To complete your CHRC exam application, indicate the HCCA event you will be attending in the Continuing Education Section.
At least two credits must be documented in each CCB Content Subject Area (see list below).

- Application of Management Practices for the Compliance Professional
- Application of Personal and Business Ethics in Compliance
- Written Compliance Policies and Procedures
- Designation of Compliance Officers and Committees
- Compliance Training and Education
- Communication and Reporting Mechanisms in Compliance
- Enforcement of Compliance Standards and Discipline
- Auditing and Monitoring for Compliance
- Response to Compliance Violations and Corrective Actions
- HIPAA Privacy Implementation

CCB credits are accumulated by participating in CCB accredited seminars, workshops and conferences, completion of a self-test related to an CCB accredited published article, use of CCB accredited educational products, writing for publication, or serving as an instructor or facilitator of compliance related education. A list of CCB accredited activities is available through the CCB Administrative office.

Only those programs accredited by CCB or hosted by CCB accredited providers will be recognized for credit. Non-accredited educational activities can be submitted for consideration. Providers of continuing education wishing to apply for accreditation may contact the CCB administrative office to request the CCB Accreditation Guidelines.

Documentation

CCB Candidates and certificants must receive a certificate of credit for all accredited events in which they participate. Candidates should use the information on these certificates to complete Section 3 of the CCB Examination Application or the CCB application for certification maintenance.

Audit of Continuing Education Activities

CCB reserves the right to audit continuing education submission at any time. The scope of these audits will be limited to verification of attendance and compliance with content area requirements. Fraudulent submission of continuing education for certification, or certification maintenance, is grounds for prohibition from testing or revocation of certification.

APPLYING FOR EXAMINATION

The CHRC Examination is administered via computer at over 130 AMP Assessment Centers geographically distributed throughout the United States. There are no application deadlines and candidates who meet the eligibility requirements for an examination may submit their applications and fees at any time. The following steps outline the application process:

1. The candidate completes and submits a paper application (included in this handbook or obtained from www.hcca-info.org) and appropriate fee when the eligibility requirements are satisfied. The CCB reserves the right to verify information supplied by or on behalf of a candidate. Any misrepresentation of information shall be considered grounds for prohibition from testing or revocation of certification.

An 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. Required information includes: Personal Information, Indication of Eligibility for Examination, Indication of the Applicable Fee, and Signature. If the examination fee indicated is for a member of HCCA, then Membership Number must also be provided. APPLICATIONS THAT ARE INCOMPLETE WILL BE RETURNED, ALONG WITH ANY FEE SUBMITTED, MINUS A $50 PROCESSING FEE.

2. The application is processed, and a confirmation notice of eligibility is sent to the candidate within approximately two weeks. If a confirmation notice is not received within three weeks, contact AMP at (888) 519-9901. This confirmation of a candidate’s eligibility and acceptance of the application is valid for 90 days. A candidate who fails to schedule an appointment for examination within the 90-day period forfeits the application and all fees paid to take the examination. A complete application and examination fee are required to reapply for examination.

In addition to computer-administered examinations, paper and pencil administrations will be scheduled throughout the year at various events.

SCHEDULING AN EXAMINATION

The confirmation notice contains a website address and toll-free telephone number for the candidate to contact AMP to schedule an appointment for examination. Be prepared to confirm a date and location for testing.

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

<table>
<thead>
<tr>
<th>If you call AMP by 3:00 p.m. Central Time on...</th>
<th>Depending on your availability your examination may be scheduled as early as...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Thursday</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Friday</td>
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<tr>
<td>Wednesday</td>
<td>Monday</td>
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<td>Thursday</td>
<td>Tuesday</td>
</tr>
<tr>
<td>Friday</td>
<td>Wednesday</td>
</tr>
</tbody>
</table>

When you contact AMP 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 ticket. You will only be allowed to take the examination for which you received a confirmation notice; no changes in examination type will be made at the Assessment Center. UNSCHEDULED CANDIDATES (WALK-INS) WILL NOT BE ADMITTED to the Assessment Center.

Note: Examinations will not be offered on the following holidays:
- New Year’s Day
- Martin Luther King Day
- Presidents’ Day
- Good Friday
- Memorial Day
- Independence Day (July 4)
- Labor Day
- Columbus Day
- Veterans’ Day
- Thanksgiving Day (and the following Friday)
- Christmas Eve Day
- Christmas Day
- New Year’s Eve Day
SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES

AMP complies with the Americans with Disabilities Act and strives 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 testing date. Please inform AMP of your need for special accommodations when scheduling your examination.

TELECOMMUNICATION DEVICES FOR THE DEAF

AMP is equipped with Telecommunications 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. (CST) Monday-Friday at (913) 495-4437. This TDD phone option is for individuals equipped with compatible TDD machinery.

ASSESSMENT CENTER LOCATIONS

AMP Assessment Centers are typically located in H&R Block offices. Locations of Assessment Centers can be viewed at www.goAMP.com. Specific address information will be provided when a candidate schedules an examination appointment.

EXAMINATION FEES

Candidates must submit the appropriate fee with a complete examination application according to the following schedule. Payment may be made by credit card (Visa, MasterCard or American Express), cashier’s check, business check or money order made payable to AMP. Cash and personal checks are not acceptable.

<table>
<thead>
<tr>
<th>Examination Fee</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Member of HCCA</td>
<td>$250</td>
</tr>
<tr>
<td>Nonmember</td>
<td>$350</td>
</tr>
<tr>
<td>Rescheduling Fee</td>
<td>$50</td>
</tr>
</tbody>
</table>

A candidate who appears more than 15 minutes late for an examination and cannot be seated, who fails to report for an examination, or does not pass the first attempt at the examination may reapply for examination by paying the rescheduling fee. A new application is not required. The examination must be rescheduled within 90 days of the date of the originally scheduled testing session or failed examination attempt.

A candidate who does not reschedule an examination within the 90-day period forfeits the application and all fees paid to take the examination. After this 90-day period, a complete application and examination fee are required to reapply for examination.

EXAMINATION CONTENT

The outline on the following pages spells out the areas and tasks that will be tested on the CCB CHRC Certification Examination. The examination will be scored on participants’ responses to 100 multiple-choice questions spread across all subject areas. The numbers found to the right of each section indicate the following: N = the total number of questions from the subject area that will appear on the examination. RE = the number of questions (a part of N) that require recollection of specific knowledge related to the subject area. AP = the number of questions that require application of recalled knowledge to discern the final answer. AN = the number of questions that require the analysis of a situation to determine a proper action listed among several choices.
CERTIFIED IN HEALTHCARE RESEARCH COMPLIANCE: DETAILED CONTENT OUTLINE

DEFINITION
The Research Compliance Professional engages in the oversight and/or management of all research activities, from a financial, ethical and regulatory perspective. These activities may include human/animal subject protection, bio-safety, privacy and security, fiscal responsibility, and responsible conduct of research in the United States.

1. Standards, policies, and procedures 20 (4-12-4)
   A. Conduct a review of policies and procedures 2
   B. Consult with legal resources 2
   C. Ensure coding/billing policies and procedures 2
   D. Ensure maintenance of policies and procedures that address overpayments
   E. Integrate mission, vision and values with code of conduct
   F. Maintain compliance plan and program
   G. Ensure that a non-retaliation policy exists
   H. Oversee internal and external compliance audit policies and procedure
   I. Ensure maintenance of a record retention policy
   J. Maintain a code of conduct
   K. Ensure maintenance of a conflict of interest policy 3
   L. Ensure maintenance of confidentiality, privacy and security policies
   M. Ensure maintenance of policies and procedures to address regulatory guidance and requirements (e.g., CLIA, Common Rule, FDA Rules, USDA, Animal Welfare Act) 3
   N. Ensure maintenance of policies on interactions with other research collaborators
   O. Ensure maintenance of standards of accountability throughout the research enterprise 3
   P. Maintain a compliance manual
   Q. Propose governance policies related to research compliance

2. Compliance program administration 14 (3-8-3)
   A. Administer a research compliance program (e.g., budget, staffing, risk assessment, internal controls)
   B. Coordinate operational aspects of a compliance program with the governance board/oversight committee
   C. Collaborate with others to institute best practices
   D. Coordinate organizational efforts to maintain a compliance program
   E. Recommend the scope of the compliance program in keeping with current industry standards
   F. Evaluate the effectiveness of the compliance program on an ongoing basis
   G. Maintain knowledge of current regulatory changes and interpretation of laws (e.g., literature and conferences)
   H. Recognize the need for outside expertise
   I. Ensure that the organization has defined the responsibilities, purpose, function and authority of the compliance officer
   J. Ensure that the role of counsel in the compliance process has been defined
   K. Delineate the responsibilities, purpose and function for all compliance staff
   L. Incorporate relevant aspects of regulatory agencies guidance/priorities into compliance operations
   M. Integrate the compliance program into operations
   N. Develop an annual compliance work plan

3. Screening and evaluation of employees, physicians, sponsors, vendors, contractors, and others 5 (2-3-0)
   A. Ensure the organization has processes in place to identify and disclose conflicts of interest
   B. Include compliance in all job descriptions
   C. Use compliance as an element of job evaluation
   D. Ensure background checks are conducted on personnel in accordance with applicable responsibilities, rules and laws
   E. Ensure monitoring of government sanction lists for excluded individuals/entities

4. Communication, education and training on compliance issues 20 (4-12-4)
   A. Disseminate guidance material
   B. Communicate compliance information throughout the organization
   C. Distill complex laws and regulations into a format employees can understand
   D. Ensure that employees understand their obligation to accurately document activities
   E. Ensure that there is a process in place for employees to understand the compliance aspects of their job responsibilities
   F. Promote a culture of compliance throughout the organization
   G. Encourage employees to seek guidance and clarification when in doubt
   H. Track participation in ongoing compliance training programs
   I. Conduct research compliance education
   J. Conduct risk specific training for targeted employees
   K. Ensure the governing board understands its responsibility as it relates to the compliance program
5. Monitoring, auditing, and internal reporting systems 20
   (4-8-8)
   A. Protect anonymity and confidentiality within legal and practical limits
   B. Monitor for violations of applicable laws and regulations
   C. Ensure independent investigations are conducted
   D. Conduct organizational risk assessments
   E. Develop action plans based on risk assessments
   F. Operate system(s) to enable employees to report noncompliance (e.g., hotline)
   G. Address compliance concerns expressed by employees through internal reporting
   H. Monitor compliance related policies and procedures
   I. Conduct compliance audits (e.g., billing, grants)
   J. Engage in routine monitoring of compliance related activities
   K. Monitor compliance audit results (e.g., track, trend, evaluate, benchmark)
   L. Develop annual compliance auditing and monitoring plans
   M. Address audits conducted by external entities
   N. Monitor compliance with governance policies (e.g., BOD, Compliance Committee)
   O. Ensure audit tools exist

6. Consequences/Discipline for non-compliance 7 (2-2-3)
   A. Recommend response when noncompliance is substantiated
   B. Ensure action is proportionate to violation and consistently enforced
   C. Ensure action is consistent with policies and procedures
   D. Ensure action is documented
   E. Recommend action for individuals and entities that have been excluded from government programs
   F. Ensure that violations are addressed in policies and procedures
   G. Ensure corrective action is implemented

7. Investigations and remedial measures 14 (2-7-5)
   A. Communicate noncompliance through appropriate channels
   B. Develop corrective action plans in response to noncompliance
   C. Monitor the effectiveness of corrective action plans and modify as needed
   D. Incorporate any necessary changes to reduce risk
   E. Respond to inquiries promptly, thoroughly, and discreetly
   F. Ensure that fair, objective, timely, and discrete investigations are conducted and documented in compliance with any applicable standards
   G. Initiate remedial action to respond to identified problems or vulnerabilities
   H. Cooperate with government inquiries and investigations
   I. Report noncompliance as appropriate
   J. Coordinate investigations and reports with legal counsel (e.g., legal privilege, voluntary disclosure)

SAMPLE QUESTIONS

1. The three basic principles of the Belmont Report are respect for persons, justice, and:
   A. betterment of society.
   B. beneficence.
   C. best practices.
   D. ethics.

2. A policy requires informed consents to be:
   A. voluntary.
   B. optional.
   C. discretionary.
   D. summarized.

3. The research compliance professional should verify that before the organization accepts HHS funds, the OHRP has approved the
   A. Federal-wide Assurance.
   B. research informed consent.
   C. NIH grant application.
   D. clinical trial budget.

4. Which of the following is best reporting structure for the compliance professional?
   A. chief executive officer of the organization.
   B. the chief financial officer.
   C. audit committee of the board.
   D. the governing board.

5. The IRB is reviewing a clinical research protocol that requires the participant return for follow-up visits every three months for a period of three years. The Sponsor of the clinical trial will provide payments to research subjects of up to $120 per year for attending the follow-up visits. These payments are allowable if contingent upon
   A. subject attending each visit.
   B. completion of the study.
   C. participants’ need to travel to the visit.
   D. participants’ requirement to produce receipts.

   ANSWER KEY: 1 B, 2 A, 3 A, 4 D, 5 A
REVIEW REFERENCES

The CCB recommends that review for the CHRC Examination focus on references and programs that cover the information summarized in the CCB Examination Content Outline. It should not be inferred that test items in the examination are selected from any single reference or set of references or that study from the references listed guarantees a passing score on the examination.

Web Sites

Government Websites
Office for Human Research Protections
www.hhs.gov/ohrp
Office for Civil Rights–HIPAA
www.hhs.gov/ocr/hipaa
Public Responsibility in Medicine and Research
www.primr.org
National Institutes of Health
www.nih.gov
Centers for Medicare and Medicaid Services–Medicare Clinical Trial Policies
www.cms.gov/clinicaltrialpolicies/
Office of Research Integrity
ori.dhhs.gov
Office of Inspector General of the Department of Health and Human Services (for the FY 2000 OIG Work Plan and other OIG materials)
oig.hhs.gov
OIG searchable database of excluded individuals and entities
http://exclusions.oig.hhs.gov
Office for Civil Rights (for information on the HIPAA Privacy Rule)
www.os.dhhs.gov/ocr/hipaa

ON THE DAY OF YOUR EXAMINATION

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

A candidate who is not admitted due to late arrival has 90 days from the originally scheduled examination session to remit the rescheduling fee and contact AMP to schedule a new appointment for examination. A new application is not required.

A candidate who does not reschedule an examination within the 90-day period forfeits the application and all fees paid to take the examination. A complete application and examination fee are required to reapply for examination.

To gain admission to the Assessment Center, a candidate must present two forms of identification, one with a current photograph. Both forms of identification must be current and include the candidate’s current name and signature. The candidate 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 as the primary form of identification.

Candidates are prohibited from misrepresenting their identities 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. We will take your photograph, which will remain on-screen throughout your examination session. Your photograph will also print on your score report.

SECURITY

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

PRACTICE EXAMINATION

Prior to attempting the examination, you will be given the opportunity to practice taking an examination on a 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 examination process, you may quit the practice session and begin the timed examination.
TIMED EXAMINATION

Following the practice examination, you will begin the actual examination. Before beginning, instructions for taking the examination are provided on-screen. The examination contains 115 test questions (100 scored and 15 pretest). Two hours are allotted to complete the examination. The following is a sample of what the computer screen will look like when candidates 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 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.

An examination question may be left unanswered for return later in the testing 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 double arrows (>>) or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked items, repeatedly click on the double arrows (>>) or press the NEXT key. When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to answer each examination question before ending the examination. There is no penalty for guessing.

Rules for Examination

1. Report to your designated Assessment Center location on the day of the examination at the time you were instructed when your appointment was scheduled.

Candidates arriving more than 15 minutes late for an appointment will not be admitted, will forfeit their examination fee, and must re-register for the examination by contacting AMP, and paying the $50 rescheduling fee.

2. No books, papers, dictionaries, other reference materials or personal items (e.g., purses, briefcases, coats) may be taken into the Assessment Center; you must leave all personal items at home or in your automobile. AMP will not be responsible for loss or damage.

3. No personal pens, pencils or other writing instruments will be allowed in the testing room. Pencils will be provided during check-in.

4. No electronic devices are permitted in the Assessment Center, including telephones or signaling devices such as pagers and alarms.

5. Each person will be provided with scratch paper to use during the examination. This paper must be returned to the proctor at the completion of testing, or you will not be allowed to receive a score report. No documents or notes of any kind may be removed from the examination room. All computer screens, questions, papers and written materials are the property of AMP and may not be reproduced in any form.

6. No questions concerning the content of the examination may be asked during the test.

7. Eating, drinking or smoking will not be permitted in the Assessment Center.

8. You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

In the event of inclement weather, or unforeseen emergencies on the day of an examination, the CCB and 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.

Candidates may contact AMP’s Weather Hotline at (800) 380-5416 (24 hours/day) prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer examinations as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding a rescheduled examination date or reapplication procedures.

In the event of a personal emergency on the day of examination, a candidate may request consideration of rescheduling the examination without additional fee by contacting the CCB in writing within 30 days of the scheduled examination session. A description of the emergency and supporting documentation are required. Rescheduling without additional fee will be considered on a case-by-case basis.
9. The proctor may dismiss a candidate from the examination for any of the following reasons:
   • If a candidate’s admission to the examination is unauthorized.
   • If a candidate creates a disturbance, is abusive or otherwise uncooperative.
   • If a candidate gives or receives help or is suspected of doing so.
   • If a candidate attempts to take the examination materials or notes from the testing room.
   • If a candidate attempts to take the examination for someone else.
   • If a candidate is observed with notes.

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 by the Ethics Committee of the CCB to determine whether the candidate will be allowed to reapply for examination. If re-examination is granted, a complete application and examination fee are required to re-apply.

FAILING TO REPORT FOR AN EXAMINATION
A candidate who fails to report for an examination has 90 days from the originally scheduled examination session to remit the rescheduling fee and call AMP to schedule a new appointment for examination. A new application is not required.

A candidate who does not reschedule an examination within the 90-day period forfeits the application and all fees paid to take the examination. A complete application and examination fee are required to reapply for examination.

FOLLOWING THE EXAMINATION
After you finish the examination, you are asked to complete a short evaluation of your testing experience.

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 115 questions, your score is based on 100 questions. Fifteen (15) questions are “unscored” questions.

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

IF YOU PASS THE EXAMINATION
If you pass the CHRC Examination, you are allowed to use the designation “Certified in Healthcare Research Compliance” (CHRC). You will receive a letter and certificate acknowledging your credential 6–8 weeks after the examination. Certification is valid for a period of two years.

The CCB, in conjunction with the HCCA, reserves the right to recognize publicly any candidate who has successfully completed an CCB Certification Examination, thereby earning the certification credential. Recognition will be awarded so as not to embarrass any candidate who is unsuccessful in an attempt to achieve certification.

IF YOU DO NOT PASS THE EXAMINATION
If you do not pass the examination, a reapplication form is provided at the bottom of your score report. To schedule another examination, submit this reapplication form and the rescheduling fee within 90 days following the failed examination. If a candidate applies for re-examination after 90 days following the failed examination, the full application and examination fee are required. Candidates failing the 2nd attempt must wait 180 days and file a full application with fees.

SCORES CANCELED BY THE CCB OR AMP
The CCB and AMP are responsible for the integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. The CCB and AMP are committed to rectifying such discrepancies as expeditiously as possible.

The CCB may void examination results if, upon investigation, violation of its regulations is discovered.

REVOCATION OF CERTIFICATION
The following shall serve as grounds for prohibition from examination or revocation of certification:
   • Intentional misrepresentation of information provided on an CCB application.
   • Fraudulent submission of continuing education credits.
   • Admission to or conviction of any felony or misdemeanor directly related to the candidate or certificant’s role as a health care compliance professional.
HEARING AND APPEAL PROCESS

Upon report of a candidate or certificant's action to CCB by an individual, government agency, or other investigating authority, a hearing before the full CCB Ethics Review Committee for the determination of facts will be convened in a venue to be determined by the committee chair. The accused and all appropriate witnesses will be called before this hearing for a presentation of all relevant information needed to determine the facts related to the charge against the accused. Upon satisfactory determination of the facts as recorded by a unanimous vote of the full committee, the committee will conduct a closed session to determine the action to be taken as a result of the charge. The decision of the committee may be appealed with or without cause by the accused to the CCB Board of Directors. The CCB Board of Directors will review the facts as determined by the Ethics Review Committee and may at their discretion convene a second hearing before the Board for the determination of fact. Upon a vote of unanimous consent to accept the facts as presented, the Board will convene in closed session to determine final action to be taken in the matter of the charge before them.

CONFIDENTIALITY

Information about candidates for testing or renewal of certification and their examination results are considered confidential; however, the CCB 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

Candidates may purchase additional copies of their score reports 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 the candidate's 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 two weeks after receipt of the request.

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 two years.

Certificants may renew their certification through one of two routes:
1. Re-examination
2. Documentation of 40 CCB continuing education credits and payment of the renewal fee

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.

Re-examination: Certificants wishing to maintain certification through examination must make application and pass the current version of the examination at least 60 days before the expiration of their current certification. Individuals maintaining certification through examination are required to pay a $50 examination fee in addition to regular renewal fees ($100 for HCCA members, $200 for non-members).
Please do not use this application for exams taken at HCCA events!

The appropriate applications for HCCA event exams can be found on the HCCA homepage www.hcca-info.org with the conference information.

To apply for the CHRC examination, please return the completed application with all appropriate fees to:

CCB – CHRC Examination
Applied Measurement Professionals, Inc. (AMP)
18000 W. 105th Street, Olathe, KS 66061-7543, fax (913) 895-4651

Incomplete applications will be returned with the examination fee minus a $50 processing fee. Within approximately two weeks of receiving your application, AMP will forward either a confirmation notice or a letter explaining why the application is being returned.

SECTION 1 – PERSONAL INFORMATION

Name ___________________________________________________________________________________________________________________
Last                      First                      Middle
DOB ______________________________  HCCA Member # ______________________________
Have you been convicted of a felony?  Yes ☐    No ☐
Employing Organization __________________________________________________________________________________________________
Title ____________________________________________________________________________________________________________________
Preferred Mailing Address __________________________________________________________________________________________________
Phone______________________________ Fax______________________________ E-mail ______________________________________________

SECTION 2 – EXPERIENCE

Please indicate which of the two criteria below you are meeting to fill the professional experience requirement for certification:

☐ Active Compliance Professional
   Have a minimum of one year of full-time work experience in healthcare compliance in a healthcare setting or with a provider of services to the healthcare industry, with at least 50 percent of job duties dedicated to healthcare research compliance, namely, those tasks reflected in the exam content outline.

☐ Allied Professional
   Have a minimum of 1,500 hours of work experience in healthcare compliance, performing tasks reflected in the exam content outline, in a healthcare setting or with a provider of services to the healthcare industry, obtained over a period not to exceed two years.

If experience is with an employing organization or organizations other than your current employer listed above, please indicate their name and phone number here:
________________________________________________________________________________________________________________________

☐ Student
   Students who complete the compliance coursework from an CCB accredited university program.
### SECTION 3 – CONTINUING EDUCATION

Please fill out the table below, indicating the program code, title, date and number of credits for each program, article, product or presentation you are submitting to fulfill the continuing education requirement for certification.

Candidates for certification must submit documentation of twenty (20) CCB continuing education credits received in the twelve-month period preceding the date of application.

At least two credits must be documented in each CCB Content Subject Area (see list below). Please refer to your certificates to determine subject matter addressed in each accredited activity.

- Application of Management Practices for the Compliance Professional
- Application of Personal and Business Ethics in Compliance
- Written Compliance Policies and Procedures
- Designation of Compliance Officers and Committees
- Compliance Training and Education
- Communication and Reporting Mechanisms in Compliance
- Enforcement of Compliance Standards and Discipline
- Auditing and Monitoring for Compliance
- Response to Compliance Violations and Corrective Actions
- HIPAA Privacy Implementation

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<tr>
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Total Credits Submitted

All continuing education submissions are subject to audit. Intentional or willful non-compliance with CE requirements may be considered grounds for disqualification from the examination or revocation of certification.

### SECTION 4 – FEES

Please include all fees with your application. Please note we are unable to accept personal checks. Please submit money order, cashier's check, or credit card information in the space provided.

- HCCA Member $250  OR  Non-member $350

Payment Form
- Business Check
- Cashier's Check
- Money Order
- Credit Card ( ) Visa ( ) Mastercard ( ) Amex

# ____________________________  Exp. Date ____________________________

### SECTION 5 – CERTIFICATION

By signing below, I attest that I have read and understand the material and policies included in the CCB Candidate Handbook. I further attest that all information included on this application and in the supporting documentation is true and correct. I acknowledge that if any of the information supplied is shown to be incorrect, I may be subject to prohibition from the examination and/or revocation of certification in accordance with CCB policy. I authorize CCB to conduct a search of my criminal background (if any), including but not limited to Medicare and Medicaid sanction lists and databases.

Signature ____________________________  Date ____________________________
SECTION 6 – DESCRIPTIVE INFORMATION

This information is optional and will be used to help CCB evaluate its program.

A. How long have you been in the healthcare compliance field?
   - 1 to under 3 years
   - 3 to under 5 years
   - 5 to under 10 years
   - 10 years or more

B. How many employees are there in your department?
   - Less than 5
   - 5 – 9
   - 10 – 24
   - 25 – 49
   - 50 +

C. What is the your total annual company revenue?
   - Less than $20 million
   - $20 – $49 million
   - $50 – $99 million
   - $100 – $249 million
   - $250 – $499 million
   - $500 – $999 million
   - $1 – $2 billion
   - More than $2 billion

D. Do you consider your firm to serve a/an rural, semi-rural, or urban area?
   - Rural
   - Semi-rural
   - Urban

E. What best describes your job?
   - Compliance Officer
   - Privacy Officer
   - CFO
   - CEO
   - Attorney (In-house Counsel)
   - Attorney (Private Practice)
   - Billing
   - Coding
   - Human Resources
   - Consultant
   - Administration
   - Other

F. Do you belong to any of the following organizations?
   - American Health Information Management Association (AHIMA)
   - American Health Lawyers Association (AHLA)
   - Medical Group Management Association (MGMA)
   - Healthcare Financial Management Association (HFMA)
   - American Academy of Professional Coders (AAPC)

G. Gender
   - Male
   - Female

H. Do you consider yourself...
   - White/Caucasian
   - American Indian
   - Black/African American
   - Asian
   - Hispanic
   - Other
CHRC Candidate Handbook

CCB Examination

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 as a
Examination Candidate                                            Date
__________________________________________________________.

Professional Title

The candidate discussed with me the nature of the test 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, 45 days prior to the examination date, to: AMP, Candidate Services Department, 18000 W. 105th Street, Olathe, KS 66061-7543, fax (913) 895-4651. If you have questions, call the Candidate Services Department at (888) 519-9901.
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 accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

CANDIDATE INFORMATION

____________________________________________________________________________________________________________________
Name (Last, First, Middle Initial, Former Name)
____________________________________________________________________________________________________________________
Mailing Address
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
City State Zip Code

SPECIAL ACCOMMODATIONS

I request special accommodations for the examination.

Please provide (check all that apply):

_____ Special seating or other physical accommodations
_____ Reader
_____ Extended testing time (time and a half)
_____ Distraction-free room
_____ Other special accommodations (Please specify.)

____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

Comments: __________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________

Signed: ____________________________________________ Date: _____________________

Return this form with your examination application and fee, 45 days prior to the examination date, to: AMP, Candidate Services Department, 18000 W. 105th Street, Olathe, KS 66061-7543, fax (913) 895-4651. If you have questions, call the Candidate Services Department at (888) 519-9901.