

Certified Examination for Hypertension Specialists



Candidate Handbook 2020

| Application Deadline* | Testing Window |
|-----------------------|--------------------------------|
| March 25, 2020 | May 2 – May 16, 2020 |
| September 30, 2020 | November 7 – November 21, 2020 |

***Applications will not be accepted after this deadline**

Administered by:



1350 Broadway, Suite 800 | New York, NY 10018
www.ptcny.com/contact

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This Handbook contains necessary information about the Certification Examination for Hypertension Specialists. Please retain it for future reference. Candidates are responsible for reading these instructions carefully. This Handbook is subject to change.

CONTACT INFORMATION

| | |
|--|--|
| <p>Professional Testing Corporation (PTC) www.ptcny.com (212) 356-0660</p> | <ul style="list-style-type: none"> • Apply for examination • Obtain general application policy and procedure information • Obtain information about testing policies and procedures • Transfer to a new testing period • Request Special Accommodations • Request Hand Score • Question about score reports • Recertification • Miscellaneous inquiries |
| <p>Prometric www.prometric.com/AHSCP (800) 741-0934</p> | <ul style="list-style-type: none"> • Schedule test appointment • Reschedule test appointment (within the same testing period) • Cancel test appointment • Find directions to test site • Questions regarding testing sites and appointments |
| <p>American Hypertension Specialist Certification Program (AHSCP) www.ahscp.org</p> | <ul style="list-style-type: none"> • Certified Hypertension Specialist Study Guide • Certified Hypertension Specialist Directory |

ATTENTION CANDIDATES

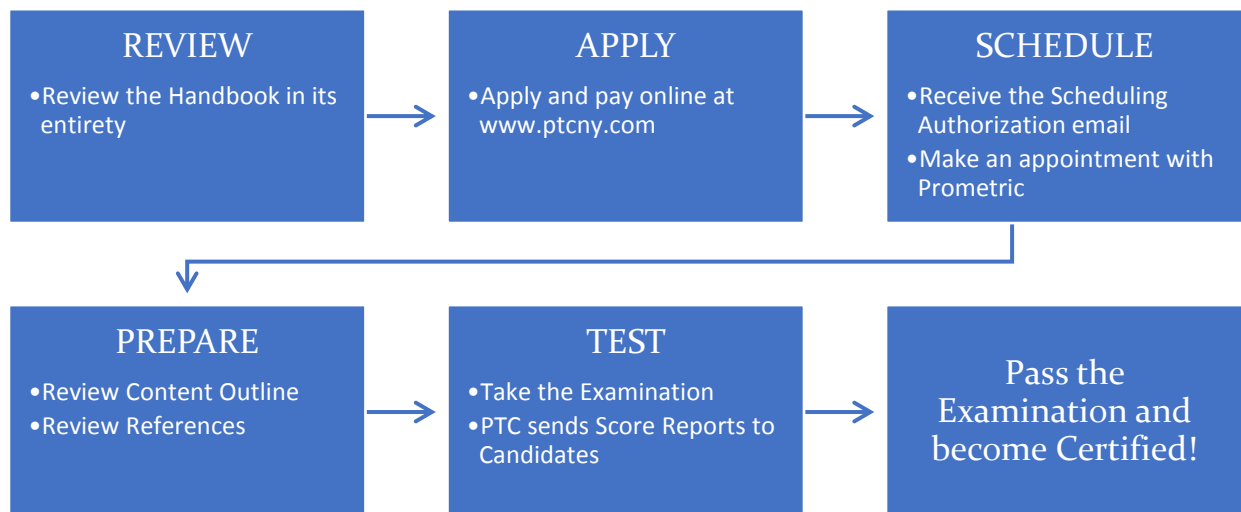
This handbook contains necessary information about the Certification Examination for Hypertension Specialists. It is required reading for those applying for and taking the Examination. All individuals applying for the examination must comply with the policies, procedures, and deadlines in this Handbook and attest to this by signing the Candidate Attestation found on the application. Please retain this handbook for future reference. This handbook is subject to change. See www.ptcny.com for handbook updates.

WHAT IS THE AMERICAN HYPERTENSION SPECIALIST CERTIFICATION PROGRAM?

The American Hypertension Specialist Program (AHSCP) was formed in response to the growing recognition that the hypertension problem requires the coordinated effort of front-line health care providers and those physicians with documented expertise in managing hypertension. The Clinical Hypertension Specialist (CHS) designation was created for the specific purpose of identifying and recognizing physicians with expert skills and knowledge in the management of clinical hypertension and related disorders.

The AHSCP designates Clinical Hypertension Specialists on the basis of: a) submission of an application which documents training and experience in hypertension and related areas, and b) passing the Certification Examination for Hypertension Specialists.

THE CERTIFICATION PROCESS



ELIGIBILITY REQUIREMENTS – FOR CANDIDATES FROM THE U.S. & CANADA

By the application deadline, candidates must meet the following eligibility requirements:

1. Be a currently licensed physician in the United States or Canada.
[Submit a copy of current license with application]
2. Be certified by a relevant primary board (American Board of Medical Specialties (ABMS) or equivalent) (e.g., Internal Medicine, Family Practice, Pediatrics, Obstetrics-Gynecology).
[Submit documentation with application]
3. Meet at least ONE (1) of the following:
 - a. Certified by a relevant subspecialty board (ABMS or equivalent) (e.g., cardiovascular disease, nephrology, endocrinology).
[Submit documentation of specialty standing or training with application]

OR

 - b. Current enrollment in an accredited relevant fellowship program (e.g., cardiovascular disease, nephrology, endocrinology)
[Submit appropriate documentation with application]

OR

 - c. Demonstrate appropriate experience and practice activity in the management of complex hypertension problems (e.g., letter from Chief of Service or another recognized senior physician).
[Submit copy of letter or other documentation demonstrating experience and practice activity with application]
4. Complete Attestation of Current Appointment Form by Chief of Department or Division.
5. Complete and file an Application for the Certification Examination for Hypertension Specialists.
6. Pay the required fee.

ELIGIBILITY REQUIREMENTS – FOR CANDIDATES OUTSIDE THE U.S. OR CANADA

By the application deadline, candidates must meet the following eligibility requirements:

1. Be a currently licensed physician.
[Submit a copy of current license, in English, with application]

2. Be certified by a relevant national or U.S. primary board (American Board of Medical Specialties (ABMS) or equivalent) (e.g., Internal Medicine, Family Medicine, Pediatrics, Obstetrics-Gynecology).
[Submit documentation with application]

3. Meet at least ONE (1) of the following:
 - a. Certified by a relevant secondary national or U.S. subspecialty board (ABMS or equivalent) (e.g., cardiovascular disease, nephrology, endocrinology).
[Submit documentation of specialty standing or training with application]

 - OR

 - b. Current enrollment in an accredited relevant national or U.S. fellowship program (e.g., cardiovascular disease, nephrology, endocrinology).
[Submit appropriate documentation with application]

 - OR

 - c. Demonstrate appropriate experience and practice activity in the management of complex hypertension problems (e.g., letter from Chief of Service or another recognized senior physician).
[Submit copy of letter or other documentation demonstrating experience and practice activity with application]

4. Complete Attestation of Current Appointment Form by Chief of Department or Division.

5. Complete and file an Application for the Certification Examination for Hypertension Specialists.

6. Pay the required fee.

COMPLETION OF APPLICATION

Step 1 – Complete Application

Go to www.ptcny.com/test-sponsors/AHSCP to view examination testing periods, application deadlines, and link to the online application. You must complete the examination application in full, using your name exactly as it appears on your current government issued photo ID such as a driver's license or a passport. Applications are not considered complete until all information and payment has been provided. The completed application can be submitted and paid for online. Retain the link to the application and your login information.

Please note, for new applications you will be asked to create a PIN number. This PIN will be used if you need to go back into your existing application.

Step 2 – Submit Examination Fee and Application for Review

Receive email from PTC stating that your payment and application has been received and under review.

Step 3 – Receive Approval of Application

Receive email from PTC stating that your application has been approved.

Step 4 – Receive Scheduling Authorization and Schedule Testing Appointment

Within eleven (11) weeks prior to the start of the testing period, candidates will receive a Scheduling Authorization from PTC via email from notices@ptcny.com. The Scheduling Authorization includes a PTC Candidate ID Number and information on how to set up your examination location, date, and time through Prometric. Retain this document.

You must present your current driver's license, passport, or U.S. Military ID at the testing center at the time of your examination appointment or you will be refused admission. The name on the ID must exactly match the name on the Scheduling Authorization.

Applicants who are not approved to sit for the examination or whose applications are incomplete 21 days prior to the first day of the testing window will receive a refund of their application fee minus the \$50 administrative fee. Refunds will be processed approximately 30 days after the end of the testing period.

APPLICATION CHECKLIST

Candidates **MUST** submit the following:

- ✓ Online application and fees
- ✓ Copy of current medical license
- ✓ Copy of primary board certification
- ✓ Attestation form completed by division chair or supervisor

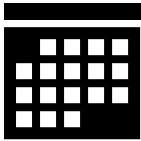
Candidates must also submit **ONE** of the following:

- ✓ Copy of subspecialty board certification
- ✓ Documentation of current enrollment in a relevant, accredited fellowship program
- ✓ Letter from chief of service or other recognized senior physician, on letterhead, verifying demonstration of appropriate experience and practice activity in the management of complex hypertension problems

EXAMINATION ADMINISTRATION AND SCHEDULING

The Certification Examination for Hypertension Specialists is administered during an established two-week testing window on a daily basis, excluding holidays, at computer-based testing facilities managed by Prometric.

Scheduling Examination Appointments



Approximately eleven (11) weeks prior to the start of the testing window, approved candidates will be emailed a Scheduling Authorization from **notices@ptcny.com**. Please ensure you enter your correct email address on the application and add the 'ptcny.com' domain to your email safe list. If you do not receive a Scheduling Authorization eight (8) weeks prior to the start of your chosen testing window, contact the Professional Testing Corporation at (212) 356-0660 or online at www.ptcny.com/contact.

The Scheduling Authorization will indicate how to schedule your examination appointment with Prometric as well as the dates during which testing is available. Appointment times are first-come, first-served, so schedule your appointment as soon as you receive your Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date. **Candidates who wait until the last minute run the risk of missing out on their preferred date, time, and testing center. Candidates unable to schedule an appointment will forfeit their fees.**

Candidates unable to take the examination during their chosen testing window will need to reapply for the examination and pay a new application fee.

After you make your test appointment, Prometric will send you a confirmation email with the date, time, and location of your exam. Please check this confirmation carefully for the correct date, time, and location. Contact Prometric at (800) 741-0934 if you do not receive this email confirmation or if there is a mistake with your appointment.

Note: International candidates may also schedule, reschedule, or cancel an appointment online at <http://www.prometric.com/AHSCP>.

IMPORTANT!

You **MUST** present your current driver's license, passport, or U.S. military ID at the test center. Expired, temporary, or paper driver's licenses will **NOT** be accepted. The name on your Scheduling Authorization **MUST** exactly match the name on your photo ID.

Fees will not be refunded for exams missed because of invalid ID.

Rescheduling Examination Appointments within a Testing Period

Candidates are able to reschedule their examination appointments within the same testing period as long as the request is submitted within the timeframe described below. Reschedule within the permitted time frame by calling or going to the Prometric website: <http://www.prometric.com/AHSCP>.

| Time Frame | Reschedule Permitted? | Stipulations |
|---|-----------------------|---|
| Requests submitted 30 days or more before the original appointment | Yes | None |
| Requests submitted 29 to 5 days before the original appointment | Yes | Candidate must pay Prometric a rescheduling fee of \$50. |
| Requests submitted less than 5 days before the original appointment | No | Candidates who do not arrive to test for their appointment will be considered a no-show and all their examinations fees will be forfeited. Candidates will need to reapply and pay full examination fees for a future testing period. |

Transferring to a New Testing Period

Candidates unable to take the examination during their scheduled testing period may request a **ONE-TIME** transfer to a future testing period. **There is a transfer fee of \$500.00.** After you have transferred once by paying the \$500.00 fee, you will need to pay the examination fee of \$1,000.00 in order to transfer a second time; so, ***please plan carefully.***

Please note: requests to transfer to a new testing period must be received within 30 days of your originally scheduled testing period.

Candidates wishing to transfer to a new testing period need to follow the steps below.

1. Go to <http://secure.ptcny.com/apply>.
2. Click "Start New Application."
3. Choose AHSCP-CHS in the first drop-down menu; then choose the new examination period in the second drop down menu and fill out the rest of the information on the page.
4. Fill out the application making sure you answer yes to the question asking if you are transferring.
5. When you have finished the application, click "Submit Transfer Request."
6. PTC Support will send you an email letting you know your transfer application was approved and that you can log back into your application and pay the one-time \$500.00 transfer fee.

Call 212-356-0660 if you have any questions regarding the transfer process.

If candidates are unable to attend the examination on the date for which they registered and elect not to transfer to another testing period, the application will be closed and all fees will be forfeited. There will be no refund of fees.

The transfer fee is based on costs and is not punitive in nature. The transfer fee must be paid at the time the request is approved. The candidate is responsible for contacting Prometric and canceling the original examination appointment, if one was made.

Exams may only be transferred to a new testing period once; please plan carefully.

Please note: Transferring your Examination only refers to instances when a candidate is unable to take their exam during a testing period for which they have already applied. Candidates who did not pass their examination and are retaking the examination need to pay the full \$600 Examination Fee.



Failing to Report for an Examination

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

EXAMINATION FEES

| Fee Type | Amount | Details |
|--|---------------|--|
| Application Fee | US \$1,000.00 | <ul style="list-style-type: none">• Non-refundable¹• Non-transferable• Includes testing center fees• Includes non-refundable \$50 administrative fee |
| Transfer Fee (Moving to a new testing window; see page 8) | US \$500.00 | <ul style="list-style-type: none">• Applies to candidates who need to move to a new testing period• Must submit new application & fee to PTC |
| Rescheduling Fee (29-5 days prior to scheduled appointment; see page 8) | US \$50.00 | <ul style="list-style-type: none">• Applies to candidates who need to move their appointment within their current testing period• Payable directly to Prometric• Reschedule with Prometric online or over the phone |

¹ Applicants who are ineligible to take the examination or whose applications are incomplete by the application deadline will have their examination fees returned minus an administrative fee.



All fees are non-refundable and non-transferable.

There will be no refund of fees except if applicants are ineligible for the examination. Ineligible candidates will be refunded their fees minus an administrative fee. **Please be advised: Prometric does not have the authority to grant transfers to another testing period or refunds.**

SPECIAL ACCOMMODATIONS

AHSCP and PTC support the intent of and comply with the Americans with Disabilities Act (ADA). PTC will take steps reasonably necessary to make certification accessible to persons with disabilities covered under the ADA. According to the ADA, an individual with a disability is a person who has a physical or mental impairment that substantially limits a major life activity (such as seeing, hearing, learning, reading, concentrating, walking) or a major bodily function (such as neurological, endocrine, or digestive system). The information you provide and any documentation regarding your disability and special test accommodations will be held in strict confidence.

All approved testing accommodations must maintain the psychometric nature and security of the examination. Accommodations that fundamentally alter the nature or security of the exam will not be granted.

Special testing arrangements may be made upon receipt of the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from www.ptcny.com/PDF/PTC_SpecialAccommodationRequestForm.pdf or by calling PTC at (212) 356-0660.

This Form must be uploaded with the online application no later than 8 weeks prior to your chosen testing period. Candidates who do not submit their Special Accommodations Form with their application may not be able to test during their chosen testing period and therefore be subject to rescheduling or transfer fees.

Only those requests made and received on the official Request for Special Needs Accommodations Form will be reviewed. Letters from doctors and other healthcare professionals must be accompanied by the official Form and will not be accepted without the Form. All requests must be made at the time of application. Accommodations cannot be added to an existing exam appointment.

PREPARING FOR THE EXAMINATION

- Check your government issued photo ID (driver's license, passport or U.S. Military ID) when you make your examination appointment. Is it expired? Does the name on your ID match the name on your Scheduling Authorization email? Proctors at the Prometric testing center will refuse admission to candidates with expired IDs, IDs with names that do not match their records, and temporary paper IDs. Candidates will be marked as no-shows and will forfeit their exam fees.
- Check your PTC Scheduling Authorization email and Appointment Confirmation email from Prometric to make sure everything is accurate (i.e. your name, exam name, appointment date, time and location).

- Make yourself familiar with the location of your chosen testing site and any requirements they may have for parking and check the weather and traffic conditions before you leave for the testing center. Make sure you give yourself plenty of time to arrive as late arrival may prevent you from testing.
- In the event of inclement weather, check the Prometric website for site closures: <https://www.prometric.com/closures>.
- Prometric’s website provides information on what you can expect on your test day, including a walkthrough of check in and security procedures: <https://www.prometric.com/test-center-security>.
- This Handbook provides the Content Outline for the Examination (see appendix). Use these to help you start studying for the examination.
- Review What to Expect at the Testing Center and Rules for the Examination on the next page before your appointment.

WHAT TO EXPECT AT THE TESTING CENTER

PTC has partnered with Prometric Testing Centers to deliver examinations to candidates. Here is what you can expect when you arrive at your Prometric Testing Center.

- Candidate Check-In
 - Candidates will be asked to present their IDs
 - Candidates will be asked to empty and turn out their pockets
 - Candidates will be “wanded” or asked to walk through a metal detector
 - Inspection of eyeglasses, jewelry, and other accessories will be conducted. Jewelry other than wedding and engagement rings is prohibited.
 - Religious headwear may be worn into the testing room; however, it may be subject to inspection by a testing center administrator before entry into the testing room is permitted.
 - Prometric provides lockers for candidates to store their purses, mobile phones, jackets, food, drinks and medical supplies.
- During the Exam
 - No breaks are scheduled during the exam. Candidates who must leave the testing room to take a break will not be given extra time on the exam
 - Accessing mobile phones or study materials during the examination is prohibited
 - Smoking is prohibited at the testing center
 - All examinations are monitored and may be recorded in both audio and video format

Please keep in mind: other exams will be administered at the same time as your examination. Therefore, examinees may hear ambient noises such as typing, coughing, or people entering and exiting the testing room that cannot be avoided. Prometric is unable to provide a completely noise-free environment. However, headphones may be requested to minimize impact.

Please see [Prometric’s website](#) for more information about what to expect on testing day.

RULES FOR THE EXAMINATION

Please read the information below carefully. You are responsible for adhering to the examination rules while at the testing center.

- ⇒ You must present your current driver's license, passport, or US Military ID at the testing center. Candidates without valid ID will NOT be permitted to test. Temporary or paper copies of your ID will not be accepted.
- ⇒ Electronic devices that can be used to record, transmit, receive, or play back audio, photographic, text, or video content, including but not limited to, cell phones, laptop computers, tablets, Bluetooth devices; wearable technology (such as smart watches), MP3 players (such as iPods), pagers, cameras, and voice recorders are not permitted to be used and cannot be taken in the examination room. Prometric provides lockers for your personal items.
- ⇒ No papers, books, or reference materials may be taken into or removed from the testing room.
- ⇒ No questions concerning content of the examination may be asked during the examination session. The candidate should read carefully the directions that are provided on screen at the beginning of the examination session.
- ⇒ Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.
- ⇒ Bulky clothing, such as sweatshirts (hoodies), jackets, coats, and hats (except hats worn for religious reasons), and most types of jewelry may not be worn while taking the examination. Proctors will ask you to remove such items and place them in your locker. Please see [Prometric's statement on Test Center Security](#) for more information.
- ⇒ All watches and "Fitbit" type devices cannot be worn during the examination.
- ⇒ Food/beverages are not permitted inside the testing room. Leave these items in your assigned locker.



Contact PTC at (212) 356-0660 or www.ptcny.com/contact with any questions about the Examination Rules.

Violation of any of the rules listed above may lead to forfeiture of fees, dismissal from the testing room, and cancellation of your test scores.

TESTING CONDITIONS OR EXAMINATION FEEDBACK

Any candidate who feels that the examination effort was negatively impacted by the test center conditions should notify the proctor immediately. The situation should also be reported to PTC at www.ptcny.com/contact within 3 business days of the test appointment. Any comments about the test itself should also be reported to PTC at www.ptcny.com/contact within 3 business days of the test appointment.

REPORT OF RESULTS

All candidates will be notified in writing by PTC, of their official scores (scores on the major areas of the examination and on the total examination will be reported) within approximately four weeks of the close of the testing period. Please note that this time is necessary to allow for the psychometric review and administration time required to ensure accurate and reliable scores.

Please note that official scores will not be released at the testing center but will be sent to candidates within four weeks following the close of the testing period.

Please notify PTC as soon as possible regarding any address changes to ensure that you will receive your official test scores.

REQUESTING A HANDSCORE

Candidates who fail the examination may request a hand scoring of their data file. Hand scoring is a manual check of the data file by the testing service to determine if there have been any errors in scoring. Although the probability of such an error is extremely remote, this service is available. Requests for hand scoring must be received by PTC no later than 90 days after the date of the examination by completing and returning the Request of Handscore form on www.ptcny.com with payment of \$25. Candidates who fail the examination will not be permitted to see the examination questions. For reasons of test security, no candidate is allowed to review the examination or any of its items.

To ensure correct reporting of results, PTC automatically performs handscores of examinations of candidates who score within 3 points of passing as a quality control measure. Thus, it is extremely doubtful that any examination results will change from “fail” to “pass” through handscoreing.

CONFIDENTIALITY OF EXAMINATION SCORES

The American Hypertension Specialist Certification Program will release the individual examination scores in writing ONLY to the individual candidate. Any questions concerning test results should be referred to the Professional Testing Corporation, at 212-356-0660.

REEXAMINATION

The Certification Examination for Hypertension Specialists may be taken as often as desired, upon filing of a new Application and fee. There is no limit to the number of times the examination may be repeated; however, candidates may not retest during the same testing period.

ATTAINMENT OF CERTIFICATION & RECERTIFICATION

Eligible candidates who pass the Certification Examination for Hypertension Specialists are eligible to use the designation *Clinical Hypertension Specialist (CHS)* after their names and will receive certificates from the American Hypertension Specialist Certification Program. A registry of designated *Clinical Hypertension Specialists* will be maintained by AHSCP and may be reported in various publications.

The *Clinical Hypertension Specialist* designation is recognized for a period of 10 years at which time the candidate must retake and pass the current Certification Examination for Hypertension Specialists or meet such alternative requirements as are in effect at that time in order to retain designation.

REVOCAION OF DESIGNATION

Designation will be revoked for violations of the policies of the Board of the AHSCP, including, but not limited to:

1. Falsification of an Application.
2. Revocation of any current license to practice medicine.
3. Misrepresentation of designation status.

The Board of the AHSCP shall make all decisions regarding revocation of designation.

CONTENT OF THE EXAMINATION

The Certification Examination for Hypertension Specialists is a computer-based examination composed of a maximum of 200 multiple-choice, objective questions with a total testing time of three and a half (3.5) hours. The content for the examination is described in the Content Outline on the next page.

The questions for the examination are obtained from individuals with expertise in clinical hypertension and are reviewed for construction, accuracy, and appropriateness by AHSCP.

AHSCP, with the advice and assistance of the Professional Testing Corporation, prepares the examination.

The Certification Examination for Hypertension Specialists will be weighted in approximately the following manner:

| | | |
|------|------------------------------|-----|
| I. | Basic Science | 15% |
| II. | Diagnostic Evaluation | 10% |
| III. | Secondary Hypertension | 20% |
| IV. | Treatment | 35% |
| V. | Treatment Special Conditions | 20% |

I. BASIC SCIENCE

- A. Physiology (e.g. hemodynamics, renin-angiotensin-aldosterone system, sympathetic nervous system)
- B. Pathophysiology
- C. Epidemiology (e.g. risk, prevalence, importance of systolic hypertension, control rates)
- D. Genetics
- E. Pharmacology

II. DIAGNOSTIC EVALUATION

- A. Blood Pressure Measurement/Monitoring
- B. Blood Pressure Classification
- C. Clinical Characteristics
- D. Laboratory Testing
- E. Target Organ Damage

III. SECONDARY HYPERTENSION

- A. Renal Parenchymal Disease
- B. Renovascular
- C. Endocrine
- D. Obstructive Sleep Apnea
- E. Other – including Pharmacologic

IV. TREATMENT

- A. Prevention/Public Health Strategies
- B. Lifestyle Modification/Nonpharmacologic Treatment
- C. Clinical Trials
- D. Drug Therapy (drugs, combination therapy, targets, approaches)
- E. Treatment Guidelines
- F. Barriers to Treatment and Control, Adherence

V. TREATMENT: SPECIAL CONDITIONS

- A. Hypertensive Crisis/Emergencies/Urgencies/Malignant Hypertension
- B. Resistant Hypertension
- C. Co-existing Renal Disease (Proteinuria, Diabetic Nephropathy, Renal Failure)
- D. Co-existing Heart Disease (Coronary Artery Disease, Myocardial Infarction, Congestive Heart Failure)
- E. Co-existing Vascular Disease (Aortic Aneurysm, Stroke)
- F. Lipids, Obesity, and Diabetes
- G. Hypertension in Pregnancy
- H. Orthostatic Hypotension
- I. Psychologic Disorders
- J. Children and Adolescents

SAMPLE EXAMINATION QUESTIONS

The following are samples of the types of questions that may appear on the Certification Examination for Hypertension Specialists. These sample questions are intended for candidates to view how test questions are structured. Please note these are samples and these specific questions will not appear on the examination.

-
1. A 42-year-old man, seen for a check-up, has blood pressure of 135/85 mm Hg, with a body mass index of 29, and no symptoms. He reports occasional exercise and consumption of 4-5 beers per week. The exam and usual tests are normal. Which of the following lifestyle interventions is the best strategy for management?
 1. Weight loss
 2. Stress management
 3. Decreased alcohol intake
 4. Dietary supplementation with potassium
-
2. An overweight 55-year-old man with type II diabetes mellitus has blood pressures 145-150/90-95 mm Hg. His fasting glucose level is 138 mg/dL and his hemoglobin A1C level is 7.8%. He has normal renal function and 1+ proteinuria. He stopped smoking one year ago. Which antihypertensive drug should be started?
 1. Ramipril
 2. Verapamil
 3. Metoprolol
 4. Amlodipine
-
3. A 24-year-old woman is seen for recent headaches with a blood pressure of 190/120 mm Hg. Two years ago her pressure was normal. The examination is normal except for narrowed retinal arteries and a systolic-diastolic upper abdominal bruit. Urinalysis is normal, serum creatinine is 0.9 mg/dL, Na 139, K 3.6, Cl 102, HCO₃ 26. Which of the following tests is indicated?
 1. Renal artery imaging
 2. 24-hour urine free cortisol
 3. Urine metanephrine excretion
 4. Serum thyroid hormone and TSH levels

4. Laboratory studies in a 45-year-old man with an average blood pressure of 165/110 mm Hg while receiving no antihypertensive therapy are as follows: Serum sodium 144 mEq/L, potassium 3.1 mEq/L, HCO_3^- 32, glucose 110 mg/dL and creatinine 1.1 mg/dL. Which one of the following test results obtained after 7 days on a high sodium diet supports the suspected diagnosis of primary aldosteronism?

1. Plasma renin activity= 2.5 ng/mL/hr
2. Urinary potassium excretion = 20 mEq/L
3. Plasma aldosterone / plasma renin activity ratio = 8.0
4. Urinary aldosterone excretion = 30 micrograms/24 hours

| ANSWER KEY | |
|------------|---|
| Q | A |
| 1 | 1 |
| 2 | 1 |
| 3 | 1 |
| 4 | 4 |

ASSESSMENT TOOLS AND STUDY OPTIONS

Assessment tools and study options for preparing to take the Clinical Hypertension Specialist Examination include the following:

- “2020 Certification Examination for Hypertension Specialists” – Handbook for Candidates – see sections entitled (1) Content Outline, and (2) Sample Examination Questions.
- The Practice Examination for the Hypertension Specialist Examination, a 60-question computerized test simulating the actual examination. The practice examination covers the five content areas of the examination. For more information, go to www.ptcny.com.
- Refer to the "Suggested Study Topics for the Hypertension Specialist Certification Exam" at <http://www.ahscp.org/wp-content/uploads/2018/03/CHS-Study-Guide.pdf>. This Study Topics document is an outline of current clinical hypertension literature, and consists of (a) hypertension textbooks (b) links to clinical practice guidelines and statements, and (c) a list of significant randomized clinical trials that serve as the basis for current practice recommendations.

ONLINE PRACTICE TEST

WHAT IS IT: A practice test consisting of 60 questions with a testing time of 2 hours taken over the Internet

WHY TAKE IT: To experience taking a computerized exam, to review an example of the type of content included in the Certification Examination for Hypertension Specialists, and to learn more about question format, style, and level of difficulty

SCORE REPORT: After completing the online practice test, you will receive an instant score report showing test performance in each of the content areas. The score report does not provide correct answers or indicate which questions were answered correctly and incorrectly. Once the practice test is scored, you cannot return to the test to review the questions

NOTE: The online practice test is an optional tool candidates may use as they prepare for the certification examination. While the practice test may help candidates identify areas of strengths and weakness, it should not be used as the only means to determine candidate preparedness or readiness to test. Since the practice test is NOT intended to be a study guide nor the sole source of preparation for the actual certification examination, candidates are NOT provided with the answer key, rationales for each question, nor notification of which specific items were answered correctly or incorrectly.

Though the specific questions that are on the practice test will not appear on the actual certification examination, it allows candidates to become familiar with the style of questions that may be asked. The instant score report received after practice test submission shows overall test performance as well as performance in each of the content areas. Candidates may find this information useful in determining future study needs. Once the practice test is scored, candidates cannot return to the test to review the questions. Performance on the practice test does not guarantee similar performance on the actual certification examination.

The PTC Online Testing System does not demonstrate the testing software used during the certification examinations. Those who purchase the online practice test should be aware that they will use a different testing platform when they take certification examinations at designated proctored testing centers.

The practice test is not a requirement for certification eligibility nor does it contribute in any way to success on the certification examination. There are many ways candidates should prepare for the certification examination. Candidates should use a variety of resources and consider their own education and experiences. Review the content outline and reference materials listed in the handbook for additional exam-related information.

CONTENT INCLUDED

- I. Basic Science
- II. Diagnostic Evaluation
- III. Secondary Hypertension
- IV. Treatment
- V. Treatment Special Conditions

FEE: \$195 by credit card

APPLY: Go to www.ptcny.com and select Online Practice Test for Specialists in Clinical Hypertension

FURTHER INFO: Visit www.ptcny.com or call Professional Testing Corporation at 212-356-0660

PTC19096



Attestation of Current Appointment

Candidate: Please type or print your name on the line below and forward this Attestation to your Chief of Department or Division at a hospital listed as a current staff appointment on your Application. The Chief of Department or Division should complete the Attestation and return it to you. Upload the Attestation to your Online Application. ***If you work in a private practice, please have senior member of staff or fellow physician knowledgeable of your work in Hypertension fill out the Attestation.***

Candidate's Name _____

Chief of Department/Division or Senior Staff Member: The candidate named above has applied for designation as an American Hypertension Specialist Certification Program *Specialist in Clinical Hypertension*. AHSCP would appreciate it if you would complete this form to assist us in evaluating this candidate's application.

The candidate has signed an agreement including the following release:

I consent to my professional qualifications being evaluated by the AHSCP and for the AHSCP to contact persons named in this Application, as well as other persons, such as officials of licensing boards, medical schools, hospitals, and other health care facilities, for verification and additional information as appropriate for the evaluation of my candidacy. I authorize any organization or individual listed to provide verification of the information provided in this Application.

Please answer the following questions. Use the reverse side for explanations as requested by particular questions, as well as for additional comments.

The candidate currently holds an appointment in good standing on the staff of this hospital/private practice. Yes No
(If no, please comment on the reverse side.)

Please indicate how long the candidate has been appointed to the staff of your institution/practice.
 Less than one year One to five years More than five years

The candidate is considered to be a hypertension specialist in the local community. Yes No
(If no, please comment on the reverse side.)

The candidate demonstrates moral and ethical behavior in patient care. Yes No
(If no, please comment on the reverse side.)

To your knowledge, has the candidate been the subject of a limitation, suspension, or revocation of license? Yes No
(If yes, please comment on the reverse side.)

To your knowledge, has the candidate been the subject of disciplinary action by your facility or by any medical society within the past five years? (If yes, please comment on the reverse side.) Yes No

To your knowledge, has the candidate demonstrated within the past two years any behavior that would present a threat to the safety of others or evinced any conduct that would indicate a limited or impaired ability to practice medicine? (If yes, please comment on the reverse side.) Yes No

This form is to be completed by a Chief of Department/Division or Senior Staff Member, NOT by the candidate.

Signature _____ Date _____

Name _____

First

Middle

Last

Title _____

Hospital _____

Street Address _____

City _____ State _____ Zip/Postal Code _____

Phone _____ Fax _____

Area Code

Area Code

UPLOAD THIS FORM TO YOUR ONLINE APPLICATION ON PTCNY.COM

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