On behalf of the full Hospice Medical Director Certification Board (HMDCB), I offer our appreciation for your interest in hospice physician certification. In the coming pages, you will find an overview of the requirements, application process, exam detail, and policies that will provide you with the information you need to determine your eligibility to earn the HMDC credential.

HMDCB’s mission is to relieve suffering and improve quality of life by promoting the excellence and professional competency of hospice physicians. This certification is meant for both hospice medical directors, as defined by the Centers for Medicare and Medicaid Services (CMS), as well as other physicians who provide hospice care.

Established in 2012, HMDCB was created from a growing demand for certification specific to the subspecialty practice of hospice medicine. Our organization assists the public and healthcare professionals in identifying hospice physicians with a knowledge and experience base important in delivering quality hospice care.

Certification through HMDCB is an acknowledgment that you have met the assessment standards and have committed to the responsibilities of providing care to individuals (and their families) as they approach the end of their lives. By achieving the HMDC credential, you will demonstrate that you have the knowledge and skills to effectively manage the clinical needs of hospice patients. Additionally, with ever increasing government concerns of hospice program integrity, you can acknowledge your administrative leadership and regulatory competency, thus enhancing your value to hospice leadership and management.

This certification signifies an achievement in pursuit of “something more” in demonstrating a skillset of care that focuses on palliation and assisting individuals in “living” until the time of their death. Certification demonstrates your commitment not only to hospice patients and their families but also to the subspecialty of hospice medicine itself.

Thank you again for your interest in HMDCB. To get started on your path of achieving your HMDC, I encourage you to carefully and completely read this handbook and become familiar with the information outlined within it, including exam-related dates, certification policies, examination topics, and more.

Sincerely,

David Wensel, DO FAAHPM HMDC
Chief Medical Officer
TRU Community Care
Lafayette, CO
All questions and requests for information about the Hospice Medical Director certification program should be directed to:

Hospice Medical Director Certification Board
8735 W. Higgins Road, Suite 300
Chicago, IL 60631
Phone: 847-375-6740
Fax: 847-375-6739
Email: info@hmdcb.org
Website: www.hmdcb.org

All questions and requests for information about examination scheduling should be directed to:

PSI Candidate Services
18000 W. 105th St.
Olathe, KS 66061-7543
Phone: 855-579-4641
Fax: 913-895-4650
Website: http://schedule.psiexams.com
About This Handbook

The purpose of this candidate handbook is to provide information on examination administration requirements for active candidates who endeavor to earn certification by the Hospice Medical Director Certification Board (HMDCB).

Candidates are responsible for reading this guide in its entirety and understanding its contents. This candidate guide is only a guide. All information in this document may be revised, updated and amended at any time without notice. This most recent candidate guide, found on the HMDCB website, supersedes all previous versions.

Hospice Medical Director Certification Board

HMDCB was established in 2012 and serves as an independent, not-for-profit corporation to administer a certification program for hospice medical directors and other hospice physicians. HMDCB was founded and is now led by individuals with years of experience in the field of hospice and palliative medicine who are dedicated to improving the quality and consistency of care provided by local hospices.

Only HMDCB is responsible for the development, administration, and evaluation of the certification program. The HMDC credential promotes the professional competence, established standards and ethical practice of hospice physicians. The role of hospice physicians in the United States requires a special subset of knowledge, with complicated regulatory, administrative and ethical aspects in addition to expertise in clinical care.

HMDCB is governed by an eight-member board of directors representing diverse backgrounds, practice settings and training pathways in the field of hospice and palliative medicine and two non-physician members representing the public and serving as the AAHPM liaison. HMDCB’s mission is to relieve suffering and improve quality of life by promoting the excellence and professional competency of hospice physicians.

HMDCB receives no public funds and has no licensing function. Its business plan is to be self-funded by the fees paid by candidates. Any income that exceeds expenses will be invested in the continued improvement of the certification and continuing certification process.

Non-Discrimination Policy

HMDCB and PSI do not discriminate against candidates for examination, certification, or recertification on the basis of age, gender, race, color, religion, national origin, disability, marital status or any other protected classification under state or federal law.

About Board Certification

The HMDC credential is granted by HMDCB to identify hospice medical directors and other hospice physicians who demonstrate that they have acquired the knowledge and skills necessary to practice in a hospice setting. The purpose of this specialty certification is to provide an objective national standard for hospice medical directors and physicians who provide hospice care that can be used as a measure of professional excellence by interested agencies, groups and individuals.

The high standards of the certification program are upheld by the close working relationships between HMDCB, volunteer content experts, and testing experts. HMDCB adheres to the standards of the National Commission for Certifying Agencies (NCCA) in the development and implementation of its certification program, as well as the 1999 guidelines issued in the Standards for Educational and Psychological Testing, and all federal and legal regulations, such as the Uniform Guidelines on Employee Selection Procedures, which provides a research framework that may be used as a basis for maintaining the validity of certification and licensing programs.

The certification program is not designed to determine who is qualified or who shall engage in hospice care, but rather to promote excellence and professionalism by documenting individual performance as measured against a predetermined level of knowledge about hospice care. HMDCB’s certification examination is a valid, reliable and legally defensible assessment instrument that measures the competence of potential certificants against a codified and relevant body of hospice tasks. A cooperative effort by HMDCB, PSI and practicing hospice physicians resulted in the definition of tasks significant to the practice of hospice care (e.g., the content blueprint); these competencies are included in the certification examination.
CERTIFICATION REQUIREMENTS

Eligibility Requirements
At the time of application, all candidates must hold a current, unrestricted license to practice medicine in the United States, its territories or Canada, conform to HMDCB’s Code of Professional Conduct and demonstrate a minimum of 400 hours of broad hospice-related activities* during the previous five years.

In addition to these general requirements, candidates must meet at least one of the following eligibility requirements:

1. Practice Pathway: Two years of work experience in a hospice setting during the past five years,
   OR
2. Certification Pathway: Current, valid board certification in the subspecialty of hospice and palliative medicine through the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA),
   OR
3. Training Pathway: Successful completion of a 12-month clinical hospice and palliative medicine training program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or AOA.

*Hospice-related activities are defined as activities within the hospice setting as outlined in the content blueprint (e.g., engagement in an interdisciplinary group, patient care, certification process, medication management, participating in performance improvement and administrative activities).

It is the responsibility of the candidate to inform HMDCB immediately upon any changes to their license status following submission of their application or earning their HMDC.

Code of Professional Conduct
Certification by the HMDCB carries an obligation for ethical behavior and professionalism in all conduct. The ethical behavior and professionalism expected of all candidates includes:

• submitting accurate, valid application information
• respecting the confidentiality of examination questions and content
• maintaining an unrestricted medical license in the United States, its territories, or Canada
• accurately representing certification status at all times
• maintaining ethical and professional behavior in all conduct

HMDCB candidates will be required to sign a statement affirming adherence to the code when submitting their application.
# APPLYING FOR THE EXAMINATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 12, 2024</td>
<td>Application opens</td>
</tr>
<tr>
<td>February 12 - April 30, 2024</td>
<td>Early Bird Application Window (Price $1,250)</td>
</tr>
<tr>
<td>May 1 - July 1, 2024</td>
<td>Regular Application Window (Price $1,350)</td>
</tr>
<tr>
<td>July 2 - July 31, 2024</td>
<td>Final Application Window (Price $1,450)</td>
</tr>
<tr>
<td>July 31, 2024</td>
<td>Last Day to Apply</td>
</tr>
<tr>
<td>September 10, 2024</td>
<td>Last Day to Schedule Exam</td>
</tr>
<tr>
<td>February 20 - September 24, 2024</td>
<td>Exam Window</td>
</tr>
</tbody>
</table>

## Application Instructions

Examination applications are available during the application cycle on the HMDCB website at [www.hmdcb.org](http://www.hmdcb.org). The instructions guide candidates through the application process. The online application must be completed via laptop or desktop computer. The application is not supported by mobile devices. Candidates must submit their applications with payment to HMDCB during the application cycle. No application will be considered without complete information and full payment.

To access the application, visit the My HMDCB section of [www.hmdcb.org/apply](http://www.hmdcb.org/apply).

1. Candidates will be directed to a log-in screen in the My HMDCB Certification Center. If you have already created an account, please use your log-in information to sign in. If you have not created an account, please do so.
2. Once logged in, you will be directed to a landing page with the ability to begin an application.
3. Once in the application, you will be required to provide detailed contact information, demographics, and license information; confirm practice hours; choose a pathway and complete its requirements; and attest to several policies and required details. Once all required sections are complete, you will be prompted to complete the payment page. Your application will be submitted upon payment, unless you apply via the Practice Pathway. If you apply through this pathway, your application will move to submitted status once your employer attest yes to the attestation form sent to them.
4. Complete only one Pathway: Practice, Certification, or Training
   - If applying through the Practice Pathway, a completed verification form completed online by the hospice senior administrator attesting that the applicant meets all of the criteria under Eligibility Requirements above is required.
   - If applying through the Certification Pathway, the primary Medical Board through which your subspecialty certification was given and expiration date of your certificate is required. Your certificate number is also requested.
   - If applying through the Training Pathway, the name and program accreditation number of the hospice and palliative medicine training program where you completed the necessary 12 months of training, in addition to your start and end dates, are required.
5. Pay all required fees for the examination.

Only after you have completed ALL of the following tasks will the application be considered complete:

1. Ensure the name on the application matches the name on the identification to be used for admission to the Test Center (see section on identification requirements). Select whether special testing accommodations are required.
2. Provide your current medical license information.
3. Provide your employment information, including your employer, position, start and end dates, type of organization, and number of hours worked per year.
4. Complete only one Pathway: Practice, Certification, or Training
   - If applying through the Practice Pathway, a completed verification form completed online by the hospice senior administrator attesting that the applicant meets all of the criteria under Eligibility Requirements above is required.
   - If applying through the Certification Pathway, the primary Medical Board through which your subspecialty certification was given and expiration date of your certificate is required. Your certificate number is also requested.
   - If applying through the Training Pathway, the name and program accreditation number of the hospice and palliative medicine training program where you completed the necessary 12 months of training, in addition to your start and end dates, are required.
5. Pay all required fees for the examination.
Examination Fees
Certification examination fees are set by the HMDCB Board of Directors. The certification examination fee is $1,250 if you apply during the early bird window (February 12 - April 30, 2024). The fee increases to $1,350 if you apply during the regular window (March 31 - May 1, 2023). The fee will increase to $1,450 if you apply during the final application window (July 2 - July 31, 2024).

Payment of the examination fee may be made by credit card or check made payable to the Hospice Medical Director Certification Board. If paying by check, candidates will be required to print the application and mail it with full payment to HMDCB, PO Box 88019, Chicago, IL 60680-8019. Until full payment has been received by HMDCB, the application will not be processed, and the examination cannot be scheduled.

An additional $25 will be charged for any returned checks or rejected credit cards to cover additional handling fees and service charges imposed by the bank or credit card company. A candidate’s canceled check or credit card receipt serves to document payment for the examination.

Discounts are available for hospices that want to certify multiple physicians. To learn more, visit www.HMDCB.org/employer-discounts.

Confirmation of Application Submission
Upon submitting the application and payment, candidates will automatically receive an email from HMDCB informing them that the application and payment have been received. If eligibility is denied, the candidate will be contacted by HMDCB. Within 3-5 business days of receipt of the application and payment, candidates will receive email instructions and a postcard from the testing company, PSI, on how to schedule the examination. The notices will include a web address and toll-free telephone number (US) for PSI along with detailed instructions for scheduling the examination. If the notices from PSI are not received within one week of submission, please contact HMDCB at 847-375-6740 or info@hmdcb.org.

Audit
In order to maintain the integrity of the program and to verify the accuracy of the information submitted by candidates for certification or recertification, HMDCB will audit a percentage of randomly selected applications each year. Other applications may be audited at the discretion of HMDCB. Candidates whose applications are selected for audit will be notified and required to provide the documentation requested. During the audit process, candidates are encouraged to proceed with scheduling and taking their examination. The applicant’s completion of the application form and payment duly authorizes HMDCB to conduct such independent verification.

Candidates who fail the audit, fail to respond satisfactorily to the receipt of an audit notification, or refuse to submit to an audit will forfeit all fees, exam results, and be subject to disciplinary action in accordance with the revocation and misconduct policy. This applies to all candidates, even those who complete and pass the exam.

Practice Pathway Applicants
If you apply via the Practice Pathway, please do not schedule your examination until you receive confirmation from HMDCB that your Senior Hospice Administrator(s) has attested to your practice hours. If you schedule and take the exam and your hours are not attested to, you will forfeit all fees, your application will turn to Void, and your credential will be revoked.

It is the sole responsibility of HMDCB examination candidates to be aware of and comply with registration deadlines. In fairness to all candidates, the HMDCB Board of Directors will strictly adhere to its published registration deadlines for all examinations. Candidates are encouraged to apply early in the registration period to avoid any potential problems. Issues arising from one’s inability to log on to the HMDCB application system (e.g., forgotten user name or password, technical difficulties, operator error) must be resolved, and all components of the application, including payment, completed prior to published deadlines. The HMDCB staff will make every effort to promptly assist with all issues as they arise; however, candidates are responsible for contacting HMDCB for assistance well in advance of deadlines. If a physician submits an application for the certification examination and is deemed ineligible, the examination fee will be retained by HMDCB.
Accommodation of Candidates with Disabilities

HMDCB and PSI comply with the provisions of the Americans with Disabilities Act in providing reasonable accommodations to eligible candidates. Reasonable accommodations provide candidates with disabilities a fair and equal opportunity to demonstrate their knowledge and skill in the essential functions being measured by the examination. Reasonable accommodations are approved or denied based upon the individual’s specific request, disability, documentation submitted and appropriateness of the request. Reasonable accommodations do not include steps that fundamentally alter the purpose or nature of the examination, influence the examination results or result in an undue burden.

Verification of the disability and a statement of the specific type of assistance needed must be submitted online at least 4 weeks prior to a candidate’s desired examination date by completing PSI’s online form: https://psi-cdexp.zendesk.com/hc/en-us/requests/new?ticket_form_id=360000991112. Attach the Documentation of Disability-Related Needs form (which must be completed by an appropriate licensed professional) with your online request. PSI will review the request and contact the candidate regarding the decision for accommodations.

For Exam Accommodations questions/concerns, please call 1-800-367-1565 x6750 Monday through Friday, 8 AM–5 PM CST. Wheelchair access is available at all established Test Centers. Candidates must advise PSI at the time of scheduling that wheelchair access is necessary. Candidates with visual, sensory, physical or learning disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements.

Name/Address Change

It is the candidate’s responsibility to notify the HMDCB office of any changes in contact information prior to the examination. Candidates also may indicate address and name changes at the time of the application. Notification of admission to the examination, communication of test results and delivery of information regarding renewal of certification depend on HMDCB having current information.

It is the candidate’s responsibility to have an updated address available to HMDCB at all times during the application, exam, and post-exam timeframes. Should an address be outdated, candidate will be responsible for any fees associated with re-creating and resending materials.
Testing Partner
PSI is the professional testing agency contracted by HMDCB to assist in the development, administration, scoring and analysis of the HMDCB examination. PSI is engaged in educational and occupational measurement and provides examination development and administration to a variety of credentialing programs.

Examination Administration
Examinations are delivered by computer in approximately 300 PSI Test Centers located throughout the United States. Computer examinations are administered by appointment only Monday through Friday. Saturday appointments may be scheduled based on availability. Available dates will be indicated when scheduling the examination. Appointment starting times may vary by location. Appointments are scheduled on a first-come, first-served basis.

Test Center Locations
PSI Test Centers have been selected to provide accessibility to the most candidates in all states and major metropolita-nan areas. A current listing of PSI Test Centers, including addresses and driving directions, at https://test-takers.psiexams.com/hmdcb. Specific address information will be provided when examination appointments are scheduled.

Scheduling an Examination
There are three ways to schedule the examination after receiving your scheduling notice from PSI:

1. **Online Scheduling with PSI (preferred)**
   OR
2. **Telephone Scheduling with PSI**
   Call PSI at 855-579-4641 to schedule an examination appointment. This toll-free number is answered from 7:00 a.m. to 9:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 7:00 p.m. on Friday, and 8:30 a.m. to 5:00 p.m. on Saturday. Those who have requested special accommodations must schedule their examination by telephone.

3. **Email Scheduling:** Candidates can email PSI at examschedule@psionline.com to schedule. Please include the following in your email: name, candidate ID#, client name (HMDCB), exam name (HMDCB), and phone number. If you know when and where you want to test, include a list of three (3) sites, dates, and times in order of preference. PSI will contact you directly to complete your registration.

**IMPORTANT:** When scheduling an appointment, be prepared to confirm your Candidate ID, which was sent to you via email from PSI. Candidates will be notified of the time to report to the Test Center, and, if an email address is provided, an email confirmation notice will be sent. If you applied via the Practice Pathway, please schedule your exam after your practice hours are attested to. See page 5 of this handbook for further details.

Scheduling Issues
If you experience issues scheduling your examination with PSI, contact HMDCB staff at info@hmdcb.org or call 847-375-6740.

Rescheduling an Examination
Candidates who wish to change test center locations or reschedule their appointment for a different date or time within the current year’s testing window may do so by calling PSI at 855-579-4641 at least two business days prior to the scheduled appointment. The following schedule applies.

<table>
<thead>
<tr>
<th>If the Examination is scheduled on...</th>
<th>PSI must be contacted by 3:00 p.m. Central Time to reschedule the Examination by the previous...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Wednesday</td>
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<tr>
<td>Tuesday</td>
<td>Thursday</td>
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<tr>
<td>Wednesday</td>
<td>Friday</td>
</tr>
<tr>
<td>Thursday</td>
<td>Monday</td>
</tr>
<tr>
<td>Friday</td>
<td>Tuesday</td>
</tr>
</tbody>
</table>

**Transfers**
Examination fees may not be transferred to a future year’s testing window.
Withdrawal (cancellation)
Candidates have 30 days after they apply to withdraw and receive a full refund minus a $250 administrative fee. No refunds will be issued if a candidate cancels after 30 days from their application date. A refund will not be issued if a candidate has already taken the examination. Candidates who wish to withdraw from the examination must contact the HMDCB office in writing, either by regular mail or email sent to info@hmdcb.org. Telephone requests will not be honored. Refunds will be issued directly to the party who paid the fee.

Missed Appointments/No Shows
Candidates who miss their HMDCB examination may reschedule up to one time per the exam cycle, accompanying a $75 fee to cover scheduling costs accrued by our testing partner, PSI. Upon submission of the $75 fee, candidates will be eligible to reschedule. Candidates who fail to appear for the rescheduled appointment or who arrive more than 15 minutes after the scheduled testing time will be denied entrance to the examination, and all fees will be forfeited.

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

Candidates may contact PSI at 855-579-4641 prior to the examination to determine if PSI has been advised that any Test Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at a Test Center, all scheduled candidates will receive notification following the examination regarding rescheduling procedures.

If power to a Test Center is temporarily interrupted during an administration, the 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.

This policy does not apply to candidates who miss their exam due to extenuating circumstances.
PREPARING FOR THE EXAMINATION

Resources
The board publishes a content blueprint (see below or visit www.hmdcb.org), providing detailed information on the content areas to expect on a typical examination. Candidates are strongly encouraged to become familiar with the content blueprint in preparation for the examination and use it to provide guidance on areas where they may need further study.

The application fee also includes access to the HMDCB Expanded Content Blueprint, which includes a description of all items on the Content Blueprint, sample questions, and recommended preparatory resources for each content domain. A link to the Expanded Content Blueprint will be included in the confirmation email sent to candidates by HMDCB. For direct access to this link, candidates can also email info@hmdcb.org.

Other options for preparation might include:
- journal articles, textbooks, federal regulations or other publications related to the content blueprint
- examination preparation or continuing education programs and courses
- sample test questions printed in this candidate handbook.

Other federal agencies and related organizations in the field of hospice and palliative medicine may offer materials or review/preparatory courses relevant to the examination for HMDC candidates. HMDCB neither sponsors nor endorses training, educational opportunities or preparatory courses for the HMDCB examination. The list below is for informational purposes only. This is not intended to be a comprehensive list of sources.

American Academy of Hospice and Palliative Medicine
(AAHPM)
847-375-4712
www.aaahpm.org

Centers for Medicare & Medicaid Services/Conditions of Participation for Hospices (CoPs)
www.cms.gov

National Hospice and Palliative Care Organization
(NHPCO) 703-837-1500
www.nhpco.org

Weatherbee Resources
www.weatherbeeresources.com

Or contact your state hospice organization

The HMDCB Expanded Content Blueprint and the above organizations’ services or products are not guaranteed to comprehensively prepare applicants for the exam.

To learn about these products, visit www.HMDCB.org/prepare.
### Detailed Content Blueprint

<table>
<thead>
<tr>
<th>Number of Items</th>
<th>1. Patient and Family Care</th>
<th>2. Medical Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.</strong></td>
<td>Provide medical direction and support for:</td>
<td>Assess and differentiate types of pain including total pain</td>
</tr>
<tr>
<td></td>
<td>1. family meetings</td>
<td>B. Assess and manage acute and chronic pain:</td>
</tr>
<tr>
<td></td>
<td>2. goals of care</td>
<td>1. opioids</td>
</tr>
<tr>
<td></td>
<td>3. advance care planning (e.g., DNR, Medical Power of Attorney, Surrogate Decision-Maker)</td>
<td>2. non-opioids</td>
</tr>
<tr>
<td></td>
<td>4. medication selection and deprescribing</td>
<td>3. non-pharmacologic measures (including complementary and alternative therapies)</td>
</tr>
<tr>
<td><strong>B.</strong></td>
<td>Assess and support cultural and personal diversities (e.g., age, race, gender identity)</td>
<td>Assess and manage non-pain symptoms:</td>
</tr>
<tr>
<td></td>
<td>C. Assess and support emotional, spiritual, and psychosocial characteristics and needs</td>
<td>1. opioids</td>
</tr>
<tr>
<td></td>
<td>D. Educate about disease trajectory (e.g., prognosis, symptom management, potential complications, and impending death)</td>
<td>2. non-opioids</td>
</tr>
<tr>
<td></td>
<td>E. Assess and document the patient’s decision-making capacity</td>
<td>3. non-pharmacologic measures (including complementary and alternative therapies)</td>
</tr>
<tr>
<td></td>
<td>F. Facilitate surrogate’s role in decision making</td>
<td>D. Assess and manage side effects and complications of commonly used medications (e.g., opioids, benzos, anti-psychotics, and steroids)</td>
</tr>
<tr>
<td></td>
<td>G. Recognize social determinants of health and collaborate with the interdisciplinary group to assess and manage them</td>
<td>E. Assess and manage diagnoses (e.g., delirium, dementia, depression, and anxiety)</td>
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<tr>
<td></td>
<td>H. Understand issues with family dynamics (e.g., coping styles, psychological defenses, and developmental stages)</td>
<td>F. Demonstrate knowledge of:</td>
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<tr>
<td></td>
<td></td>
<td>1. settings where hospice and palliative care are provided</td>
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<tr>
<td></td>
<td></td>
<td>2. patient assessment and management across hospice care settings</td>
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<tr>
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<td></td>
<td>3. substance use disorder and dependence/tolerance</td>
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<td></td>
<td></td>
<td>4. brain death, persistent vegetative state, and minimal conscious state</td>
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<tr>
<td></td>
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<td>5. normal and complex grief</td>
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<tr>
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<td>6. pediatric life-threatening conditions</td>
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<td></td>
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<td>7. signs and symptoms of impending death</td>
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<td></td>
<td></td>
<td>8. alternative routes of medication delivery</td>
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<tr>
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<td>9. palliative sedation</td>
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<tr>
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<td>10. prognostic assessment tools (e.g. FAST, PPS, BMI, KPS, ECOG, NYHA)</td>
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<td>11. artificial nutrition (i.e., benefits and burden)</td>
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<td></td>
<td></td>
<td>G. Manage medication selection and deprescribing based on disease trajectory</td>
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<tr>
<td></td>
<td></td>
<td>H. Assess the risk and manage substance use disorder or diversion</td>
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<tr>
<td></td>
<td></td>
<td>I. Identify indications for interventional symptom management (e.g., nerve blocks, radiation therapy)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J. Determine prognosis (e.g., comorbid and secondary conditions, medical findings, disease progression, medications and treatment)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>K. Manage withdrawal of life-sustaining therapies</td>
</tr>
<tr>
<td>Detailed Content Blueprint</td>
<td>Number of Items</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td><strong>3. Medical Leadership and Communication</strong></td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>A. Facilitate empathic communication (e.g., acknowledge what another person is experiencing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Facilitate conflict resolution and ‘service recovery’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Facilitate effective communication between hospice staff and community providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Provide ongoing education for hospice staff:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. certification and recertification</td>
<td></td>
<td></td>
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<tr>
<td>2. development of a plan of care</td>
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<td></td>
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<tr>
<td>3. symptom management</td>
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<tr>
<td>4. clinical assessments and face-to-face encounters</td>
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<td>5. pharmacy and formulary management</td>
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<td>6. documentation of care</td>
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<tr>
<td>E. Support staff around difficult decisions and care scenarios</td>
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<tr>
<td>F. Support the interdisciplinary group process</td>
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<tr>
<td><strong>4. Professionalism</strong></td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>A. Recognize and manage fatigue and burnout</td>
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<tr>
<td>B. Knowledge of strategies of self-care</td>
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<tr>
<td>C. Understand and promote healthy boundaries with colleagues, patients, and families</td>
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<tr>
<td>D. Disclose medical errors in accord with institutional policies and professional ethics</td>
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<tr>
<td>E. Collaborate with physicians and other health professionals to coordinate the plan of care</td>
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<tr>
<td>F. Promote patient privacy and confidentiality</td>
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<tr>
<td>G. Apply the five principles of medical ethics to:</td>
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<td></td>
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<tr>
<td>1. informed consent</td>
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<td>2. truth-telling</td>
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<td>3. withholding/withdrawing life-sustaining therapies</td>
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<tr>
<td>4. medical futility</td>
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<td>5. voluntary stopping of eating and drinking (VSED)</td>
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<td>6. request for medical aid in dying</td>
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<td>7. euthanasia</td>
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<td>8. principle of double effect</td>
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<td>9. conflicts of interest</td>
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<tr>
<td><strong>5. Regulatory Compliance and Quality Improvement</strong></td>
<td>39</td>
<td></td>
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<tr>
<td>A. Understand hospice services as outlined in the Conditions of Participation (CoPs):</td>
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<tr>
<td>1. access to core services</td>
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<td>2. access to allied health professionals (e.g., speech therapist, nutritionist)</td>
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<td>3. levels of care</td>
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<td>4. responsibility for medical care when the attending is not available</td>
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<td>5. continuous quality assessment and performance improvement (QAPI)</td>
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<td>6. patient safety</td>
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<td>7. emergency preparedness</td>
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<tr>
<td>8. community providers (e.g., GV and GW modifiers)</td>
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<td>9. hospice providers (e.g., medical visits, FTF encounters, pre-hospice consult, NP billing)</td>
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<tr>
<td>B. Comply with regulations regarding certification of terminal illness (CTI):</td>
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<td></td>
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<tr>
<td>1. local coverage determinations including their limitations</td>
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<td></td>
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<tr>
<td>2. determination of relatedness of comorbidities</td>
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<tr>
<td>3. physician narratives (e.g., timing, content)</td>
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<tr>
<td>4. face-to-face encounters</td>
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<tr>
<td>5. documentation of noncoverage of medications and treatments</td>
<td></td>
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</tr>
</tbody>
</table>
### Detailed Content Blueprint

<table>
<thead>
<tr>
<th>Number of Items</th>
<th>C. Understand the process of:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. audits (e.g., additional development requests (ADR), Targeted Probe and Education (TPE))</td>
</tr>
<tr>
<td></td>
<td>2. redetermination, appeals, and testifying to the Administrative Law Judge</td>
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<tr>
<td></td>
<td>3. technical and medical denials</td>
</tr>
<tr>
<td></td>
<td>4. survey process (e.g., CMS, State Department of Health, other accrediting organizations)</td>
</tr>
</tbody>
</table>

Each test form will include 165 multiple choice questions, only 150 questions will be scored.

Cognitive Levels: Approximately 17 to 23 percent of items will require Recall on the part of the candidate; approximately 49 to 55 percent of items will require Application of knowledge, and 25 to 31 percent will require Analysis.
Sample Questions

1. When assessing a patient’s decision-making capacity, a hospice medical director should consider if the patient
   A. is alert and oriented to date, time, and place.
   B. can understand relevant information and express a choice.
   C. is not under the influence of any controlled substances.
   D. does not have mental pathology or cognitive deficits.

2. Six months after being diagnosed with medulloblastoma, a 4-year-old child is referred to hospice. The child is withdrawn and not answering questions about her pain. Which of the following is the most useful indicator of pain in this child?
   A. restricted movement
   B. decreased appetite
   C. elevated heart rate
   D. decreased oxygen saturation

3. A 58-year-old woman with breast cancer metastatic to bone is transferred to an inpatient hospice unit for management of uncontrolled back pain. The hospice physician orders a hydromorphone infusion at a basal rate of 0.5 mg/hour. A few hours after starting the infusion, the patient had respiratory depression and died. After reviewing the case, it was determined that the pharmacy had programmed infusion for 5.0 mg/hour, and the nurse did not notice the error. In the family meeting, the hospice medical director should
   A. ask the hospice risk manager to intervene.
   B. request that the pharmacist disclose the error.
   C. request the nurse take responsibility and disclose the error.
   D. take responsibility for the error and inform the family.

4. To bill for medical management for a diagnosis unrelated to the hospice diagnosis, a community physician should bill
   A. hospice.
   B. Medicare Part B using the GV modifier.
   C. Medicare Part B using the GW modifier.
   D. Medicare Part A.

5. A hospice medical director (HMD) was recently involved in the care of a friend who died at home while receiving hospice services. The HMD made frequent visits and was close to the patient. After the friend’s death, the HMD felt fatigued, irritable, impatient, and argumentative. The HMD should
   A. expect the feeling to resolve spontaneously.
   B. initiate antidepressant therapy.
   C. engage with the interdisciplinary group for counseling.
   D. seek peer support.

6. A hospice patient with widely metastatic cancer desires organ donation after death. Which of the following can be donated for clinical use?
   A. kidney
   B. heart
   C. cornea
   D. stem cells

Answer Key:

1 – B 4 – C
2 – A 5 – D
3 – D 6 – C

Additional sample questions are available in the HMDCB Expanded Content Blueprint, which is provided to all candidates after submission of the initial application.
EXAMINATION DAY

The HMDCB examination consists of 165 multiple-choice questions (150 of the questions will be scored) and will be given via computer at a PSI Test Center. Candidates do not need any computer experience or typing skills to take the computer examination. On the day of the examination appointment, a candidate should plan to arrive at least 30 minutes prior to the appointment. However, IF A CANDIDATE ARRIVES MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME, THEY WILL NOT BE ADMITTED.

Identification
To gain admission to the Test Center, candidates must present two forms of identification. The primary form must be government issued, current and include a name, signature and photograph. No form of temporary identification will be accepted. Candidates will also be required to sign a roster for verification of identity.

• Examples of valid primary forms of identification are: driver’s license with photograph; state identification card with photograph; passport; military identification card with photograph.
• The secondary form of identification must display the candidate’s name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).
• If a candidate’s name on their registration is different than it appears on the identification, candidates must bring proof of their name change (e.g., marriage license, divorce decree or court order).

Without acceptable forms of identification, candidates will not be allowed to test and will forfeit the examination fee. PSI reserves the right to deny a candidate from taking the examination if there is a question in regards to the validity of the ID(s).

Security
PSI administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Test 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, pagers or cellular/smart phones are allowed in the testing room. Possession of a cellular/smart phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
• No calculators are allowed.
• 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 Test Center. Only wallets and keys are permitted. Large coats and jackets must be left outside the testing room. Candidates will be provided a soft locker (a small backpack) to store wallet and/or keys in the testing room. The proctor will lock the soft locker prior to the candidate entering the testing room. Candidates will not have access to these items until after the examination is completed. Please note that wallets, watches, keys and hats will not be allowed in the testing room except securely locked in the soft locker.

Once personal belongings have been placed in the soft locker, candidates will be asked to pull out their pockets to ensure they are empty. If candidates bring personal items that will not fit in the soft locker, they will not be able to test. The site will not store or be responsible for personal belongings.

If any personal items are observed or heard (e.g., cellular/smart phones, alarms) in the testing room after the examination is started, the candidate will be dismissed and the administration will be forfeited.

Examination Restrictions
• Pencils will be provided during check-in.
• Candidates 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. Candidates must return the scratch paper to the proctor at the completion of testing or they will not receive their score report.
• No documents or notes of any kind may be removed from the Test Center.

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

• Eating, drinking or smoking is not permitted in the Test Center.

• Candidates may take a break whenever they wish, but will not be allowed additional time to make up for time lost during breaks.

Practice Examination
After the candidate’s identification has been confirmed, they will be directed to a testing carrel and instructed on-screen to enter their unique identification number. A photograph of the candidate, taken before beginning the examination, will remain on-screen throughout the examination session. Prior to attempting the examination, candidates will be given the opportunity to practice taking an examination on the computer. The time taken for this practice examination is NOT counted as part of the examination time or score. Once comfortable with the computer testing process, candidates may quit the practice session and begin the timed examination.

Timed Examination
Following the practice examination, candidates will be allowed up to three hours to answer 165 multiple choice questions for the examination (only 150 questions are scored). Before beginning, instructions for taking the examination are provided on-screen.

The computer monitors the time spent on the examination. The examination will terminate if the time allowed is exceeded. Candidates may click on the “Time” box in the lower menu bar on the screen to monitor time. A digital clock indicates the time remaining to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right of the screen. Choices of answers to the examination question are identified as A, B, C or D. Candidates must indicate their choice by either typing the letter in the response box in the lower left portion of the computer screen or clicking on the option using the mouse. To change an answer, enter a different option typing in the letter in the response box or by clicking on the option using the mouse. Candidates may change their answer as many times as they desire during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen. This action will move a candidate forward through the examination question by question. To review any question(s), 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 examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button.

To identify all unanswered and/or bookmarked questions, click on the double arrows (>>). 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, candidates may return to the examination and answer those questions. Be sure to provide an answer for each examination question before exiting the examination. There is no penalty for guessing.

When assessing a patient’s decision-making capacity, a hospice medical director should consider if the patient

A is alert and oriented to date, time, and place.
B can understand relevant information and express a choice.
C is not under the influence of any controlled substances.
D does not have mental pathology or cognitive deficits.
Candidate Comments
During the examination, comments may be provided for any question by clicking on the Comment button 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. Candidates may also leave comments regarding the testing facility with the proctor after completing their examination.

Misconduct
Candidates will be observed at all times while taking the examination. This includes direct observation by test center proctors as well as video and audio monitoring of computer-based testing sessions. Test proctors are required to report to HMDCB any irregular or improper behavior by a candidate. Irregular behavior may include but is not limited to the following:
- creating a disturbance or being abusive or otherwise uncooperative;
- talking;
- giving or obtaining information or aid;
- looking at the test materials of others;
- making notes, except on the paper provided by and returned to the proctor;
- displaying or using electronic devices (e.g., pagers, cell phones);
- attempting to take the examination for someone else;
- failing to comply with time limits or instructions.

HMDCB and PSI will work together to thoroughly investigate any reports of irregularities at a test center, and HMDCB holds the authority to cancel any score resulting from an irregularity.

Copyrighted Examination Questions
All examination questions are the copyrighted property of HMDCB. 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 candidates to severe civil and criminal penalties.
POST EXAMINATION

After completing the examination, candidates will be asked to answer a short evaluation of their experience then report to the examination proctor to receive an examination completion report.

Examination Results and Notification
Immediately after completing the examination, candidates will receive a score report at the test center detailing their examination results and feedback on their performance in the major competency areas tested. HMDCB will not report scores by phone, email or fax.

Test Scoring
The methodology used to set the minimum passing score was the Angoff method, applied during a passing point study conducted by a panel of experts in the field. The experts evaluated each question on the examination to determine how many correct answers would be necessary to demonstrate the knowledge and skills required to pass. A candidate’s ability to pass the examination depends on the knowledge and skills demonstrated, not on the performance of other candidates. Passing points for subsequent forms of the examination should be based on statistical equating to maintain a comparable standard of competence.

Certificates and Designation
Candidates who have achieved certification by passing the examination will receive a personalized certificate verifying their certification and will be entitled to use the Hospice Medical Director Certified (HMDC) designation with their name. Certificates will be mailed 2-4 weeks after the exam window closes. If verification of results is needed prior, please email info@hmdcb.org for a verification letter. HMDCB will print the name of the candidate as it appeared on the online application. Duplicate or replacement certificates may be requested by submitting the online form along with the required fee of $25 at https://achieve.hmdcb.org/topclass/login.do?Partition=HMDCB.

The HMDC credential signifies that an individual has completed the requirements for the certification or renewal of certification. The HMDCB grants limited permission to individuals who have met all of the certification or renewal of certification requirements and received such notification from the HMDCB to use the HMDC designation. Use of the HMDC credential by individuals who have not been granted certification or renewal of certification, or who have failed to properly maintain certification in good standing is prohibited. Improper use of the credential may result in disciplinary action.

Reexamination
Candidates who fail the HMDCB examination may retake it upon submission of a new application and payment of the examination fees in effect at that time. Eligible candidates may test one time per calendar year.

Scores Cancelled by the HMDCB or PSI
HMDCB and PSI are responsible for the validity and 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. PSI reserves the right to void or withhold examination results if, upon investigation, any violation of its regulations is discovered.

Verification of Scores
In computer-delivered testing, the computer accepts responses from a keyboard or mouse in digitized form. As a result, computer-administered testing eliminates problems that may have previously arisen with scanning paper-and-pencil answer sheets, since all responses are recorded by candidates during their examination. However, verification of examination scores from electronic responses can be requested in writing for a fee of $25. Requests must be submitted to PSI, in writing, no later than 12 months after the examination administration date, and must include the candidate’s name, unique identification number, mailing address, and examination date. Please allow 10 business days for processing requests. Requests should be mailed to PSI, 18000 W. 105th St., Olathe, KS 66061.
Duplicate Score Report
To request a duplicate score report, contact PSI at 855-579-4641 or contact HMDCB at info@hmdcb.org.

Continuing Certification Program
HMDCB certification provides a mechanism by which hospice medical directors and physicians who provide hospice care can affirm their expertise, experience, and commitment to hospice patient care, administration, and leadership. However, certification is intended to be only the beginning of a physician’s process of continuing education and lifelong learning. As the field of hospice and palliative medicine grows, the need for ongoing opportunities for physicians to stay abreast of advancements and changes in their field also will grow.

The goal of the Continuing Certification Program (CCP) is to encourage and reward certified hospice physicians for ongoing learning and development of knowledge in the practice of hospice medicine amidst ever-changing regulatory and administrative conditions. Certificants will be required to participate in an annual Continuing Certification Program the year following their certification date.

The Continuing Certification Program requirements are listed below:

1. Continuously hold a current, active, and unrestricted license to practice medicine in the United States or its territories or any province of Canada.

2. Successfully complete 30 longitudinal assessment items and meet the identified competency level. This is not a high-stakes examination. This assessment will be open book, untimed, and questions can be re-answered until the identified competency level is achieved.


4. Pay annual fee.

All requirements must be met each year to continue active certification status. To learn more about this process, visit www.HMDCB.org/ccp.
Confidentiality
Information about candidates and their examination results are considered confidential. Studies and reports concerning candidates will contain no information that identifies any candidate, unless authorized by that individual.

Revocation and Misconduct Policy
In the interest of protecting the integrity of HMDCB and its certification credential, HMDCB may investigate any allegation of one or more of the following and may take whatever action is appropriate, including, but not limited to, denial of eligibility to take the certification examination or renew certification or revocation of certification:

a. Revocation, suspension, probation, voluntary surrender or any other limitation imposed on the individual’s medical license by the jurisdiction’s licensing authority

b. Misrepresentation of HMDCB certification or other unauthorized use of the HMDC credential. Unauthorized use is defined as the use of the HMDC credential by a noncertified individual in a way that would lead a third party to believe the individual is certified

c. Failure to satisfactorily respond to an audit or falsification of an application for the examination or for renewal of certification or of any other material information requested by the HMDCB

d. Failure to fulfill the requirements for renewal of certification before the specified deadline

e. The giving or receiving of assistance in the examination, as evidenced by observation and/or statistical analysis of an applicant’s answers, or any irregular behavior during the examination process or violation of testing procedures

f. The unauthorized possession, reproduction, or disclosure of any HMDCB examination-related materials before, during, or after the examination

g. Any violation of the Code of Professional Conduct by an HMDC applicant or certificant.

Reconsideration and appeal procedures are available to individuals who wish to contest an adverse decision on the part of HMDCB as outlined in the Reconsideration and Appeals Policy.

The procedures for revocation and misconduct are available at www.hmdcb.org or upon request from HMDCB.

Reconsideration and Appeals
Any aggrieved individual may appeal a decision by the HMDCB to deny eligibility to take the certification examination or renew certification or to revoke certification but may not challenge the requirements themselves. Failure of an examination is not grounds for appeal. HMDCB reconsideration and appeal procedures are not available for challenges to the content specifications of the examination, the methodology used to establish the scores reported to the candidate, or the methodology used to establish or apply the minimum passing standard for the examination.

A request for reconsideration may be filed by an aggrieved individual within 30 days of the HMDCB’s decision by submitting a written request to HMDCB’s executive director by a traceable mailing service. The process and procedures for reconsideration and appeal are available upon request from HMDCB.
Request for Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and provide the Documentation of Disability-Related Needs on the next page at least 30 days prior to your requested examination date. 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

Candidate ID # ______________________ Requested Test Center:_____________________________________

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

Mailing Address

City State Zip Code

Daytime Telephone Number Email Address

Special Accommodations

I request special accommodations for the _______ administration of the ____________________________________ examination.

Year

Please provide (check all that apply):

_____ Reader

_____ Extended testing time (time and a half)

_____ Reduced distraction environment

_____ Please specify below if other special accommodations are needed.

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Comments: _________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

PLEASE READ AND SIGN:

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

Signature: _______________________________________ Date: __________________________

Submit this information along with documentation from a licensed professional at:


If you have questions, call Candidate Services at 1-800-367-1565 Ext 6750.
Documentation of Disability-Related Needs

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

<table>
<thead>
<tr>
<th>Professional Documentation</th>
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<tr>
<td>I have known __________________________ since _____ / _____ / _____ in my capacity as a</td>
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<tr>
<td>Candidate Name</td>
</tr>
<tr>
<td>My Professional Title</td>
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</tbody>
</table>

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 Request for Special Examination Accommodations form.

Description of Disability: 
________________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
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______________________________________________________________________________________

Signed: _________________________________________________________________________________ Title: _________________________________________________________________________________
Printed Name: ____________________________________________________________________________
Address: ________________________________________________________________________________
______________________________________________________________________________________
Telephone Number: __________________________ Email Address: ________________________________
Date: __________________________ License # (if applicable): ________________________________

Submit this form with your online request at:
If you have questions, call Candidate Services at 1-800-367-1565 Ext 6750.