



NATIONAL MARROW DONOR PROGRAM®



Committed donors. Successful transplants.

The Candidate's Handbook

Hematopoietic
Transplant Coordinator
Certification Examination



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About the NMDP

The National Marrow Donor Program® (NMDP) is an international leader in the facilitation of unrelated marrow and blood stem cell transplantation. It is our mission to save lives through cellular transplantation, science, service and support.

As a non-profit organization based in Minneapolis, Minnesota, the NMDP facilitates unrelated marrow and blood stem cell transplants for patients with life-threatening diseases who do not have matching donors in their families. It is through an extensive network of nationally and internationally affiliated Apheresis Centers, Collection Centers, Cooperative Registries, Cord Blood Banks, Donor Centers, Laboratories, Recruitment Groups, Repositories, and Transplant Centers that the NMDP facilitates these transplants.

The NMDP, with support from the U.S. Navy, has established this certification process to allow transplant coordinators who meet pre-determined eligibility criteria the opportunity to demonstrate, and be recognized for, an achieved level of competence in unrelated transplant coordination.

Credential Designation

Passing this examination will allow the transplant coordinator to use the designation CHTC (Certified Hematopoietic Transplant Coordinator) with their name.

About This Handbook

This handbook provides information needed to register for NMDP's Hematopoietic Transplant Coordinator Certification Examination, including eligibility requirements, examination policies, and an examination content outline. Please retain this handbook after registering for the examination; it may be a needed resource at a later date.

Testing Agency

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

Statement of Nondiscrimination

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

Eligibility Requirements

Transplant Coordinators must meet the following criteria to be eligible to take the examination:

1. Must have the equivalent of two years full-time experience with the allogeneic transplant process.
2. Must submit a letter from a director or manager verifying that the coordinator meets the eligibility requirements outlined above.

Examination Administration

Examinations are delivered by computer at over 160 AMP Assessment Centers geographically located throughout the United States. The examinations are administered by appointment only Monday through Saturday at 9:00 a.m. and 1:30 p.m. Available dates will be indicated when scheduling your examination. Candidates are scheduled on a first-come, first-served basis.

There will be a special one time Paper and Pencil examination during the annual fall meeting. An application can be found on the AMP website at www.goAMP.com or the NMDP Network website (requires member password to access).

Holidays

The examinations are not offered on the following holidays:

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



Examination Fee (Effective April 1, 2009)

Candidates must submit the \$295 fee with a complete examination application.

Examination Fee – \$295

Payment may be made by credit card (VISA, MasterCard, American Express and Discover), cashier's check or money order made payable to AMP. **Business checks, personal checks and cash are not accepted.**

Applying and Scheduling for an Examination

Computer Based Administration

Complete and submit the paper application found on page 13 along with the appropriate fee and documentation of eligibility requirements.

An application is considered complete only if all information requested is complete, legible and accurate; if the candidate is eligible for the examination; and if the appropriate fee accompanies the application. A paper application that is incomplete will be returned, along with any fee submitted minus a \$50 processing fee.

AMP processes the paper application and within approximately two weeks sends a confirmation notice that includes a toll-free telephone number and a website address to contact and schedule an examination appointment. Be prepared to confirm a location and a preferred date and time for testing and to provide your Social Security number as a unique identification number. If a confirmation notice is not received within 4 weeks, contact AMP at 888/519-9901.

If AMP is called by 3:00 p.m. Central Time on...	Depending on availability, the examination may be scheduled as early as...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday/Saturday
Thursday	Monday
Friday	Tuesday

If special accommodations are being requested, complete the *Request for Special Examination Accommodations* form included in this handbook and submit it to AMP at least 45 days prior to the desired examination date.

Paper/Pencil Administration

A paper/pencil administration of the examination will be administered each fall in conjunction with NMDP's annual meeting held in Minneapolis, Minnesota. To apply for the paper/pencil administration, candidates must submit the application form on page 13 of this handbook. Please be sure to check that you are applying for the paper/pencil test format.

An application is considered complete only if all information requested is complete, legible and accurate; if the candidate is eligible for the examination; and if the appropriate fee accompanies the application. A paper application that is incomplete will be returned, along with any fee submitted minus a \$50 processing fee.

Approximately 10 business days before the examination date, AMP will mail all scheduled candidates an admission letter indicating the reporting time and the exact location of the exam. Any candidate who has not received an admission letter at least one week before the examination date should contact the AMP Candidate Support Center by telephone at 888-519-9901.

If special accommodations are being requested, complete the *Request for Special Examination Accommodations* form included in this handbook and submit it to AMP at least 45 days prior to the desired examination date.

Rescheduling or Canceling an Examination

Fees are nonrefundable. A candidate who is unable to test as scheduled may opt to reschedule.

- For a computer administration, a candidate may reschedule the examination once at no charge by calling AMP at 888-519-9901 at least 2 business days prior to the scheduled appointment. the following schedule applies.

If the examination is scheduled on...	AMP must be contacted by 3:00 p.m. Central Time to reschedule the examination by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

- A candidate who wishes to reschedule a second time, who appears more than 15 minutes late for an examination and cannot be seated, or who fails to report for the scheduled examination may reapply for examination by calling AMP. A new, complete application and examination fee are required to reapply for examination.



- A candidate who cancels his/her examination after confirmation of eligibility is received forfeits the application and all fees paid to take the examination. A new, complete application and examination fee are required to reapply for examination.

Assessment Center Locations

AMP Assessment Centers have been selected to provide accessibility to the most candidates in all states and major metropolitan areas. AMP Assessment Centers are typically located in H&R Block offices. A current listing of AMP Assessment Centers, including addresses and driving directions, may be viewed at AMP's website located at www.goAMP.com. Specific address information will be provided when a candidate schedules an examination appointment.

Requests for Special Examination Accommodations

The NMDP and AMP comply with the Americans with Disabilities Act (ADA) and are interested in ensuring that individuals with disabilities are not deprived of the opportunity to take the examination solely by reason of a disability, as required and defined by the relevant provisions of the law. Special testing arrangements may be made for these individuals, provided that an appropriate request for accommodation is received by AMP at least 45 days prior to the designated testing date and the request is approved. Please complete the Request for Special Examination Accommodations included in this handbook. This form must be signed by an appropriate professional and submitted with the examination application.

Telecommunication Devices for the Deaf

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

Missed Appointment and Cancellations

A candidate will forfeit the examination registration and all fees paid to take the examination under the following circumstances.

- The candidate wishes to reschedule an examination but fails to contact AMP at least two business days prior to the scheduled testing session,
- The candidate wishes to reschedule a second time,
- The candidate appears more than 15 minutes late for an examination, or
- The candidate fails to report for an examination appointment.

A complete application form and examination fee are required to re-register for the examination.

No Refunds

Refunds will NOT be granted to individuals requesting to withdraw from an examination after submitting an application. Any candidate who fails to appear for the examination on the scheduled date will forfeit the examination fee. To reapply for a future examination date, a new application and fee must be submitted.

Credit card transactions that are declined will be subject to a \$25 handling fee. You must send a certified check or money order for the amount due, including the handling fee, to AMP to cover declined credit card transactions.

Examination Content

The examination is based upon six major content areas. Each of those content areas is briefly outlined in the following pages, with the number of examination questions devoted to each major content area noted. The examination is composed of 150 questions.

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

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

Hematopoietic Transplant Coordinator Certification Examination Detailed Content Outline

NOTE: An "X" shows questions of the indicated cognitive type will not appear on an examination. Open cells show an examination could include questions of indicated cognitive types. RE = Recall, AP = Application, AN = Analysis	Questions			Totals
	Cognitive Level			
	RE	AP	AN	
I. CLINICAL MANAGEMENT	7	16	6	29
A. Pre-Transplant Preparation	4	9	2	15
1. Collect data to determine diagnosis, outcomes, and the care plan				
2. Facilitate scheduling for <ul style="list-style-type: none"> • Consultations • Diagnostic tests and procedures • Appointments with transplant physicians 			X	
3. Ensure that all appropriate consent is obtained (e.g., release of medical information, financial responsibility statement)			X	
4. Coordinate <ul style="list-style-type: none"> A. Scheduling of <ul style="list-style-type: none"> • BM harvests • Stem cell pheresis • OR time • Pre-BMT work-up B. Appropriate ancillary services (e.g., social work, radiation therapy, patient advocate) 			X	
5. Set up direct or autologous blood donation through the blood bank			X	
6. Communicate with the patient, family, and physicians				
7. Counsel the recipient regarding acceptable correspondence and/or gifts to a donor		X	X	
8. Ensure collection of recipient's blood sample for research and send before patient conditioning begins			X	
9. Provide patient and family with institutional infection control guidelines			X	
B. Intra- and Post-Transplant Processes	2	6	2	10
1. Ensure psychological support to patients and families throughout therapy and rehabilitation				
2. Support measurable goals for patients and healthcare providers with estimated time schedules			X	
3. Coordinate home healthcare plan, education, and follow-up appointments				
4. Provide recipient update information to donor center at prescribed intervals throughout the year			X	
5. Assist in obtaining medications and supplies according to the patient's insurance coverage			X	
6. Coordinate scheduling of post-BMT testing			X	
C. Subsequent Therapy	1	1	2	4
1. Facilitate additional cellular therapies (e.g., DLI, second donation)				
2. Coordinate ancillary pharmacologic therapies (e.g., GvHD, immunotherapy)				
II. PRE-TRANSPLANT PATIENT EDUCATION	11	12	12	35
A. Diseases Treated by Transplant	2	3	2	7
1. Identify malignant and non-malignant disorders			X	
2. Educate the patient and their family about the disease process				
3. Describe the transplant center's criteria for selecting a donor				
B. Description of the HLA Typing Process	3	3	6	12
1. Explain <ul style="list-style-type: none"> A. The histocompatibility system (e.g., family inheritance patterns, ABO vs HLA Class I, Class II) B. Histocompatibility testing methods (e.g., serology vs molecular) 				
2. Interpret immediate and extended family typing reports				
3. Explain confirmatory typing to the patient and family				
4. Review the <ul style="list-style-type: none"> A. HLA typing report with the patient and family B. Preliminary unrelated search reports and donor search process 				



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	Cognitive Level			
	RE	AP	AN	
C. Description of Transplant Types	3	1	0	4
1. Describe autologous transplants		X	X	
2. Distinguish between related and unrelated allogeneic transplants			X	
D. Description of the Transplant Process	3	5	4	12
1. Distinguish among stem cell sources (e.g., marrow, PBSC, cord blood)				
2. Describe transplant preparative options including ablative and non-myeloablative				
3. Explain general steps that a donor experiences during the workup phase including <ul style="list-style-type: none"> • Repeat HLA typing and infectious disease testing • Information sessions and physical examination • Stem cell collection • Daily injections of filgrastim when applicable 				
4. Describe the stem cell infusion process			X	
5. Identify short- and long-term complications (e.g., acute and chronic GvHD)				
6. Counsel a patient and family about their options (e.g., second opinions, transferring a search)				
7. Obtain appropriate transplant center-specific consent documentation			X	
III. SEARCHING FOR A MATCH	14	16	12	42
A. Accessing Available Registries	3	4	0	7
1. Use BMDW to identify potential registries			X	
2. Search NMDP <ul style="list-style-type: none"> A. Using TRANS Link® B. Using manual methods (e.g., Form 110) 			X	
3. Search <ul style="list-style-type: none"> A. Cord blood banks B. Independent registries 			X	
B. Search Activities	7	6	2	15
1. Ensure urgent requests are appropriately made			X	
2. Review <ul style="list-style-type: none"> A. A recipient's typing information to ensure it was correctly marked and keyed by the registry B. Unrelated search results and develop search strategies with the HLA laboratory C. Search reports periodically for new activity D. Results of infectious disease reports from potential donors E. Donor typing results 			X	
3. Maintain patients' charts with search activity			X	
4. Provide status updates of all current searches to the BMT team			X	
5. Maintain documented communication with registries			X	
6. Request potential donors found on search match list (e.g., for CT or DR typing)			X	
7. Coordinate receipt of appropriate blood samples with laboratories			X	
8. Submit appropriate forms to modify search status (e.g., cancel, reactivate, request workup)			X	
9. Interpret and report to medical staff abnormal donor health issues that could lead to deferral (e.g., tattoos, piercings, needle sticks, extended PE)				
C. Search Strategies	4	6	10	20
1. Summarize antigen groups known to be cross-reactive				
2. Identify <ul style="list-style-type: none"> A. Split antigens associated with certain broad antigens B. Common associations among DR antigens and alleles 				
3. Explain the significance of an X antigen specificity when reported by a laboratory				
4. Describe the maximum number of known incompatibilities to achieve an acceptable match				
5. Differentiate between mismatches at various level of typing resolution				
6. Review match grade results to recommend the most desirable donor				

CANDIDATE HANDBOOK



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	Cognitive Level			
	RE	AP	AN	
7. Apply center-specific, non-HLA criteria to donor selection process (e.g., CMV, age, gender, parity, CBU TNC)				
8. React to difficult searches by				
A. Repeating typing of recipient to ensure the best possible, most specific HLA typing is available			X	
B. Running customized search lists (e.g., multiple phenotypes)				
C. Requesting HLA specialist review				
D. Typing extended family members				
9. Check available HLA references				
A. To determine whether the recipient's HLA-A and -B haplotypes are associated with a particular DRB1 allele				
B. To see if the HLA-DRB1 allele has a DRB3/4/5 or DQ association				
C. For an ethnic association with certain DRB1 alleles				
IV. DONOR WORKUP	6	10	5	21
A. Related Donors	2	2	1	5
1. Educate the donor about the donation process				
2. Coordinate physical exam and required laboratory testing			X	
3. Ensure informed consent			X	
4. Coordinate product donation			X	
B. Unrelated Donors	4	8	4	16
1. Take appropriate steps to ensure donor confidentiality is maintained by utilizing appropriate intermediaries			X	
2. Coordinate dates after donor signs appropriate consent forms for <ul style="list-style-type: none"> • Hospitalization • Start of conditioning • Collection confirmation • Transplant 				
3. Select stem cell source and complete appropriate forms			X	
4. Calculate required stem cell dose			X	
5. Distinguish among stem cell markers (e.g., CD34, CD3)		X	X	
6. Address the contingency that the preferred method of stem cell donation may not be available, but a compatible donation could be available by alternate means				
7. Explain reasons for a preferred stem cell source from the patient's perspective				
8. Describe the purpose of				
A. Tubes of blood samples needed by the transplant center for testing prior to marrow or PBSC collection and the volume of each pre-collection sample while staying within the limit for total sample volume			X	
B. Whether an anticoagulant or additive is desired for the marrow collection			X	
C. Special handling requests as needed			X	
9. Describe anticipated product manipulation methods (e.g., T-cell depletion, CD34+ selection)				
10. Monitor and report a recipient's				
A. Status including <ul style="list-style-type: none"> • Diagnosis and disease stage • Clinical condition including secondary infections • Classification of the workup as urgent or standard 				
B. Preparative regimen including rest days between treatments			X	
11. Indicate				
A. The latest date for donor clearance to meet the preferred collection date			X	
B. Days of the week when the transplant center prefers collection of stem cell product(s)			X	
12. Ensure orders are written per protocols for therapeutic drugs, immunologic agents, antibiotics, blood products, and other medications				



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	Cognitive Level			
	RE	AP	AN	
V. TRANSPORTATION OF CELLULAR PRODUCT COLLECTION	4	4	0	8
A. Courier Guidelines	2	2	0	4
1. Ensure				
A. Couriers understand and follow institutional and registries policies regarding donor and patient confidentiality			X	
B. Courier inspection of the cellular product package to confirm proper labeling without identifying the donor or collection site			X	
2. Provide detailed instructions for product pick-up and delivery including contact information and local transportation and lodging expectations			X	
3. Assist in the selection and training of couriers likely to satisfy goals of the program			X	
B. Product Handling and Protection	2	2	0	4
1. Complete the courier checklist form with a designated courier who is preparing for transportation of cellular product			X	
2. Coordinate communication with laboratories and clinical staff (e.g., product arrival time, courier itinerary)			X	
3. Describe necessary measures for product protection (e.g., radiation, temperature)			X	
4. Explain the maximum time allowed between collection and infusion			X	
VI. ADMINISTRATION AND FOLLOW-UP	4	5	6	15
A. Program Management	1	2	2	5
1. Develop and implement standards of care for transplant patients with other healthcare professionals (e.g., allied services, blood bank, home care)				
2. Assist in the design and modification of materials for training and education (e.g., medication brochures, consent forms)				
3. Plan work priorities in accordance with program goals			X	
4. Collect and update information about policies, guidelines, and SOPs related to counseling of coordinators for stem cell products, matching and typing requirements, and patient eligibility criteria				
B. Mandatory Recipient Reporting	2	2	1	5
1. Utilize resources for reminders regarding recipient progress			X	
2. Anticipate and schedule reports for multiple recipients according to mandatory reporting intervals following treatments			X	
3. Collect information required for mandatory reports including <ul style="list-style-type: none"> • Engrafting status • Complications • Age category • Current activities • A narrative 				
4. Report				
A. Death of a recipient using appropriate forms depending on the time since infusion			X	
B. Adverse events or protocol deviations to appropriate agencies (e.g., IRB, FDA, NMDP)				
C. Communication With The Referring Physician	1	1	3	5
1. Report recipient's post-transplant clinical status				
2. Provide a plan for				
A. Transition of care				
B. Long-term follow-up				
TOTALS	46	63	41	150

Sample Examination Questions

1. Which of the following refers to an unrelated donor transplant option?
 - A. syngenic
 - B. autologous
 - C. allogeneic
 - D. haploidentical

Recall, Answer: C

2. When an unrelated donor is requested for workup, the transplant center is required to state the number of days needed between donor clearance and the collection date. Which of the following factors are most influential in determining how much advance notice is required?
 1. preparative/conditioning regimen
 2. relocation issues for the patient
 3. staffing levels for the transplant unit
 4. urgency of patient's clinical condition
 - A. 1, 2, and 3 only
 - B. 1, 2, and 4 only
 - C. 1, 3, and 4 only
 - D. 2, 3, and 4 only

Application, Complex Multiple Choice, Answer: B

3. A transplant physician is seeing a 26-year-old patient with AML in early first relapse for a bone marrow transplant consult. The patient is from out-of-town and has previously been HLA typed. There is no completely matched donor within the family, but there is a 5/6 sibling match. The physician would like to give the patient a complete overview of his options while he is in the clinic. Which of the following is the most appropriate action for the transplant coordinator.
 - A. Submit a formal search to the NMDP.
 - B. Wait for the physician's directions.
 - C. Retype the patient and family.
 - D. Search BMDW via the Internet.

Analysis, Answer: D

Study References

Study references may be obtained for NMDP Network members through the NMDP Network Website (requires member password to access) or by contacting the NMDP Education Coordinator at 612/884-8438 or 800/526-7809.

Taking the Examination

If you are scheduled for a computer based examination, your examination will be given at an AMP Assessment Center. You do not need any computer experience or typing skills to take your examination. If you are scheduled to sit for the examination during the annual meeting, the exam will be administered in paper and pencil format.

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

Identification

To gain admission for testing, you must present two forms of identification, one with a current photograph. Both forms of identification must be current and include the candidate's current name and signature. The candidate will be required to sign a roster for verification of identity.

Acceptable forms of photo identification include a current driver's license with photograph, a current state identification card with photograph, a current passport, or a current military identification card with photograph. Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as the primary form of identification.

You must have proper identification to gain admission for testing. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of your examination fee.

Security

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

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, Personal Digital Assistants (PDAs), pagers or cellular phones are allowed in the testing room.
- No calculators are permitted.
- No guests, visitors or family members are allowed in the testing room or reception areas.



- No personal items, valuables, or weapons should be brought to the Assessment Center. Only keys and wallets may be taken into the testing room and AMP is not responsible for items left in the reception area.

On the Examination Day

1. The examination will be held only on the day and time scheduled.
2. Report to the test center no later than the time noted on your confirmation letter. **ANYONE WHO ARRIVES AFTER THE EXAMINATION BEGINS WILL NOT BE ADMITTED.**
3. Pencils will be provided.
4. You will have three and one-half hours to complete the examination. Additional time will not be allowed.
5. There are no scheduled breaks during the examination and candidates must have the permission of the examination proctor to leave the examination room.
6. Candidates must bring appropriate identification to the examination.
7. Calculators are not permitted in the examination room or center. Examination questions are designed so that computations can be completed without a calculator within the time permitted.
8. No electronic devices are permitted in the examination room or center, including telephones, personal digital assistant (PDAs) or signaling devices such as pagers and alarms.
9. No books or other reference materials may be taken into the examination room.
10. No examination materials, documents or memoranda of any sort may be taken from the examination room.
11. The supervisor may dismiss a candidate from the examination for any of the following reasons:
 - If the candidate's admission to the examination is unauthorized;
 - If a candidate creates a disturbance, is abusive or otherwise uncooperative;
 - If a candidate gives or receives help, or is suspected of doing so;
 - If a candidate attempts to remove examination materials or notes from the examination room; and/or
 - If a candidate attempts to take the examination for someone else.

Inclement Weather

In the event of inclement weather or unforeseen emergencies on the day of an examination, NMDP and AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the supervisor is able to open the test center.

Candidates may visit AMP's website at www.goAMP.com prior to the examination to determine if AMP has been advised that any test centers are closed. Every attempt will be made to administer the examination as scheduled; however, should an examination be canceled, all scheduled candidates will receive notification regarding a rescheduled examination date or reapplication instructions.

Copyrighted Examination Questions

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

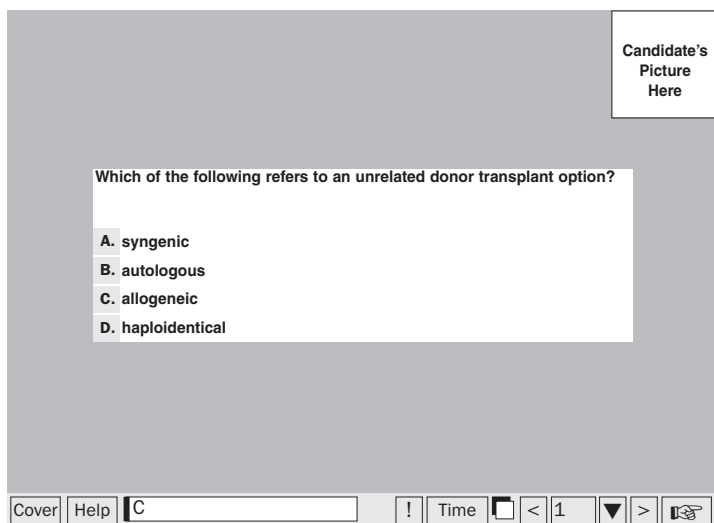
Practice Examination

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

Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

Timed Examination

Following the practice examination, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen.



The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the "Time" box on the menu bar of the screen or select the Time key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

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

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen or select the NEXT key. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked

questions, repeatedly click on the hand icon or press the NEXT key. When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing.

Candidate Comments

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

Failing to Report for an Examination

A candidate who fails to report for an examination forfeits the application and all fees paid to take the examination. A newly completed application and examination fee are required to reapply for a future examination.

Score Reports

Score reports will indicate a "pass" or "fail." Additional detail is provided in the form of raw scores by major content category. A raw score is the number of questions answered correctly. A scaled score will be reported to candidates in addition to a raw or number correct score. The scaled passing score is 70.

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

If You Pass the Examination

Passing the Hematopoietic Transplant Coordinator Certification Examination allows the candidate to use the designation CHTC (Certified Hematopoietic Transplant Coordinator) after their name. Passing candidates will receive a certificate from the NMDP within two months.



If You Do Not Pass the Examination

If you do not pass the examination, you may reschedule by submitting a new application and examination fee to AMP. There is no limit to the number of times an individual may retake the Hematopoietic Transplant Coordinator Certification Examination.

Scores Canceled by the NMDP or AMP

The NMDP and AMP are responsible for the integrity of the scores they report. Misconduct by a candidate may cause a score to be suspect. The NMDP is committed to rectifying such discrepancies as expeditiously as possible. The NMDP may void examination results if, upon investigation, violation of its regulations is discovered.

Confidentiality

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

Duplicate Score Report

Candidates may purchase additional copies of score reports at a cost of \$25 per copy. Requests must be submitted to AMP, in writing, within 12 months of the examination. The request must include the candidate's name, Social Security number (or unique identifier, as appropriate), mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to AMP. Duplicate score reports will be mailed within two weeks of receipt of the request.

Renewal of Certification

Attaining certification is an indication of mastery of a well-defined body of knowledge at a certain point in time. Periodic renewal of the certification is required to maintain certified status. Initial certification or renewal of certification is valid for 5 years. Certificants may renew their certification by submitting a total of 60 continuing education units (an average of 12 per year) for the 5 year certification period. Certificants may also opt to recertify by taking the examination.

Additional information regarding re-certification options and requirements will be included in a packet the new Certified Hematopoietic Transplant Coordinator receives from the NMDP within two months of passing the examination.

Failure To Renew: Certificate renewal guidelines will be sent to newly certified coordinators. A certificant who fails to renew his/her certification as outlined in the guidelines will no longer be considered certified and may not use the credential, CHTC, awarded them for use in professional communications such as letterhead, stationery, business cards, directory listings or in signature.

Appeals

A candidate who believes he/she was unjustly denied eligibility for examination, challenges results of an examination or believes he/she was unjustly denied renewal of certification may request reconsideration of the decision by submitting a written appeal to the NMDP. The candidate for certification or renewal of certification must provide convincing evidence that a severe disadvantage was afforded the candidate during processing of an application for examination or renewal of certification or before or during administration of an examination. The appeal must be made within 45 days of receipt of a score report or any other official correspondence related to certification or renewal of certification from the NMDP. The written appeal must also indicate the specific relief requested. The appealing candidate is required to submit a \$100 fee with the written appeal. The fee will be refunded to the candidate if deemed justified through action of the NMDP. Failure of the examination is not considered grounds for an appeal.



Hematopoietic Transplant Coordinator Certification Examination Application

Computer Based Examination

Please complete and submit this application, with the examination fee payable to AMP, to:

AMP, Hematopoietic Transplant Coordinator Certification Examination, 18000 W. 105th Street, Olathe, KS 66061-7543.
For further information, you may call the AMP Examination Services Department at 913/895-4600.

Select the type of exam administration you are applying for:

- I am applying to take the exam in **computer based test** format at a local testing center. I understand I will schedule the date for my exam after receiving confirmation of my eligibility from AMP.
- I am applying to take the exam in **paper/pencil test** format at the annual Council Meeting on Thursday, November 5, 2009 from 2:30 - 5:00 p.m. I understand this application must be received at AMP offices no later than **Thursday, September 24, 2009** to be eligible to sit for this exam.

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

Mr. Ms. Name: _____
(Last, First, Middle)

Social Security Number: _____ Date of Birth: _____

Daytime Telephone Number: _____ Evening Telephone Number: _____

E-mail Address: _____

Street Address: _____

City: _____ State or Province: _____

Zip Code/Postal Code: _____ Country: _____

NMDP Center ID # (if applicable): _____

ELIGIBILITY REQUIREMENTS

- I have the equivalent of two years full-time experience with the allogeneic transplant process.
- I have _____ years of experience.
- AND-
- I am submitting a letter from a director or manager verifying that I meet the eligibility requirements outlined above.

EXAMINATION FEE (Effective April 1, 2009)

Payment of \$295 may be made by credit card, cashier's check or money order made payable to AMP. (Cash and personal checks are not accepted.)

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

- VISA
- MasterCard
- American Express
- Discover

EXAMINATION INFORMATION

- I am a: New Applicant
 Reapplicant
 Recertifier
- I am requesting Special Examination Accommodations.
 (Complete the form included in this handbook.)

_____ Credit Card Number

_____ Expiration Date

_____ Name on Card

_____ Signature

SIGNATURE *(Sign and date in ink the statement below.)*

I certify that I agree to abide by regulations outlined within this Handbook. I believe that I comply with all admission policies for the Hematopoietic Transplant Coordinator Certification Examination. I certify that the information I have submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed or voided.

Name *(Please Print)*: _____

Signature: _____ Date: _____

Request for Special Examination Accommodations

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

Candidate Information

Social Security # _____ - _____ - _____ Examination Date: _____
 Requested Site: _____

 Name (Last, First, Middle)

 Street Address

 City State Zip Code/Postal Code Country

Special Accommodations

I request special accommodations for the _____ examination.

Please provide (check all that apply):

- Special seating or other physical accommodation
- Reader
- Large print examination
- Circle answers in examination booklet
- Extended testing time (time and a half)
- Distraction-free room
- Other special accommodations (Please specify.)

Comments: _____

Signed: _____ **Date:** _____

**Return this form with your examination application and fee to:
 AMP, 18000 W. 105th Street, Olathe, KS 66061-7543.**

Documentation of Disability-Related Needs

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

Professional Documentation

I have known _____ since ____ / ____ / ____ in my capacity as a
Examination Candidate Date

Professional Title

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

Description of Disability: _____

Signed: _____ **Title:** _____

Printed Name: _____

Address: _____

Telephone Number: _____

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

**Return this form with your examination application and fee to:
AMP, 18000 W. 105th Street, Olathe, KS 66061-7543.**

The NMDP Mission

To Extend and Improve Life Through Innovative Stem Cell Therapies.



National Marrow Donor Program®
3001 Broadway Street NE
Suite 500
Minneapolis, MN 55413

1-800-526-7809
612-627-5800
www.marrow.org