



Certified Professional by the American Heart Association – Tobacco Treatment

American Heart Association Healthcare Certification

Candidate Handbook

Healthcare Certification provided by American Heart Association®



This handbook contains necessary information about the examination for Certified Professional by the American Heart Association – Tobacco Treatment. Please retain it for future reference. Candidates are responsible for reading these

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ACKNOWLEDGMENTS

The American Heart Association (AHA) is collaborating with the Association for the Treatment of Tobacco Use and Dependence (ATTUD) to improve tobacco treatment efforts and to launch the Certified Professional by the American Heart Association - Tobacco Treatment.

Special thanks to the workgroup members who contributed to the development of the criteria for this program:

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PROGRAM OVERVIEW

The American Heart Association (AHA) is collaborating with the Association for the Treatment of Tobacco Use and Dependence (ATTUD) to improve tobacco treatment efforts and to launch the Certified Professional by the American Heart Association – Tobacco Treatment. Tobacco use is one of the leading preventable causes of death in the United States and globally. Cigarette smoking, the most common form of tobacco use, is a major risk factor for CVD and stroke. The Certified Professional by the American Heart Association – Tobacco Treatment program was developed by the AHA and ATTUD for health care professionals committed to helping their patients live longer, healthier lives by stopping the use of tobacco.

What are the benefits of holding this certification?

- ✓ Access to the Association's advocacy and policy resources and updates.
- ✓ Validation of a level of expertise that only the American Heart Association can offer.
- \checkmark Assurance that patient care is at the heart of the certification.
- ✓ Knowledge that the health care professional can provide expert services using evaluation criteria supported by American Heart Association science.
- ✓ Opportunity to provide more effective, accessible and efficient care, particularly for those who otherwise lack access to quality health care.
- ✓ Enhanced skills and the personal satisfaction of providing your patients with the best possible care via telehealth.
- ✓ Branding guidelines provided by the Association to help alert local media channels that you hold the credential.

OBJECTIVES OF THE PROGRAM

The CPAHA-Tobacco Treatment should be able to:

- Provide clear and accurate information about tobacco use, strategies for quitting, the scope of the health impact on the population, the causes and consequences of tobacco use.
- Demonstrate effective application of counselling theories and strategies to establish a collaborative relationship, and to facilitate client involvement in treatment and commitment to change.
- Conduct an assessment interview to obtain comprehensive and accurate data needed for treatment planning.

- Demonstrate the ability to develop an individualized treatment plan using evidence-based treatment strategies.
- Provide clear and accurate information about pharmacotherapy options available and their therapeutic use.
- Offer methods to reduce relapse and provide ongoing support for tobaccodependent persons.
- Demonstrate competence in working with population subgroups and those who have specific health issues.
- Describe and use methods for tracking individual progress, record keeping, program documentation, outcome measurement and reporting.
- Utilize resources available for client support and for professional education or consultation.
- Consistently use a code of ethics and adhere to government regulations specific to the health care or work site setting.
- Assume responsibility for continued professional development and contributing to the development of others.

EXAMINATION

- The content of the CPAHA-Tobacco Treatment certification examination has been defined by a national job analysis study. The study involved surveying medical professionals in the field to identify tasks that a performed routinely and considered essential to competent to practice. The examination has been developed through combined efforts of qualified subject matter experts and testing professionals.
- The CPAHA-Tobacco Treatment certification examination consists of 175 multiplechoice and multiple select questions in English. 150 of the questions will be scored with an additional 25 pretest (non-scored) items. Pre-test items are distributed randomly throughout the examination to collect item level statistics for possible use as scored items on future examinations. Candidates will be permitted 180 minutes to complete the examination. Those who meet the eligibility requirements and achieve a passing score will be awarded a certificate indicating that they have achieved certification status as an CPAHA-Tobacco Treatment.



EXAMINATION POLICIES

All examinees are expected to uphold the highest standards of academic integrity throughout the examination process. Dishonesty, fraud, or any form of cheating is strictly prohibited and will be dealt with severely. Any violation of exam rules, including, but not limited to, taking unauthorized or unapproved breaks during the exam, may result in possible score cancellation.

The use of books, notes, calculators, phones, or any other unauthorized materials during the exam is strictly prohibited. Any student found with these items during the exam may face possible score cancellation.

Communication with other examinees during the examination, either verbally, visually, electronically, or by any other means, is strictly forbidden. Any instances of such communication will be considered a violation of this policy and may result in score cancellation.

In case of any alleged violation of exam rules, the incident will be referred to the Exam Integrity Panel. The panel will review the incident thoroughly. The panel will make a final determination on the consequences based on the severity of the violation.

All candidates will have access to this policy. Any failure to adhere to these policies, even if unintentional, may result in penalties. Please remember, the goal of these policies is to maintain a fair and equal testing environment for all examinees. Thank you for your understanding and cooperation.

Eligibility Requirements

- 1. Associate degree level of education or higher
 - a. With recommended study focus areas in social/humanities
- 2. Completion of an accredited Tobacco Treatment training program
- 3. Pay the required fee(s).

Language

The CPAHA-Tobacco Treatment examination is offered in English only.

Examination Administration

The CPAHA-Tobacco Treatment certification examination will be offered via Live Remote Proctored (LRP) Test Administration by vendor Meazure Learning. Candidates must schedule their testing appointment at least 24 hours in advance of the requested testing appointment. Meazure Learning is the professional testing agency contracted by the American Heart Association to assist in the development, administration, proctoring, scoring, score reporting, and analysis of the CPAHA-Tobacco Treatment certification examination.

Statement of Nondiscrimination

AHA and Meazure Learning do not discriminate among candidates on the basis of age, gender, race, color, region, national origin, sexual orientation, disability, or marital status.

Examination Fees

Please note that the examination and administration fees are <u>NOT</u> refundable.

Examination Fee for CPAHA-Tobacco Treatment:\$400

Fees must be submitted in U.S. dollars. Visa, Mastercard, Discover Card and American Express are accepted.

Scheduling Your Exam

- To schedule an exam, the candidate will submit an application for examination through the AHA Professional Education Hub. The candidate will receive an email from Meazure Learning to schedule an LRP testing appointment.
- Once the candidate has scheduled an LRP testing appointment, the candidate will receive email confirmation notices from both Proctor U and Meazure Learning.
- Candidates are responsible for ensuring that their computer meets technical requirements as outlined in the confirmation email.
- Candidates are responsible for ensuring their testing environment needs meets the minimum requirements to take the exam as outlined in the confirmation email.
- The confirmation notices will provide the following information:
 - The date and time of the testing appointment
 - The URL to access the scheduled, online proctored tests
 - The URL for the system check
 - Computer specifications required to take the exam via live, onlineproctored testing
 - A list of items that candidates may and may not have access to during the testing sessions; and
 - Information regarding an online tutorial for candidates to familiarize themselves with Meazure Leanings internet-based test delivery system prior to the scheduled test date. Candidates may access the online demonstration free of charge.

For any additional questions about logistics to complete the exam, please contact Meazure Learning at:

PO Box 570, Morrisville, NC 27560 Phone: (919) 582-6880 Monday – Friday 8:30 AM – 5:30 PM EST Email: CANDIDATESUPPORT@MEAZURELEARNING.COM

Testing Cancellations, Rescheduling, Refunds, and No-shows

- Candidates must cancel a scheduled testing appointment no less than 24 hours prior to the scheduled appointment. The candidate must cancel their testing session by returning to the Meazure Learning online scheduling system to access the live online proctoring portal.
- Candidates may reschedule their testing appointment, provided the candidate is within their eligibility period. The candidate must reschedule the testing appointment no less than 24 hours prior to the scheduled appointment.
- A candidate who schedules a testing appointment but does not appear for their testing appointment will be considered a no-show. Applications and fees for no-shows are forfeited and a new application and fee must be submitted to schedule for another testing appointment.
- Candidates who do not schedule a testing appointment within their eligibility window are not eligible for refunds.
- AHA understands that unforeseen circumstances occur. If you miss your testing appointment and are still within the testing window, please contact customer service. No-shows may be eligible to reschedule on a case-by-case basis.

System Requirements for Live Remote Proctoring

Candidates are required to have a webcam installed on their exam workstation and reliable access to the internet. An internet connection disruption will suspend the test session.

The following are the minimum technical requirements:

- A well-working computer with 4 GB of RAM or higher. Tablets and Chromebooks are <u>not</u> supported
- A high-speed internet connection of 1 mbps upload and 1 mbps download. Wireless is acceptable; however, a wired connection is preferred
- A webcam with 640x480 video pixel resolution (a laptop camera is acceptable)
- Working speakers connected to the computer

- A microphone connected to the computer (consider a webcam with a built-in microphone)
- Browser compatibility: Firefox, Chrome
- Candidates must use a computer with admin access

SPECIAL REQUESTS

Accommodations for Disabilities

The American Heart Association and Meazure Learning comply with the Americans with Disabilities Act (ADA) and will ensure that persons with disabilities are not deprived of the opportunity to take the examination solely because of a disability, as required and defined by relevant provisions of the law.

Special testing arrangements may be made for these persons, provided that an appropriate request for accommodation is submitted to AHA with their application. Professional documentation of the submitted disability may be required. If you need a special accommodation, please contact the American Heart Association by telephone at 1-877-340-9899 or by email at aha.support@heart.org.

POST-EXAMINATION

Results Reporting

Candidates will not be notified of their results at the end of the exam delivered by Meazure Learning. The candidate's results will be made available in the AHA Professional Education Hub 24-48 hours after completion.

Examination Scores

Examination scores are reported as raw scores and scaled scores. A raw score is the number of correctly answered questions; a scaled score is statistically derived from the raw score. One's total raw score will determine whether they pass or fail; The cut score is 110 out of 150 scored items.

The passing score was determined through a criterion-reference passing-point study in which subject matter experts determined the level of competence indicative of an appropriate level of expertise deserving of certification as a CPAHA-Tobacco Treatment.

The minimum scaled score needed to pass the examination has been set at 110 scaled units. The reason for reporting scaled scores is that different versions ("forms") of the examination may vary in difficulty. As new forms of the examination are introduced, a certain number of questions in each content area are updated/replaced. These changes may cause one form of the examination to be slightly easier or more difficult than another form. To adjust for these differences, a procedure called "equating" is used. The goal of equating is to ensure fairness to all candidates.

Certification Application Eligibility

Candidates may be eligible for certification under either tracks below. Candidates must attest to completion of required trainings upon purchase of the examination [Product Code 28-2803], and proof of completion must be submitted within the appropriate time frame outlined by each track.

Recognition of Certification

Candidates who pass the CPAHA-Tobacco Treatment certification examination will receive a certificate and seal suitable for display from AHA indicating that they have received certification status. For guidance on displaying your certification, seal, and CPAHA-Tobacco Treatment credentials, please refer to the AHA Branding and Communications Guide for Individuals.

Re-Examination

The CPAHA-Tobacco Treatment certification examination may be taken as often as desired upon filing of a new application and fee. There is no limit to the number of times the examination may be repeated.

MAINTENANCE OF CERTIFICATION

Option 1: Continuing Education Credit

20 hours of CE must be earned and submitted to the AHA Professional Education Hub prior to the expiration date. The cost associated with this option is \$200 for certification renewal.

Option 2: Re-examination

If the candidate elects not to renew certification through option 1, the alternative is retaking the examination. The cost association with this option is the full certification cost of \$400 for renewal.

Continuing Education

To maintain certification status through continuing education, one must meet the eligibility requirements and provide proof that they have earned a total of 20 credit hours of continuing education (CE) between the date certification (exam date) is earned and the renewal date.

CE must be awarded from an accredited organization. The candidate must meet the requirement of 20 hours of continuing education pertaining to tobacco treatment completed during the 3-year certification period.

After the certification expiration date, this option will no longer be available. Reexamination is the only way to maintain the certification once it has expired.

CE must be awarded from an accredited organization. After the certification expiration date, this option will no longer be available. Reexamination is the only way to maintain the certification once it has expired.

REVOCATION OF CERTIFICATION

Admittance to the examination will be denied or the certification will be revoked for any of the following reasons:

- Falsification of an application or documentation provided with the application
- Failure to pay the required fee
- Misrepresentation of certification status

AHA provides the appeal opportunity for challenging denial of eligibility to the examination or revocation of the certification. Failure of the examination is not a circumstance for review and appeal. It is the responsibility of the candidate to initiate the appeal process by written request to AHA within 30 days of the circumstance leading to the appeal.



FREQUENTLY ASKED QUESTIONS

Am I eligible to sit for the CPAHA-Tobacco Treatment exam?

All individuals with a minimum associate degree education and completion of an accredited tobacco treatment training program.

How much does it cost to take the exam?

The fee to sit the CPAHA-Tobacco Treatment professional exam is \$400.

What is the expiration date of the CPAHA-Tobacco Treatment credential?

The credential is valid for 3 full years after passing the examination. The expiration date will be indicated on your certificate.

How can I prepare for the exam?

Candidates are required to have completed a minimum associate degree level of education, completion of an accredited Tobacco Treatment education program, and pay the required fees.

Does the American Heart Association offer education to meet the tobacco treatment education prerequisite?

Yes, candidates must complete an accredited TTS training program. Although not required, the AHA recommends the (refresher course - specific details to come). This course, however, is not required and the candidate make take other telehealth offerings and use the Exam Guide to successfully prepare for the exam.

Where do I apply to take the CPAHA-Tobacco Treatment exam?

Applications can be submitted online on the AHA Professional Education Hub.

Where do I find the requirements for live Remote Proctored Exams?

The requirements can be found at https://support.proctoru.com/hc/enus/categories/115001818507-Test-Taker

How do I maintain the certification beyond the initial 3-year period?

To maintain certification status, there are two options:

 Submit 20 total CE credits between the date of your exam and the expiration date of your certification, or
Re-examination

When do I receive my certificate and digital seal to promote my certification.

You will be able to access the certificate and AHA Certified Professional digital seal on the AHA Professional Education Hub under the My Library tab within 24-48 hours of completing your exam.

Can I share my achievement via social media or in my practice?

The AHA encourages certified professionals to publicize their achievement. It's important for your community to understand how your involvement benefits patients and supports your commitment to quality improvement. Promotional ideas and messaging can be found in the Branding and Communications Guide which you will receive with the certificate and AHA Certified Professional digital seal on the AHA Professional Education Hub.

Are there rules on how I can promote my certification?

Yes, you should review the AHA's Branding and Communications Guide for Individual certification.



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EXAMINATION PREPARATION

To be eligible for certification, individuals must complete an accredited program specific to tobacco treatment.

Examination Content Outline and Knowledge Statements

The following is the outline of the examination, with an indication of the percentage of questions that come from each section.

1. Tobacco dependence knowledge and education (14%)

- a. Describe the prevalence and patterns of tobacco use, dependence and cessation in the country and region in which the treatment is provided, and how rates vary across demographic, economic and cultural subgroups.
- b. Explain the role of treatment for tobacco use and dependence within a comprehensive tobacco control program.
- c. Utilize the findings of national reports, research studies, and guidelines on tobacco treatment.
- d. Explain the societal and environmental factors that promote and inhibit the spread of tobacco use and dependence.
- e. Explain the health consequences of tobacco use and benefits of quitting, and the basic mechanisms of the more common tobacco induced disorders.
- f. Describe how tobacco dependence develops and be able to explain the biological, psychological, and social causes of tobacco dependence.
- g. Summarize and be able to apply valid and reliable diagnostic criteria for tobacco dependence.
- h. Describe the chronic-relapsing nature of tobacco dependence, including typical relapse patterns, and predisposing factors.
- i. Provide information that is gender, age, and culturally sensitive and appropriate to learning style and abilities.
- j. Identify evidence-based treatment strategies and the pros and cons for each strategy.
- k. Be able to discuss alternative therapies such as harm reduction, hypnosis and acupuncture.
- l. Demonstrate ability to access information on the above topics.



2. Counseling skills (17%)

- a. Demonstrate effective counselling skills such as active listening and empathy that facilitate the treatment process.
- b. Demonstrate establishing a warm, confidential, and non-judgmental counselling environment.
- c. Describe and demonstrate use of an evidence-based method for brief interventions for treating tobacco use and dependence, as identified in current guidelines.
- d. Describe the use of models of behavior change including motivational interviewing, cognitive therapy, and supportive counselling.
- e. Demonstrate the effective use of clinically sound strategies to enhance motivation and encourage commitment to change.
- f. Demonstrate competence in at least one of the empirically supported counselling modalities such as individual, group and telephone counseling.

3. Assessment interview (11%)

- a. Demonstrate the ability to conduct an intake assessment interview including:
 - i. Tobacco use history
 - ii. Validated measures of motivation to quit
 - iii. Validated measures for assessing tobacco use and dependence
 - iv. Current challenges and barriers to attaining permanent abstinence
 - v. Current strengths to support abstinence
 - vi. Prior quit attempts including treatment experiences, successes and barriers
 - vii. Availability of social support systems
 - viii. Preferences for treatment
 - ix. Cultural factors influencing making a quit attempt assessments
- b. Demonstrate the ability to gather basic medical history information and conduct a brief screening for psychiatric and substance abuse issues.
- c. Describe when to consult with primary medical care providers and make appropriate referrals before treatment planning is implemented.
- d. Describe the existing objective measures of tobacco use such as CO monitoring, and cotinine level.



1. Treatment planning (13%)

a. In collaboration with the client, identify specific and measurable treatment objectives.

b.	Plan-individualized treatments that account for patient assessment
	factors identified during the intake assessment and history gathering.

- c. Collaboratively develop a treatment plan that uses evidence-based strategies to assist the client in moving toward a quit attempt, and/or continued abstinence from tobacco.
- d. Describe a plan for follow-up to address potential issues including negative outcomes.
- e. Demonstrate the process to make referrals to other practitioners or to recommend additional care.

5. Pharmacotherapy (15%)

- a. Describe the benefits of combining pharmacotherapy and counselling.
- Provide information on correct use, efficacy, adverse events, contraindications, known side effects and exclusions for all tobacco dependence medications approved by national regulatory agencies.
- c. Identify information relevant to a client's current and past medical, psychiatric, and smoking history (including past treatments) that may impact pharmacotherapy decisions.
- d. Provide appropriate patient education for therapeutic choices and dosing for a wide range of patient situations.
- e. Communicate the symptoms, duration, incidence and magnitude of nicotine withdrawal.
- f. Describe the use of combinations of medications and higher dose medications to enhance the probability of abstinence.
- g. Identify second-line medications and be able to find information about them as needed.
- Identify possible adverse reactions and complications related to the use of pharmacotherapy for tobacco dependence, making timely referrals to medical professionals/services. Demonstrate ability to address concerns about minor and/or temporary side effects of these pharmacotherapies.
- i. Demonstrate ability to collaborate with other healthcare providers to coordinate the appropriate use of medications, especially in the presence of medical or psychiatric co-morbidities.
- j. Provide information about alternative therapies based upon recognized reviews of effectiveness such as the Cochrane reviews and the USPHS Guidelines.



6. Relapse prevention (8%)

- a. Identify personal risk factors and incorporate them into the treatment plan.
- b. Describe strategies and coping skills that can reduce relapse risk.
- c. Provide guidance in modifying the treatment plan to reduce the risk of relapse throughout the course of treatment.
- d. Describe a plan for continued aftercare following initial treatment.
- e. Describe how to make referrals to additional resources to reduce risk of relapse.
- f. Implement treatment strategies for someone who has lapsed or relapsed.

7. Diversity and specific health issues (7%)

- a. Provide culturally competent counseling.
- b. Describe specific treatment indications for special population groups (i.e. pregnant women, adolescents, young adults, elderly, hospitalized patients, those with co-morbid psychiatric conditions).
- c. Demonstrate an ability to respond to high-risk client situations.
- d. Make effective treatment recommendations for non-cigarette tobacco users.
- e. Describe recommendations for those exposed to environmental tobacco smoke pollution.

3. Documentation and evaluation (5%)

- a. Maintain accurate records utilizing accepted coding practices that are appropriate to the setting where services are provided.
- b. Develop and implement a protocol for tracking client follow-up and progress.
- c. Describe standardized methods of measuring recognized outcomes of tobacco dependence treatment for individuals and programs.

9. Professional resources (4%)

a. Describe resources (web based, community, Quitlines) available for continued support for tobacco abstinence for clients.



- b. Identify community resources for referral for medical, psychiatric or psychosocial problems.
- c. Name and use peer-reviewed journals, professional societies, websites, and newsletters, related to tobacco dependence treatment and/or research.





d. Describe how patients can explore reimbursement for treatments.

10. Law and ethics (4%)

- a. Describe and use a code of ethics established by your professional discipline for tobacco dependence treatment specialists if available.
- b. Describe the implications and utilize the regulations that apply to the tobacco treatment setting (confidentiality, HIPAA, work site specific regulations).
- c. Maintain professional standards as required by professional license or certification.

11. Professional development (3%)



- a. Utilize the literature and other formal sources of inquiry to remain current in tobacco dependence treatment.
- b. Describe the implications of current research to the practice of tobacco dependence treatment.
- c. Disseminate knowledge and findings about tobacco treatment with others through formal and informal channels.

Sample Questions

- 1. Which racial/ethnic group has the highest smoking prevalence rates in the U.S.?
 - a. American Indian/Native American
 - b. Black/African American
 - c. Hispanic
 - d. White/Caucasian
- 2. According to the United States Surgeon General's 2014 report on "The Health Consequences of Smoking," which of the following statements is FALSE:
 - a. Smoking causes cancer
 - b. Smoking causes diabetes
 - c. Smoking causes osteoporosis
 - d. Smoking causes fewer health problems for women than for men
- 3. According to the 2014 Surgeon General Report, exposure to secondhand smoke has now been causally associated with the risk for:
 - a. Stroke
 - b. Periodontal disease
 - c. Mucositis
 - d. Leukoplakia
- 4. Which is NOT associated with smokeless tobacco use?
 - a. Emphysema
 - b. Stomach cancer
 - c. Pancreatic cancer
 - d. Heart Disease
- 5. All of the following statements about nicotine are true, EXCEPT:
 - a. It binds to nicotinic receptors in the brain
 - b. It activates the release of dopamine and other neurotransmitters
 - c. It is metabolized into cotinine
 - d. It is unable to be absorbed by the oral mucosa

Key: 1. a 2. d 3. a 4. a 5. d