“The NCMP credential is important to patients because it gives them a way to know I have the in-depth knowledge to guide them through the decisions they will make about medications, alternative remedies, and lifestyle choices at this time in their lives.”
– Julia Schlam Edelman, MD, FACOG, NCMP
Middleboro, MA

“I value my NCMP credential. I put the certificate on my website so people are aware of it. It has drawn new patients to my practice, and patients feel comfortable asking me questions about menopause.”
– Rebekah Perks, NP, NCMP
South Hadley, MA

“Being an NCMP is important to my patients because I have developed further knowledge and skills that enable me to provide quality care that addresses the ongoing seasons of their lives.”
– Terry Gibbs, DO, NCMP
Sylvania, OH

“The NAMS Certified Menopause Practitioner credential has provided an additional level of credibility to my practice.”
– Diane T. Pace, PhD, FNP, FAANP, NCMP
Memphis, TN
The North American Menopause Society (NAMS) is North America’s leading nonprofit organization dedicated to promoting women’s health and quality of life through an understanding of menopause and healthy aging. Two thousand professionals representing a variety of disciplines—including clinical and basic science experts from medicine, nursing, pharmacy, anthropology, sociology, psychology, and complementary/alternative medicine—make NAMS uniquely qualified to serve as the definitive resource for health professionals and the public for accurate, unbiased information about menopause.

As the definitive resource, NAMS created this competency examination for healthcare providers to demonstrate their expertise, which leads to the NAMS Certified Menopause Practitioner (NCMP) certification. What are the benefits of holding this certification?

• Validation of a level of expertise that only the preeminent menopause organization can offer
• Possibility of more patient referrals, job promotion, and higher salaries
• Enhanced credibility and the personal satisfaction of providing your patients with the best possible care
• Certificate suitable for framing
• Downloadable NCMP logo available on request for use on your website, PowerPoint presentations, or printed literature
• Annual lapel pins that help to promote your achievement to patients and colleagues
• Sample announcement provided by NAMS to assist you in alerting your local media outlets that you hold the credential
• Permission to use “NCMP” every time you feature your name and other certifications

Special Test Sites Available

With more than 120 regional exam locations, you have the option of customizing the test site to bring the exam to your backyard. And, if you have a group of 15 or more exam candidates, NAMS will waive the test center fee. See page 8 of this booklet for more information.
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OBJECTIVES OF PROGRAM

The NAMS Certified Menopause Practitioner (NCMP) should be able to:

• Define menopause-related terminology.
• Discuss endocrinologic and physical changes associated with reproductive and physiologic aging.
• Identify significant risk factors for diseases that can result from lowered ovarian hormone levels.
• Comprehend the main components of obtaining a general health history and performing an appropriate physical examination.
• Select appropriate laboratory and diagnostic studies.
• Interpret physical, laboratory, and diagnostic findings as they relate to treatment decisions.
• Describe current research regarding the use of pharmacologic as well as complementary and alternative medicine (CAM) treatments for menopause-related conditions.
• Develop recommended lifestyle, nonprescription, and prescription risk-reduction and treatment strategies for menopause-related symptoms and disease.
• Provide each patient with education to make informed decisions regarding health promotion and illness prevention.
• Address psychosocial issues, including diversity.
• Recognize when referrals to specialized services are appropriate.
• Encourage acceptance and long-term adherence to an individualized healthcare plan.
• Develop appropriate counseling strategies that lead to positive lifestyle changes for women around menopause and beyond.

The content of the NCMP competency examination has been defined by a national role-delineation study. The study involved surveying practitioners in the field to identify tasks that are performed routinely and considered important to competent practice. The examination has been developed through a combined effort of qualified subject-matter experts and testing professionals who have constructed the examination in accordance with the NCMP competency examination content outline.

EXAMINATION POLICIES

Eligibility Requirements

To be eligible for the NCMP competency examination, candidates must be a licensed healthcare practitioner, including (among others) the following specialists (listed alphabetically): nurse, nurse midwife, nurse practitioner, pharmacist, physician, physician assistant, psychologist. A photocopy of the applicant’s current license must be submitted with the examination application and fee.

About the Testing Agency

Applied Measurement Professionals, Inc. (AMP) is the professional testing agency contracted by NAMS to assist in the development, administration, scoring, score reporting, and analysis of the NCMP competency examination. AMP is a research and development firm that conducts professional competency assessment research and provides examination services for a number of organizations similar to NAMS.

Applied Measurement Professionals, Inc.
(AMP)

18000 W. 105th Street
Olathe, KS 66061-7543, USA

Phone: 913/895-4600 • Fax: 913/895-4650
Web: www.goamp.com

Statement of Nondiscrimination

NAMS and AMP do not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, sexual orientation, disability, or marital status.
## 2014 Examination Dates, Locations, and Application Deadlines

<table>
<thead>
<tr>
<th>Examination Date</th>
<th>Location</th>
<th>Application Postmark Deadline</th>
<th>Late Application Postmark Deadline*</th>
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<td>May 4, 2014 1:30 PM</td>
<td>Cancun, Mexico</td>
<td>March 14, 2014</td>
<td>March 28, 2014</td>
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<td>May 10, 2014 9:00 AM</td>
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<td>April 4, 2014</td>
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<tr>
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<td>Omaha, NE</td>
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<td>September 20, 2014 5:30 PM</td>
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<td>August 8, 2014</td>
<td>August 29, 2014</td>
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<tr>
<td>October 15, 2014 2:00 PM</td>
<td>Washington, DC (immediately before NAMS meeting)</td>
<td>August 29, 2014</td>
<td>September 26, 2014</td>
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*Requires an additional $75 late fee.

### Examination Fees

All fees for the examination are in US dollars. Provided the early postmark deadline is met, the examination fees are:
- NAMS members ........ $200
- Nonmembers.............$400

If the application is received between the application postmark deadline and the late application deadline, a late fee of $75 will be charged. Late fees are:
- NAMS members ........ $275
- Nonmembers.............$475

The application fee may be paid by credit card (MasterCard, VISA, American Express, or Discover), personal check, cashier’s check, or money order (payable to AMP). Cash is not accepted. The fee must be submitted with the application by the application postmark deadline. Applications that are incomplete, mailed after the late postmark deadline, or without the proper fee will be returned to the applicant minus a $50 processing fee.

Declined credit cards are subject to a $25 penalty. Repayment of a declined credit card and the penalty must be made with a cashier’s check or money order. An applicant is not permitted to take the examination until all fees have been paid in full.
How to Apply
After reviewing all the information in this handbook, please forward the following materials to the testing company, AMP by the specified deadlines:

• Completed application (pages 13-14)
• Copy of your current state medical license
• Appropriate payment

Applications cannot be taken over the phone. The contact information for AMP is found on page 4 of this handbook.

Calling AMP About Your Application
Your application will be processed and acknowledged within four weeks of receipt by AMP. If you have not received an acknowledgment, call the AMP Candidate Support Center at 913/895-4600. Please do not contact NAMS about your application.

The AMP Candidate Support Center hours of operation are listed below. After 5:00 PM and Saturday are considered “off-peak” hours and the best times to call.

7:00 AM-9:00 PM (CST) Monday–Thursday
7:00 AM-7:00 PM (CST) Friday
8:30 AM-5:00 PM (CST) Saturday

Refund Policy
Candidates who cancel up to three weeks before the exam date will be given a refund, minus a $50 processing fee. Special Test Centers canceled 45 days or less prior to the scheduled administration date will be subject to an additional $350 cancellation fee. Cancellations must be submitted in writing to AMP (see page 4). Any candidate who fails to appear for the examination on the scheduled date will forfeit the full amount of all fees paid (including the Special Test Center fee, if applicable). If the candidate wishes to take the examination at a future testing date, a new application and fee must be submitted.

Admission Tickets
Approximately three weeks before the testing date, AMP will either mail or email all scheduled candidates a test center admission ticket, indicating the exact address of the examination site. Thus, it is essential for all applicants to provide a current, working email address.

Changes in test center assignments cannot be made after the application postmark deadline.

Any candidate who has not received an admission ticket one week before the examination date should contact the AMP Candidate Support Center at 913/895-4600.

ON THE EXAM DAY

Admission to the Test Center
Proper identification is required to gain admission to the test center. Candidates must present their admission ticket or confirmation email and the following two forms of identification:

1) A current, permanent identification card issued by a government agency that includes both your signature and photograph. Only an official passport, driver’s license, state or federally issued identification card, or military identification will be accepted. School or work identification will not be accepted. No forms of temporary identification will be accepted.

2) A second form of identification that includes both your name and signature (eg, credit card). If your name is different from what appears on either form of identification, you must bring proof of your name change (eg, marriage license, divorce decree, or court order). All candidates will also be required to sign the registration roster before admission.

Other Important Issues
The following are important issues related to the examination day:

• The examination will be held only on the day and time scheduled.
• Report to the test center promptly at the time indicated on your admission ticket. Registration, seating of candidates, distribution of exam materials, and testing instructions will be given at the test center. Testing will begin shortly thereafter. Candidates
will have two hours to complete the exam once the proctor has indicated it is time to start the exam. No additional time will be given. Anyone arriving after testing has begun will not be admitted.

- There are no scheduled breaks during the exam. Candidates must have the permission of the test center proctor to leave the exam room.
- Candidates must bring their admission ticket and appropriate identification. Pencils will be provided.
- Candidates are advised to bring a watch to the test center and set it to correspond to the official time used by the proctor (no alarm watches, please). For best results, pace yourself by periodically checking your progress. This will allow you to make any necessary adjustments.
- Be sure to record an answer for each question, even the ones of which you are uncertain. You can mark the questions you wish to reconsider in the examination booklet and return to them later. No credit will be given for answers recorded in the examination booklet. Avoid leaving any questions unanswered; this will maximize your chances of passing and prevent mismarking your answer sheet. It is better to guess than to leave a question unanswered.
- Calculators are not permitted in the examination room. Examination questions are designed so that computations can be completed without a calculator within the time permitted.
- No cameras, notes, tape recorders, Personal Digital Assistants (PDAs), pagers or cellular/smart phones are allowed in the examination room. Possession of such devices will result in dismissal from the examination.
- No books or other reference materials may be taken into the examination room.
- No examination materials, documents, or memoranda of any sort may be taken from the examination room.
- No questions concerning the content of the examination may be asked during the testing period.
- It is the responsibility of each candidate to read the directions in the examination booklet and listen carefully to the instructions given by the proctor.
- The proctor reserves the right to dismiss a candidate from the examination for any of the following reasons:
  - If a candidate creates a disturbance, is abusive, or is 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
  - If a candidate attempts to take the examination for someone else
- Candidates may comment on any examination question, the administration of the examination, or the test center facilities on their answer sheet provided on the day of the examination. Comments will be reviewed, but individual responses to comments will not be provided.
- In the event of inclement weather, candidates may check the AMP website before the exam (www.goamp.com, select “Candidates”) to view the “Inclement Weather” posting to view whether a test center is closed.

Every attempt will be made to administer all exams as scheduled; however, should an exam be canceled, all scheduled candidates will receive notification regarding a rescheduled exam date or reapplication instructions.

**SPECIAL REQUESTS**

**Accommodation for Disabilities**

NAMS and AMP 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 the relevant provisions of the law. Special testing arrangements may be made for these persons, provided that an appropriate request for accommodation is submitted to AMP by the postmark application deadline and that the request is approved. A special accommodations form is included on pages 16 and 17 of this handbook. This form must be signed by an appropriate professional and submitted with the examination application.
Special Test Centers and Fees

Every effort will be made to accommodate requests to establish a special test center in a US or Canadian location further than 50 miles from the test centers listed on page 5, although AMP cannot guarantee the availability of each requested center. The test dates, however, may not be changed from those previously listed.

The special test center fees, which are in addition to the examination fees, are as follows. The special test center fee may be split among candidates at that location.

Existing AMP Test Centers

United States
1-14 exam candidates .................. $600
15 or more candidates .......... Fee waived

Canada and Puerto Rico
1-14 exam candidates .................. $725
15 or more candidates .......... Fee waived

Other Locations

United States
1-14 exam candidates .................. $800
15 or more candidates .......... Fee waived

Canada and Puerto Rico .......... N/A

Interested candidates should contact the AMP Candidate Support Center at 913/895-4600 to determine whether the location being requested is an established AMP test center location. Then, complete the special test center request form found at the back of this handbook and submit it with the examination application and appropriate fees. All candidates requesting the special test center location are encouraged to submit materials in one packet. These materials must be received by AMP at least 10 weeks before the examination date.

When a special test center location is established, NAMS will notify potential candidates in the area. If more candidates apply, the special test center location fee may be reimbursed, either in whole or in part.

POST-EXAM

Report of Results

Candidates will be notified by mail four to six weeks after taking the examination whether they have passed or failed. To protect privacy, no results will be provided by telephone, email, or fax. Individual test scores are released only to the individual candidate.

Recognition of Competency

Candidates who pass the NCMP competency exam will receive a certificate and a lapel pin from NAMS indicating that they have received certification status. If the certification is achieved any time during 2014, it is valid through December 31, 2017. Thereafter, all renewals will occur three years later on December 31. Duplicate certificates are available from NAMS for $10 each. A lapel pin will be issued annually for each year the certification is current.

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. Your total score determines whether you pass or fail; it is reported as a scaled score ranging between 0 and 99.

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 NCMP.

The minimum scaled score needed to pass the examination has been set at 75 scaled score 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 each year, a certain number of questions in each content area are 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 in difficulty, a procedure called “equating” is used. The goal of equating is to ensure fairness to all candidates.
In the equating process, the minimum raw score (number of correctly answered questions) required to equal the scaled passing score of 75 is statistically adjusted (“equated”). For example, if the examination is determined to be more difficult than the previous form of the examination, then the minimum raw score required to pass will be slightly lower than the original raw passing score. If the examination is easier than the previous form of the examination, then the minimum raw score will be higher. Equating helps to ensure that the scaled passing score of 75 represents the same level of competence no matter which form of the examination a candidate has taken.

In addition to the candidate’s total scaled score and scaled score required to pass, raw scores (the actual number of questions answered correctly) are reported for the major categories on the content outline. The number of questions answered correctly in each major category is compared with the total number of questions in that category on the score report (eg, 30/40). Content categoric information is provided to assist candidates in identifying areas of relative strength and weakness; however, passing or failing the examination is based only on the candidate’s total scaled score.

Requests for Hand Scoring

Candidates who do not pass the examination may request a manual verification of the computer scoring. Requests for manual scoring must be submitted to AMP in writing with a $25 hand-scoring fee (check or money order made payable to AMP) within 100 days after the examination date. The request must include the candidate’s name, Social Security number (when applicable), mailing address, examination date, test center location, signature, and a copy of the score report. On receipt of the hand-scoring request and appropriate fee, the candidate’s answer sheet will be inspected and manually scored. This process takes approximately 30 days.

Candidates close to passing are encouraged not to request verification of their scores. To ensure correct reporting of results, the testing agency selects a sampling of examinations of candidates who score near passing. As a quality-control measure, these examinations are automatically handscored before results are mailed. Thus, it is extremely doubtful that any examination results close to passing will be changed from “fail” to “pass” if hand scored.

Reexamination

The NCMP competency examination may be taken as often as desired on filing of a new application and fee. There is no limit to the number of times the examination may be repeated.

MAINTENANCE PROGRAM

Details on how to maintain certification status, as well as an application form, are included in a separate booklet called the Certification Maintenance Application. The 2014 material can be found after July 1, 2014, at: www.menopause.org/credentialmaintain.aspx.

To maintain certification status, there are two options—submit the appropriate continuing education hours or reexamination. The fee for either option is the same: $200 (US dollars) for NAMS members, $400 (US dollars) for nonmembers.

Continuing Education

To maintain certification status through continuing education, you must meet the eligibility requirements and provide proof that you have earned a total of 45 credit hours of continuing medical education (CME) between the date you earned the certification (exam date) and your renewal date. For example, if the certification was earned on May 17, 2014, CME earned from May 17, 2014, through December 31, 2017, would be eligible. After the first renewal, all renewals occur three years later on December 31.
CME must be awarded from an accredited organization. Of the 45 hours of CME, 15 must have been awarded by NAMS. This requirement is because the Society wants to be certain that adequate menopause education has occurred. NAMS is continually developing CME activities, including the Annual Meeting, other live events, NAMS books, and NAMS position statements published in *Menopause* (with CME available in print and on the NAMS website). A current list of all NAMS-sponsored CME activities may be found at: www.menopause.org/cme_activities.aspx.

The 30 remaining credit hours may be CME credit hours offered through an accredited organization and pertaining to women’s health.

1 CME credit hour = 60 minutes = 1 contact hour
1 contact hour = 60 minutes = 0.1 CEU
1 CEU = 10 contact hours = 10 credit hours

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.

Reexamination

The alternative maintenance option is to meet the then-current eligibility requirements, then take and pass the then-current examination before the certification expiration date. Currently, NAMS offers the examination during the spring and immediately before the Society’s Annual Meeting each fall. The Candidate Handbook may be found at: www.menopause.org/compexam.

If you choose to maintain your certification status by reexamination, your NCMP certification will lapse if you do not pass the examination by the certification expiration deadline. If the certification has lapsed, you may no longer use the certification.

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

NAMS provides the appeal mechanism 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 individual to initiate the appeal process by written request to NAMS within 30 days of the circumstance leading to the appeal.

EXAMINATION PREPARATION

Examination Content

To begin your preparation in an informed and organized manner, you should know what to expect from the actual examination in terms of content. Information regarding the content of the examination is presented in this handbook. The content outline will give you a general impression of the examination and, with closer inspection, can give you specific study direction by revealing the relative importance given to each category on the examination.

The content of the examination is directly linked to a job analysis that identified the activities performed by menopause practitioners. Only those activities that were judged by menopause practitioners to be important to practice are included on the examination-content outline. Each question on the examination is linked to the examination-content outline and is also categorized according to the level of complexity or the cognitive level that a candidate would likely use to respond. The following types of questions are included:

- **Recall**: The ability to recall or recognize specific information.
- **Application**: The ability to comprehend, relate, or apply knowledge to new or changing situations.
- **Analysis**: The ability to analyze and synthesize information, determine solutions, and/or evaluate the usefulness of a solution.
Study Advice

There is no study guide for the exam. However, NAMS publishes many professional education resources that may be helpful in preparing for the exam. Menopause Practice: A Clinician’s Guide is the Society’s most comprehensive professional resource. Healthcare providers should seek out additional information from other reputable sources as well.

Sample Questions

The following sample questions are provided to give candidates some idea of the format of the multiple-choice examination:

1. A woman experiences induced menopause after?
   A. Bilateral oophorectomy
   B. Endometriosis
   C. Hysterectomy

2. A recently postmenopausal woman (age 50, with an intact uterus) has hot flashes and vaginal atrophy. She has accepted a prescription for oral estrogen therapy. Which of the following is the appropriate course of action?
   A. Prescribe a progestogen.
   B. Prescribe vaginal estrogen cream.
   C. Recommend consuming one serving of soy foods weekly.

3. Which of the following is a risk factor for postmenopausal osteoporosis?
   A. Genetics
   B. Moderate alcohol consumption
   C. Regular exercise

Answer Key:
1 – A
2 – A
3 – A

Examination-Content Outline

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

1. Physiology – Normal (15%)
   A. Terminology/Demographics
   B. Hypothalamic-pituitary-ovarian axis
   C. Receptor activity
   D. Endocrine changes
      1. Perimenopause
      2. Postmenopause
   E. Perimenopause
      1. Reproductive potential
      2. Physical changes/Normal symptomatology
   F. Postmenopause physical changes/Normal symptomatology

2. Physiology – Abnormal (15%)
   A. Premature menopause
   B. Induced menopause
   C. Pelvic pathology
      1. Abnormal uterine bleeding
      2. Uterine/Ovarian/Vaginal pathology
      3. Vulvar disease/Vulvodynia
      4. Sexually transmitted infections
   D. Other

3. Health disorders of peri-/postmenopausal women (25%)
   A. Sexual function
   B. Skeletal
      1. Osteoporosis
      2. Other
   C. Cardiovascular
      1. Coronary heart disease
      2. Myocardial infarction
      3. Stroke
      4. Other
   D. Urinary tract
      1. Incontinence
      2. Cystitis/Urethritis
      3. Other
   E. Central nervous system
      1. Headache
      2. Cognitive function/Memory
      3. Depression
      4. Anxiety
5. Dementia
6. Other

F. Sleep
G. Endocrine
  1. Diabetes
  2. Thyroid
  3. Other
H. Arthritis
I. Cancer

4. Clinical evaluation (15%)  
A. History/Identification of risk factors  
B. Sexual history  
C. Physical examination  
  1. Height/Weight/BMI  
  2. Blood pressure  
  3. Manual breast exam  
  4. Pelvic exam  
  5. Rectal exam  
  6. Skin exam  
  7. Other  
D. Diagnostic and screening tests  
  1. Blood chemistries  
  2. Urinalysis  
  3. Vaginal/Cervical/Vulvar/Ovarian testing  
  4. Mammogram/Breast ultrasound  
  5. Colorectal tests  
  6. Lipid profile  
  7. Other cardiovascular tests  
  8. Bone mineral density tests  
  9. Hormonal studies  
    a. Thyroid  
    b. Pituitary  
    c. Estrogen  
    d. Progesterone  
    e. Testosterone  
    f. Other  
  10. Pelvic ultrasound  
  11. Endometrial biopsy  
  12. Hysteroscopy  
  13. Other

5. Therapeutic options (30%)  
A. Lifestyle modification  
  1. Exercise  
  2. Nutrition  
  3. Stress reduction  
  4. Weight management  
  5. Substance use (smoking, alcohol, caffeine, drugs)  
  6. Other  
B. Nonprescription therapies  
  1. Vitamin/Mineral supplements  
  2. Vaginal moisturizers/Lubricants  
  3. Hormone creams/Supplements  
  4. Aspirin  
  5. Contraceptives  
  6. Other  
C. Prescription drugs  
  1. Estrogens  
  2. Progestogens  
  3. Androgens  
  4. Osteoporosis agents  
  5. Cardiovascular agents  
  6. Diabetes agents  
  7. Arthritis agents  
  8. Contraceptives  
  9. Antidepressants  
  10. Sedatives/hypnotics  
  11. Other  
D. Complementary and alternative medicine (CAM) therapies  
  1. Isoflavones  
  2. Herbs  
  3. Paced respiration  
  4. Biofeedback  
  5. Acupuncture  
  6. Other  
E. Counseling

After reading the Candidate Handbook in its entirety, please complete all sections of this application. Mail or fax the completed application, required documentation, and payment (made payable to AMP) to: AMP, NAMS Examination, 18000 W. 105th Street, Olathe, KS, 66061-7543, USA (Fax: 913/895-4650)

1. PERSONAL INFORMATION (Please print using black or blue ink.)
Name (with certifications, such as MD, NP, etc.)
____________________________________________________________________________________________________
(As you wish it to appear on your examination records and certificate.)
Social Security Number_____________–_______–_____________________  (If you do not have a Social Security Number, leave this line blank. A number will be assigned to your record for administrative purposes.)
Daytime Telephone Number: ________________________  Evening Telephone Number:  _________________________
Email Address:  _____________________________________________________________  (Required for all applicants.)
Home Street Address (Not a P.O. Box):  __________________________________________________________________
City: ____________________________________________________  State/Province: ______________________________
Postal Code: ______________________________________________  Country: __________________________________

2. EXAMINATION INFORMATION
I am applying for the NAMS Certified Menopause Practitioner (NCMP) competency examination as a:
  q  New applicant   q  Reapplicant
Test Date:  q  May 4, 2014  Location: Cancun, Mexico
Test Date:  q  May 10, 2014  Location: Vancouver, BC
Test Date:  q  May 17, 2014
Location:  q  Albuquerque, NM  q  Boise, ID  q  Boston, MA  q  Cleveland, OH  q  Columbia, SC
 q  Houston, TX  q  Los Angeles, CA  q  Miami, FL  q  Minneapolis, MN  q  New York, NY
 q  Omaha, NE
Test Date:  q  September 20, 2014  Location: Charlotte, NC
Test Date:  q  October 15, 2014  Location: Washington, DC

Special Accommodation Request(s):
  q  I am including a Special Accommodation Request.
(Complete the forms included on pages 16 and 17 of this handbook.)

3. ELIGIBILITY
  q  I am a licensed healthcare provider. (Enclose copy of current license.)
    q  Physician   q  Physician Assistant   q  Nurse   q  Nurse Practitioner   q  Nurse Midwife
    q  Pharmacist   q  Other (please specify)  
  q  I am a NAMS member.
    (Your membership status will be verified by AMP with NAMS.)
4. VERIFICATION OF VALID LICENSURE
1. Do you have a valid and unrestricted license to practice medicine?
   □ Yes  □ No  □ Not applicable

2. Do you have a valid and unrestricted DEA Registration Number?
   □ Yes  □ No  □ Not applicable

3. Have you ever been denied membership or reappointment to the medical staff of any hospital or have your
   privileges ever been suspended, curtailed, or revoked?
   □ Yes  □ No  □ Not applicable

4. Have you ever been: (i) convicted of health care fraud or a health care-related crime; (ii) suspended, sanctioned,
   restricted, or excluded from participating in any private, federal, or state health insurance program; (iii) convicted of
   theft or embezzlement relating to a health care program; (iv) convicted of any crime in the course and scope of your
   professional employment?
   □ Yes  □ No

5. Have any adverse circumstances occurred that prevent you from obtaining malpractice insurance?
   □ Yes  □ No  □ Not applicable

6. Have you ever been convicted of a felony?
   □ Yes  □ No

7. If you answered “No” to questions 1 or 2 or “Yes” to any of questions 4–6, please explain:
   ____________________________________________________________________________
   ____________________________________________________________________________

5. EXAMINATION FEE
Payment should be made payable to AMP. All fees must be in US funds drawn on a US bank.

   Examination Fee      Late Application Fee (see page 5 for details)
   □ NAMS member $200         □ Nonmember $400         □ $75

If payment is made by credit card, complete the following. The fee will appear on your statement as “NAMS.”

   □ Visa  □ MasterCard  □ American Express  □ Discover
   Credit Card Number: ____________________________  CVS/CWZ (Security Code on Card): ________________
   Name on Card: ________________________________  Cardholder’s City, State/Province: ________________
   Cardholder’s Country, Zip/Postal Code: ________________________________
   Card Expiration Date: ____________________________  Cardholder’s Signature: _________________________

6. SIGNATURE (Sign and date in ink the statement below.)
I certify that I have read all portions of this Candidate Handbook and application. I certify that the information
submitted in this application and the documents enclosed are 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, not released, or invalidated by NAMS.

Name (Please Print): ____________________________________________________________________

Signed: ____________________________  Date: ____________________________
Request for Special Test Center

Please complete this form to request an alternate site for this examination. Alternate location requests will be accepted only if they are more than 50 miles from a current, established site. Refer to the list of established sites found in this handbook on page 5. AMP cannot guarantee the availability of each requested center. In the event that a test center cannot be established, the contact person will be notified, and candidates will be directed to the closest established test center. **Special test center requests must be received by AMP no later than 10 weeks before the examination date.** The fee (see Special Test Centers, page 8) may be split among candidates. These fees are in addition to the examination fees. You will be contacted regarding the availability of the requested test center and the fee required, along with a request for payment.

Contact Name: __________________________________________

Contact Title: __________________________________________

Contact Telephone Number: ___________________________ Contact Email Address: __________________________


Requested Location: (City, State/Province, Country)

____________________________________________________________________________________________________

(Test Center number will be assigned after confirmation of examination site.)

Number of candidates applying for this location: __________________________

Please list all persons in your group seeking the alternative examination location. (You may attach an additional sheet, if necessary.)

<table>
<thead>
<tr>
<th>Candidate Name</th>
<th>Social Security Number</th>
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Return this form to:
Applied Measurement Professionals, Inc. (AMP)
NAMS Examination, Examination Services Department
18000 W. 105th Street
Olathe, KS 66061-7543, USA
Fax: 913/895-4650
If you have a disability covered by the Americans with Disabilities Act and request special examination accommodations, please complete this 2-page form so that your request 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 Number_____________–_______–_____________________ (If you do not have a Social Security Number, leave this line blank. A number will be assigned to your record for administrative purposes.)

Name (Last, First, Middle Initial): __________________________________________________________________________

Email Address (Required for all applicants): _____________________________ Fax Number: _____________________

Mailing Address (Not a P.O. Box): __________________________________________________________________________

City: ____________________________________________________ State/Province: ______________________________

Postal Code: ______________________________________________ Country: ________________________________

Daytime Telephone Number Including Area Code: _________________________________________________________

**SPECIAL ACCOMMODATIONS**

I request special accommodations for the ______________________________________________________ examination. 

(Date/location)

Please provide (check all that apply):

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

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Comments: __________________________________________________________________________________________

Signed: ________________________________ Date: __________________________

Return this form to:

Applied Measurement Professionals, Inc. (AMP)
NAMS Examination, Candidate Services Department
18000 W. 105th Street
Olathe, KS 66061-7543, USA
Fax: 913/895-4650
Please have this section completed by an appropriate health professional to ensure that AMP is able to provide the required examination accommodations.

**PROFESSIONAL DOCUMENTATION**

I have known ______________________________________________ since __________________________________________

Name of examination candidate Date

in my capacity as a ___________________________________________________________

Professional title

The candidate discussed with me the nature of the examination 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 below.

Describe the disability and accommodations requested:

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

Signed: ____________________________________________________ Date: ____________________________________

Printed Name: ________________________________________________________________________________________

Title: ________________________________________________________________________________________________

Address: _____________________________________________________________________________________________

Telephone Number: ___________________________________________________________________________________

License Number: _____________________________________________________________________________________
FREQUENTLY ASKED QUESTIONS

Q: Am I eligible to sit the exam?
A: All licensed healthcare professionals are invited to sit the exam, including (among others) the following specialists (listed alphabetically): nurse, nurse midwife, nurse practitioner, pharmacist, physician, physician assistant, psychologist. A photocopy of your current medical license is required with your application.

Q: How much does it cost to take the exam?
A: The fee to sit the NAMS Certified Menopause Practitioner (NCMP) competency exam is $200 for NAMS members and $400 for nonmembers. To join the Society, please visit: www.menopause.org/membership.aspx

Q: What is the expiration date of the NAMS Certified Menopause Practitioner credential?
A: The credential is valid for three full years after the first year in which you pass the exam. After the first December 31 renewal date, all credentials are due for renewal three years later on December 31. The expiration date will be indicated on your certificate.

Q: How do I maintain the certification beyond the initial three-year period?
A: To maintain certification status, there are two options—(1) submit 15 NAMS-sponsored CME hours plus 30 “other” Category 1 hours (for a total of 45 hours) earned between the date of your exam and the expiration of your certificate or (2) reexamination. Additional information may be found on page 9 of this handbook.

Q: How can I prepare for the exam?
A: NAMS has published many resources and clinical practice materials which may be helpful in your preparation. However, the Society does not produce a “study guide.” To view the current list of available materials, see the NAMS Product Catalog: www.menopause.org/orderform.pdf. Also, reviewing the Content Outline in the Candidate Handbook will provide you with an idea of what areas may need additional study. Additional information may be found on pages 10–12 of this handbook.
IMPORTANT DATES & NOTICES

• For exam locations and application deadlines, see page 5.

• Application acknowledgment will be sent by AMP on completion of application process.

• Email notification of test center will be sent 2–3 weeks before exam date.

• Score reports will be mailed 4–6 weeks after the exam.