



ACAM

American College for
Advancement in Medicine

Advancement in Medicine

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Advancement in Medicine

Practitioners Certified in Chelation Therapy (CCT)

Candidate Handbook

Effective September 2009

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Questions About Certification

Questions regarding certification or eligibility should be directed to:

American College for Advancement in Medicine
8001 Irvine Center Drive, Suite 825
Irvine, California 92618
Phone: 800/532-3688
Fax: 949/309-3538
Website: www.acam.org

How to Contact AMP

Questions regarding registration for examination should be directed to:

Applied Measurement Professionals, Inc.
18000 W 105th Street
Olathe, Kansas 66061
Phone: 913/895-4600
Fax: 913/895-4650
Website: www.goAMP.com

About ACAM

The American College for Advancement in Medicine (ACAM) is a not-for-profit association dedicated to educating physicians and other health care professionals on the latest findings and emerging procedures in Complementary, Alternative and Integrative Medicine (CAIM). ACAM is the voice of integrative medicine; our goals are to improve physician skills, knowledge and diagnostic procedures as they relate to complementary and alternative medicine, to support integrative medicine research, and to develop awareness of alternative methods of medical treatment. ACAM enables members of the public to connect with physicians who take an integrative approach to patient care and empowers people with information about integrative medicine treatment options.

Celebrating more than a quarter century of service, ACAM represents more than 1,000 physicians in 30 countries. ACAM is the largest and oldest organization of its kind in the world dedicated exclusively to serving the needs of the integrative medicine industry.

Examination/Certification Policies and Procedures

The determination that an applicant has candidate status to sit for the examination, the provision of this examination, and the certification of successful candidates are administered by ACAM in its sole discretion subject to Eligibility and Certification Guidelines, Policies and Procedures, and Grounds for Professional Discipline that have been adopted by ACAM and as may be amended in its sole discretion from time to time. Individuals who have been certified are subject to restriction or sanction regarding their certificate status for a violation of the Grounds of Professional Discipline. These documents may be found on ACAM's website at www.acam.org.

Independent Testing Agency

Applied Measurement Professionals, Inc. (AMP) is engaged in educational and occupational measurement and provides examination development and administration to a variety of client organizations. AMP assists ACAM in the development, administration, scoring and analysis of the Certification Chelation Therapy Practitioner (CCTP) Examination. AMP, located in the greater Kansas City area, is a leading provider of licensing and certification examinations for professional organizations.

Eligibility Requirements

Applicants interested in sitting for the CCT examination must meet the following eligibility criteria:

Doctor of Medicine (MD) and Doctor of Osteopathic Medicine (DO)

- Potential applicant must provide a copy of his/her current, unrestricted and valid medical license.
- Potential applicant must complete an approved legal history form (honor/attestation statement form) setting forth any findings made against him/her in professional malpractice, civil actions that may reflect upon competence or moral fitness to practice, or medical board or hospital or health facility disciplinary consent agreements entered into or orders against him/her in any State in which he/she have practiced a health care profession.
- Register and participate in the ACAM Chelation Therapy Training course.

Naturopathic Doctor (ND)

- Potential applicant must be from a licensed State.
- Potential applicant must submit with his/her application a copy of the State law governing the scope of practice with respect to ordering and delivering IV therapies and the IV guideline regulations for the State he/she practice naturopathic medicine in.
- Potential applicant must complete an approved legal history form (honor/attestation statement form) setting forth any findings made against him/her in professional malpractice, civil actions that may reflect upon competence or moral fitness to practice, or medical board or hospital or health facility disciplinary consent agreements entered into or orders against them in any State in which he/she have practiced a health care profession.
- Register and participate in the ACAM Chelation Therapy Training course.

Nurse Practitioner (NP)

- Potential applicant must provide a copy of his/her current, unrestricted and valid medical license.
- Potential applicant must submit with his/her application a copy of the State law governing the scope of practice with respect to ordering and delivering IV therapies and the IV guideline regulations for the State in which he/she practice nursing.
- Potential applicant must complete an approved legal history form (honor/attestation statement form) setting forth any findings made against him/her in professional malpractice, civil actions that may reflect upon competence or moral fitness to practice, or medical board or hospital or health facility disciplinary consent agreements entered into or orders against them in any State in which he/she have practiced a health care profession.
- Register and participate in the ACAM Chelation Therapy Training course.

Application Submission Policy

ACAM reserves the right to verify information supplied by or on behalf of a candidate. Any misrepresentation of information shall be considered grounds for prohibition from testing or revocation of certification. An application is considered complete only if all information required is complete, legible, and accurate, if the candidate is eligible for the examination, and if the appropriate fee accompanies the application. Applicants are advised to mail their applications to ACAM using certified or overnight mail by traceable courier. ACAM is not responsible for lost, misdirected, late, or undeliverable mail. A certified mail, certificate of mailing, or other courier receipt can serve as proof that the application was mailed. Applications received via 'Express Mail' or facsimile are not considered express applications and will be processed in the order in which they are received.

You should ensure that the ACAM Application has been properly completed and that the information provided is accurate. Your careful attention will enable prompt and efficient processing. You will not be able to schedule an examination appointment with AMP until the Application has been processed.

Application Acceptance

ACAM will mail a receipt and confirmation letter of eligibility to you within three to four weeks of processing your examination application.

Scheduling Notification

You will receive a postcard and an e-mail from AMP with instructions on how to schedule an examination appointment.

Name and Address Changes

If you move or change your name or e-mail address, you should immediately notify ACAM in writing.

Audit Procedure

ACAM reserves the right to audit any application submitted for examination.

Application Fee

The Application Fee for your first attempt is \$550.00 for members and \$750.00 for non-members. The Application Fee for retesting and CCT Recertification is \$350.00. Fees may be paid by check or money order (made payable to ACAM), or by credit card (VISA, MasterCard, Discover or American Express). DO NOT SUBMIT CASH.

Application fees are non-refundable. Exceptions to this policy will be determined by the executive committee and appeals will be considered only on the basis of documented hardships. You must submit the appropriate fee with the application.

Returned checks and/or declined credit card transactions will be subject to a \$25 handling fee. You must send a certified check or money order for the amount due, including the NSF fee, to ACAM to cover returned check and/or declined credit card transactions.

Nondiscrimination Policy

ACAM and AMP do not discriminate among candidates on the basis of race, color, creed, gender, religion, national origin, disability, marital status or sexual orientation.

Assessment Center Locations

Examinations are delivered by computer at over 170 Assessment Centers geographically located throughout the United States. AMP Assessment Centers have been selected to provide accessibility to the most candidates in all states and major metropolitan areas. 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 you schedule an examination appointment.

Scheduling an Examination

After you have applied for the examination and received notification for your eligibility from ACAM, you may schedule for an examination appointment by one of the following methods. 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.

- 1. Online Scheduling:** Complete the scheduling process in one online session by visiting www.goAMP.com, click on "Candidates" and choose the Healthcare category. The computer screens guide you through the complete process and you are prompted to schedule an examination appointment.

If special accommodations have been approved do not schedule an appointment online. Individuals who require special accommodations must contact AMP at 888/519-9901 to schedule an examination.

OR

- 2. Telephone Scheduling:** Call AMP at 888/519-9901 to schedule an examination appointment. This toll-free number is answered from 7:00 a.m. to 9:00 p.m. Central Time Monday through Thursday, 7:00 a.m. to 7:00 p.m. on Friday, and 8:30 a.m. to 5:00 p.m. on Saturday. Be prepared to confirm a location and a preferred date and time for testing. When you call to schedule an appointment for examination, you will be notified of the date and time to report to the Assessment Center.

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

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

Special Arrangements for Candidates with Disabilities

ACAM and AMP comply with the Americans with Disabilities Act and strive to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. AMP will provide reasonable accommodations for candidates with disabilities. Candidates requesting special accommodations must call AMP at 888/519-9901 to schedule their examination.

1. Wheelchair access is available at all established Assessment Centers. Candidates must advise AMP at the time of scheduling that wheelchair access is necessary.
2. Candidates with visual, sensory, physical or learning disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements.

Verification of the disability and a statement of the specific type of assistance needed must be made in writing to AMP at least 45 calendar days prior to your desired examination date by completing the *Request for Special Examination Accommodations* and *Documentation of Disability-Related Needs* forms. Please inform AMP of your need for special accommodations when calling to schedule your examination appointment.

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.

Rescheduling or Canceling an Examination

Examination fees are nonrefundable. You may reschedule your appointment ONCE at no charge by calling AMP at 888/519-9901 at least 2 business days prior to your scheduled appointment. The following schedule applies.

If your examination is scheduled on...	You must contact AMP by 3 p.m. Central Time to reschedule the examination by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

Missed Appointments and Cancellations

You will forfeit your examination registration and all fees paid to take the examination under the following circumstances. A new, complete application and examination fee are required to reapply for examination.

- You cancel your examination after confirmation of eligibility is received.
- You wish to reschedule an examination, but fail to contact AMP at least two business days prior to the scheduled testing session.
- You wish to reschedule a second time.
- You appear more than 15 minutes late for an examination.
- You fail to report for an examination appointment.

Inclement Weather, Power Failure or Emergency

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

You may visit AMP's website at www.goAMP.com prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to an Assessment Center is temporarily interrupted during an administration, your examination will be restarted where you left off and you may continue the examination.

**American College for Advancement in Medicine
Chelation Therapy Practitioner
Detailed Content Outline**

Open cells show an examination could include questions from indicated cognitive levels. Shaded cells prevent appearance of questions on examinations.	Questions			
	Cognitive Level			Totals
	RE	AP	AN	
RE = Recall, AP = Application, AN = Analysis				
I. PATIENT SELECTION AND TREATMENT CONTRAINDICATIONS	12	5	4	21
A. Patient Selection and Protocol	2	2	4	8
1. Use appropriate diagnostic measures to evaluate patients for atherosclerotic vascular disease and/or disorders involving metal metabolism				
2. Differentiate between patients seeking treatment for medical conditions and patients seeking preventive care				
3. Determine patient's proper treatment including therapeutic agents, dose, and schedule				
B. Contraindications	10	3	0	13
1. Evaluate patient for absolute contraindications				
a. previous allergic reactions to substances considered for administration				
b. acute lead encephalopathy				
c. renal failure with anuria				
2. Evaluate patient for relative contraindications				
a. pregnancy				
b. liver failure				
II. POTENTIAL ADVERSE REACTION PREVENTION	5	13	13	31
A. Nephrotoxicity	0	2	2	4
1. Evaluate urinalysis for hematuria and proteinuria				
2. Measure or calculate creatinine clearance before beginning chelation therapy				
3. Titrate EDTA dosage and frequency relative to kidney function as determined by periodic measured or calculated creatinine clearance				
4. Conduct periodic serum creatinine and urinalyses, increasing the frequency for patients with significant renal insufficiency				
5. Withhold administration of EDTA in response to a significant elevation in serum creatinine				
B. Hypocalcemia	0	1	1	2
1. Monitor for hypocalcemic reactions (e.g., muscle cramps and/or weakness, diplopia, numbness, circumoral paresthesias, convulsions)				
2. Decrease rate of infusion and consider administration of calcium gluconate if hypocalcemic symptoms are noted				
3. Evaluate patients showing recurrent hypocalcemic reactions for hypoparathyroidism				
C. Allergies	0	1	1	2
1. Monitor for possible allergic reactions to any infused ingredients (e.g., lidocaine, procaine, thiamine, preservatives)				
2. Eliminate or substitute components to accommodate allergies				
D. Thrombophlebitis	0	1	1	2
1. Use arm veins for infusion whenever possible, using legs as a last resort				
2. Add 1,000 to 5,000 units of heparin to the infusion to prevent superficial phlebitis				
3. Treat superficial phlebitis by applying topical, moist heat and administering natural and/or pharmacologic anti-inflammatory substances				
E. Hypoglycemia	1	2	1	4
1. Instruct patients				
a. to eat a well-balanced meal with sufficient protein and complex carbohydrates before each treatment				
b. to bring a nutritious snack to eat during the treatment				
2. Anticipate the need for adjustments in medication requirements for diabetic patients				
3. Monitor patient for hypoglycemic reactions when EDTA is administered				
4. Ensure a 50% dextrose solution for IV administration is available in the chelation area				

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	Cognitive Level			
	RE	AP	AN	
	RE = Recall, AP = Application, AN = Analysis			
F. Cardiac Issues	1	2	4	7
1. Arrhythmias				
a. administer additional magnesium and reduce rate and frequency of infusions if the patient experiences increased cardiac irregularity				
b. obtain baseline ECG, and order interval tracings as clinically indicated				
2. Congestive heart failure				
a. weigh patients before each treatment, being alert to weight gain as an indicator of fluid retention				
b. query patients about prescribed diuretics to ensure they have taken their medication prior to treatment				
c. administer a diuretic to a patient, as indicated				
d. monitor fluid and electrolytes, as indicated, especially for patients on diuretics				
e. adjust the sodium content of the infusion, as necessary				
f. use, as a potential carrier solution alternative, either sterile water made at least half iso-osmolar with low-sodium solutes or 5% dextrose				
g. slow the infusion rate for patients at higher risk				
G. Tuberculosis and Liver Disease	1	1	0	2
1. Refer patients with a history of tuberculosis for a chest x-ray prior to administering chelation therapy				
2. Evaluate patients for liver dysfunction (e.g., elevation of liver enzymes more than twice the upper normal limits)				
H. Anticoagulation	0	1	1	2
1. Adjust frequency of INR monitoring for patients on long-term anticoagulation with warfarin				
2. Adjust patient's dosage of anticoagulant medication while administering EDTA therapy as indicated by test results				
I. Fatigue and Other Clinical Considerations	2	2	2	6
1. Administer				
a. oral supplementation of vitamins and mineral				
b. additional IV nutrients without EDTA, as indicated				
c. vitamin B-6 to counter a potential pyridoxine deficiency				
d. supplemental iron only when serum ferritin and/or transferrin saturation level indicates a deficiency, but not on the same day that IV EDTA is administered				
2. Decrease frequency and/or dosage of EDTA for patients who experience fatigue following infusions				
3. Instruct patient to				
a. routinely take nutritional supplements				
b. avoid ingesting mineral/trace element supplements the morning of therapy				
III. CHELATION THERAPY PREPARATION	8	6	8	22
A. Informed Consent	2	2	1	5
1. Explain to the patient				
a. the nature and purpose of the procedure				
b. the likely outcome of the procedure				
c. the likely outcome of the diagnostic tests				
d. the likely benefits of diagnostic tests performed to determine a patient's illness				
e. possible permanent results of the procedure (e.g., scarring, impairment)				
f. the availability of other treatment options and their associated risks				
g. names of practitioners who will perform the procedure				
h. risks of allergic reactions				
i. means by which risks are likely to occur				
j. technical aspects by which an injury could occur				
k. the typical length of recuperation after the treatment				
l. the impact the treatment will likely have on the patient's lifestyle				
2. Address each concern or question a patient raises				
3. Obtain a patient's signature on the informed consent document and ensure it is witnessed				

Open cells show an examination could include questions from indicated cognitive levels. Shaded cells prevent appearance of questions on examinations.	Questions			Totals
	Cognitive Level			
	RE	AP	AN	
RE = Recall, AP = Application, AN = Analysis	3	4	7	14
B. Clinical Evaluation Before Chelation Therapy				
1. Examine patient's medical records				
2. Record patient's				
a. history				
b. present exercise programs				
c. diet				
d. tobacco, alcohol, caffeine, and recreational drug use				
3. Query patient about his/her				
a. sleep pattern				
b. stressors and responses to stressors				
4. Document the name, dose, and frequency of each medication and supplement patient is taking				
5. Perform and document a full physical examination				
a. pay special attention to				
1) arterial pulses				
2) presence and quality of arterial bruits				
3) extremity skin temperatures				
4) extremity hair loss				
5) dystrophic nails				
6) mental status				
b. record any signs of atherosclerosis and related conditions				
6. Obtain appropriate tests and procedures				
a. basic				
1) complete blood count with differential				
2) chemistry panel of blood chemistries and electrolytes				
• NA	• glucose	• creatinine	• phosphorus	
• K	• CO ₂	• calcium	• uric acid	
• CL	• BUN	• magnesium	• liver function tests	
3) lipid panel				
• total cholesterol	• HDL cholesterol	• LDL cholesterol	• triglycerides	
4) measured or calculated creatinine clearance before beginning chelation therapy				
5) complete urinalysis				
6) ECG				
b. additional tests as indicated				
1) thyroid function tests (e.g., TSH, FT4, FT3 FT uptake, calculated T7)				
2) carbohydrate metabolism, as indicated				
3) mineral status for possible metal burdens or deficiencies				
4) non-invasive vascular studies as clinically indicated (e.g., ABI)				
5) chest x-ray (if indicated)				
6) homocysteine				
7) lipoprotein (a)				
8) hsCRP				
9) fibrinogen				
10) other tests as clinically indicated				
7. Maintain records of patient's				
a. informed consent				
b. medical history				
c. physical examination				
d. biological tests including routine and other lab tests				
e. vascular monitoring tests				

Open cells show an examination could include questions from indicated cognitive levels. Shaded cells prevent appearance of questions on examinations.	Questions			Totals
	Cognitive Level			
	RE	AP	AN	
f. progress notes				
g. flow sheet, including chelation therapy ingredients				
C. Verify a Stocked Emergency Kit is Available	3	0	0	3
1. Ensure				
a. a "crash cart" containing materials necessary for cardiopulmonary resuscitation is readily accessible in the treatment area				
b. other emergency supplies for possible complications of EDTA are available including				
1) vials of injectable calcium gluconate				
2) 50% solution of dextrose for IV use				
3) 10 to 50 ml syringes with needles				
4) oxygen tank with delivery system				
c. staff are trained and prepared to perform basic CPR				
2. Check dated injectables and medications periodically and prior to application				
IV. CHELATION THERAPY ADMINISTRATION	5	6	15	26
A. Ensure the Infusion Solution is Mixed According to Protocol	2	3	10	15
1. Disinfect workspace where solution will be mixed				
2. Ensure the infusion solution is at least half-normal in osmolality				
3. Ensure ingredients are systematically added to the solution to prevent errors				
4. Adjust the amount of				
a. magnesium in the infusion as clinically indicated				
b. sodium bicarbonate to neutralize acidic pH when magnesium is added to disodium EDTA				
c. ascorbate				
d. vitamin B6				
e. heparin				
5. Add optional ingredients to the infusion solution				
a. a local anesthetic				
b. a dose of heparin				
c. additional doses of B-complex vitamins including B1, B12, and pantothenic acid				
d. potassium chloride				
B. Ensure Safe Administration of Chelation Therapy	2	1	1	4
1. Adjust infusion rate for patient's body weight and renal function				
2. Ensure infusion rate does not exceed 1 gm disodium EDTA per hour				
3. Ensure the patient is carefully monitored during the infusion				
C. Follow-Up	1	2	4	7
1. Perform periodic re-evaluations				
2. Record patient progress				
3. Provide counseling (e.g., lifestyle, nutrition)				
4. Repeat laboratory tests and non-invasive vascular studies as indicated				
5. Recommend continued treatments as clinically indicated				
6. Communicate with other treating physicians as clinically indicated and permitted by the patient				
Totals	30	30	40	100

Taking the Examination

Your examination will be given by computer at an AMP Assessment Center. You do not need any computer experience or typing skills to take your examination. 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. IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME, YOU WILL NOT BE ADMITTED.

Identification

To gain admission to the Assessment Center, you need to present two forms of identification, one with a current photograph. Both forms of identification must be valid and include your current name and signature. The name on the identification must match the name under which you are registered with AMP. You will also be required to sign a roster for verification of identity.

Acceptable primary forms of identification include a current:

1. Driver's license with photograph
2. State identification card with photograph
3. Passport
4. Military identification card with photograph

Social security cards, employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as primary identification, but may be used as secondary identification if they include your name and a signature. Misrepresenting your identity or falsifying information to obtain admission to the Assessment Center may be grounds for disciplinary action.

Security

ACAM 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.

Examination Restrictions

- Pencils will be provided during check-in.
- Possession of a cellular phone or other electronic devices in the testing room is strictly prohibited and will result in dismissal from the examination.
- You will be provided with one piece of scratch paper at a time to use during the examination. You must return the scratch paper to the proctor at the completion of testing, or you will not receive a score report. No documents or notes of any kind may be removed from the Assessment Center.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

Misconduct

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when a candidate:

- creates a disturbance, is abusive, or otherwise uncooperative;
- displays and/or uses electronic communications equipment such as pagers, cellular phones, PDAs;
- talks or participates in conversation with other examination candidates;
- gives or receives help or is suspected of doing so;
- leaves the Assessment Center during the administration;
- attempts to record examination questions or make notes;
- attempts to take the examination for someone else; or
- is observed with notes, books or other aids.

Copyrighted Examination Questions

All examination questions are the copyrighted property of ACAM. 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

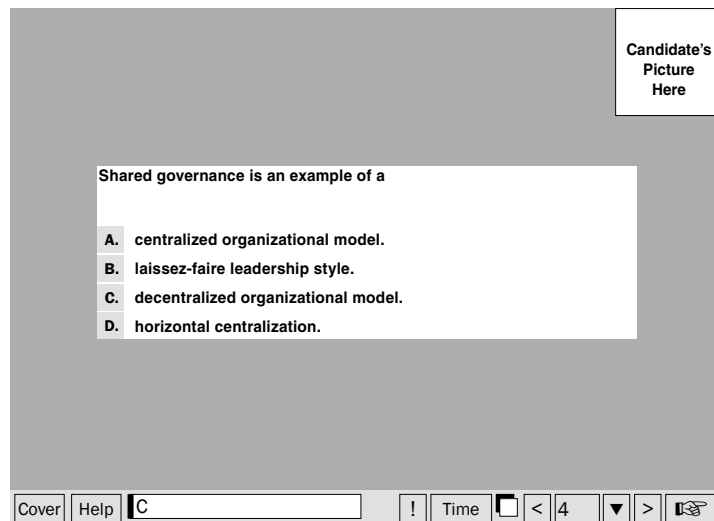
After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your identification number. You will take your photograph which will remain on screen throughout your examination session. This photograph will also print on your score report.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

If you wish to see and practice navigating within the computer-based testing environment before your examination date, a free online computer-based testing tutorial is available. Go to the LXR Store at <http://store.lxr.com> and follow the instructions to access a Sample Web Test.

Timed Examination

Following the practice examination, you will begin the timed examination. The examination consists of 100 questions. You will have two hours to complete the 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 in the lower right portion 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 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 also may 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, 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.

Following the Examination

After completing the examination, you are asked to complete a short evaluation of your examination experience. You are then instructed to report to the examination proctor to receive your score report. Scores are reported in printed form only, in person or by U.S. mail. Scores are not reported over the telephone, by electronic mail or by facsimile.

Your score report will indicate a “pass” or “fail.” Your pass/fail status is determined by your raw score, which is the total number of correct responses you gave. Additional detail is provided in the form of raw scores by major content category.

Pass/Fail Score Determination

The methodology used to set the minimum passing score is the Angoff method, applied during a Passing Point Study by a panel of experts in the field. The experts evaluated each question on the examination to determine consistency threshold. These thresholds were combined across items on the examination to produce the passing point. Your ability to pass the examination depends on the competencies you display, not on the performance of other candidates.

Passing scores may vary slightly for each version of the examination. To ensure fairness to all candidates, a process of statistical equating is used. This involves selecting an appropriate mix of individual questions for each version of the examination that meet the content distribution requirements shown in the examination detailed content outline. Slight variations in difficulty level are addressed by adjusting the passing score up or down, depending on the equating results for a particular version of the examination.

Scores Cancelled By ACAM or AMP

ACAM and AMP are responsible for the validity and integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. ACAM and AMP reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

If You Pass the Examination

If you successfully pass the examination, you will receive the designation **“Certified Chelation Therapy (CCT).”**

You must recertify every 7 years to maintain CCT certification. Inquires about requirements for recertification should be directed to ACAM.

If You Do Not Pass the Examination

You are allowed up to three (3) attempts of the examination in one calendar year (includes your first attempt). You must wait at least 30 days between attempts and pay a retesting fee.

If you do not pass the examination in 3 attempts in one calendar year, you are required to:

1. Wait one year from the day of your first attempt to reapply.
2. Pay first time examination fee.
3. Retake the ACAM Chelation Therapy Workshop course.

Confidentiality

Information about candidates for testing and their examination results are considered confidential. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

Duplicate Score Report

You may purchase additional copies of your results at a cost of \$25 per copy. Requests must be submitted to ACAM, in writing. The request must include your name, identification number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to ACAM in the form of a money order or cashier's check. Duplicate score reports will be mailed within approximately two weeks after receipt of the request and fee.



Certification Exam Application

1. Registration Information PLEASE PRINT CLEARLY. PROCESSING WILL BE DELAYED IF INCOMPLETE OR NOT LEGIBLE.

NAME: Last				First				Middle initial				Suffix/Credentials							
ADDRESS:								City				State/Province				Zip Code/Postal Code			
Country:				Home Phone:				Work Phone:				Ext.							
Email Address:				Gender: Male Female		DOB: ____/____/____ MM DD YYYY				Exam ID #: (office use)									

2. ACAM Membership

I would also like to join/renew my ACAM annual membership at this time.

NOTE: You must complete and submit an ACAM Membership application if you are joining ACAM for the first time or have modifications to your profile.

U.S. Membership

- _____ Professional MD/DO Membership----- \$475.00
- _____ Professional ND Membership----- \$390.00
Physicians licensed in: Alaska, Arizona, California, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maine, Montana, New Hampshire, Oregon, Utah, Vermont, Washington
- _____ Associate Member----- \$295.00
Master-level Nurse, PA, PAC, Psychologist

International Membership

- _____ Professional MD/DO Membership----- \$375.00
- _____ Professional ND Membership----- \$290.00

3. Exam for which you are applying: (select only one)

- _____ First time attempt (ACAM Member) ----- \$550.00
- _____ First time attempt (Non – Member) ----- \$750.00
- _____ CCT Recertification----- \$350.00

TOTAL: \$ _____

4. Payment Information – application must be accompanied by payment

_____ Check or money order attached – payable to ACAM. US funds only.

_____ Bill my credit card – **(circle one)** MasterCard Visa American Express Discover

Card # _____ Exp. Date (mm/yy) ____/____ CCV _____

Name on Card _____ Signature _____

Address of Payor (if different than applicant) _____



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. Not all accommodations can be made in a short time frame. You must allow reasonable time for AMP to provide the requested accommodations.

Candidate Information

Social Security # _____ - _____ - _____

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

Mailing Address

City

State

Zip Code

Daytime Telephone Number

Special Accommodations

I request special accommodations for the Certification Chelation Therapy Practitioner examination.

Please provide (check all that apply):

- Reader
 Extended testing time (time and a half)
 Reduced distraction environment
 Other special accommodations (Please specify.)

Comments: _____

Signed: _____ Date: _____

Return this form to:
Candidate Support Center, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543.
If you have questions, call the Candidate Support Center at 913/895-4600.



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 test 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: _____ E-mail Address: _____

Date: _____ License # (if applicable): _____

Return this form to:
Candidate Support Center, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543.
If you have questions, call the Candidate Support Center at 913/895-4600.