Examination Specifications
Emergency Medicine Pharmacy
Board of Pharmacy Specialties

Name of Credential	BPS Board-Certified Emergency Medicine Pharmacist
Certification-Issuing Body	Board of Pharmacy Specialties
Designation Awarded	BCEMP
Level of Proficiency	Specialty Certification
Target Population	Pharmacists who specialize in providing and supporting patient care at the bedside in emergency medicine settings
Program Purpose	To validate that the pharmacist has the advanced knowledge, skills, and experience necessary to provide high-quality patient care and optimize therapeutic outcomes in emergency medicine settings
Examination Length	150 items, which includes 125 scored items and 25 unscored items
Administration Time	3 Hours and 45 Minutes
ECO Creation Date	May 2025

This document serves as examination specifications and certification scheme according to the respective requirements of the NCCA and ISO-IEC 17024 standards. For more information about the BCEMP examination program, please refer to the candidates guide on the BPS website: www.bpsweb.org.

Eligibility Requirements

An individual must meet all three requirements listed:

- Graduation from a pharmacy program accredited by the Accreditation Council for Pharmacy Education (ACPE) or a program outside the U.S. that qualifies the individual to practice in the jurisdiction.
- A current, active license/registration to practice pharmacy in the U.S. or another jurisdiction.
- One of the following within the past 7 years:
    - At least 4 years of Emergency Medicine Pharmacy practice experience after licensure/registration as a pharmacist[1], with at least 50% of time spent in the scope defined by the exam content outline
    - Successful completion of PGY1 pharmacy residency[2], plus at least 2 years of Emergency Medicine Pharmacy practice experience after licensure/registration as a pharmacist[1] with at least 50% of time spent in the scope defined by the exam content outline
    - Successful completion of PGY2 pharmacy residency[2] in Emergency Medicine Pharmacy

[1]All practice experience must be completed post-licensure/registration as a pharmacist. All applicants intending to demonstrate eligibility for any BPS certification examination utilizing the practice experience pathway must provide an attestation from their employer, on company letterhead, that verifies this experience accurately represents at least 50% of time spent in some or all of the activities defined by the applicable certification content outline. In addition, this practice experience must have occurred within the seven years immediately preceding the application. For more information, click here. A sample employer verification letter is available here.

[2]Residency programs must be accredited by or deemed candidate status by the American Society of Health-System Pharmacists (ASHP) for PGY1, PGY2, and International Pharmacy Practice Residency Programs, or accredited by the Canadian Pharmacy Residency Board (CPRB) for year-1 programs.

The rationale for the appropriateness of the requirements for BPS certification programs are based upon the following:

- *BPS recognizes individuals who graduate from a recognized school or college of pharmacy within the candidate's jurisdiction. Those jurisdictions recognize and evaluate programs on the extent to which it accomplishes its stated goals and is consistent with the concept that pharmacy is a unique, personal service profession in the health science field. In the United States, the responsibility for recognizing schools and colleges of pharmacy falls to the Accreditation Council for Pharmacy Education (ACPE).*
- *The rationale for requiring licensure or registration of pharmacists within their jurisdiction is based upon the fact that for public protection, all pharmacists must be licensed or registered. This is considered a baseline requirement to be a pharmacist specialist. In the United States, BPS recognizes the licensure process administered by the National Association of Boards of Pharmacy (NABP). The National Association of Boards of Pharmacy (NABP) aims to ensure the public's health and safety through its pharmacist license transfer and pharmacist competence assessment programs. NABP's member boards of pharmacy are grouped into eight districts that include all 50 United States, the District of Columbia, Guam, Puerto Rico, the Virgin Islands, Bahamas, and all 10 Canadian provinces.*
- *The experiential component is required to help assure practical application of components of the specialty knowledge being certified. There are multiple pathways to meet the practice experience requirement. The faster eligibility pathways recognize accredited residencies through the American Society of Health System Pharmacists (ASHP). The ASHP residency accreditation program identifies and grants public recognition to practice sites having pharmacy residency training programs that have been evaluated and found to meet the qualifications of one of the ASHP's residency accreditations standards. Thus, accreditation of a pharmacy residency program provides a means of assurance to residency applicants that a program meets certain basic requirements and is, therefore, an acceptable site for postgraduate training in pharmacy practice in organized health care.*

- *Passing the BPS pharmacy specialty examination helps assure knowledge consistent with the validated content outline for the BPS specialty.*

The appropriateness of the BPS program requirements are consistent with the Council on Credentialing in Pharmacy's Resource Paper titled: Scope of Contemporary Pharmacy Practice: Roles, Responsibilities, and Functions of Pharmacists and Pharmacy Technicians.

Examination Content Outline

1	**Emergency Medicine**	17%
1A	Emergency Medicine Operations	8%
1A1	Pre-Hospital and Emergency Medical Services	
1A2	Triage and Prioritization	
1A3	Patient Follow-Up Processes	
1A4	Toxicology / Poison Centers	
1B	Medical Therapies and Devices	9%
1B1	Mechanical/Assisted Ventilation	
1B2	Mechanical Circulatory Support (e.g., VADs, ECMO, mechanical CPR)	
1B3	Renal Replacement Therapies	
1B4	Lines, Tubes, and Drains	
1B5	Infusion Devices	
1B6	Medication Delivery Devices (e.g., inhalers, epipens, atomizers)	
2	**Therapeutics and Patient Management**	66%
2A	Patient Assessment	13%
2A1	Clinical Assessment and Screening	
2A2	Laboratory and Diagnostic Testing	
2A3	Pathophysiology	
2A4	Pharmacokinetics, Pharmacodynamics, and Pharmacogenomics	
2A5	Social Determinants of Health	
2A6	Considerations for Special Populations (e.g., age group, extremes of weight, pregnancy/lactation, critical illness, immunocompromised)	
2B	Pharmacotherapy	33%
2B1	Pharmacotherapy for Cardiology	
2B2	Pharmacotherapy for Endocrinology	
2B3	Pharmacotherapy for Gastroenterology, Genitourinary, and Obstetrics	
2B4	Pharmacotherapy for Immunology, Oncology, and Hematology	
2B5	Pharmacotherapy for Infectious Diseases	
2B6	Pharmacotherapy for Nephrology and Hepatology	
2B7	Pharmacotherapy for Neurology	
2B8	Pharmacotherapy for Otolaryngology and Ophthalmology	
2B9	Pharmacotherapy for Pain and Sedation	
2B10	Pharmacotherapy for Psychiatric Emergencies	
2B11	Pharmacotherapy for Pulmonology	
2B12	Pharmacotherapy for Resuscitation	
2B13	Pharmacotherapy for Toxicology	
2B14	Pharmacotherapy for Trauma and Burns	
2C	Therapeutic Implementation, Outcomes, and Monitoring	20%
2C1	Medication Preparation and Delivery	
2C2	Therapeutic Outcomes and End-Points	
2C3	Resuscitation and Stabilization	
2C4	Infectious Diseases and Antimicrobial Stewardship	

2C5	Therapeutic and Pharmacokinetic Monitoring	
2C6	Adverse Drug Events and Drug Interactions	
2C7	Interprofessional Care Coordination	
2C8	Patient Disposition and Transitions of Care	
2C9	Patient and Caregiver Education and Counseling	
3	**Professional Practice**	17%
3A	Quality of Care	9%
3A1	Medication Safety (e.g., REMS, VAERS, barcodes, ISMP)	
3A2	Risk Mitigation (e.g., failure mode effects analysis, root cause analysis)	
3A3	Healthcare Regulations and Standards (e.g., FDA, TJC, CMS, NIOSH, USP<800>)	
3A4	Quality Management and Process Improvement	
3A5	Formulary and Inventory Management (e.g., automated dispensing cabinets, medication shortages, antidote inventory)	
3A6	Informatics and Clinical Decision Support Systems	
3B	Practice Management	8%
3B1	Professional Practice Standards and Guidelines	
3B2	Statistics and Research Methods (e.g., biostatistics, bioethics, research design)	
3B3	Literature Evaluation (e.g., applicability to practice, levels of evidence)	
3B4	Interprofessional Healthcare Collaboration (e.g., policy development, debriefing)	
3B5	Disaster Healthcare Management	

The examination content outline is a product of a job analysis (aka role delineation study) that includes facilitation of discussions with a representative panel of 15-20 subject matter experts who identify competencies required for safe and effective pharmacy practice in this specialty area as well as a validation survey soliciting endorsement of the identified competencies from certified pharmacists in this specialty area. The job analysis process is conducted every 5 years to help ensure that the competencies in the examination content outline reflect current pharmacy practice in the specialty area.

Maintenance of Certification

Recertification Requirements	Credential-holders will be required to maintain their certification over a 7-year period by completing one of the following recertification pathways: **Option One: Recertification Examination** • Achieve a passing score on the specialty certification examination and report 20 units of continuing professional development (CPD) (assessed continuing pharmacy education (CPE) can also satisfy this requirement) by the end of the 7-year recertification cycle **Option Two: Professional Development Program** • Earn 100 units, comprised of at least 80 units of assessed CPE from BPS-approved professional development programs and up to 20 units of self-reported CPD (assessed CPE can also satisfy this requirement), by the end of the 7-year recertification cycle. Assessed CPE is provided by the professional development programs offered by: ○ The American Society of Health-System Pharmacists (ASHP) in collaboration with American College of Clinical Pharmacy (ACCP) *To maintain an active certification in good standing, a minimum of two units of BPS-approved, assessed CPE or self-reported CPD must be reported each year. Credential-holders may participate in recertification from any BPS-approved programs identified for the credential.*
Ethics and Professionalism	The Board of Pharmacy Specialties ascribes to the belief that certification carries an obligation for ethical behavior and professionalism necessary in all conduct. Candidates or certificants who are found to have exhibited unethical behavior or lack of professionalism may be prevented from pursuing certification or may be subject to suspension or withdrawal of certification, at the discretion of the Board of Pharmacy Specialties. Please refer to the BPS Ethics and Professionalism Policy: https://www.bpsweb.org/wp-content/uploads/2015/11/ethics.pdf