Congratulations on taking the next step in your career—earning your WHNP-BC certification!

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ABOVE THIS GUIDE
This guide lists fees, general policies and provides information that will help you prepare for the examination including sample questions to familiarize you with question format, competency statements and examination content in outline form. Study resources are also suggested for your review. It is recommended that you familiarize yourself with the information in this guide.

NCC examinations are offered in several different test administrations options. The NCC publication Guide to Testing Methods will explain the different rules and policies based on how you are taking the examination. Please download this publication from the NCC website and review the exam administration options. It should answer your questions about the NCC examination process.

If you have other questions, please feel free to contact NCC through the NCC website at NCCwebsite.org.

NCC’S PHILOSOPHY OF TESTING
Certification is an evaluative process that provides the opportunity for advanced practice nurses in the obstetric, gynecologic and/or neonatal specialty to demonstrate publicly what they know and to be recognized for the special knowledge they possess. The NCC certification carries no licensing authority. The ability to practice as an advanced practice nurse is regulated by the state boards of nursing, and while certification may be required in some states for advanced practice roles, NCC has no regulatory power to require states to recognize NCC certification for this purpose. Practice and educational standards are reflected in the certification process, but the responsibility for development of such standards rests with the professional nursing specialty organizations and the nursing educational community. NCC encourages individual advanced practice nurses to seek out information about how certification relates to state licensure requirements, program accreditation of the educational institutions attended, the educational and practice standards of national nursing specialty organizations, and employment expectations.

IT IS IMPORTANT TO READ THE INFORMATION IN THIS GUIDE. IT WILL ANSWER YOUR QUESTIONS AND WILL EXPLAIN ALL POLICIES TO WHICH YOU WILL BE SUBJECT.
FEES & GENERAL POLICIES

EXAMINATION AND RELATED FEES

EXAMINATION FEES*
Computer Exam Fees are $325 which includes the non-refundable $50 application fee.

Institutional Certification Program (ICP) Exam Fees are pre-paid by your institution.

*Examination fees are subject to change.

CHANGE REQUEST
Candidates who cannot take their currently scheduled examination, have missed their testing date or need to take a different exam - can request a change for a fee of $125. Details are on the NCC website.

WITHDRAWAL FEE
A computer testing candidate who withdraws from testing is subject to a $165 withdrawal fee. The candidate will receive $160 of their $325 payment, minus any outstanding charges. PEC and ICP candidates cannot withdraw.

RETEST FEE
Retest candidates must pay full application and examination fees. There are no discounts and they must wait at least 90 days from the day they receive their official exam results before resubmitting an application for testing (this date is provided in the results notification). Certifications exams of the same specialty can only be taken TWICE in a calendar year for the same candidate.

SUBSTITUTION FEE
Candidate substitutions are not allowed for any reason.

THIRD PARTY PAYMENTS
Applicant fees paid by third parties will be reimbursed to the third party in the event the applicant is determined ineligible or withdraws within the specified time. Reimbursement will be in accordance with stated refund policies.

NO REFUNDS WILL BE CONSIDERED FOR ANY CANDIDATE

- who has taken an examination
- who is not successful in achieving certification
- who failed to take the exam via computer within the 90-day testing window and did not submit a change request within stated time frames
- who is unable to schedule their exam and is beyond the first 30 days of their eligibility window
Fees & General Policies

Payment Information

- All applications are subject to a nonrefundable application fee.
- All fees are nonrefundable except where otherwise noted.
- Payments can be made by credit card (Visa, American Express and MasterCard only).
- Payments can be made by check: bank routing number and account number required.
- For payments made by third parties, any refund reimbursement will be issued to the third party and not to the applicant.
- All payments must be in US funds.
- NCC does not accept debit cards or split payments (part check and part credit card).
- Exam fees can only be submitted online at the NCC website. Applications will not be accepted by mail, phone or fax.
- NCC will accept group payments for certification exams from institutions. Details are on the NCC website.

Other Non-refundable Payment Related Fees

Incomplete Application Fee
All incomplete applications (those applications submitted with missing information, containing incomplete or incorrect information, missing required licensure information and upload, or do not include full fee payment) are subject to a non-refundable $30 reprocessing fee upon the submission of proper documentation.

License Verification Fee
If licensure information is requested requiring an additional submission the candidate will have 2 weeks to provide the license with all the correct information and pay the non-refundable $30 reprocessing fee. If this is not provided within the two weeks, NCC will attempt to verify the license and a $50 verification fee will be added to your account as arrears. If the candidate is deemed eligible at that point, they may schedule and sit for the exam. However, the exam will not be scored until such arrears are resolved. If NCC is unable to verify the license, you will be found ineligible and you will be refunded your registration fee minus $100 ($50 non-refundable application fee and $50 non-refundable license verification fee).

Returned Checks and Credit Card Chargeback Fee
A $30 fee will be assessed for any check or e-check returned or a credit card payment disputed for any reason. Remittance thereafter of all fees and applications must be in the form requested by NCC.

Certification will be revoked or withheld if a returned check or a chargeback request on a credit card payment results in loss of income to NCC and the monies are not recovered in an alternate payment. Fees received at any time will first be applied to any unpaid prior certification/special fees.
**GENERAL POLICIES**

**UNSUCCESSFUL CANDIDATES**
A candidate who sits for the examination and does not receive a passing score is not eligible for any refund nor for any credit on any later NCC exam.

**EXAM CATEGORY CHANGES**
You can only request an exam category change by completing a Change Request Form on the NCC website and submitting with non-refundable payment of $125. Candidates are only allowed one change option (e.g. if you reschedule your exam date, you will not be able to change your exam category). All change requests must be approved by NCC. There will be no refund of original or Change Request fees. Eligibility must be re-established for the new exam category, and additional documentation and fees may be required. The time to consider eligibility for the new category will count toward the original 90-day window assigned to take the examination. Examinees must take the exam for which they have been determined eligible. No changes will be permitted on examination day. If a candidate knowingly or unknowingly takes an examination other than the one she/he was found eligible to take, the examination will not be scored. No refunds will be allowed, and all fee policies will apply if the candidate reapplies for an examination.

**RETEST POLICY**
You may retake the examination if you do not pass. You must reapply, submit all applicable fees and documentation, and re-establish eligibility according to the appropriate deadlines. There is no limit to the number of times you may retake the examination however candidates must wait at least 90 days from the day they receive their official exam results before making application to retake the examination by computer or paper and pencil (this date is provided in the results notification). All submission deadlines for application for paper and pencil testing must be met. No accommodation will be given to those who are retesting via paper and pencil mode if they cannot meet application deadline because of the 90 day wait rule. The maximum number of times a candidate can take the same NCC test in a calendar year is two.

**AMERICANS WITH DISABILITIES ACT**
Special testing accommodations will be provided pursuant to the Americans with Disabilities Act. Download the special accommodations request form from the website. The request must be signed by a clinician, physician, or another qualified specialist with training and experience appropriate to diagnose and treat the specified disability. The completed form must be submitted with your online certification application.
REVIEW COURSES AND MATERIALS
NCC does not offer or sponsor review courses or review materials for its certification examinations. Examination candidates should view any course of study as being independent of NCC. You should carefully examine the merits of any individual exam preparation offering before you participate.

POLICIES ARE SUBJECT TO CHANGE WITHOUT NOTICE.

GENERAL POLICIES (CONTINUED)

TEST DISCLOSURE
NCC does not make test questions available for review. Because test questions may be used for more than one examination administration, distributing this information would compromise the security of the test questions and would increase the cost of certification if the questions had to be replaced each year.

APPEALS PROCEDURE
Any request to waive any policy of the NCC Board of Directors relative to eligibility, administration, examination content issues, or certification maintenance must be received in writing within 60 days of the dispute. All requests should be sent to the attention of the NCC President at nccpresident@nccnet.org. The correspondence should contain a detailed account as to why the NCC policy should be waived or the candidate’s status should be changed. Such requests are referred to the NCC Policy Review Committee of the Board of Directors. All decisions will be provided in writing. Cases not resolved by the Policy Review Committee will be referred to the full Board of Directors.

NONDISCRIMINATION
It is the policy of NCC that no individual will be excluded from the examinations as a result of age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, military status or gender identity.

REVOCATION
Your certification may be revoked for falsifying any information submitted to determine eligibility to take the certification examination or for maintaining certification, for losing your license to practice nursing, or for failing to pay designated certification or maintenance fees.

ANSWER SHEET REVIEW OF PAPER AND PENCIL EXAMINATIONS
All answer sheets are scored electronically. If you believe there might be a discrepancy in your results, you may request a Hand Score (a review of your answer sheet) for a fee of $55. This request must be submitted online at the NCC website within 60 days of the exam date. The “Submit Hand Scoring Request” link can be found in your account under “failed certification”. You will be notified of the results by email.

RETENTION OF ANSWER SHEETS AND EXAMINATION BOOKLETS
All answer sheets are kept for one year from the date of the examination. Examination booklets used by the candidates are kept for six months from the date of the examination. Computer answer strings are kept for at least one year from the date of the examination.
ABOUT THE EXAM

TIME EXAMINATION
Three (3) hours are allotted to complete the examination.

EXAM FORMAT
The Women’s Health Care Nurse Practitioner examination consists of up to 175 test questions. 150 are scored and the remainder are embedded in the exam as pretest items. The pretest items do not count toward the examinee’s final results.

- There is one question format used for all NCC examinations.
- Each question has a premise (stem) and three alternative answers.
- The answer options are alphabetized by the first word in each answer option to randomize the answers.
- Computer tests are delivered in a different random order for each candidate.
- Questions will test both basic knowledge and application of knowledge.
- Questions that contain laboratory data will show results in conventional units of measure with international units in parentheses.
- Drugs are listed in both generic and trade names where appropriate.

EXAMINATION CONTENT DEVELOPMENT

The development of NCC certification involves many individuals and involves a meticulous process of review. There are three major groups that contribute to the test development process:

ITEM WRITERS:
NPs and others identified with special expertise have the responsibility of drafting test items per designated assignment for review by the content team and expert reviewers. Item writers are solicited from the NCC certified population, by recommendations or through the volunteer portal.

REVIEWERS:
Reviewers are NPs or other designated experts who assist the content teams in review of test items developed by the item writers. Reviewers are responsible for reviewing items for content relevance and confirming that references cited for the questions support the items as written.

CONTENT TEAMS:
Content team members are experienced practitioners and are appointed on an annual basis by the NCC President. Content teams are solicited from the NCC certified population, by recommendations or through the volunteer portal. To see the current membership composition of the Content Team responsible for the Women’s Health Care Nurse Practitioner examination, please visit the NCC website under the section on NCC Leadership.

Content team members are NPs or other identified experts who:
- develop and update the test outline and competency statements
- review test items developed by item writers
- review item statistics from exam administrations and pretest examinations
- approve the exam forms to be administered
- review item banks

In addition, NCC uses volunteers for standard setting and content validation studies.
The above chart shows the percentage distribution of questions on the WHNP exam across the major content categories covered on the examination. The major focus of the examination is on gynecology & obstetric components with gynecology having the most emphasis. Lesser emphasis is on primary care and physical assessment & pharmacology with professional issues having the least number of questions assigned to this content category.

Expectations for WHNPs include a male component and questions on the exam can include male care in reference to physical examination, management of sexually transmitted diseases and infertility issues.
EXAM OUTLINE

Areas of knowledge to be tested on the Woman's Health Care Nurse Practitioner examination are listed in the following outline. This list is not intended as an all-inclusive review of the scope of knowledge of the women's healthcare nurse practitioner. It is provided only to help certification candidates evaluate their own nursing practice.

Percentages identified for the topic areas represent a range of the number of test questions assigned to each content area and therefore might total more or less than 100 percent. These ranges do not necessarily reflect the content of future examinations.

<table>
<thead>
<tr>
<th>Section</th>
<th>Percentage</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.00</td>
<td>12%</td>
<td>Physical Assessment and Diagnostic Testing&lt;br&gt;Health History and Physical Examination&lt;br&gt;Diagnostic Studies/Laboratory Tests/Procedures</td>
</tr>
<tr>
<td>11.00</td>
<td>12%</td>
<td>Primary Care&lt;br&gt;Recognition, Basic Management and/or Referral of Common Health Problems&lt;br&gt;Health Promotion and Patient Counseling</td>
</tr>
<tr>
<td>12.00</td>
<td>38%</td>
<td>Gynecology&lt;br&gt;Gynecology - Normal&lt;br&gt;Gynecologic - Deviations&lt;br&gt;Fertility Control&lt;br&gt;Male Issues Affecting Women's Health</td>
</tr>
<tr>
<td>13.00</td>
<td>28%</td>
<td>Obstetrics&lt;br&gt;Physiology of Pregnancy&lt;br&gt;Prenatal Care&lt;br&gt;Assessment of Fetal Well Being&lt;br&gt;Complications of Pregnancy&lt;br&gt;Postpartum</td>
</tr>
<tr>
<td>14.00</td>
<td>9%</td>
<td>Pharmacology&lt;br&gt;Pharmacokinetics and Pharmacodynamics&lt;br&gt;Pharmacotherapeutics (Prescription And Otcs) Indications</td>
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<tr>
<td>15.00</td>
<td>1%</td>
<td>Professional Issues&lt;br&gt;including: Evidence Based Practice, Legal/Ethical Principles, Quality Improvement, Patient Safety</td>
</tr>
</tbody>
</table>
EXAMINATION CONTENT
FOR TESTS TAKEN BEFORE APRIL 1, 2020

ASSOCIATED COMPETENCIES

• Obtain a general health history, perform a general screening physical examination, obtain and/or interpret appropriate diagnostic procedures and laboratory tests.

• Initiate pharmacologic therapy as appropriate or per protocol to manage general health, gynecologic and obstetric health needs of women throughout their life cycle.

• Identify gynecologic deviations from normal, formulate a diagnosis and provide management and education or refer and collaborate as necessary.

• Provide physical assessment, management and education for women and men in need of reproductive health care.

• Obtain an obstetric history, perform a prenatal examination, and obtain and/or interpret appropriate diagnostic procedures and laboratory tests relevant to obstetrics.

• Provide comprehensive prenatal and postpartum management and education for women with low risk pregnancies.

• Differentiate common non-gynecologic medical problems and other deviations from normal and provide education, management or referral when appropriate.

• Understand the impact of primary care health problems in women’s health.

• Provide general health supervision, health maintenance, education and counseling to women during the life cycle, including pregnancy.

• Obtain a gynecologic history; perform a gynecologic examination and obtain and/or interpret diagnostics studies and laboratory tests relevant to gynecology.

• Screen for high risk pregnancies, pregnancy complications and postpartum complications; identify deviations from normal, refer or collaborate as appropriate on prenatal and postpartum education and management.

• Manage pharmacologic therapy based on evidence or best practice in primary care, gynecologic and obstetric health needs of women throughout their life cycle. Understand the broad categories of drugs (types of drugs) based on their action.

• Understand basic research principles and apply research findings to evidence-based practice.

• Apply ethical, legal and professional issues inherent in providing care as a Women’s Health Care Nurse Practitioner.
I. Health History and Physical Exam

Health History
*Chief complaint/history of present illness (this is embedded in other questions)*
- Past medical history
- Medication Reconciliation
- Surgical history
- Obstetric/Gynecologic history
- Allergies
- Health risks
- Family history
- Social history
- Sexual history

Physical Examination
*Exam related to illness or complaint and the overall assessment with a focus on major deviations*
- Anthropometric (such as BMI, Weight, Height) measurements
- Vital signs
- HEENT
- Heart and lungs
- Breast
- Abdomen (Evaluation of the acute abdomen, hernia)
- Reproductive (Female and Male)
- Rectal
- Extremities
- Musculoskeletal
- Neurologic
- Endocrine
- Skin

II. Diagnostic Studies

- Hematologic studies
  - CBC and differential
- Blood typing and antibody screening
- Hemoglobin electrophoresis
- Diabetic testing such as Hemoglobin A1C, Glucose Tolerance Test (GTT)
- Protein/Creatinine (PC) ratio
- Blood clotting studies
- Serologic screening (such as RPR, CMV, HSV, Toxo, HIV)
- Hormone studies
- Comprehensive metabolic panel
- Lipid profile
- Urinalysis/urine cultures
- Fecal occult blood testing
- Vaginal microscopy
- Cervical and vaginal cultures
- Testing and cultures for STI’s
- Throat, skin and wound cultures
- Cervical cytology and HPV testing
- Test for ruptured membranes
- Fetal fibronectin
- Biopsies (Endometrium, Cervix, Vulva, Breast)
- Genetic testing (Basic principles of genetic testing)
  - screening tests for obstetrical patients
  - ethnic specific genetic testing
  - cancer genetic screening (BRCA 1 and 2)
  - basic patterns of inheritance
- Hepatitis panel

Imaging Studies (Common indications for these studies)
- Ultrasonography
- Mammography
- Bone densitometry
STUDY GUIDE
FOR TESTS TAKEN BEFORE APRIL 1, 2020

PRIMARY CARE

I. Problem Recognition, Management and Referral (Evaluation, diagnosis, treatment or referral)

Skin
• Chronic and acute skin conditions
  -vitiligo,
  -psoriasis
  -eczema
  -contact dermatitis
  -tinea
• Cancer

HEENT
• Conjunctivitis
• Rhinitis
• Pharyngitis
• Sinusitis
• Otitis

Respiratory
• Asthma
• Bronchitis
• Upper respiratory Infection

Cardiovascular
• Hypertension
• Thromboembolic disease (e.g. pulmonary embolism)
• Hyperlipidemia

Gastrointestinal
• Gastroesophageal reflux
• Constipation
• Hemorrhoids
• Upper & lower GI disorders
• IBS

Genitourinary
• Urinary tract infection (e.g. cystitis, urethritis, pyelonephritis)
• Renal Stones
• Incontinence

Musculoskeletal
• Back pain
• Osteoarthritis
• Sprains and strains

Neurologic/Psychiatric
• Headaches
• Psychosocial
• Mental health

Endocrine
• Diabetes
• Thyroid

Hematologic
• Common anemias (e.g. iron deficiency, folate deficiency, thalassemia)
• Rheumatologic
• Common autoimmune disorders (fibromyalgia, chronic fatigue, arthritis, RA, lupus)

II. Health Screening, Education and Counseling
(Risk Assessment, Disease Prevention, Counseling and National Screening Guidelines)

• Cancer screening (age appropriate)
• Diabetes
• Cardiovascular disease
• Hyperlipidemia
• Obesity/weight management
• Osteoporosis
• Healthy lifestyles
  -diet
  -nutrition
  -exercise
  -stress management
• Addictive Disorders
  -tobacco
  -alcohol
  -drugs
• Reproductive life planning
• Abuse and violence
  -family
  -sexual
  -elder
  -intimate partner violence
• Parenting
• Sexuality
• Gender identity
• Preconception counseling
• Immunization
I. Reproductive Anatomy and Physiology
- Anatomy and physiology of reproduction throughout the life cycle
- Menopause/Menarche

II. Gynecologic – Disorders
*Evaluation, diagnosis, treatment, referral, counseling and/or education as appropriate*
- Bartholin gland abscess/cyst
- Menstrual disorders (e.g. primary and secondary amenorrhea, dysmenorrhea)
- Vaginitis/vaginosis
- Sexually transmitted infections
- Pelvic pain
- Endometriosis
- Abnormal cervical cytology and HPV testing
- Adenomyosis
- Adnexal masses
- Abnormal Uterine Bleeding
- Cervical and Endometrial Polyps
- Leiomyomata uteri
- Malignant disorders
  - endometrium
  - cervix
  - ovarian
  - vagina
  - vulva
- Breast Disorders
  - cancer
  - fibroadenoma
  - fibrocystic breast changes
  - other benign disorders
- Breast augmentation/reduction
- Pelvic organ relaxation & prolapse
- Polycystic ovarian syndrome
- Vulvar dystrophies and dermatoses
- Müllerian defects

III. Fertility Awareness and Contraception
- Fertility Awareness
- Infertility (e.g. etiologic factors, initial workup)
- Barrier methods
- Emergency contraception
- Pharmacologic methods
  - oral
  - injection
  - implants
  - transdermal
  - vaginal rings
  - intrauterine contraception
- Permanent methods
  - tubal occlusion methods
  - vasectomy
- Unintended Pregnancy
  - induced abortion
  - options Counseling

IV. Male Sexual and Reproductive Health
- Sexuality
- Contraception
- Infertility
- Sexually transmitted infections
I. Anatomy and Physiology of Pregnancy
- Normal fetal-placental development
- Alterations in maternal anatomy/physiology

II. Prenatal Care
- Gestational dating
- Risk assessment
- Nutrition
- Immunizations
- Medication reconciliation
- Health guidance
- Screening tests
- Common discomforts of pregnancy
- Prenatal exam

III. Assessment of Fetal Well Being
- Amniotic fluid index
- Biophysical profile
- Genetic Screening and diagnostic tests
- Nonstress testing
- Ultrasound

IV. Medical and Obstetrical Complications of Pregnancy
(Valuation, diagnosis, treatment, referral, counseling and/or education as appropriate)
- Maternal medical disorders
  - Diabetes
  - STI/HIV
  - Hypertension
  - Epilepsy
  - Substance Abuse
  - Thrombocytopenia
  - Anemia
  - Infection (hepatitis, viral illnesses)
  - Thyroid
  - Obesity
  - GERD
  - Perinatal mood disorders

- Pregnancy Specific Conditions
  - Trophoblastic disease
  - Placenta previa
  - Abruptio placenta
  - Placenta accreta
  - Bleeding in pregnancy
  - Cervical insufficiency
  - Intrauterine fetal death
  - Multiple gestation
  - Gestational Diabetes
  - Postdates
  - Ectopic pregnancy
  - Preterm labor
  - Hyperemesis gravidarum
  - Hypertensive disorders of pregnancy
  - Malpresentations
  - Rh isoimmunization
  - Coping with pregnancy loss
  - Fetal growth aberrations (IUGR, macrosomia)
  - Thromboembolic disorders

V. Postpartum Care and Complications
Common physiological changes (involution, lactation)
- Postpartum care
  - Care of perineal area
  - Care of breasts
  - Fatigue and sleep disturbances
  - Lochia
  - Breastfeeding/Lactogenesis
  - Contraception
  - Nutrition
  - Emotional changes

- Postpartum complications
  - Bladder distention & urinary retention
  - Hematoma
  - Hemorrhage
  - Hemorrhoids
  - Postpartum depression/psychosis
  - Infection
  - Thromboembolic disorders
  - Endometritis
  - Mastitis
PHARMACOLOGY

I. Pharmacokinetics/dynamics

• Pharmacokinetics (distribution, absorption, excretion and metabolism)
• Pharmacodynamics (mechanism of action, concentration and half life)
• Pharmacogenetics

II. Pharmacotherapeutics Indications
   (Prescription and OTCs)

• Side effects
• Drug interactions
• Contraindications
• Patient education
• Pregnancy and lactation safety
Ethical Principles
• Autonomy
• Beneficence
• Non-maleficence
• Justice

Professional/Legal Issues
• Professional Regulation Practice
• Legal liability
  Consent
  Documentation/medical records
  Negligence/malpractice
  Patient confidentially
• Public policy

Evidence based practice
• Terminology
  Reliability
  Validity
  Significance
  Levels of Evidence
• Quality Improvement
• Research utilization

Patient Safety
• Communication
• Interprofessional practice

Evidence based practice
• Terminology
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Patient Safety
• Communication
• Interprofessional practice
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### EXAM OUTLINE

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<table>
<thead>
<tr>
<th>Section</th>
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<th>Topics</th>
</tr>
</thead>
</table>
| 10.00   | 12%        | Assessment, Diagnostic Testing and Interpretation  
          |            | Health History and Physical Examination  
          |            | Diagnostic Studies/Laboratory Tests |
| 11.00   | 12%        | Primary Care  
          |            | Problem Recognition, Management and Referral  
          |            | Health Screening, Education and Counseling |
| 12.00   | 35%        | Gynecologic and Reproductive Health  
          |            | Reproductive Anatomy and Physiology  
          |            | Gynecologic Disorders  
          |            | Fertility Awareness and Contraception  
          |            | Male Sexual and Reproductive Health |
| 13.00   | 29%        | Obstetrics  
          |            | Anatomy and Physiology of Pregnancy  
          |            | Prenatal Care  
          |            | Assessment of Fetal Well Being  
          |            | Medical and Obstetrical Complications of Pregnancy  
          |            | Postpartum Care and Complications |
| 14.00   | 9%         | Pharmacology  
          |            | Pharmacokinetics and Pharmacodynamics  
          |            | Pharmacotherapeutics |
| 15.00   | 3%         | Professional Issues  
          |            | (e.g. Legal, Ethics, Safety, Quality Improvement) |
EXAMINATION CONTENT
FOR TESTS TAKEN ON/AFTER APRIL 1, 2020

ASSOCIATED COMPETENCIES

- Obtain a general health history, perform a general screening physical examination, obtain and/or interpret appropriate diagnostic procedures and laboratory tests.

- Initiate pharmacologic therapy as appropriate or per protocol to manage general health, gynecologic and obstetric health needs of women throughout their life cycle.

- Identify gynecologic deviations from normal, formulate a diagnosis and provide management and education or refer and collaborate as necessary.

- Provide physical assessment, management and education for women and men in need of reproductive health care.

- Obtain an obstetric history, perform a prenatal examination, and obtain and/or interpret appropriate diagnostic procedures and laboratory tests relevant to obstetrics.

- Provide comprehensive prenatal and postpartum management and education for women with low risk pregnancies.

- Differentiate common non-gynecologic medical problems and other deviations from normal and provide education, management or referral when appropriate.

- Understand the impact of primary care health problems in women’s health.

- Provide general health supervision, health maintenance, education and counseling to women during the life cycle, including pregnancy.

- Obtain a gynecologic history; perform a gynecologic examination and obtain and/or interpret diagnostics studies and laboratory tests relevant to gynecology.

- Screen for high risk pregnancies, pregnancy complications and postpartum complications; identify deviations from normal, refer or collaborate as appropriate on prenatal and postpartum education and management.

- Manage pharmacologic therapy based on evidence or best practice in primary care, gynecologic and obstetric health needs of women throughout their life cycle. Understand the broad categories of drugs (types of drugs) based on their action.

- Understand basic research principles and apply research findings to evidence-based practice.

- Apply ethical, legal and professional issues inherent in providing care as a Women’s Health Care Nurse Practitioner.
I. Health History and Physical Exam

Health History

*Chief complaint/history of present illness (this is embedded in other questions)*

- Past medical history
- Medication Reconciliation
- Surgical history
- Obstetric/Gynecologic history
- Allergies
- Health risks
- Family history
- Social history
- Sexual history

Physical Examination

*Exam related to illness or complaint and the overall assessment with a focus on major deviations*

- Anthropometric (such as BMI, Weight, Height) measurements
- Vital signs
- HEENT
- Heart and lungs
- Breast
- Abdomen (Evaluation of the acute abdomen, hernia)
- Reproductive (Female and Male)
- Colorectal
- Extremities
- Musculoskeletal
- Neurologic
- Endocrine
- Skin

II. Diagnostic Studies/Laboratory Tests

- Hematologic studies
  - CBC and differential
- Blood typing and antibody screening
- Hemoglobin electrophoresis
- Diabetic testing such as Hemoglobin A1C, Glucose Tolerance Test (GTT)
- Protein/Creatinine (PC) ratio
- Blood clotting studies
- Serologic screening (such as RPR, CMV, HSV, Toxo, HIV)
- Hormone studies
- Comprehensive metabolic panel
- Lipid profile
- Urinalysis/urine cultures
- Fecal occult blood testing
- Vaginal microscopy
- Cervical and vaginal cultures
- Testing and cultures for STI’s
- Throat and skin cultures
- Cervical cytology and HPV testing
- Test for ruptured membranes
- Fetal fibronectin
- Biopsies (Endometrium, Cervix, Vulva, Breast)
- Genetic testing (Basic principles of genetic testing)
  - screening tests for obstetrical patients
  - ethnic specific genetic testing
  - cancer genetic screening (BRCA 1 and 2)
  - basic patterns of inheritance
- Hepatitis panel

Imaging Studies (Common indications for these studies)

- Ultrasonography
- Mammography
- Bone densitometry
STUDY GUIDE
FOR TESTS TAKEN ON/ AFTER APRIL 1, 2020

PRIMARY CARE

I. Problem Recognition, Management and Referral (Evaluation, diagnosis, treatment or referral)

Skin
- Chronic and acute skin conditions
  - vitiligo
  - psoriasis
  - eczema
  - contact dermatitis
  - tinea
- Lesions (benign and malignant)

HEENT
- Conjunctivitis
- Rhinitis
- Pharyngitis
- Sinusitis
- Otitis

Respiratory
- Asthma
- Bronchitis
- Upper respiratory Infection

Cardiovascular
- Hypertension
- Thromboembolic disease (e.g. pulmonary embolism)
- Hyperlipidemia

Gastrointestinal
- Gastroesophageal reflux
- Constipation
- Hemorrhoids
- Upper & lower GI disorders
- IBS

Genitourinary
- Urinary tract infection (e.g. cystitis, urethritis, pyelonephritis)
- Renal Stones
- Incontinence

Musculoskeletal
- Back pain
- Osteoarthritis
- Sprains and strains

Neurologic/Psychiatric
- Headaches
- Psychosocial
- Mental health

Endocrine
- Diabetes
- Thyroid

Hematologic
- Common anemias (e.g. iron deficiency, folate deficiency, thalassemia)
- Rheumatologic
- Common autoimmune disorders (fibromyalgia, chronic fatigue, arthritis, RA, lupus)

II. Health Screening, Education and Counseling (Risk Assessment, Disease Prevention, Counseling and National Screening Guidelines)

- Cancer screening (age appropriate)
- Diabetes
- Cardiovascular disease
- Hyperlipidemia
- Obesity/weight management
- Osteoporosis
- Healthy lifestyles
  - diet
  - nutrition
  - exercise
  - stress management
- Addictive Disorders
  - tobacco
  - alcohol
  - drugs
- Reproductive life planning
- Abuse and violence
  - family
  - sexual
  - elder
  - intimate partner violence
- Parenting
- Sexuality
- Gender identity
- Preconception counseling
- Immunization
I. Reproductive Anatomy and Physiology

- Anatomy and physiology of reproduction throughout the life cycle
- Menopause/Menarche

II. Gynecologic – Disorders

*Evaluation, diagnosis, treatment, referral, counseling and/or education as appropriate*

- Bartholin gland abscess/cyst
- Menstrual disorders (e.g. primary and secondary amenorrhea, dysmenorrhea)
- Vaginitis/vaginosis
- Sexually transmitted infections
- Pelvic pain
- Endometriosis
- Abnormal cervical cytology and HPV
- Adenomyosis
- Adnexal masses
- Abnormal Uterine Bleeding
- Cervical and Endometrial Polyps
- Leiomyomata uteri
- Malignant disorders
  - endometrium
  - cervix
  - ovarian
  - vagina
  - vulva
- Breast Disorders
  - cancer
  - fibroadenoma
  - fibrocystic breast changes
  - other benign disorders
- Breast augmentation/reduction
- Pelvic organ relaxation & prolapse
- Polycystic ovarian syndrome
- Vulvar dystrophies and dermatoses
- Müllerian defects

III. Fertility Awareness and Contraception

- Fertility Awareness
- Infertility (e.g. etiologic factors, initial tests)
- Barrier methods
- Emergency contraception
- Pharmacologic methods
  - oral
  - injection
  - implants
  - transdermal
  - vaginal rings
  - intrauterine contraception
- Permanent methods
  - tubal occlusion - vasectomy
- Unintended Pregnancy
  - options counseling
  - pregnancy termination

IV. Male Sexual and Reproductive Health

- Sexuality
- Contraception
- Infertility
- Sexually transmitted infections
STUDY GUIDE
FOR TESTS TAKEN ON/AFTER APRIL 1, 2020

OBSTETRICS

I. Anatomy and Physiology of Pregnancy
• Normal fetal-placental development
• Alterations in maternal anatomy/physiology

II. Prenatal Care
• Gestational dating
• Risk assessment
• Nutrition
• Immunizations
• Medication reconciliation
• Health guidance
• Screening tests
• Common discomforts of pregnancy
• Prenatal exam

III. Assessment of Fetal Well Being
• Amniotic fluid index
• Biophysical profile
• Genetic Screening and diagnostic tests
• Nonstress testing
• Ultrasound

IV. Medical and Obstetrical Complications of Pregnancy (Evaluation, diagnosis, treatment, referral, counseling and/or education as appropriate)
Maternal medical disorders
• Diabetes
• STI/HIV
• Hypertension
• Epilepsy
• Substance Abuse
• Alcohol Exposed Pregnancy (FASD)
• Thrombocytopenia
• Anemia
• Infection (hepatitis, viral illnesses)
• Thyroid
• Obesity
• GERD
• Perinatal mood disorders

Pregnancy Specific Conditions
• Trophoblastic disease
• Placenta previa
• Abruptio placenta
• Placenta accreta
• Bleeding in pregnancy
• Cervical insufficiency
• Intrauterine fetal death
• Multiple gestation
• Gestational Diabetes
• Postdates
• Ectopic pregnancy
• Preterm labor
• Hyperemesis gravidarum
• Hypertensive disorders of pregnancy
• Malpresentations
• Rh isoimmunization
• Coping with pregnancy loss
• Fetal growth aberrations (IUGR, macrosomia)
• Thromboembolic disorders

V. Postpartum Care and Complications
Common physiological changes (involution, lactation)
Postpartum care
• Care of perineal area
• Care of breasts
• Fatigue and sleep disturbances
• Lochia
• Breastfeeding/Lactogenesis
• Contraception
• Nutrition
• Emotional changes

Postpartum complications
• Bladder distention & urinary retention
• Hematoma
• Hemorrhage
• Hemorrhoids
• Postpartum depression/psychosis
• Infection
• Thromboembolic disorders
• Endometritis
• Mastitis
I. Pharmacokinetics and pharmacodynamics

- Pharmacokinetics (distribution, absorption, excretion and metabolism)
- Pharmacodynamics (mechanism of action, concentration and half-life)
- Pharmacogenetics

II. Pharmacotherapeutics

- Side effects
- Drug interactions
- Contraindications
- Patient education
- Pregnancy and lactation safety
Study Guide
For Tests Taken On/After April 1, 2020

Professional Practice Issues

Legal Issues
• Professional Regulation Practice
• Legal liability Consent
  Documentation/medical records
  Negligence/malpractice
  Patient confidentially
• Public policy

Ethical Principles
• Autonomy
• Beneficence
• Non-maleficence
• Justice

Patient Safety
• Communication
• Interprofessional practice

Quality Improvement
• Evidence based practice
• Research Terminology
  - Reliability
  - Validity
  - Significance
• Research Utilization

Patient Safety
• Communication
• Interprofessional practice
STUDY RESOURCES

SAMPLE QUESTIONS

WOMEN’S HEALTH CARE NURSE PRACTITIONER SAMPLE QUESTIONS

Listed below are sample questions to acquaint you with the test question format. These questions do not reflect the scope or the difficulty level of the questions on the actual examination. The reference from which each question is derived is also cited. However, other Study Resources might substantiate a different answer.

The rigorous review to which actual test questions are subject is not applied to these sample questions. The focus that should be attended to in reviewing these items is format, not content.

1. After two months on low dose oral contraceptives, a woman reports repeated light mid-cycle breakthrough bleeding. A physical examination shows no organic cause. The nurse practitioner should

   A. change the patient to a higher estrogen dose pill
   B. have the patient double up pills on days 14-15
   C. reassure the patient that this is normal, and the bleeding will stop

   Answer: C


2. Pelvic examination during the first trimester of pregnancy characteristically reveals

   A. a soft, nontender lower uterine segment
   B. a uterus flattened in its anterior position
   C. thin cervical mucus showing a fern pattern microscopically

   Answer: A


3. The HPV vaccine is most effective if administered

   A. at the time of initial exposure to the human papillomavirus
   B. before the onset of sexual activity
   C. when any noted cervical change occurs on the Pap smear

   Answer: B


4. In the cardiac cycle, systole is the period when there is

   A. closure of the aortic valve
   B. ventricular contraction
   C. ventricular relaxation

   Answer: B

Goldman, et. al., Goldman-Cecil Medicine, Elsevier, 2016, pg. 265

5. Women with an average risk for gestational diabetes should be screened for the disease at what gestation?

   A. 20-23 weeks
   B. 24-28 weeks
   C. 32-34 weeks

   Answer: B

SCORING & TEST REPORT

HOW EXAMS ARE SCORED

NCC examinations are criterion-referenced. This means the passing score is based on a predetermined criterion. This criterion is a statistical ability level established by the Content Team based on evaluation of criticality of content and the test questions’ past statistical performance. Questions used to determine pass/fail have proven statistical history that demonstrates the question is appropriate for use to measure an individual’s ability level.

There is no set percentage passing level. **An ability level for each candidate is calculated based on the number of questions they answer correctly (there is no penalty for wrong answers).** Pass/fail is determined based on this ability level as compared to pass/fail standard which is a predetermined ability criterion. When different forms of the examination are used, a process called equating is initiated. This procedure converts all results to a common scale. So someone who takes a slightly more difficult form of the exam will need to answer fewer questions correctly than someone who takes a slightly easier form of the exam.

NCC utilizes the item response theory of psychometrics for the analysis of its examinations. **Item response theory (Rasch analysis) is the study of test and item scores based on assumptions concerning the mathematical relationship between abilities and item responses.** This is a commonly used system, and such examinations as the NCLEX and other health related certification examinations utilize this type of psychometric analysis.

Test reports identify pass/fail status, and they give feedback on the various content areas of the examination in the form of word descriptors: very weak, weak, average, strong and very strong. No percentages or standard scores are given. These descriptors are based on the items within a given subtest. The overall pass/fail decisions are based on the full test, and the verbal descriptors are intended to provide suggested feedback on strengths and weaknesses in various content areas. Since this feedback is based on relatively few items, general verbal descriptions are given instead of subtest scores. These word descriptors are for information only, and they should be interpreted cautiously due to the small number of items included in each content area.
SAMPLE TEST REPORT

Whether you take the computer or paper and pencil version of the examination, you will receive an official test results report from NCC. Shown below is a sample test result report for a candidate who has passed the examination.

WOMEN'S HEALTH CARE NURSE PRACTITIONER EXAMINATION

Test Results

NAME

ADDRESS

Pass/Fail: PASS

EXAM CONTENT REPORT

The following provides information regarding your performance on the different content areas tested on the examination.

Test reports identify pass/fail status, and they give feedback on the various content areas of the examination in the form of word descriptors: Very weak, weak, average, strong and very strong. No percentages or standard scores are given. These descriptors are based on the items within a given subtest. The overall pass/fail decisions are based on the full test, and the verbal descriptors are intended to provide suggested feedback on strengths and weaknesses in various content areas. Since this feedback is based on relatively few items, general verbal descriptions are given instead of subtest scores. These word descriptors are for information only, and they should be interpreted cautiously due to the small number of items included in each content area.

<table>
<thead>
<tr>
<th>Content Area &amp; Percentage</th>
<th>Your Results:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Range of Questions Asked:</td>
<td></td>
</tr>
<tr>
<td>Physical Assessment and Diagnostic Testing,</td>
<td>WEAK</td>
</tr>
<tr>
<td>Primary Care; Professional Issues (25%)</td>
<td></td>
</tr>
<tr>
<td>Gynecology (38%)</td>
<td>VERY STRONG</td>
</tr>
<tr>
<td>Obstetrics (28%)</td>
<td>AVERAGE</td>
</tr>
<tr>
<td>Pharmacology (9%)</td>
<td>AVERAGE</td>
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<td>Range of Questions Asked:</td>
<td></td>
</tr>
<tr>
<td>Assessment, Diagnostic Testing and Interpretation; Primary Care (24%)</td>
<td>WEAK</td>
</tr>
<tr>
<td>Gynecologic and Reproductive Health (35%)</td>
<td>VERY STRONG</td>
</tr>
<tr>
<td>Obstetrics (29%)</td>
<td>AVERAGE</td>
</tr>
<tr>
<td>Pharmacology; Professional Issues (12%)</td>
<td>AVERAGE</td>
</tr>
</tbody>
</table>
TERMS OF CERTIFICATION AND CERTIFICATION MAINTENANCE

WHEN YOU PASS THE EXAM

CREDENTIAL
Your NCC certification status entitles you to use the credential WHNP-BC (Women’s Health Care Nurse Practitioner – Board Certified).

TERMS OF CERTIFICATION
NCC certification is awarded for a period of three years.

The effective date for certification is the date on the official NCC letter that tells you that you have successfully completed the certification process.

NO CONTINUING EDUCATION IS IssUED FOR TAKING THE WOMEN’S HEALTH CARE NURSE PRACTITIONER NURSING EXAM.

MAINTAINING YOUR CERTIFICATION

- NCC certification must be maintained every three years.
- Certification that is not maintained will expire.
- The NCC certification maintenance program allows you to continue your certification status by obtaining specific hours of continuing education credit as defined in your Education Plan, which is generated by your Continuing Competency Assessment (CCA).
- For continuing education credit to be used for certification maintenance it must be earned AFTER you have taken your Assessment and in the areas defined by your Education Plan before your maintenance is due.
- The maintenance process includes submitting a maintenance application prior to your maintenance due date with appropriate fees and requested documentation. Using NCC CE modules does NOT automatically maintain your certification. You must submit a maintenance application and pay a maintenance fee in addition to any CE fees.
- Maintenance applications are subject to random audit. If you are chosen for audit, you will be required to upload CE certificates and course descriptions. These records should be maintained during each maintenance cycle, until your maintenance application has been approved. You can upload these documents in your maintenance application throughout your maintenance cycle.

You may apply for maintenance up to 1 year before your maintenance date. As long as you have obtained the required contact hours of continuing education credit—you do not need to wait until your maintenance deadline to apply. Maintenance will be due in the quarter in which you were notified of your certification (not the date on which you took the examination). Your maintenance due date can be found by signing into your NCC account. Sign into your account using your email and password.

The NCC website has more detailed information
For more information about the certification maintenance program and the Continuing Competency Assessment (CCA), click the purple "Maintain your Certification" box.
CONTINUING COMPETENCY ASSESSMENT (CCA)

NCC views certification as a process that functions throughout an individual nurse or nurse practitioner’s career. It reflects life-long learning, ongoing professional development and is supported by maintaining specialty knowledge competencies.

The standard process for the NCC Certification Maintenance Program makes use of an assessment tool and resulting personal education plan:

• Complete the continuing competency assessment (CCA) that reflects the current knowledge competencies aligned with your certification specialty at the beginning of each new certification maintenance cycle.

• Earn CE as specified by the education plan developed from your assessment. Your education plan outlines the CE needed to maintain your NCC certification. Only CE earned after you have taken your assessment can be used to maintain your certification. It must address the CE needs as outlined by your educational plan.

This program provides continuing validation that NCC certified nurses and nurse practitioners are maintaining their specialty knowledge competencies based on current practice and examination content.

Download Continuing Competency Assessment brochures for details by clicking the links below.

Four Steps to Continuing Competency
https://www.nccwebsite.org/content/documents/cms/cca-steps.pdf

Continuing Competency Assessment - Education Plan Examples
https://www.nccwebsite.org/content/documents/cms/cca-education-plans.pdf