



CREDENTIALING HANDBOOK

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Overview

Types of Credentials

HIV Specialist™ (AAHIVS)

An HIV Specialist™ is a licensed physician, nurse practitioner, or physician assistant who specializes in the care of persons living with HIV in a direct clinical setting. HIV Specialists™ have demonstrated their knowledge of HIV care through the completion of regular professional development and detailed examination process.

HIV Pharmacist™ (AAHIVP)

An HIV Pharmacist™ is a licensed pharmacist who specializes in the care of persons living with HIV in an HIV-specific care environment, providing either direct care to persons living with HIV or consultative services to physicians or researchers. HIV Pharmacists™ have demonstrated their knowledge of HIV care through the completion of regular professional development and detailed examination process.

HIV Expert™ (AAHIVE)

An HIV Expert™ is a licensed physician, nurse practitioner, physician assistant, or pharmacist who specializes in the care of persons living with HIV but works in a non-clinical environment. HIV Experts™ can be found in pharmaceutical administration or research, academia, government, or other non-commercial environments without direct patient contact. HIV Experts™ have demonstrated their knowledge of HIV care through the completion of regular professional development and detailed examination process.

Governance and Ownership of AAHIVM Credential

AAHIVM and the AAHIVM credentials are governed by the AAHIVM Board of Directors in consultation with the AAHIVM Credentialing Committee. As such, the Board is responsible for the policies and procedures governing the credentialing program and has the authority under its bylaws to modify rules, regulations and policies as it deems appropriate. The Board and Credentialing Committee is composed of AAHIVM credentialed practitioners.

AAHIVM is the sole owner of and has the legal authority to award the AAHIVM credentials. The Board may withhold, suspend or revoke any credential in accordance with established policies, rules and regulations.

Non-US Practitioner Policies

AAHIVM credentials are available to international practitioners with equivalent physician, physician assistant, nurse practitioner or pharmacist licensure who meet equivalent eligibility parameters as detailed here. Please note that AAHIVM exams are developed to a US standard of care according to known, published US guidelines, and no special provision is made for scoring the exam activity of practitioners who were not trained in the US or who are not currently practicing in the US.

Additional Notes:

- Exam applicants who received their training outside the US but who are licensed to practice in the US need only declare their US licensure.
- Exam applicants who received their training outside the US and who are not licensed to practice in the US must provide documentation of current legal authority to practice in their home country.
- International exam candidates may take the online version of the exam.
- AAHIVM exams are provided in English only.
- Lab values and other units of measure are expressed on the exam in traditional or metric format. Examinees must provide their own conversion tools when necessary.
- Fees must be remitted in US funds.
- AAHIVM credentials do not confer the privilege to practice medical care or pharmacy in the U.S. or in any other country.
- All other AAHIVM Credentialing Terms & Conditions apply.

How to Earn or Renew an AAHIVM Credential

All Candidates who wish to earn an AAHIVM credential must complete the following steps.

- 1) Complete all eligibility requirements as outline below.
- 2) Submit a Credentialing Application with payment of the Registration Fee
- 3) Take the AAHIVM Credentialing Exam and achieve a passing score

Renewal candidates must complete the above process prior to the expiration of their credential.

Completion of the eligibility requirements and submission of the application are required prior to taking the AAHIVM Credentialing Exam. The credential will be conferred on January 1 of the year following the achievement of a passing score. For example, if a passing score is received in October, 2019, the credential will be officially conferred on January 1, 2020.

Eligibility Requirements

The AAHIVM Credential is only conferred once all credentialing requirements are completed.

Eligibility Requirements

At the time of application, candidates for credentialing must attest that they meet all the requirements for eligibility. There are three requirements for each credential: Licensure, Experience and Education.

HIV Specialist™

Licensure

Candidates based in the United States must maintain a current, valid MD, DO, PA, or NP state license.

Non-US candidates must maintain current legal authority to practice medicine in their home country.

Experience

Candidates may meet this requirement in one of the following ways:

1. Provide direct care to at least 20 persons living with HIV within the 36 months preceding the date of application.
2. Participate in AAHIVM's Clinical Consult Program. Candidates with fewer than 20 persons living with HIV will be paired with an experienced AAHIVM Member as a mentor upon approval of their credentialing application.

Education

Candidates must complete a minimum of 45 credits or activity hours of HIV and/or HCV-related continuing education within the 36 months preceding the date of application as follows:

- AMA Accredited Category 1 CME
- College-level coursework (A transcript showing a passing grade must be submitted.)
- Teaching/lecturing (1 hour of in-class instruction is equivalent to 1 hour of CE.)
- Participation in an HIV-related residency or fellowship program (A letter from the residency or fellowship director confirming participation and completion of HIV/HCV related didactic instruction must be submitted.)

Course completion documents or transcripts may be submitted but are required only if the application is audited but can be uploaded to the candidate's account to aid in application review.

To be considered HIV or HCV-related, the CME program must be specifically tailored towards treating persons living with HIV or HCV. Programs devoted solely to comorbidities or other infectious diseases are generally not considered.

HIV Pharmacist™

Licensure

Candidates based in the United States must maintain a current, valid Pharmacist license.

Non-US candidates must maintain current legal authority to practice pharmacy in their home country.

Experience

Candidates may meet this requirement in one of the following ways:

1. Candidates must provide direct involvement in the care of at least 20 persons living with HIV within the 36 months preceding the date of application in one of the following ways:
 - Direct clinical client services, consultation or case review in an inpatient or outpatient clinic or hospital
 - Direct client services, consultation or case review in a retail environment
 - Direct, ongoing consultative or research-related interaction with one or more practicing frontline providers who maintain direct patient contact
2. Participate in AAHIVM's Clinical Consult Program. Candidates with fewer than 20 persons living with HIV will be paired with an experienced AAHIVM Member as a mentor upon approval of their credentialing application.

Education

Complete a minimum of 45 credits or activity hours of HIV and/or HCV-related continuing education within the 36 months preceding the date of application as follows:

15 hours - HIV or HCV-related ACPE Accredited Continuing Education

30 hours - Other HIV or HCV-related Continuing Education such as:

- Additional ACPE Accredited CE
- AMA Category 1 Accredited CME
- College-level coursework (A transcript showing a passing grade must be submitted.)
- Teaching/lecturing (1 hour of in class instruction is equivalent to 1 hour of CE)

Course completion documents or transcripts may be submitted but are required only if the application is audited but can be uploaded to the candidate's account to aid in application review.

To be considered HIV or HCV-related, the CME program must be specifically tailored towards treating persons living with HIV or HCV. Programs devoted solely to comorbidities or other infectious diseases are generally not considered.

HIV Expert™

Licensure

Candidates based in the United States must maintain a current, valid MD, DO, NP, PA or Pharmacist license.

Non-US candidates must maintain current legal authority to practice medicine or pharmacy in their home country.

Experience

Candidates must provide direct involvement or leadership in HIV care and treatment, over the 36 months preceding the date of application, through service in one of the following realms:

- Pharmaceutical Industry (admin/research/medical affairs)
- Academia (admin/faculty)
- Government (FDA, NIH, VA, CDC, military, etc.)
- Other non-clinical environments without direct patient care activity

For each of these professional environments, applicants should be working in close proximity to or in direct contact with other clinical providers who do actively maintain direct patient contact.

Education

Complete a minimum of 45 credits or activity hours of HIV and/or HCV-related continuing education within the 36 months preceding the date of application as follows:

- AMA Accredited Category 1 CME
- ACPE Accredited CE
- College-level coursework (A transcript showing a passing grade must be submitted.)
- Teaching/lecturing (1 hour of in-class instruction is equivalent to 1 hour of CME.)
- Participation in an HIV-related residency or fellowship program (A letter from the residency or fellowship director confirming participation and completion of HIV/HCV related didactic instruction must be submitted.)

Course completion documents or transcripts may be submitted but are required only if the application is audited but can be uploaded to the candidate's account to aid in application review.

To be considered HIV or HCV-related, the CME program must be specifically tailored towards treating persons living with HIV or HCV. Programs devoted solely to comorbidities or other infectious diseases are generally not considered.

Application Process

To be considered as a candidate for credentialing, all applicants must complete the application process by the appropriate deadline. Each testing window has a corresponding registration period. Applications received during that period will be considered for the appropriate testing window only.

Application Submission Guidelines and Deadlines

All candidates must complete the online application form to be considered for credentialing. To complete an application, candidates must login to or create an account through the AAHIVM website. Once logged in, a link to the application can be found under the My Credential section.

Registration deadlines are published each calendar year at <https://aahivm.org/examination-dates>. To be considered for a specific testing period, all applications must be received by the last day of registration for that period.

Application Documents

A complete application will contain the following items:

- A complete online application form
- Evidence of completion of required training hours/CMEs
- Payment of Registration Fee

Code of Professional Ethics

Upon submission of application for credentialing, candidates must agree to abide by the terms of the AAHIVM Code of Professional Ethics. Adherence to this Code must be maintained throughout candidacy and while actively credentialed. Failure to do so may result in revocation of the credential.

The AAHIVM Code of Professional Ethics can be found in Appendix A of this handbook.

Terms and Conditions

All candidates must agree to all Terms and Conditions outlined in the application. A copy of these terms can be found in Appendix D.

Application Review

All Applications for the AAHIVM credential will be reviewed by AAHIVM staff within 2 weeks of receipt. Upon completion of this review, candidates will be notified by e-mail of the status of their application and what to expect next in the process.

If an application is incomplete, candidates will be informed of additional items that will complete the application. Supplemental information must be received by the end of the registration window to be considered for the corresponding testing period.

Application Audit

To ensure the accuracy and truthfulness of declarations made on the Credentialing application, 10-15% of applications received annually may be subject to a random audit. In the event an applicant is selected for audit, they will be required to provide documentation of all application declarations, including detailed and verifiable information related to state licensure, patient panel size and/or continuing education earned. This audit process ensures and maintains the integrity of the Credential and the eligibility parameters it represents. Consistent with Academy policies, failure to comply with audit requests may result in appropriate disciplinary action(s) or sanction(s), including suspension of eligibility to test, revocation of the last earned AAHIVM Credential (post testing), and future Credentialing ineligibility.

Statement of Non-Discrimination

AAHIVM only considers the eligibility requirements as outlined in this handbook to determine eligibility for the AAHIVM credentials. AAHIVM does not discriminate on the basis of age, race, gender, sexual orientation, religion, national origin, disability or marital status.

Examination

Examination Overview

AAHIVM Credentialing Exams consist of 125 case-based, 5-option multiple choice items. The exams are revised every year and are assembled from extensive item banks (comprehensive coded repositories of exam content) according to established exam blueprints.

Exam Format

All AAHIVM exams are open-book, unproctored, untimed exams. The exams are available in either online or paper-based format. Candidates may select which format they prefer through the application process.

Online Exams

Candidates who select the online exam will be provided unique login information to the online testing system on the first day of the testing window. Login information is separate and distinct from the AAHIVM website profile logins.

Candidates may log in and out of the testing system as many times as they wish until the end of the testing window.

Paper-based Exams

Paper-based exams will be mailed via first-class postal mail to arrive around the start of the testing window. Exam materials will be mailed to the primary address listed in the candidate's AAHIVM account. Due to variability in delivery with the postal service, AAHIVM can not guarantee delivery by a specific date.

Candidate responses are recorded on a standard bubble sheet. Responses must be recorded using a #2 pencil.

Upon completion of the exam, all testing materials must be returned using the provided pre-addressed envelope.

Exam Accommodations

AAHIVM complies with the Americans with Disabilities Act in the promotion of and delivery of its professional credentials. Candidates with a qualified disability may submit a request for appropriate accommodations in writing to AAHIVM. Requests must be supported by documentation that outlines the disability, requested accommodations, and a letter from a medical professional that is qualified to diagnose the disability on official letterhead. This written documentation must accompany the AAHIVM Credentialing Application. AAHIVM staff will respond to all requests within 14 days.

Exam Content

Exam content is rigorously analyzed every year, and includes the creation of new items reflecting advances in the science, as well as review of existing material for editing or removal, again based on changes in the technology of HIV care. Content in the AAHIVM item banks is coded based on its topic, and is accurately referenced to a wide variety of known sources of information on the practice of HIV care, as well as any related published research activity. Content is developed, edited and coded by rotating teams of actively practicing practitioners and known thought leaders in the science of HIV care. AAHIVM certification exams are not keyed directly to AAHIVM publications, and moreover are not keyed to any one particular source.

An outline of the content for the exams can be found in Appendix B, for the HIV Specialist™ Exam, and Appendix C, for the HIV Pharmacist™ Exam. Physicians, NPs and PAs seeking the HIV Expert™ credential should refer to the HIV Specialist™ Exam content outline. Pharmacists seeking the HIV Expert™ should refer to the HIV Pharmacists Exam content outline.

Exam Blueprint and Role Delineation Study

The exam “blueprints” direct the relative importance of various subtopics, and how frequently those subtopics are represented on a given year’s exam via the content coding method described above. The blueprints are derived from detailed Role Delineation (“RD”) documents. An RD fully describes the functional work and universe of knowledge of the professional to whom the resulting exam will ultimately be presented. AAHIVM RDs are also established by multiple panels of practicing, volunteer HIV subject matter experts, under the supervision of the AAHIVM Credentialing Governance Committee, and third-party contract psychometrician. AAHIVM RDs are revised on a 5 year schedule.

Examination Results

Exam results are processed as a group in one scoring session. Results notifications are sent via e-mail on a specific date, approximately 6 weeks after the close of the testing window. To ensure confidentiality, exam results will not be released via telephone or fax by AAHIVM or any of its testing vendors. The score report notification is followed by additional official correspondence directly from AAHIVM. Early submission of completed exam materials has no bearing on the result notification schedule.

Conferral and Renewal

Awarding of the Credential

Upon achievement of a passing score on the AAHIVM Credentialing Exam, candidates will be awarded the appropriate credential. Credentials are officially awarded on January 1 of the following year.

All new and renewal candidates will receive a printed wall certificate and congratulatory letter via postal mail within a month of receiving their exam results.

Credential Duration and Renewal

All AAHIVM credentials are valid for three years after the date of conferral.

Credentialed practitioners may renew their credential by completing the credentialing process above again prior to the expiration of their credential. This includes the completion of additional HIV-related continuing education and achieving a passing score on the examination.

Certificate Mailing

Upon successful completion of the AAHIVM Credentialing Exam, practitioner will receive a congratulatory letter and paper wall certificate within one month of being notified of the exam results.

All mailings will be sent via US Postal Mail.

Credential Verification

All credentialed practitioners will be listed in [the AAHIVM Credential Verification](#) directory on our website. Only the practitioners name, professional designations, city and state of residence, credential name, initial credential date, and credential expiration date will be displayed.

If an official verification of a practitioner's credential is required, requests can be made via e-mail to credentialing@aaivism.org. If more information than is listed above is required for verification, the requestor must have prior approval from the credentialed practitioner to release that information.

Appendix A: AAHIVM Code of Professional Ethics

The AAHIVM Code of Ethics applies to all individuals Credentialed by AAHIVM as an HIV Specialist™, HIV Expert™ or HIV Pharmacist™; all individuals seeking AAHIVM Credentialing, all provider Members of AAHIVM, all providers seeking AAHIVM Membership, and, as applicable, all “non-provider AAHIVM Members”, hereinafter referred to collectively as “AAHIVM Providers”. The Code is designed to provide appropriate ethical practice guidelines and enforceable standards of conduct.

Preamble/General Guidelines

Among other primary goals, AAHIVM is dedicated to the implementation of appropriate professional standards designed to serve patient welfare and the profession. First and foremost, AAHIVM Providers give priority to patient interests, and act in a manner that promotes integrity and reflects positively on the profession, consistent with accepted moral, ethical and legal standards. Generally, an AAHIVM Provider has the obligation to:

1. Deal fairly with all patients in a timely fashion, and provide quality medical and nursing services to patients by utilizing all necessary professional resources in a technically appropriate and efficient manner, and by considering the cost effectiveness of treatments;
2. Respect and promote the rights of patients by offering only professional services that he/she is qualified to perform, and by adequately informing patients about the nature of their conditions, the objectives of the proposed treatment, treatment alternatives, possible outcomes, and the risks involved;
3. Maintain the confidentiality of all patient information, except where: The release of specific information is allowed, required or directed by law, a court, or government agency; or the patient expressly directs the release of specific information;
4. Avoid conduct which may cause a conflict with patient interests, or that could otherwise influence, interfere with, or compromise the exercise of independent, professional, clinical judgment;
5. Engage in moral and ethical business practices, by providing accurate and truthful representations concerning his/her professional qualifications and other relevant information in advertising and other representations; and,
6. Further the professionalism of the specialty of HIV medicine by: being truthful with regard to research sources, findings, and related professional activities; maintaining accurate and complete research records; and, respecting the intellectual property and contributions of others.

Section A

Compliance with Laws, Policies, and Rules Relating to the Profession

1. AAHIVM Providers will be aware of, and comply with, all applicable federal, state, and local laws and regulations governing the profession. AAHIVM Providers will not knowingly participate or assist in any acts in violation of applicable laws and regulations governing the

profession. Lack of awareness or misunderstanding of these laws and regulations does not excuse inappropriate or unethical behavior. AAHIVM Providers will be responsible for understanding these obligations.

2. AAHIVM Providers will be aware of, and comply with, all AAHIVM rules, policies, and procedures. Lack of awareness or misunderstanding of an AAHIVM rule, policy, or procedure does not excuse inappropriate or unethical behavior. AAHIVM Providers will not knowingly participate or assist in any acts that violate any AAHIVM rules, policies, and procedures. AAHIVM Providers will be responsible for understanding these obligations.

3. AAHIVM Providers will provide accurate and truthful representations of all eligibility information, and will submit valid application materials for fulfillment of current credentialing and recredentialing requirements.

4. AAHIVM Providers will maintain the security, and prevent the disclosure, of the AAHIVM Credentialing Program examination information and materials.

5. AAHIVM Providers will report any possible violations of this Code of Ethics to the appropriate government authority and to the appropriate AAHIVM representative.

6. AAHIVM Providers will cooperate fully with AAHIVM concerning the review of possible ethics violations and the collection of related information.

Section B

Professional Practice Obligations

1. AAHIVM Providers will deliver competent medical and nursing treatment or services in a timely manner, and will provide quality patient care applying appropriate professional skill and competence.

2. AAHIVM Providers will recognize the limitations of their professional ability, and will only provide and deliver professional services for which they are qualified. Each AAHIVM Provider will be responsible for determining his/her own professional abilities based on his/her education, knowledge, competency, extent of practice experience in the field, and other relevant considerations.

3. AAHIVM Providers will use all health-related resources in a technically appropriate and efficient manner.

4. AAHIVM Providers will provide medical and nursing services based on patient needs and the cost-effectiveness of treatments, and will avoid unnecessary treatment or services. AAHIVM Providers will provide treatment that is both appropriate and necessary to the condition of the patient.

5. AAHIVM Providers will exercise diligence and thoroughness in providing patient care, and in making professional diagnoses and recommendations solely for the patient's benefit, free from any prejudiced or biased judgment. AAHIVM Providers, who offer their services to the public, will not decline a patient based on age, religion, gender, race, color, sexual orientation or affectional preference, national origin, HIV status or other medical diagnosis, or any other basis that would constitute unlawful discrimination.

6. AAHIVM Providers will provide appropriate professional referrals when it is determined that they are unable to provide the professional medical assistance necessary for the case.
7. AAHIVM Providers will prepare and maintain all necessary, required, or otherwise appropriate records concerning their professional practice, including all records related to treatment of their patients.
8. AAHIVM Providers will consult with other health care professionals when such consultation is appropriate.
9. AAHIVM Providers will not act in a manner that may compromise their clinical judgment or their obligation to deal fairly with all patients. AAHIVM Providers will not allow medical conditions, personal problems, psychological distress, substance abuse, or mental health difficulties to interfere with their professional clinical judgment or performance.
10. AAHIVM Providers will be truthful and accurate in all advertising and representations concerning qualifications, experience, competency, and performance of services, including representations related to professional status and/or areas of special competence. An AAHIVM Provider will not make false or deceptive statements concerning his/her: training, experience, or competence; academic training or degrees; certification or credentials; institutional or association affiliations; services, or, fees for services.
11. AAHIVM Providers will not make explicit or implicit false or misleading statements about, or guarantees concerning, any treatment or service, orally or in writing.
12. AAHIVM Providers should avoid treating themselves or members of their own families if possible. Practitioners should also be very cautious about assuming the care of closely associated employees or those they supervise.

Section C

Requirements Related to Research and Professional Activities

1. AAHIVM Providers will be accurate and truthful, and otherwise act in an appropriate manner, with regard to research findings and related professional activities, and will make reasonable and diligent efforts to avoid any material misrepresentations.
2. AAHIVM Providers will maintain appropriate, accurate, and complete records with respect to research findings and related professional activities.
3. When preparing, developing, or presenting research information and materials, AAHIVM Providers will not copy or use, in substantially similar form, materials prepared by others without acknowledging the correct source and identifying the name of the author or publisher of such material.
4. AAHIVM Providers will respect and protect the intellectual property rights of others, and will otherwise recognize the professional contributions of others.

Section D

Conflict of Interest and Appearance of Impropriety Requirements

1. AAHIVM Providers will not engage in conduct which may cause a conflict between their own interests and the interests of their patient.

2. AAHIVM Providers will act to protect the interests and welfare of the patient before their own interests, unless such action is in conflict with any legal, ethical, or professional obligation. AAHIVM Providers will not exploit professional relationships for personal gain.
3. AAHIVM Providers will disclose to patients and avoid any circumstances that constitute a conflict of interest, or that could otherwise influence or interfere with the exercise of professional judgment.
4. AAHIVM Providers will refrain from offering or accepting inappropriate payments, gifts, or other forms of compensation for personal gain, unless in conformity with applicable laws, regulations, and AAHIVM rules and policies.
5. AAHIVM Providers will avoid conduct involving inappropriate, unlawful, or otherwise unethical monetary gain.

Section E

Compensation and Referral Disclosure Requirements

1. AAHIVM Providers will charge fair, reasonable, and appropriate fees for all professional services.
2. AAHIVM Providers will charge fees that accurately reflect the services and treatment provided to the patient. When setting fees, an AAHIVM Provider will consider: the length of time he/she has been practicing in this particular field; the amount of time necessary to perform the service; the nature of the patient's condition; his/her professional qualifications and experience; and, other relevant factors.
3. AAHIVM Providers will make all appropriate disclosures to patients and prospective patients regarding any benefit paid to others for recommending or referring his/her services.
4. AAHIVM Providers will make all appropriate disclosures to patients and prospective patients regarding any benefit received for recommending or referring the services of another individual.

Section F

Confidentiality Requirements

1. AAHIVM Providers will maintain and respect the confidentiality of all patient information obtained in the course of a professional relationship, except where: The release of specific information is expressly required and directed by law, a court, or government agency; or the patient expressly directs the release of specific information.
2. AAHIVM Providers will respect and maintain the privacy of their patients.

Section G

Misconduct Prohibitions

1. AAHIVM Providers will not engage in any criminal misconduct.

2. AAHIVM Providers will not engage in any sexual, physical, romantic, or otherwise intimate conduct with a current patient. Any professional relationship must be terminated before engaging in any sexual, physical, or romantic behavior.

3. AAHIVM Providers will not engage in conduct involving dishonesty, fraud, deceit, or misrepresentation in professional activities.

4. AAHIVM Providers will not engage in discrimination in professional activities based on age, race, gender, ethnicity, sexual orientation, gender orientation, religion, national origin, HIV status or disability. These professional activities include relationships with patients, staff, colleagues, trainees and vendors.

5. AAHIVM Providers will avoid any behavior clearly in violation of accepted moral, ethical, or legal standards that may compromise the integrity of, or reflect negatively on, the profession.

Appendix B: AAHIVM HIV Specialist™ Credentialing Exam Content Outline

Below is an outline of the Domains and Tasks that are evaluated on the AAHIVM HIV Specialist™ Credentialing Exam. Each Domain is a high level function for the role of the HIV Specialist™. Domains are made up of Tasks that an HIV Specialist™ will be able to perform competently.

Each question on the Exam is related directly to one of these tasks. The number of questions on the exam for each Task is determined based on the results of a Role Delineation Study (RDS). An RDS is a standardized study of a profession designed to establish the knowledge and skills necessary for competent practice.

Exam candidates should familiarize themselves with these Domain and Task statements and have knowledge of Basic Medical Sciences, Clinical Management, Epidemiology and Prevention, Social and Economic Issues, and Clinical Research related to each.

Domain I: Prevention

- Task 1: Educate patients at risk of acquiring HIV infection on the importance of periodic screening by discussing its benefits and implications in order to promote early detection and prevention.
- Task 2: Educate patients with HIV infection about the importance of initiating and maintaining antiretroviral therapy to achieve virologic suppression and reduce the risk of HIV transmission.
- Task 3: Counsel the patient who is at risk for acquiring and/or transmitting HIV by assessing risk behaviors (e.g., high-risk sex, sharing of needles or works, substance use, intimate partner violence [IPV], child abuse) in order to reduce transmission of HIV and other sexually transmitted infections (STIs).
- Task 4: Educate patients at risk of acquiring HIV infection and initiate pre- or post-exposure prophylaxis in accordance with current guidelines in order to reduce the risk of acquiring HIV.

Domain II: Diagnosis

- Task 1: Order HIV tests, recognizing and utilizing test characteristics such as sensitivity and specificity, positive and negative predictive values, window period, and incidence and prevalence rates in various populations to diagnose HIV-1 and HIV-2 infections accurately.
- Task 2: Obtain comprehensive information about the patient's medical, social (including sexual history), and mental health status through patient history, medical records, physical examination, mental health evaluation, and ordering of the appropriate tests

(e.g., laboratory, imaging) and/or referrals in order to follow people living with HIV and prevent and diagnose opportunistic infections, malignancies, and co-morbid conditions.

Task 3: Diagnose acute retroviral syndrome through patient history, physical examination, appropriate laboratory tests, clinical signs, symptoms, and risk factors, and understand primary HIV infection in order to counsel the patient and encourage early treatment.

Domain III: Treatment and Management

Task 1: Provide antiretroviral therapy (ART) by applying Department of Health and Human Services (DHHS) and International AIDS Society—USA (IAS-USA) Guidelines in order to reduce HIV transmission, improve and/or preserve immune function and quality of life, prevent opportunistic infections, and increase survival.

Task 2: Obtain appropriate medication, supplement, lifestyle history, laboratory tests, and other evaluations to create individualized treatment through shared decision-making by selecting a regimen designed to minimize ART-associated adverse effects and drug-drug interactions, and maximize adherence to therapy in order to achieve viral suppression and reduce transmission.

Task 3: Maximize the benefits and durability of treatment by using patient history, physical examination, and laboratory parameters to monitor the efficacy, toxicity, patient adherence, and presence of resistance to prescribed ART.

Task 4: Prescribe appropriate opportunistic infections prophylaxis based on laboratory parameters, geographic exposures, and current guidelines in order to improve quality of life and survival.

Task 5: Using a multidisciplinary approach (e.g., by making appropriate referrals to sources of expertise, incorporating other health care professionals into the patient's care), treat opportunistic infections, sexually transmitted infections, co-infections, and co-morbidities, including pain and substance use-related disorders associated with HIV, in order to optimize management and improve quality of life.

Task 6: Address the needs of special populations (e.g., the physically impaired, people with special needs, infants, children, adolescents, women, pregnant women, racial and ethnic minorities, aging individuals, the incarcerated, people with mental illness, substance users, homeless people, rural people, transgender people, transsexual people, migrants, sex workers, people affected by intimate partner violence and child abuse, and the underinsured) by recognizing the unique challenges to access and care that these populations face in order to optimize treatment.

Task 7: Encourage people living with HIV to actively participate in health maintenance behaviors through counseling about HIV disease, treatment, available resources, and related diseases in order to improve quality of life, reduce transmission, and increase survival.

Task 8: Advise people living with HIV about the interactions between complementary/alternative treatments and ART by inquiring about these treatments, providing essential information, and providing referral to expert resources if needed.

Domain IV: Professional Responsibility

Task 1: Comply with relevant state and federal public health requirements regarding disclosure of HIV results and related issues (including confidentiality) in order to ensure accurate tracking of the disease, appropriate resource allocation based on epidemiological trends, and protection of the interests of the patient and those who may be at risk of acquiring HIV.

Task 2: Apply the results of research studies to practice by critically reviewing data in order to maximize the efficacy and safety of prevention and treatment modalities.

Task 3: Identify appropriate clinical trials and expanded access programs for patients who may benefit from them to foster ongoing research and provide access to additional health care services.

Task 4: Maintain continuing competence in HIV medicine through ongoing professional development, education, and clinical practice in order to remain current with the rapid evolution of HIV medicine and the context of HIV care (e.g., public health systems, care for chronic disease, etc.).

Task 5: Promote excellence in HIV care through advocacy and education within the health care community and broader community in order to reduce stigma, optimize care, and improve understanding of people living with HIV.

Appendix C: AAHIVM HIV Pharmacist™ Credentialing Exam Content Outline

Below is an outline of the Domains and Tasks that are evaluated on the AAHIVM HIV Pharmacist™ Credentialing Exam. Each Domain is a high level function for the role of the HIV Pharmacist™. Domains are made up of Tasks that an HIV Pharmacist™ will be able to perform competently.

Each question on the Exam is related directly to one of these tasks. The number of questions on the exam for each Task is determined based on the results of a Role Delineation Study (RDS). An RDS is a standardized study of a profession designed to establish the knowledge and skills necessary for competent practice.

Exam candidates should familiarize themselves with these Domain and Task statements and have knowledge of pathophysiology, pharmacology, PK/PD, epidemiology and prevention, clinical management, social and economic issues, and clinical research related to each.

Domain I: Diagnostic Assessment

- Task 1: Recommend an HIV-related test (e.g., HIV antibody, RNA tests) by differentiating among available options to accurately diagnose HIV-1/HIV-2 infection.
- Task 2: Recognize Acute Retroviral Syndrome and counsel the patient about advantages, availability, and value of early treatment, based on pertinent medical information and understanding of the virology of early HIV infection.
- Task 3: Recommend diagnostic screening and laboratory tests to monitor the patient for potential opportunistic infections (OIs), sexually transmitted diseases (STDs), malignancies, and HIV-related conditions.

Domain II: Treatment

- Task 1: Develop an antiretroviral therapy (ART) regimen for an antiretroviral-naïve or treatment-experienced patient to minimize adverse events and optimize efficacy, pharmacoeconomics, and adherence.
- Task 2: Recommend ART by applying the Department of Health and Human Services (DHHS) and International Antiviral Society-USA (IAS-USA) guidelines to achieve treatment goals, improve quality of life, and prolong survival.
- Task 3: Evaluate the relevance of drug interactions associated with ART by obtaining medication histories and laboratory tests to optimize antiretroviral drug levels and minimize adverse events.
- Task 4: Recommend appropriate OI prophylaxis based on immunologic markers and geographic exposures to improve quality of life and prolong survival.

- Task 5: Recommend appropriate treatment for OIs, STDs, and other comorbidities in accordance with the patient’s diagnoses and DHHS, IAS-USA, and Centers for Disease Control and Prevention (CDC) guidelines to improve quality of life and prolong survival.
- Task 6: Monitor the efficacy, tolerability, and adherence to prescribed ART, OI, and/or STD treatment by using patient history, physical assessment, and laboratory parameters to maximize the benefits and durability of treatment.
- Task 7: Identify individuals at risk for HIV infection and/or STDs, recommend treatment (e.g., pre-exposure prophylaxis [PrEP], post-exposure prophylaxis [PEP]), and monitor for adherence, safety, and efficacy of therapy to minimize transmission.
- Task 8: Address the needs of special populations (e.g., geriatric, IV drug user, pediatric, pregnant, transgender) by analyzing their unique needs to optimize the effectiveness, impact, and adherence to treatment.

Domain III: Patient Education

- Task 1: Educate the patient on the importance of routine HIV and STD screening by using current guidelines to promote prevention, early detection, and treatment.
- Task 2: Discuss risk factors for HIV and STD transmission with the patient and provide personalized risk reduction counseling to reduce the incidence and prevalence of HIV and STDs in the community.
- Task 3: Promote patient engagement to optimize HIV disease treatment, overall health wellness, preventive care (e.g., immunizations, personal safety), appropriate age and gender health screenings, and education on available community resources to optimize quality of life and prolong survival.
- Task 4: Provide essential information, references, or tools to enhance the patient’s ability to make an informed decision on the potential risks and benefits of complementary and alternative medicine (CAM therapies).
- Task 5: Manage transitional care for the HIV-infected patient (e.g., telephone encounters, medication reconciliation, patient assessment) and coordinate care with other healthcare professionals to enhance retention in care.
- Task 6: Educate the patient on research and investigational treatment strategies and emerging advancements in HIV care.

Domain IV: Professional Responsibility

- Task 1: Evaluate and apply the results of research studies to optimize the efficacy and safety of treatment modalities.

- Task 2: Select clinical trials to expand access to programs (e.g., provide access to healthcare services when the patient has limited resources or treatment options, foster ongoing research).
- Task 3: Apply state and federal laws related to confidentiality and disclosure of HIV status to protect the interests of the patient.
- Task 4: Refer the patient to another healthcare professional when appropriate to optimize care.
- Task 5: Promote patient advocacy, HIV education, and development of public policy.

Appendix D: Terms and Conditions

As an AAHIVM Credentialed applicant or certificant:

- 1) I understand and accept all AAHIVM credentialing policies, procedures and requirements as detailed on this application, and on any related electronic or paper communication that has been furnished to me or made publicly available.
- 2) I agree to conduct myself in accordance with Academy standards, AAHIVM by-laws as currently constituted and as amended, and in accordance with any decisions or policies issued by the AAHIVM Board of Directors, the AAHIVM Credentialing Governance Committee, the program director, or their authorized representatives. (These parties shall herein be referred to collectively as "the Academy".) I also agree to abide by the AAHIVM Code of Professional Ethics, as set forth on the AAHIVM website.
- 3) I agree that if the Academy determines that my compliance with an AAHIVM credentialing program requirement requires additional explanation and/or supporting documents, I will provide a complete and accurate response and true copies of any requested information to the Academy in a timely manner. I agree that refusal or failure to provide true, timely and complete responses to questions on the application or other Academy requests for information may lead to denial of testing eligibility, or revocation of an existing credential. I understand that a percentage of each year's applications are audited, and I may be contacted to furnish full documentation of any or all declarations made in my application.
- 4) I agree that the Academy has the right to communicate with any person, governmental agency, or organization to review or confirm the information in my application or any other information related to my application. I agree the Academy may investigate my professional standing, and I agree to provide or authorize the release of any information requested by the Academy for such review and confirmation.
- 5) I agree that all materials that I submit to the Academy will become the property of the Academy, and that the Academy is not required to return any of these materials to me.
- 6) I agree that the information related to my participation in the AAHIVM credentialing process may be used in an anonymous manner for research purposes, and for other lawful purposes which do not reveal my identity, as authorized by the Board of Directors.
- 7) I agree that upon designation as an HIV Specialist™, HIV Expert™ or HIV Pharmacist™ by the Academy, my name (at a minimum) and certain other optional biographical data concerning me (which I may designate) will be considered public information, and will be made available to the public as such.
- 8) I agree that my HIV Specialist™, HIV Expert™ or HIV Pharmacist™ credential does not imply licensure, registration, or authorization to practice HIV or AIDS-related specialty medicine, research or pharmacy, or to engage in any related or similar activities.

- 9) I agree that I shall not engage in any form of dishonest behavior with regard to completion of an AAHIVM examination. I understand that such dishonesty includes, but is not limited to, the following: copying the work of another candidate or other individual, or representing another candidate¹s or other individuals¹ work as my own work; having another individual take or otherwise assist me in completing the examination; providing unauthorized materials or information to others during the examination; or any other activity which may provide me or another candidate with an unfair testing advantage.
- 10) I understand and accept that the contents of all AAHIVM examinations and any related materials shall be held strictly confidential, and that the entire ownership interest in the exam and its attendant materials is held by the Academy and is controlled by the AAHIVM Board of Directors and the AAHIVM Credentialing Governance Committee. I accept that my possession of an AAHIVM examination and any related materials is for the sole purpose of completing the exam, and that no other person, group of individuals, corporation, or other entity shall have any license or permission to view or use any part of the exam or related materials for any purpose. I agree not to discuss, share, distribute, reproduce in any manner, or otherwise disclose the specific content of any AAHIVM examination question, answer or examination related document to any individual or entity.
- 11) I understand and accept that, in appropriate circumstances as determined by the Academy or its representatives, the Academy reserves the exclusive rights to suspend, cancel, revoke, or otherwise terminate an applicant¹s eligibility, credentialed status or privileges related to the AAHIVM credentialing process. The Academy may, at its own discretion, suspend or terminate a credential, candidate examination privileges, exam scoring, or other exam evaluation activities. Among other circumstances, the suspension or termination of examination or other privileges, and the issuance of remedial and/or disciplinary actions will be authorized where: a specialty credential application or examination irregularity or impropriety occurs; a candidate or credentialed provider engages in misconduct or other conduct contrary to Academy policies and requirements; or credentialing eligibility information or examination, scoring or evaluation results are determined to be invalid for any reason.
- 12) I agree that disputes related to any issue surrounding my application, eligibility, audits, examinations, completion deadlines, results (scores), retest policies and/or fee policies shall be initiated in writing to AAHIVM, and will be resolved solely and exclusively at the discretion of the AAHIVM Board of Directors and/or the AAHIVM Credentialing Governance Committee, whose decisions shall be final. All requests for consideration will be addressed within 30 days, unless the issue requires additional time to resolve or investigate, in which case, a dispute will still be acknowledged within 30 days and will include explanation for additional delays on final resolution.
- 13) I certify that the information and declarations I have provided in this application are accurate and complete, including my statement of CME/CEU/CE. I understand that any misrepresentations or incorrect information provided herein can result in sanctions, including exam ineligibility, or revocation of an existing credential after it is awarded.

- 14) I fully release, discharge and indemnify AAHIVM, its directors, officers, examiners, employees, attorneys, representatives and agents from all liability and claims that may arise out of, or be related to, my professional practice or related clinical or non-clinical activities.

- 15) I fully release, discharge and indemnify AAHIVM, its directors, officers, examiners, employees, attorneys, representatives and agents from any actions, suits, obligations, damages, claims, or demands arising out of, or in connection with: this application, subsequent AAHIVM examination activities, or any other action taken by the AAHIVM Board of Directors and the Academy with regard to credential issuance; including but not limited to all actions related to ethics policies and matters. I understand and agree that any decision concerning my current or future qualifications and eligibility for any AAHIVM credential rests within the sole and exclusive discretion of the AAHIVM Board of Directors and AAHIVM Credentialing Governance Committee, and that these decisions are final.