



AMERICAN ACADEMY OF
HIV MEDICINE

CREDENTIALING
HANDBOOK



HIV SPECIALIST™

AMERICAN ACADEMY OF HIV MEDICINE



HIV PHARMACIST™

AMERICAN ACADEMY OF HIV MEDICINE



HIV EXPERT™

AMERICAN ACADEMY OF HIV MEDICINE

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Overview

Governance and Ownership of the Academy Credentials

The Academy and the Academy Credentials are governed by the Academy Board of Directors in consultation with the 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 Academy Credentialed practitioners.

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

Types of Credentials

HIV Specialist™ (AAHIVS)

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

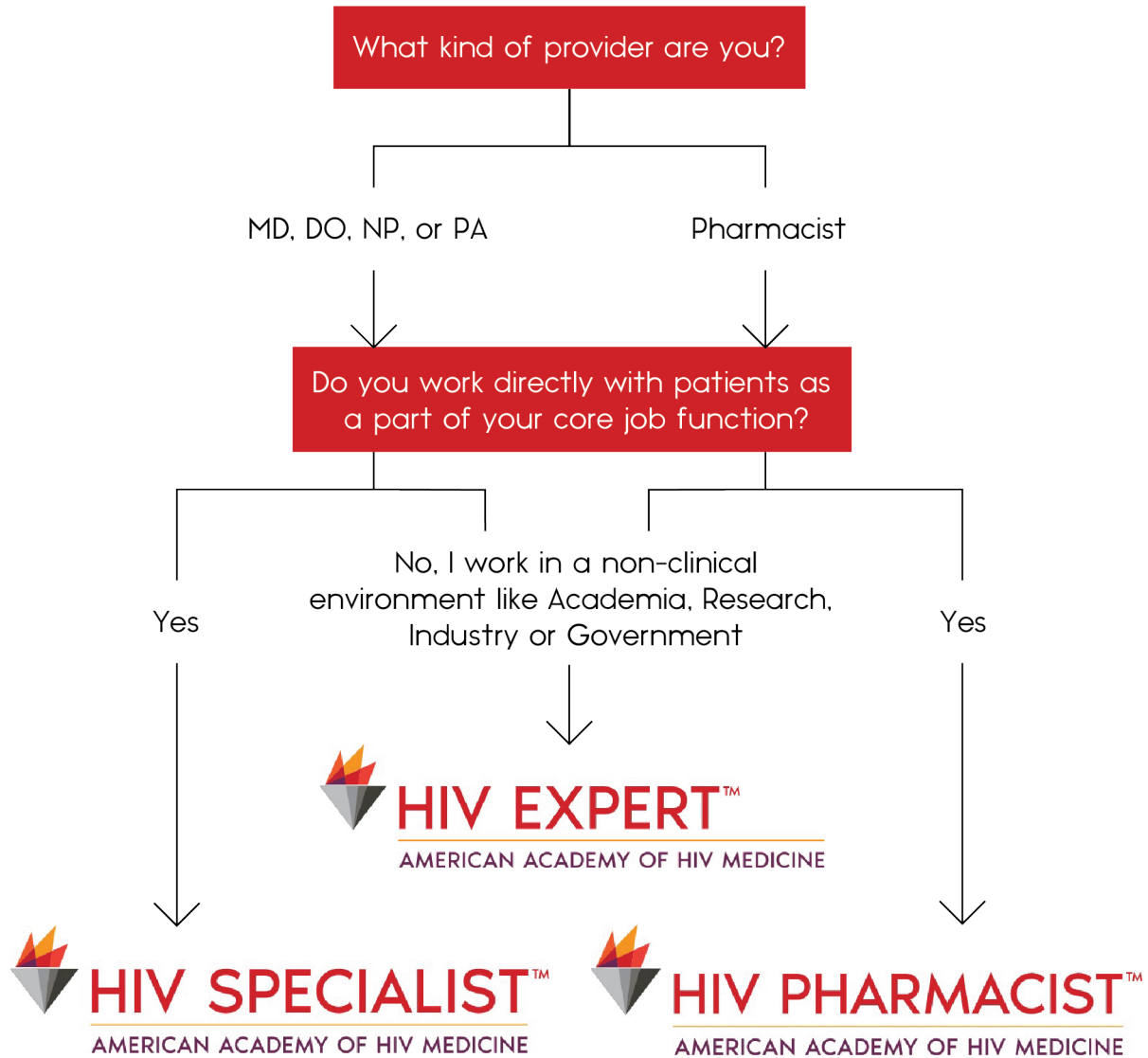
HIV Pharmacist™ (AAHIVP)

An HIV Pharmacist™ is a licensed pharmacist who specializes in the care of patients with HIV in an HIV-specific care environment, providing either direct care to people 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 a 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 patients 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 a detailed examination process.

Which Credential am I eligible for?



Non-U.S. Practitioner Policies

The Academy 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 Academy exams are developed to a United States (U.S.) standard of care according to known, published U.S. guidelines, and no special provision is made for scoring the exam activity of practitioners who were not trained in the U.S. or who are not currently practicing in the U.S.

Additional Notes:

- Exam applicants who received their training outside the U.S. but who are licensed to practice in the U.S. need only declare their U.S. licensure.
- Exam applicants who received their training outside the U.S. and who are not licensed to practice in the U.S. must provide documentation of current legal authority to practice in their home country.
- International exam candidates may only take the online version of the exam.
- Academy 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 U.S. funds.
- Academy Credentials do not confer the privilege to practice medical care or pharmacy in the U.S. or in any other country.
- All other Credentialing Terms & Conditions apply.

How to Earn an Academy Credential

All Candidates who wish to earn an Academy Credential must complete the following steps.

- 1) Complete all eligibility requirements as outlined below.
- 2) Submit a Credentialing Application with payment of the registration fee.
- 3) Earn a passing score on the HIV Credentialing Exam.

Completion of the eligibility requirements and submission of the application are required prior to taking the HIV Credentialing Exam.

Eligibility Requirements

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

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 U.S. must maintain a current, valid license to practice as a physician, physician assistant or nurse practitioner.

Non-U.S. 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 HIV care to at least 25 persons living with HIV within the 36 months preceding the date of application.
2. Participate in the Academy Mentoring Program, either currently or within the previous 36 months. More information about the Mentoring Program can be found at <https://community.aahivm.org/mentoring>.

Education

Candidates must complete a minimum of 45 credits or activity hours of HIV and/or HCV-related continuing education (CE) within the 36 months preceding the date of application. CE hours can be earned in any of the following ways:

- AMA Accredited Category 1 CME
- ANCC Accredited CNE
- 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. They 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 U.S. must maintain a current, valid pharmacist license.

Non-U.S. 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 HIV care of at least 25 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 the Academy Mentoring Program, either currently or within the previous 36 months. More information about the Mentoring Program can be found at <https://community.aahivm.org/mentoring>.

Education

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

15 hours - HIV or HCV-related ACPE Accredited Continuing Pharmacy Education (CPE)

30 hours - Other HIV or HCV-related CE, such as:

- Additional ACPE Accredited CPE
- AMA Category 1 Accredited CME
- ANCC Accredited CNE
- 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 pharmacist 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. They 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 U.S. must maintain a current, valid license to practice as a physician, physician assistant, nurse practitioner or pharmacist.

Non-U.S. 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 (administration/research/medical affairs)
- Academia (administration/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 (CE) within the 36 months preceding the date of application as follows:

- AMA Accredited Category 1 CME
- ACPE Accredited CE
- ANCC Accredited CNE
- 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. They 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.

Credential Maintenance/Renewal

Candidates who have previously earned their credential may renew their credential by completing the following steps:

- 1) Continue to maintain their license to practice medicine or pharmacy
- 2) Continue to be actively involved in HIV care
- 3) Complete an additional 45 hours of HIV or HCV-related CE since their last application or in the past 36 months if the credential has expired. CE hours used for eligibility in previous applications will not be considered. CE hours must meet the same standards as outlined above in the Eligibility Requirements for each credential.
- 4) In the year the credential will expire, or after credential expiration, submit a Credentialing Application with payment of the Registration Fee
- 5) Earn a passing score on the HIV Credentialing Exam

Completion of the eligibility requirements and submission of the application are required prior to taking the HIV Credentialing Exam.

Application Process

To be considered as a candidate for credentialing, all applicants must complete the application process by the appropriate deadline.

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 Academy 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, a complete application must be received by midnight of the last day of registration for that period.

Applications received after the posted registration deadline will be automatically applied to the next available testing period or will be canceled/refunded upon request.

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

Registration Fees

Registration Fees are posted on the Academy's web pages for each specific credential:

HIV Specialist: <https://aahivm.org/hiv-specialist>

HIV Pharmacist: <https://aahivm.org/hiv-pharmacist>

HIV Expert: <https://aahivm.org/hiv-expert>

Registration fees must be paid in U.S. currency. Fees must be paid by credit card at the time of application unless arranged otherwise in advance with Academy Credentialing Department staff.

As a general rule, the Academy does not provide a discount on registration fees except for Academy members.

Code of Professional Ethics

Upon submission of application for credentialing, candidates must agree to abide by the terms of the Academy 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 Academy 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 Academy Credential will be reviewed by Academy staff within two weeks of receipt. Upon completion of this review, candidates will be notified by email 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 percent of applications received annually may be subject to a random audit. In the event an applicant is selected for audit, the candidate 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 Academy Credential (post testing), and future credentialing ineligibility.

Statement of Non-Discrimination

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

Examination

Examination Overview

The HIV Credentialing Exams consist of 125 case-based, four-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 Academy exams are open-book, unproctored and untimed. 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 via email from the Academy's testing partner. Login information is separate and distinct from the Academy 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 FedEx or USPS Priority Mail to arrive around the start of the testing window. The exam packet will include:

- An Exam Instructions sheet with details on how to complete and return the exam
- A sealed examination booklet with the candidate's name and AAHIVM ID number
- An examination answer sheet/bubble sheet
- A pre-addressed return envelope for returning the exam for scoring

When available, tracking information will be provided when the exam packet is shipped. Exam materials will be sent to the address indicated in the application. If no shipping address is indicated, the exam may not be mailed in time to take the exam. We will do our best to take variability of shipping times into account when sending exam packets, but circumstances outside our control may delay delivery. Therefore, the Academy can not guarantee delivery by a specific date and examination deadlines will not be extended due to shipper delays.

Candidate responses are recorded on a standard bubble sheet included in the exam. Responses must be recorded using a #2 pencil. Using an alternative writing device may result in delayed or inaccurate scoring of the examination.

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

Exam Accommodations

The Academy 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 The Academy. 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 Academy Credentialing Application. Academy staff will respond to all requests within 14 days.

Exam Content

Exam content is rigorously analyzed and updated every year. This analysis and updating includes the creation of new items reflecting advances in the science as well as a review of existing material for editing or removal. Content in Academy 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. The HIV Credentialing Exams are not keyed directly to Academy 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. Academy RDs are

also established by multiple panels of practicing, volunteer HIV subject matter experts, under the supervision of the Academy's Credentialing Committee, and a third-party contract psychometrician. Academy RDs are revised on a five-year schedule.

Examination Results

Exam results are processed as a group in one scoring session. Results notifications are sent via email on a specific date, approximately six weeks after the close of the testing window. Details about when results can be expected are posted at <https://aahivm.org/examination-dates>.

To ensure confidentiality, exam results will not be released via telephone or fax by the Academy or any of its testing vendors. Early submission of completed exam materials has no bearing on the result notification schedule.

Retesting

The Academy allows for one complimentary retake of the HIV Credentialing Exam if there is another testing period available during the same calendar year. Candidates who do not earn a passing score during the August/September testing period will be automatically re-registered, without charge, for the November/December testing period.

Candidates who only take the exam during the November/December testing period are not eligible for a complementary retake.

Candidates who do not receive a passing score may retake the exam in subsequent testing periods as many times as they desire. There is no limit to the number of times a candidate can retest.

Conferral and Renewal

Awarding of the Credential

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

Credential Duration and Renewal

All Academy Credentials are valid for three years after the date of conferral.

Credentialed practitioners may renew their credential by following the Credential Maintenance/Renewal instructions above.

Certificates

All candidates will be issued a digital certificate with a unique URL confirming their achievement. This digital certificate can be shared, emailed or printed by the candidate directly.

Upon request, the Academy will print and mail a hard copy of the certificate. Details on how to request a copy will be sent via email when the certificate is generated.

Credential Verification

All credentialed practitioners will be listed in the Academy's [Credential Verification](#) directory on our website. Only the practitioner's 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 email to credentialing@ahahivm.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: Academy Code of Professional Ethics

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

PREAMBLE/GENERAL GUIDELINES

Among other primary goals, the Academy is dedicated to the implementation of appropriate professional standards designed to serve patient welfare and the profession. First and foremost, Academy 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 Academy 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 they are 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 their 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. Academy Providers will be aware of and comply with all applicable federal, state and local laws and regulations governing the profession. Academy 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. Academy Providers will be responsible for understanding these obligations.

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

3. Academy 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. Academy Providers will maintain the security and prevent the disclosure of the HIV Credentialing Exam information and materials.

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

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

SECTION B: PROFESSIONAL PRACTICE OBLIGATIONS

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

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

4. Academy Providers will provide medical and nursing services based on patient needs and the cost-effectiveness of treatments, and will avoid unnecessary treatment or services. Academy Providers will provide treatment that is both appropriate and necessary to the condition of the patient.
5. Academy 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. Academy 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. Academy 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. Academy 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. Academy Providers will consult with other health care professionals when such consultation is appropriate.
9. Academy Providers will not act in a manner that may compromise their clinical judgment or their obligation to deal fairly with all patients. Academy Providers will not allow medical conditions, personal problems, psychological distress, substance use or misuse, or mental health difficulties to interfere with their professional clinical judgment or performance.
10. Academy 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 Academy Provider will not make false or deceptive statements concerning their: training, experience, or competence; academic training or degrees; certification or credentials; institutional or association affiliations; services or fees for services.
11. Academy Providers will not make explicit or implicit false or misleading statements about, or guarantees concerning, any treatment or service, orally or in writing.
12. Academy 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. Academy 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. Academy 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, Academy 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. Academy 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. Academy Providers will not engage in conduct which may cause a conflict between their own interests and the interests of their patient.
2. Academy 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. Academy Providers will not exploit professional relationships for personal gain.
3. Academy 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. Academy 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 Academy rules and policies.
5. Academy Providers will avoid conduct involving inappropriate, unlawful or otherwise unethical monetary gain.

SECTION E: COMPENSATION AND REFERRAL DISCLOSURE REQUIREMENTS

1. Academy Providers will charge fair, reasonable and appropriate fees for all professional services.
2. Academy Providers will charge fees that accurately reflect the services and treatment provided to the patient. When setting fees, an Academy Provider will consider: the length of time they has been practicing in this particular field; the amount of time necessary to

perform the service; the nature of the patient's condition; their professional qualifications and experience; and other relevant factors.

3. Academy Providers will make all appropriate disclosures to patients and prospective patients regarding any benefit paid to others for recommending or referring their services.

4. Academy 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. Academy 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. Academy Providers will respect and maintain the privacy of their patients.

SECTION G: MISCONDUCT PROHIBITIONS

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

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

4. Academy 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. Academy 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.

SECTION H: VIOLATIONS, COMPLAINTS AND DISCIPLINARY PROCEDURES

1. Power to Investigate

The Academy's Credentialing Committee has the power to investigate all complaints that may be harmful to colleagues or to the public, or that may be otherwise contrary to the objectives of the Code of Ethics or the Academy's credentialing programs. The Committee's powers do not extend to addressing economic issues as they relate to legitimate

marketplace competition, or to consumer dissatisfaction oriented complaints that may be resolved through judicial, quasi-judicial or other means.

The Committee has the sole authority to decide whether to act on a complaint and to make final determinations regarding each complaint, subject to the Academy Board of Director's authority to conduct an appeal as set forth in these Rules.

2. Confidentiality

All information disclosed to the Committee or the Board shall be maintained on a confidential basis, except that the Committee or the Board shall be permitted to disclose such information when compelled to by law or to parties essential to the review and investigation of the alleged unethical or unprofessional conduct. Public information shall not be considered confidential information for purposes of this Rule.

3. Complaints

3.1 Complaint Content

A Complaint against any Academy credentialee must be submitted in writing and should contain:

- The name and contact information of the credentialee
- The name and contact information of the complainant
- A detailed description of the complaint
- Supporting documentation, if applicable, not to exceed 25 pages without prior approval of the Academy
- Information concerning previous actions that have been taken with respect to the alleged unethical or unprofessional conduct, if any

3.2 Complaint Submission

Complaints may be submitted via email to credentialing@aaahivm.org or via postal mail to the Academy Headquarters.

4. Investigation

4.1 Initial Action

Within 30 days of receipt, the Credentialing Committee will determine if there is sufficient information to warrant a formal investigation. If the Committee determines the information is insufficient, notification will be provided to the Complainant in writing within 30 days of the decision.

4.2 Investigation

If the Committee determines that a formal investigation is to be conducted, the Complainant and the Credentialee will be notified in writing within 30 days. The notification to the Credentialee will include all supplemental information, including the specific tenets of the Code of Ethics that were allegedly violated.

The Credentialee may submit a written response within 15 days of the date the notification was sent. The response should include:

- A statement that fully responds to all aspects of the complaint
- Supporting documentation, if applicable, not to exceed 25 pages without prior approval of the Academy

Unwarranted delay, failure to respond, or other lack of cooperation by the Credentialee will not prevent the continuation or conclusion of the proceedings by the Committee as it deems fit in its sole and absolute discretion.

If additional information is required from the Complainant, the Credentialee, or a third party, all parties will be notified of the request. The party will have 15 days from the date of notification to provide the requested information.

4.3 Resolution

Based on the findings of the investigation, the Committee may resolve to take one or more of the following actions:

- Conclude that no violation has occurred or is likely to be corrected on its own merit and close the case without further action
- Require that the Credentialee cease and desist the alleged conduct
- Reprimand the Credentialee if the Committee determines there has been a Code violation but limited harm to another person, the public or the profession has occurred
- Place the Credentialee on probation and monitor the Credentialee for a specific length of time
- If appropriate, refer the matter to a state licensing or certifying authority
- Suspend the Credentialee's credential
- Permanently revoke the Credentialee's credential
- Bar the Credentialee from obtaining the credential for a fixed length of time
- Require the Credentialee to take remedial personal rehabilitative or educational actions
- Take any other action that is warranted under the circumstances

The Committee will not determine or impose monetary awards to any party.

The Complainant and Credentialee will receive a written notification of the resolution and any sanctions in writing within 30 days. If the credential has been suspended or revoked, the Credentialee will not be eligible to renew the credential during the period of suspension or revocation.

5. Appeals

5.1 Appeals Content

The Credentialee may appeal the decision of the Committee to the Board of Directors or their designated sub-committee by submitting a notification in writing within 15 days of the receipt of the resolution.

Appeals will only be considered if based on one or more of the following:

- The Code was incorrectly applied
- The findings of facts by the Committee were clearly erroneous
- It would be unjust or unfair to implement the Committee's decision
- The procedures used by the Committee were in serious and substantial violation of the Code and these Rules
- The disciplinary sanctions determined by the Committee were grossly disproportionate to the facts

An appeal should contain:

- A detailed description of all reasons and bases of the appeal
- Supporting documentation, if applicable, not to exceed 25 pages without prior approval of the Academy

5.2 Appeals Submission

Appeals may be submitted via email to credentialing@aahivm.org or postal mail to the Academy Headquarters.

5.3 Appeals Resolution

Within 60 days of receipt of the Appeal Notice, the Board shall notify the Complainant and the Credentialee in writing of its decision, which shall be final. The Board's decision may not be appealed. Once the Board's decision has been made, it shall notify the Committee, which shall implement the Board's directives.

Appendix B: HIV Specialist™ Credentialing Exam Content Outline

Below is an outline of the Domains and Tasks that are evaluated on the 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: HIV Pharmacist™ Credentialing Exam Content Outline

Below is an outline of the Domains and Tasks that are evaluated on the 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 Academy Credentialing applicant or certificant:

- 1) I understand and accept all Academy 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, Academy by-laws as currently constituted and as amended, and in accordance with any decisions or policies issued by the Academy Board of Directors, the Credentialing 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 Academy Code of Professional Ethics, as set forth on the Academy website.
- 3) I agree that if the Academy determines that my compliance with an Academy 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 Academy 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 HIV Credentialing Exam. 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 candidate's or other individuals' 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 Academy 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 Academy Board of Directors and the Credentialing Committee. I accept that my possession of an Academy 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 Academy 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 applicant's eligibility, credentialed status or privileges related to the Academy 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 the Academy, and will be resolved solely and exclusively at the discretion of the Academy Board of Directors and/or the Credentialing 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 can result in sanctions, including exam ineligibility, or revocation of an existing credential after it is awarded.
- 14) I fully release, discharge and indemnify the Academy, 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 the Academy, 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 Academy examination activities, or any other action taken by the Academy 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 Academy Credential rests within the sole and exclusive discretion of the Academy Board of Directors and Credentialing Committee, and that these decisions are final.

Appendix E: Sample Exam Questions

The following are examples of questions that have appeared on the HIV Credentialing Exam. These questions have been retired and the answers may not reflect current practice. Therefore, the purpose of publishing these questions is to demonstrate the type and format of questions that may be asked on the HIV Credentialing Exam. These questions should not be used as a diagnostic or indication of readiness to take the exam.

Correct answers at the time the question was administered are provided at the end of this appendix.

1. A 24 year-old transgender female who wants to start antiretroviral therapy is on estrogen hormone therapy and is preoperative for gender-affirming surgery. Which antiretroviral regimen is preferred based on potential drug-drug interactions?
 - A. Abacavir/lamivudine and atazanavir/ritonavir
 - B. Emtricitabine/tenofovir and raltegravir
 - C. Elvitegravir/cobicistat/emtricitabine/tenofovir
 - D. Emtricitabine/tenofovir and darunavir/ritonavir

2. A 35 year-old cisgender male has had HIV for 25 years and been treated with various antiretrovirals as they became available. His chief complaint is right hip pain. Plain X-rays show no fracture or arthritis. What is the **BEST** next step in evaluation of this patient?
 - A. CT scan of the hip
 - B. Bone scan with attention to hips
 - C. DEXA scan with attention to hips
 - D. MRI with attention to hips

3. A 30 year-old cisgender male with AIDS presents to the clinic with pneumonia. He is on emtricitabine/tenofovir and darunavir/ritonavir. His sputum is smear-positive for acid-fast bacilli. The patient's renal function is normal. Which is the BEST initial treatment regimen?
- A. Thrice weekly isoniazid/rifabutin/pyrazinamide/ethambutol with directly observed therapy
 - B. Twice weekly isoniazid/rifabutin/pyrazinamide/ethambutol
 - C. Daily isoniazid/rifabutin
 - D. Daily isoniazid/pyrazinamide/ethambutol with thrice weekly rifabutin
4. A 32 year-old transgender male with a history of intravenous drug use and a CD4 count of 30 cells/mm³ is seen in the clinic for the first time. A comprehensive metabolic panel shows elevated hepatic transaminases. The hepatitis A antibody, hepatitis C antibody, and hepatitis B surface antigen are all negative. Which is the MOST appropriate next step?
- A. Repeat anti-HCV by enzyme immunoassay (EIA).
 - B. Refer to gastrointestinal specialist for liver biopsy.
 - C. Order CT scan of abdomen with and without contrast.
 - D. Order HCV RNA.
5. A 55 year-old cisgender female has been on antiretroviral therapy since 1996 when she was diagnosed with HIV. Her CD4 count is 450 cells/mm³ and her HIV RNA level is < 40 copies/mL. She has been smoking for 20 years and has hypertension, chronic hepatitis B infection, and benign polyps found on her last colonoscopy one year ago. Which health-maintenance recommendation is the **MOST** important cancer prevention recommendation for this patient?
- A. Annual mammogram
 - B. Smoking cessation counseling
 - C. Colonoscopy every 3-5 years
 - D. Annual serum alpha-fetoprotein and ultrasound

6. Which is **TRUE** regarding colorectal cancer screening in adults with HIV?
- A. Routine screening should begin at age 40 because of a higher incidence of colon cancer.
 - B. Routine screening should begin at age 50 as the incidence is similar to non-HIV adults.
 - C. Routine screening should begin at age 60 because of a lower incidence of colon cancer.
 - D. Screening is recommended only if there is a family history of colon cancer in a first degree relative.
7. A 42 year-old transgender male who was diagnosed with HIV five years ago presents to the clinic for antiretroviral therapy initiation (ART). His HIV RNA level is 255,000 copies/mL, CD4 count is 285 cells/mm³, LDL level is 195 mg/d, HLA-B*5701 negative, and has a K103N mutation. Which is the **MOST** appropriate ART to initiate?
- A. Emtricitabine/rilpivirine/tenofovir alafenamide
 - B. Abacavir/lamivudine and raltegravir
 - C. Abacavir/dolutegravir/lamivudine
 - D. Dolutegravir/rilpivirine
8. An obstetrician has referred a 26 year-old cisgender female with HIV who presented for initiation of prenatal care at 34 weeks gestation. She is currently off medications but has a history of taking antiretroviral therapy (ART) for approximately six months after her initial diagnosis four years ago. She discontinued them because she felt that they were not working. She also took two different pills for the last six weeks of her previous pregnancy two years ago. Her HIV RNA is 58,200 copies/mL and her CD4 count is 328 cells/mm³.

Which is the **BEST** recommendation for this patient?

- A. Delay the start of ART until results of current genotyping can be obtained.
- B. Delay the start of ART until records of her previous treatment and labs can be obtained.
- C. Begin immediate therapy with abacavir/dolutegravir/lamivudine 1 tablet daily while awaiting genotyping results.
- D. Begin immediate therapy with emtricitabine/tenofovir disoproxil fumarate 1 tablet daily plus darunavir 600 mg BID and ritonavir 100 mg BID while awaiting genotyping results.

9. A 48 year-old cisgender female with HIV has been recently diagnosed with gastric cancer. She has been on a successful antiretroviral therapy (ART) with a CD4 count of 450 cells/mm³ and an HIV RNA <200 copies/mL. Which should be a consideration when combining antiretroviral and antineoplastic therapy in this patient?

- A. Chemotherapy is not expected to result in changes to the CD4 count.
- B. Chemotherapy should not be initiated unless the CD4 count is greater than 500 cells/mm³.
- C. A blip in the viral load is commonly seen with antiretrovirals and chemotherapy.
- D. There are antiretroviral combinations without drug interactions with chemotherapy.

10. A 24 year-old cisgender male receiving emtricitabine/tenofovir disoproxil fumarate for pre-exposure prophylaxis is newly diagnosed with acute HIV. The patient feels he will not avoid engaging in high-risk behaviors at this time. After counseling the patient on risk reduction practices, the patient is willing to start therapy.

Which of the following is the **MOST** appropriate action to take at this time?

- A. Perform genotypic resistance testing and discontinue emtricitabine/tenofovir disoproxil fumarate.
- B. Perform genotypic resistance testing and change to bictegravir/emtricitabine/tenofovir alafenamide.
- C. Perform phenotypic resistance testing and continue emtricitabine/tenofovir disoproxil fumarate.
- D. Perform phenotypic resistance testing and change to abacavir/dolutegravir/lamivudine.

11. A 29 year-old cisgender female medical resident who is five weeks pregnant presents to the employee health center after a needlestick injury. Rapid HIV testing is found to be negative. According to the most recent occupation post-exposure prophylaxis (PEP) guidelines, what is recommended to be initiated for PEP in this patient?
- A. Atazanavir/ritonavir and emtricitabine/tenofovir alafenamide
 - B. Efavirenz/emtricitabine/tenofovir disoproxil fumarate
 - C. Dolutegravir and abacavir/lamivudine
 - D. Raltegravir and emtricitabine/tenofovir disoproxil fumarate
12. Confidential name-based reporting of HIV diagnosis data to the Centers for Disease Control and Prevention (CDC) is used to accomplish which of the following?
- A. HIV/AIDS surveillance
 - B. Partner notification
 - C. Treatment as prevention
 - D. The duty to warn

13. A 27 year-old G2/P1 female with HIV presents at 39 weeks gestation for spontaneous vaginal delivery of her second child. She has been on antiretroviral therapy (ART) for the past seven years, including during her most recent pregnancy. Last week in the clinic, her CD4 count was 843 cells/mm³ and HIV RNA level was <20 copies/mL. Her OB/GYN physician wants to start IV zidovudine, but the patient is reluctant to use zidovudine because she has read about the side effects online prior to arriving at the hospital.

Which is the **MOST** appropriate recommendation to give the OB/GYN physician regarding intrapartum ART in this patient?

- A. The patient must be started on IV zidovudine in order to prevent vertical transmission of HIV to her child during labor.
- B. The patient can be continued on her current ART regimen without IV zidovudine because her HIV RNA level is <20 copies/mL.
- C. IV zidovudine is not recommended for women with HIV during labor and delivery because the medication has not been shown to decrease the rate of vertical HIV transmission.
- D. Oral efavirenz/emtricitabine/tenofovir, not IV zidovudine, is recommended to prevent vertical transmission of HIV during labor and delivery.

14. Which statement is **TRUE** about emtricitabine/tenofovir disoproxil fumarate/elvitegravir/cobicistat?

- A. The drug should be taken on an empty stomach.
- B. The drug should not be started if the CrCl is < 70 mL/min.
- C. The drug may be continued if the CrCl drops to < 50 mL/min.
- D. Pravastatin is contraindicated in combination with this drug.

15. A 63 year-old cisgender female who is HIV-treatment-naive presents to the clinic to start antiretroviral therapy (ART). Active medical issues include gastroesophageal reflux disease with a history of ulcer, hypercholesterolemia, and hypertriglyceridemia. All of the conditions are presently at goal levels and managed with current therapy. She was hospitalized four years ago for alcohol-induced hepatitis but has abstained from alcohol for the past three years.

The patient has the following pertinent laboratory values:

- CD4: 235 cells/mm³
- HIV RNA: 110,000 copies/mL (genotype from this sample reveals no resistance mutations)
- HLA-B*5701: negative.

She is taking 40mg of atorvastatin daily and 20mg of omeprazole daily.

Which is the **BEST** choice for initial therapy for this patient if she continues her current medications at present doses?

- A. Rilpivirine/emtricitabine/tenofovir alafenamide with food and omeprazole administration 12 hours before ART
- B. Dolutegravir and emtricitabine/tenofovir alafenamide
- C. Elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide with food and omeprazole administration 12 hours before ART
- D. Raltegravir and abacavir/lamivudine

Answers: 1. B, 2. D, 3. D, 4. D, 5. B, 6. B, 7. C, 8. D, 9. D, 10. B, 11. D, 12. A, 13. B, 14. B, 15. B