AMERICAN ACADEMY OF HIV MEDICINE

CREDENTIALING HANDBOOK

HIV SPECIALIST™
AMERICAN ACADEMY

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.

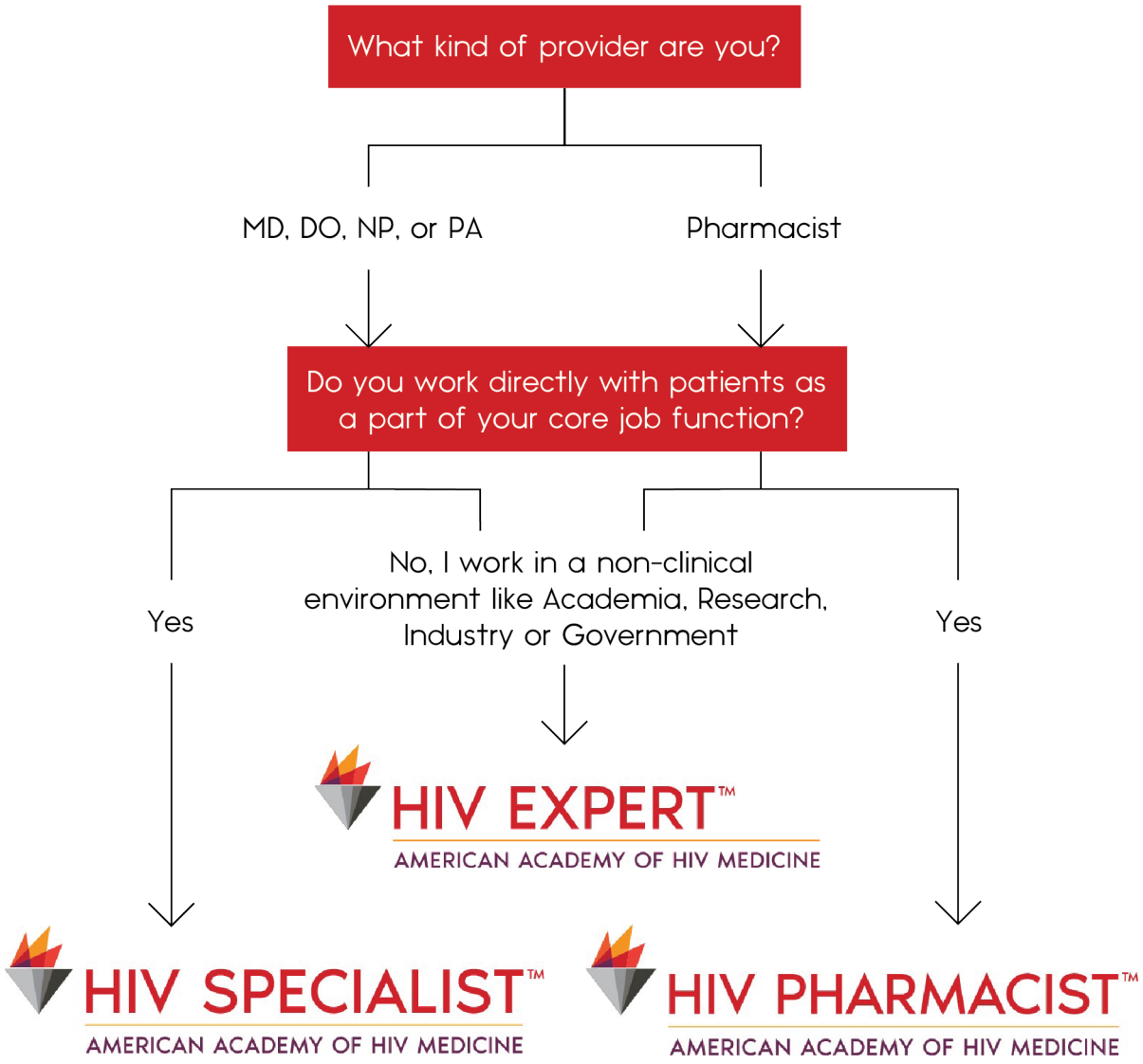
HIV Pharmacist™ (AAHIVP)

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 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:

Activity Type	Required Information	Supporting Documentation
AMA Category 1 CME	• Course title • Date completed • Number of HIV/HCV-related hours	Certificate of Completion or CE Transcript
ANCC Accredited CNE	• Course title • Date completed • Number of HIV/HCV-related hours	Certificate of Completion or CE Transcript
College-level Coursework	• Course title • Date completed • Number of HIV/HCV-related hours	Transcript showing course title and passing grade. For courses that are not obviously HIV-related, additional documents, such as a syllabus, must be submitted.
Teaching or Lecturing • 1 hour of in-class instruction is equivalent to 1 hour of CE	• Course title • Date completed • Number of in-class instruction hours	Letter from the supervisor confirming courses taught and hours of in-class time
Participation in: • HIV-related residency • HIV-related fellowship • MATEC Clinical Scholars Program	• Program name • Program location • Date completed or anticipated completion date	Certificate of Completion or letter from program manager confirming participation and completion of HIV/HCV related didactic instruction. MATEC Clinical Scholars may submit a transcript from MATEC.

Required information for each activity must be submitted as part of a complete application. Supporting documentation may be submitted at the time of application but is required only if the application is audited. Documentation may 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. Complete the Academy Mentoring Program 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 earned in any of the following ways:

Activity Type	Required Information	Supporting Documentation
Additional ACPE Accredited CPE	• Course title • Date completed • Number of HIV/HCV-related hours	Certificate of Completion or CE Transcript
AMA Category 1 CME	• Course title • date completed • Number of HIV/HCV-related hours	Certificate of Completion or CE Transcript
ANCC Accredited CNE	• Course title • Date completed • Number of HIV/HCV-related hours	Certificate of Completion or CE Transcript
College-level Coursework	• Course title • Date completed • Number of HIV/HCV-related hours	Transcript showing course title and passing grade. For courses that are not obviously HIV-related, additional documents, such as a syllabus, must be submitted.
Teaching or Lecturing • 1 hour of in-class instruction is equivalent to 1 hour of CE	• Course title • Date completed • Number of in-class instruction hours	Letter from the supervisor confirming courses taught and hours of in-class time
Participation in: • HIV-related residency • HIV-related fellowship • MATEC Clinical Scholars Program	• Program name • Program location • Date completed or anticipated completion date	Certificate of Completion or letter from program manager confirming participation and completion of HIV/HCV related didactic instruction. MATEC Clinical Scholars may submit a transcript from MATEC.

Required information for each activity must be submitted as part of a complete application. Supporting documentation may be submitted at the time of application but is required

only if the application is audited. Documentation may 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:

Activity Type	Required Information	Supporting Documentation
ACPE Accredited CPE	• Course title • Date completed • Number of HIV/HCV-related hours	Certificate of Completion or CE Transcript
AMA Category 1 CME	• Course title • Date completed • Number of HIV/HCV-related hours	Certificate of Completion or CE Transcript
ANCC Accredited CNE	• Course title • Date completed • Number of HIV/HCV-related hours	Certificate of Completion or CE Transcript
College-level Coursework	• Course title • Date completed • Number of HIV/HCV-related hours	Transcript showing course title and passing grade. For courses that are not obviously HIV-related, additional documents, such as a syllabus, must be submitted.
Teaching or Lecturing • 1 hour of in-class instruction is equivalent to 1 hour of CE	• Course title • Date completed • Number of in-class instruction hours	Letter from the supervisor confirming courses taught and hours of in-class time
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Required information for each activity must be submitted as part of a complete application. Supporting documentation may be submitted at the time of application but is required only if the application is audited. Documentation may 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 it 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, 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 or to renew a credential, 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
- Confirmation of completion of 45 hours of HIV or HCV-related CE, as outlined in the Eligibility Requirements section for each credential above
- 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 or eCheck 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 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 application 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
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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 Review and Passing Standard Determination

The HIV Credentialing Exam consists of 125 multiple choice questions. 100 questions are scored and 25 questions are unscored/experimental. Candidates will not know which questions are unscored, so should treat all questions as if they will be scored.

Upon completion of an administration of an exam, the Academy conducts a statistical analysis of all questions on the exam. Questions that are statistically or anecdotally questionable are flagged and reviewed by the Credentialing Committee. During this review, the Committee will verify the accuracy of the questions. Based on the content, the question can be kept as is, rekeyed, or removed from scoring. Establishment of the passing standard and scoring of the exam proceeds based on this review.

In accordance with testing industry and published psychometric standards, the Academy employs a highly defensible passing score determination process. Upon the update of the exam blueprint, the passing score will be set through a standard setting process, where all test questions are rated for difficulty by a panel of Subject Matter Experts. Each successive form will go through the "equating" process using a criterion-referenced method, which allows for the performance of each candidate taking the exam to be judged against a predetermined standard, rather than against other candidates.

The pass point varies for each examination cycle, based on a detailed statistical analysis of aggregated exam item performance data, and an "equating" process which corrects for slight variances in the statistical "difficulty" of periodically revised exam forms. The Academy's contract psychometrician then provides a defensible cut score (passing standard) range for the exam, and the Credentialing Committee reviews the proceedings and determines an exact passing standard (or number of items needed correct for a passing result) from within the defensible range.

Official scoring commences for all submitted online or written exam materials once the pass point is set.

Examination Results

Exam results are processed as a group in one scoring session. Results notifications are published 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.

Examination Results Interpretation

Failing Scores

Candidates who do not receive a passing score will be provided the following information:

1) Overall Score: The Overall Score reflects the number of scored questions answered correctly.
2) Passing Score: The Passing Score is the number of questions that must be answer correctly to receive a Pass result.
3) Results by Domain: For each Domain of the Content Outline, candidates are provided the percentage of questions that were answered correctly.

When reviewing Results Domain, it is important that each domain is weighted differently; therefore, it is not possible to make determinations about a candidate's overall examination performance based on the information provided. Performance in each domain should be interpreted cautiously. Because there are fewer questions in each domain than on the overall examination, information about candidate performance in the domains is less reliable than the Overall Score.

Candidates who choose to retake the examination are encouraged to study the content from all Domains. Neglecting to study the domains in which performance was strongest could result in worse performance on those domains during retesting.

Passing Scores

Candidates who receive a passing score will be provided a letter confirming their pass result. These candidates will not be provide any numerical score. The HIV Credentialing Exams are designed as pass/fail instruments. They are not designed to differentiate between passing candidates. Numerical scores, or other detailed feedback, may be used inappropriately to prejudice one credentialee over another, so that information is omitted for the protection of all credentialees.

Question Level Feedback

Question level feedback, including disclosure of the question stem, answer choices, and candidate's performance, is not provided to candidates. The primary function of the HIV Credentialing Exams are to evaluate whether a candidate is able to demonstrate competency in the Content Domains for each exam. Questions may be re-used for future examinations, and disclosure of question details would render them ineffective for this purpose.

Paper Examination Hand Scoring

Candidates who take the paper version of an HIV Credentialing Exam may request a hand scoring of their bubble sheet. Information about how to request a hand scoring can be obtained by e-mailing credentialing@aahivm.org. The hand scoring process proceeds as follows:

1) Candidates are provided a link to request a hand score
2) Candidates complete a hand scoring request, including the payment of a request fee. The fee is paid directly to our testing partner, Meazure Learning.
3) A Meazure Learning employee retrieves the candidates bubble sheet and completes a manual scoring of the examination. Meazure Learning staff will use their best judgement to determine what the candidate's intentions were based on the information on the bubble sheet.
4) Meazure Learning reports the hand scoring results to the Academy
5) Academy staff report the results directly to the candidate.

The Hand Scoring process does not include evaluation of the content of any exam questions. The sole purpose of the hand scoring is to ensure that candidates are not penalized if their answer choices are unclear on the bubble sheet or due to machine error. There is no guarantee that a hand scoring of an examination will result in a positive change in the exam results. It is possible that there will be no change in score, or that the score may go down.

Hand scoring results are final and may not be appealed.

Examination Appeals

The HIV Credentialing Exams go through a thorough review process before and after administration each year. Each exam question is designed to have one demonstrably correct answer choice and three incorrect answer choices. The determination of the correct answer choice for each question is verified through consensus of multiple credentialed Subject Matter Experts.

Following the administration of the examination, each question is reviewed as outlined above in the Examination Review and Passing Standard Determination section. Therefore, appeals of examination scores will not be considered on the basis of a candidate's dissatisfaction with their results or particular questions on the examination. Appeals based on any other factor may be submitted in writing to credentialing@aahivm.org. Appeal requests must include information about the reason for an appeal and any supporting documentation if applicable. Appeals will be reviewed by Academy Staff and/or the Credentialing Committee within a reasonable timeframe. Appeal results are final and may not be further appealed.

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. This directory may list any of the following information for each credentialee:

- Name
- NPI # (if provided)
- Professional Designations (if provided)
- City and state of residence
- Credential name
- Initial credential date
- Credential expiration date
- Link to the digital credential

If an official verification of a practitioner's credential is required, requests can be made via email to credentialing@aahivm.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@aahivm.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, Tasks, Knowledge and Skills evaluated on the HIV Specialist™ Credentialing Exam. Each Domain is a high level function for the role of the HIV Specialist™. Domains consist of Tasks that an HIV Specialist™ will be able to perform competently. For each Task, a list of Knowledge or Skills is provided.

Each question on the Exam is directly related to one of these Task/Knowledge statements. The number of questions on the exam for each Task is determined based on the results of the Role Delineation Study (RDS) completed in 2023. An RDS is a standardized study of a profession designed to establish the knowledge and skills necessary for competent practice.

Domain I: Prevention

Task 1: Promote early detection and prevention by educating the patient on the importance of HIV screening and discussing its benefits and implications.

Knowledge of or skill in:

1. Epidemiology
2. Perinatal screening guidelines
3. Highly impacted or underscreened populations (e.g., sexual and gender minorities, racial and ethnic minorities, adolescents, older adults)
4. Clinical decision-making
5. Social and economic considerations

Task 2: Assess the patient's relative risk for acquiring and/or transmitting HIV to reduce transmission of HIV and other STIs.

Knowledge of or skill in:

1. Obtaining a sexual history and assessing sexual practices
2. Risks of needle sharing or sharing injection supplies (works)
3. Risks associated with substance and alcohol use
4. Occupational and nonoccupational exposures
5. Impact of abuse and violence
6. Vertical transmission risk
7. Addressing misinformation

Task 3: Educate patients on harm reduction methods to reduce the risk of acquiring HIV and other STIs in accordance with current guidelines.

Knowledge of or skill in:

1. STI pre- and post-exposure prophylaxis and treatment
2. HIV pre- and post-exposure prophylaxis and treatment
3. Harm reduction methods for injection drug use
4. Vaccinations
5. Barrier methods and PPE
6. Communication with partners
7. Addressing misinformation

Task 4: Initiate and manage harm reduction methods to reduce the risk of acquiring HIV and other STIs in accordance with current guidelines.

Knowledge of or skill in:

1. STI pre- and post-exposure prophylaxis and treatment including expedited partner therapy
2. HIV pre- and post-exposure prophylaxis and treatment
3. Vaccinations
4. Barrier methods and PPE
5. Addressing misinformation

Task 5: Counsel individuals about HIV treatment as prevention.

Knowledge of or skill in:

1. U = U and medication adherence
2. Preconception counseling
3. Perinatal Transmission
4. Chest (Breast) feeding practices

Domain II: Diagnosis

Task 1: Order and interpret clinically appropriate HIV tests based on incidence and prevalence rates in various populations to diagnose HIV-1 and HIV-2 accurately.

Knowledge of or skill in:

1. Types of tests and characteristics
2. Inconclusive and false positive test results
3. Clinical decision making
4. Window periods

Task 2: Identify relevant elements of patient's history to aid in the evaluation of HIV status.

Knowledge of or skill in:

6. Risk mitigating vs risk enhancing factors

Task 3: Recognize and diagnose HIV at different stages of clinical presentation through patient history, physical examination, appropriate laboratory tests, and clinical signs to counsel the patient and encourage initiation of treatment through shared decision making.

Knowledge of or skill in:

1. Identifying acute retroviral syndrome
2. AIDS (Stage 3) defining OIs
3. HIV related malignancies
4. Interpreting lab results
5. HIV associated co-infections
6. HIV associated comorbidities

Domain III: Treatment and Management

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

Knowledge of or skill in:

1. First line ART regimens
2. Factors affecting timing of initiation of ART
3. Rapid initiation of ART
4. ART considerations for perinatal populations
5. ART considerations for pediatric populations
6. ART considerations for treatment experienced populations
7. ART considerations for comorbidities
8. ART considerations for drug-drug interactions
9. ART considerations for social-economic barriers
10. ART considerations for adherence challenges
11. ART considerations for transgender populations

Task 2: Develop individualized treatment plans through shared decision-making using medication history, supplement use, medical history, social history, laboratory test results, and other evaluations.

Knowledge of or skill in:

1. First line ART regimens
2. Factors affecting timing of initiation of ART
3. Rapid initiation of ART
4. ART considerations for perinatal populations
5. ART considerations for pediatric populations
6. ART considerations for treatment experienced populations
7. ART considerations for comorbidities
8. ART considerations for drug-drug interactions including complementary/alternative medications and supplements
9. ART considerations for social-economic barriers
10. ART considerations for adherence challenges
11. ART considerations for achieving viral suppression
12. ART considerations for adverse effect history
13. ART considerations for degree of immunosuppression and viremia
14. ART considerations for co-infections
15. ART considerations for transgender populations
16. Treatment considerations for co-infections

Task 3: Monitor the efficacy, toxicity, tolerability, patient adherence, and presence of resistance to prescribed ART using patient history, physical examination, and laboratory parameters.

Knowledge of or skill in:

1. Selection and frequency of lab monitoring
2. Interpreting lab results
3. Anti-retroviral specific adverse effects

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

Knowledge of or skill in:

1. Medication selection and dosing considerations
2. Interpreting lab results
3. Identification and management of medication contraindications
4. Initiation and discontinuation of prophylaxis
5. Primary vs secondary prophylaxis

Task 5: Optimize treatment by identifying and addressing the five domains of social determinants of health (Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context) and recognizing the unique challenges to access and care that patients face.

Knowledge of or skill in:

1. Accessing financial support systems
2. Assessing barriers to adherence and engagement in care
3. Recognizing health literacy barriers
4. Resources for transportation and housing support
5. Assessing for food insecurity
6. Identifying stigma and discrimination

Task 6: Coordinate appropriate medical care of opportunistic infections, STIs, co-infections, and co-morbidities.

Knowledge of or skill in:

1. Indications for specialty care
2. Identifying availability of resources
3. Coordination strategies to address social determinants of health
4. Gender affirming care

Task 7: Engage patients in HIV-specific preventive screenings to improve quality of life and increase survival.

Knowledge of or skill in:

1. HPV-related cancer screenings and schedules
2. Cardiovascular preventive screenings and schedules
3. Bone health preventive screenings and schedules
4. STI preventive screenings and schedules
5. Depression screenings and schedules
6. Routine general health screenings and schedules

Task 8: Counsel patients on HIV-specific immunizations to improve quality of life and increase survival.

Knowledge of or skill in:

1. CDC vaccination schedule
2. Impact of immunocompetence on vaccination schedule
3. Travel vaccines
4. Post-vaccination monitoring

Task 9: Incorporate the potential impact of aging in the HIV population into clinical decision making.

Knowledge of or skill in:

1. Identifying HIV associated neurocognitive disorders
2. Identifying and evaluating frailty
3. Recognizing the impact of HIV on multimorbidities
4. Addressing polypharmacy
5. Recognizing the metabolic impact of ART and HIV

Task 10: Use technology to increase access to care and patient engagement.

Knowledge of or skill in:

1. Tele-health
2. Virtual communication
3. Digital applications
4. Point-of-care tools

Domain IV: Professional Responsibility and Health Equity

Task 1: Recognize federal public health regulations regarding disclosure and confidentiality of HIV results and related issues.

Knowledge of or skill in:

1. Legal precedents and their implications
2. Reporting requirements
3. Partner notification programs
4. Occupational disclosure requirements

Task 2: Identify appropriate candidates for clinical trials and expanded access programs based on inclusion and exclusion criteria.

Knowledge of or skill in:

1. Reviewing and assessing research protocols
2. Interpreting study design
3. Compassionate use eligibility

Task 3: Identify national programs and initiatives to optimize care, promote equitable access to care, and reduce health care inequities.

Knowledge of or skill in:

1. Current national programs to end the HIV epidemic
2. Medication assistance programs

Task 4: Recognize the importance of cultural humility in optimizing HIV outcomes in marginalized, oppressed, and resource-limited communities.

Knowledge of or skill in:

1. Addressing language and literacy barriers using appropriate resources
2. Recognizing and mitigating implicit bias
3. Practicing trauma informed care principles
4. Integrating culturally appropriate practices into individualized care

Task 5: Facilitate end of life decision making discussions.

Knowledge of or skill in:

1. Palliative care
2. Advanced directives
3. Factors influencing ART continuation or discontinuation
4. Surrogate decision makers/DPOA

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 directly related to one of these Task/Knowledge statements. The number of questions on the exam for each Task is determined based on the results of the Role Delineation Study (RDS) completed in 2024. An RDS is a standardized study of a profession designed to establish the knowledge and skills necessary for competent practice.

Domain I: Screening and Assessment

Task 1: Recommend, order, and/or interpret HIV tests based on incidence and prevalence rates in various populations to diagnose or screen for HIV-1 and HIV-2 accurately.

Knowledge of or skill in:

1. Types of tests and characteristics including over the counter HIV tests
1. Inconclusive and false positive test results
2. Recognizing different window periods for HIV tests
3. Recognizing long-acting early viral inhibition (LEVI) syndrome
4. Testing indications for various populations

Task 2: Recognize HIV at different stages of clinical presentation through patient history, laboratory tests, and clinical signs.

Knowledge of or skill in:

1. Identifying acute retroviral syndrome
2. AIDS (Stage 3) defining conditions
3. Education, counseling, and interpretation of lab results

Task 3: Recommend, order, and/or interpret screening and laboratory tests to monitor for potential HIV-related conditions.

Knowledge of/skill in:

1. Opportunistic infections
2. Sexually transmitted infections
3. HIV-related malignancies
4. Viral Hepatitis
5. Preventive health screenings (e.g., cardiovascular, bone health, mental health)

Domain II: Prevention

Task 1: Assess the relative risk of acquiring and transmitting HIV and other STIs.

Knowledge of/skill in:

1. Epidemiology
2. Obtaining a sexual history and assessing sexual practices
3. Identifying risk factors for patient's acquisition and transmission
4. Perinatal screening and Vertical transmission risk
5. Highly impacted or underscreened populations (e.g., sexual and gender minorities, racial and ethnic minorities, adolescents, older adults)

Task 2: Educate on harm reduction methods to reduce the risk of acquiring and transmitting HIV and other STIs.

Knowledge of/skill in:

1. HIV pre-exposure prophylaxis
2. HIV post-exposure prophylaxis
3. STI prophylaxis and treatment
4. Barrier methods
5. Harm reduction methods for injection drug and substance use
6. Vaccinations

Task 3: Recommend, initiate, and manage HIV pre-exposure prophylaxis.

Knowledge of/skill in:

1. Patient and clinical considerations
2. Medication selection and dosing considerations
3. Monitoring parameters
4. Recognizing long-acting early viral inhibition (LEVI) syndrome
5. Medication adherence
6. Clinical research studies
7. Alternative and novel prevention strategies (e.g., evidence-based Prep, time-based Prep, 2-1-1, vacation-based Prep)

Task 4: Recommend, initiate, and manage HIV post-exposure prophylaxis.

Knowledge of/skill in:

1. Patient and clinical considerations
2. Medication selection and dosing considerations
3. Monitoring parameters
4. Medication adherence

Task 5: Recommend, initiate, and manage STI prophylaxis and treatment.

Knowledge of/skill in:

1. Patient and clinical considerations
2. Medication selection and dosing considerations
3. Monitoring parameters
4. Medication adherence
5. Alternative and novel prevention strategies
6. Expedited Partner Therapy

Task 6: Counsel individuals about HIV treatment as prevention.

Knowledge of/skill in:

1. U = U and medication adherence

Domain III: Treatment and Management

Task 1: Develop an antiretroviral therapy (ART) regimen using medication history, supplement use, medical history, social history, laboratory test results, and other evaluations.

Knowledge of/skill in:

1. Pharmacology of antiretroviral drugs
2. First line ART regimens
3. Rapid initiation of ART
4. ART considerations for perinatal populations
5. ART considerations for pediatric populations
6. ART considerations for treatment experienced populations
7. ART considerations for long-acting agents
8. ART considerations for comorbidities
9. ART considerations for drug-drug interactions including complementary/alternative medications and supplements
10. ART considerations for social-economic barriers
11. ART considerations for adherence challenges
12. ART considerations for achieving viral suppression, degree of immunosuppression and viremia
13. ART considerations for adverse effect history
14. ART considerations for co-infections
15. ART considerations for transgender populations
16. Investigational treatment strategies and emerging agents
17. Strategies to enhance adherence, such as simplifying regimens and considering patient preferences (optimization simplification switch)
18. Situations where alternative dosage forms are needed

Task 2: Monitor the efficacy, tolerability, patient adherence, and presence of resistance to ART using patient history and clinical assessment.

Knowledge of/skill in:

1. Monitoring parameters
2. Antiretroviral specific adverse effects
3. Interpreting resistance testing

Task 3: Evaluate the relevance of drug interactions associated with ART to optimize efficacy and minimize adverse events.

Knowledge of/skill in:

1. Identifying potential drug-drug, drug supplement, and drug-food interactions that could affect ART efficacy
2. Managing potential drug-drug, drug supplement, and drug-food interactions that could affect ART efficacy
3. Mechanisms of drug interactions such as enzyme induction and inhibition

Task 4: Recommend, initiate, and manage OI prophylaxis and treatment to improve quality of life and prolong survival.

Knowledge of/skill in:

1. Patient and clinical considerations
2. Medication selection and dosing considerations
3. Monitoring parameters
4. Initiation and discontinuation of prophylaxis
5. Primary vs secondary prophylaxis
6. Factors affecting timing of initiation of ART
7. Geographic differences in OI exposures including endemic regions for certain infections

Task 5: Manage other comorbidities and promote patient engagement to improve quality of life and increase survival.

Knowledge of/skill in:

1. Renal disease and metabolic disorder management
2. Cardiovascular management
3. Bone health management
4. Mental health management
5. Viral Hepatitis management
6. Incorporating the potential impact of aging in the HIV population into clinical decision making.
7. Coordination strategies to address social determinants of health
8. Gender affirming care
9. Addressing polypharmacy

Task 6: Recommend, initiate, and manage vaccinations in PWH to improve quality of life and increase survival.

Knowledge of/skill in:

1. CDC vaccination schedule
2. Patient and clinical considerations on vaccination schedule
3. Travel vaccinations

Domain IV: Professional Responsibility and Health Equity

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

Knowledge of/skill in:

1. Literature evaluation
2. Identifying appropriate candidates for clinical trials and expanded access programs

Task 2: Promote professional and patient advocacy, HIV education, and development of public policy.

Knowledge of/skill in:

1. Recognizing federal public health regulations regarding disclosure and confidentiality of HIV results and related issues
2. Collaborative practice agreements and expanding pharmacist role
3. 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 3: Identify opportunities to optimize care, promote equitable access to care, and reduce health care inequities.

Knowledge of/skill in:

1. Current national programs to end the HIV epidemic
2. Medication access (e.g., cost savings, medication assistance programs, prior authorization)
3. Using technology to increase access to care and patient engagement (e.g., telehealth, digital applications, and point-of-care tools)
4. Managing transitions of care (e.g., hospitalization, telephone encounters, medication reconciliation, patient assessment) to enhance retention in care.
5. Antiretroviral stewardship
6. Multidisciplinary care coordination to affect the HIV care continuum

Task 4: Recognize the importance of social determinants of health in optimizing HIV outcomes.

Knowledge of/skill in:

1. Addressing language and literacy barriers using appropriate resources
2. Recognizing and mitigating implicit bias, stigma, and discrimination
3. Assessing barriers to adherence and engagement in care
4. Resources for financial support, food insecurity, transportation and housing
5. Addressing the needs of special populations (e.g., geriatric, PWID, pediatric, pregnant, transgender, incarcerated persons) by analyzing their unique needs to optimize the effectiveness, impact, and adherence to treatment

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 applicant¹s 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 can 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/mm^3, 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/mm^3.
    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/mm^3 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/mm^3.
    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/mm^3 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/mm^3
    - 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