APPLICATION FOR THE USPHS NATIONAL CLINICAL PHARMACY SPECIALIST - DIAGNOSTIC (NCPS-D) CERTIFICATION

Thank you for your interest in applying for the National Clinical Pharmacy Specialist-Diagnostic (NCPS-D) certification.

Each applicant must demonstrate the active provision of comprehensive patient care with diagnostic privileges. In addition, they must complete additional training and practice requirements above that of the traditional National Clinical Pharmacy Specialist. NCPS-D pharmacists must maintain a current clinical practice with prescriptive authority to manage four or more disease states. To be eligible for the NCPS-D certification, pharmacists must be credentialed and privileged as providers by either a local or national authority, with clinical privileges that specifically authorize them to order and interpret laboratory and diagnostic testing, conduct physical examinations or assessments, formulate diagnoses, provide specialty referrals, and initiate, modify, or discontinue treatments.

NCPS-D Requirements:

1) Current, active NCPS certification and pharmacist licensure in any U.S. state or territory, including completion of 30 hours of clinically relevant ACPE- or AMA-accredited Continuing Education within the 2 years prior to the NCPS-D application date
2) Completion of an IHS Advancing Pharmacy Practice Committee (APPC)-approved physical assessment training course.
3) 500 patient encounters in the 2 years prior to the NCPS-D application date
    a) All encounters must include 2 chronic disease states/diagnoses OR 1 chronic diagnosis and 1 preventative health intervention OR 1 acute health condition newly diagnosed by the pharmacist
    b) 50% or more of the encounters must occur after the physical assessment course completion date
    c) 10% or more of encounters must include an acute or chronic condition newly diagnosed by the pharmacist
    d) 25% of encounters can be telehealth; submitted telehealth encounters must include video and physical examination components
    e) Applicants may include patient encounters where the pharmacist served as a proctor, or preceptor for a trainee. These are cases where the applicant supervised a trainee in clinical decision making and physical examination but may not be the primary author of the note.
4) Copy of approved collaborative practice agreement (CPA) or protocol AND dated copy of local approved clinical privileges that clearly shows pharmacist has core assessment, diagnostic, and treatment privileges for at least one broad-scope area of care, such as internal medicine, psychiatry, or infectious disease. Pharmacists practicing under a protocol must provide a copy of their privileging letter.
5) Letter of attestation from physician or supervising pharmacist
6) Submission of clinical outcomes for ≥ 4 clinically privileged disease states upon application and annually to maintain certification
7) Professional Contributions – see application checklist on pages 5-6, applicants must indicate one item from any two of the categories and provide documentation, such as a copy of the publication or certificate of appreciation from the organization

Application Deadlines: Completed applications must be received by the NCPS Committee thirty days prior to the next scheduled meeting to be considered for certification. The NCPS Committee meets quarterly to review applications on the second Wednesday in February, May, August, and November.

Please refer to the NCPSC website for further information:
https://dcp.psc.gov/osg/pharmacy/ncps.aspx.

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Completed applications should be emailed to: John.Collins@ihs.gov.

DEMOGRAPHIC INFORMATION:

Applicant Legal name (as appears on license): _____

Name as desired on certificate (if different): _____

Facility Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email Address: _____

Position Title: _____

Dates of Affiliation/Employment: _____

PROFESSIONAL LICENSURE:

List all jurisdictions in which you currently hold professional licensure – use a separate sheet if more space is needed.

	State	License Number	Expiration Date
1.			
2.			
3.			

DEA REGISTRATION:

Please provide only if you are registered individually with the DEA to prescribe controlled substances. Do not include your facility's DEA registration number.

DEA Registration Number: _____ Expiration Date: _____

SPECIALTY & DISEASE-STATE MANAGEMENT CERTIFICATIONS & TRAININGS:

(E.g. BCPS, CDCES, DATA-Waiver, etc.). APPC-approved physical assessment training is required. Use a separate sheet if additional space is needed.

	Certification Name	Date Achieved	Expiration Date (if applicable)
1.	Physical Assessment for Clinical Pharmacists Provider:		
2.			
3.			

AREAS OF PRACTICE AUTHORITY:

List the areas of care in which the applicant is currently approved at the local facility to provide care therein. Submit to NCPS Committee with application and annually thereafter along with outcomes reports. Use an additional attachment if more space is needed.

Areas of Practice Authority	Date Authorized	Description (if not self-explanatory)
1.		
2.		
3.		
4.		

PREVIOUS PROFESSIONAL AFFILIATIONS/EMPLOYMENT:

List previous work affiliations covering the last two years. Use an additional attachment if more space is needed.

Facility Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Position Title: _____

Dates of Affiliation/Employment: _____

COLLABORATIVE PRACTICE AGREEMENT (CPA)/PRIVILEGING DOCUMENTS/ PROTOCOL CRITICAL ELEMENTS CHECKLIST:

Please document in the "Notes" column which page(s) contain the required elements.

Required Elements	Notes
1. Practice procedures a. Process for obtaining referrals and determining patient eligibility b. Patient care procedures/protocols c. Processes for referral to specialist provider and/or discharge back to primary care provider	Page: _____ Page: _____ Page: _____
2. Comprehensive care a. Process for managing associated comorbidities b. Healthcare maintenance program based on local need (examples may include, but not limited to immunizations, tobacco cessation, associated screening tests, etc.)	Page: _____ Page: _____

Required Elements	Notes
3. Clear statements that the pharmacist is authorized to do ALL of the following per their CPA/protocol/ privileging documents: a. Order and interpret laboratory and diagnostic tests b. Formulate a diagnosis for acute and/or chronic conditions within comprehensive scope of practice c. Perform a physical assessment d. Prescribe (initiate, modify, discontinue) medications e. Provide and document patient education f. Provide follow-up of the patient	Page: _____ Page: _____ Page: _____ Page: _____ Page: _____ Page: _____
4. Training and certifications a. Define pharmacist training requirements and other qualifications to provide direct patient care b. Describe process for annual evaluation and documentation of competencies	Page: _____ Page: _____
5. Outcomes a. Identification of clinical and administrative outcome measures to be collected b. Annually collect, document, and report outcomes to local leadership and NCPS Committee (NCPSC)	Page: _____ Page: _____
6. Performance improvement a. Description of continuous performance improvement or professional practice evaluation process b. Description of peer review process c. Report performance improvement annually	Page: _____ Page: _____ Page: _____
7. Privileging documents/Protocol/CPA approval a. Appropriate signatures with position titles b. Original date of approval c. Revision or review dates	Page: _____ Page: _____ Page: _____

APPLICATION PACKET CHECKLIST:

Please complete the below checklist and submit all required documents as part of your application packet.

ITEM/DOCUMENTATION	CHECK	EXPIRATION DATE
Copy of current pharmacist license(s) +/- DEA certificate	☐	
Evidence of 2 years at any public health facility (IHS, ICE, BOP, CG), 6 months of which applicant practiced as an advanced practice pharmacist at local facility (e.g. copy of personnel orders, OF-8, etc.)	☐	
Certificate of completion for physical assessment training for clinical pharmacists *Training must be accredited by IHS APPC*	☐	
Evidence of 30 hours of clinically pertinent CE from the previous two years	☐	

ITEM/DOCUMENTATION	CHECK	EXPIRATION DATE
Copy of applicant's collaborative practice agreement(s) or facility policies or protocols demonstrating advanced pharmacy practice: • Must include comprehensive scope of practice and preventative care privileges • Appropriate signatures (Clinical Director, Chief of Pharmacy or designee) • Signed within the last three years • Original date approved and any renewal dates, if applicable	☐	
For pharmacists practicing under a protocol, documentation of being Credentialed and Privileged through your agency or local facility's medical staff.	☐	
Letter of attestation, filled out and signed by your pharmacy manager/clinical coordinator/supervisor.	☐	
Evidence of 500 outpatient encounters within the previous 2 years from NCPS application submission date, as reported on the appropriate template. • Encounters must demonstrate comprehensive care, and include 2 chronic disease states/diagnoses, 1 chronic diagnosis and 1 preventative health intervention, or 1 acute health condition newly diagnosed by the pharmacist. • 10% of encounters must include a new diagnosis made by the pharmacist. • 25% of encounters may be telehealth • At least 50% of encounters must occur after completion of the physical assessment training	☐	
Clinical outcomes data reflecting most recently completed fiscal year (October 1 through September 30) for the most common or frequent disease states managed in your clinical practice; 4 or more required.	☐	
Professional Contributions: - **Applicants must include documentation of completion of one bulleted item from two numbered areas** (Publications, Presentations, Research, Precepting/Clinical Supervision, or Professional Services) within the previous two years. Appropriate documentation includes a copy of the publication and/or a letter or certificate of appreciation from the organization for the applicant's contributions. Appointment letters are not considered sufficient documentation. 1) Publications • One or more peer-reviewed publication in national journals as listed author • Two or more clinically focused articles in local, regional or national newsletters or non-peer reviewed publications as primary or secondary author 2) Presentations • One or more live (or teleconferenced) presentations in your area	☐ ☐	

ITEM/DOCUMENTATION	CHECK	EXPIRATION DATE
of practice at the local, regional, or national level (cont'd on next page)		
3) Research – may include supervision of student or resident research projects • Primary or secondary investigator in IRB-approved research • Primary or secondary investigator in local, regional, or national QI/PI projects	☐	
4) Precepting/Clinical Supervision • Providing at least 60 hours of direct clinical supervision to trainees in the applicant's practice area (students, residents, or clinical staff) during 2-year certification period o Must be directly related to patient care activities (e.g., serving as the ultimately responsible party for the trainee, observing trainees during patient care encounters, co-signing clinic notes, etc.)	☐	
5) Professional Services • Serving as a volunteer member of a board or committee member for a state or national pharmacy organization • Serving as a peer-reviewer for a peer-reviewed journal • Serving as an editor for a national, regional, or local clinical newsletter, publication, or peer-reviewed journal • Serving as a pharmacy residency program director or coordinator, or on the IHS National Residency Council	☐	

By signing below, I attest that I have met the requirements for NCPS certification.

Applicant Signature: _____ Date: _____