IgNS Immunoglobulin National Society

# IMMUNOGLOBULIN CERTIFIED PHARMACIST (IgCP®) CANDIDATE HANDBOOK

FEBRUARY 2020

# CONTENTS

# GENERAL INFORMATION

## ABOUT THE IMMUNOGLOBULIN NATIONAL SOCIETY

The Immunoglobulin National Society (IgNS) is a professional organization dedicated to healthcare professionals in education, management, practice and research in the field of immunoglobulin (Ig) therapy.

## TESTING AGENCY

Professional Testing Corporation (PTC) provides examination development and administration to a variety of client organizations. PTC assists IgNS in the development, administration, scoring and analysis of the Ig Certified Pharmacist (IgCP®) examination. PTC, a private corporation located in New York, has been providing quality certification testing services for more than 35 years.

## NON-DISCRIMINATION POLICY

IgNS and PTC do not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability, marital status or any other protected characteristic.

## ELIGIBILITY REQUIREMENTS

**Eligibility for Initial Certification by Examination**

1. Current, active, unrestricted Registered Pharmacist (RPh) in the U.S. or Canada.
2. A minimum 1,500 hours of experience in Ig therapy within the past two years
    a. Ig therapy experience may include the following:
        i. Dispensing
        ii. Research
        iii. Clinical Practice
        iv. Education

## COST OF IgCP® CREDENTIALING

IgCP® Certification Examination .....$650
IgNS Member.....$550
Recertification by continuing education.....$450

## EXAMINATION ADMINISTRATION

Examinations are administered by live proctored paper and pencil tests. Visit Ig-NS.org for current locations and dates of examinations. Candidates are scheduled on a first-come, first-served basis.

## SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES

IgNS and PTC support the intent of and comply with the Americans with Disabilities Act (ADA), and will take steps reasonably necessary to make certification accessible to persons with disabilities covered under the ADA. According to the ADA, an individual with a disability is a person who has a physical or mental impairment that substantially limits a major life activity (such as seeing, hearing, learning, reading, concentrating, walking) or a major bodily function (such as neurological, endocrine, or digestive system). The information you provide and any documentation regarding your disability and special test accommodations will be held in strict confidence.

All approved testing accommodations must maintain the psychometric nature and security of the examination. Accommodations that fundamentally alter the nature or security of the exam will not be granted.

Special testing arrangements may be made upon receipt of the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from www.ptcny.com/PDF/PTC_SpecialAccommodationRequestForm.pdf or by calling PTC at (212) 356-0660.

The Special Needs Accommodations Form must be faxed to IgNS at (888) 855-4443 or emailed to info@ig-ns.org with the application no later than 8 weeks prior to the start of your chosen testing period. Candidates who do not submit their Special Accommodations Form with their application may not be able to test during their chosen testing period and therefore be subject to rescheduling or transfer fees.

Only those requests made and received on the official Request for Special Needs Accommodations Form will be reviewed. Letters from doctors and other healthcare professionals must be accompanied by the official Form and will not be accepted without the Form. All requests must be made at the time of application. Accommodations cannot be added to an existing exam appointment.

# SCHEDULING AN EXAMINATION

You may register to take the IgCP® examination by visiting Ig-NS.org/certification. Select the "Schedule Exam" option, and select your desired examination date. Follow the registration process online to completion and payment. You will receive a registration acknowledgment email from IgNS. Approximately four (4) weeks ahead of your examination date, you will receive an e-mailed Admission Notice from the PTC, containing pertinent details and your PTC ID number. You will be required to present your Admission Notice it on the day of your examination.

If special accommodations are being requested, complete the *Request for Special Needs Accommodations* forms and submit it to IgNS by the close of the selected examination registration period (no later than 8 weeks before the exam date).

## RESCHEDULING OR CANCELING AN EXAMINATION

You may reschedule your appointment ONCE by emailing IgNS at Info@Ig-NS.org at least five (5) business days prior to your scheduled appointment. A non-refundable rescheduling fee of $150 will be applied.

## MISSED APPOINTMENTS AND CANCELATIONS

You will forfeit your examination registration and all fees paid to take the examination under the circumstances listed below. A new application and examination fee will be required to reapply for examination.

- If you wish to reschedule an examination, but fail to contact IgNS at least five business days prior to the scheduled testing session.
- If you wish to reschedule more than once
- If you appear more than 15 minutes late for an examination.
- If you fail to report for a scheduled examination for any reason.

## INCLEMENT WEATHER, POWER FAILURE, OR EMERGENCY

In the event of inclement weather or unforeseen emergencies on the day of an examination, the proctor will determine whether circumstances warrant the cancelation, and subsequent rescheduling of an examination. The examination will not be rescheduled if the exam proctor is able to open the testing site.

If power to a testing site is temporarily interrupted during an administration, the examination time will resume when power is back on.

# TAKING THE EXAMINATION

The examination will be given via a proctored, live paper and pencil exam. On the day of your examination appointment, report to the testing location no later than your scheduled testing time. If you arrive more than 15 minutes after the scheduled testing time, you will not be admitted, and your examination fee will be forfeited.

## ADMISSION OF CANDIDATES

1. ALL candidates must present an Admission Notice from the PTC and a current, valid driver's license, non-driver state-issued ID, passport or U.S. military ID. Admission Notices must have the correct name, date, and testing center.
2. Candidates are advised to bring a hand-held, battery operated, non-programmable, non-printing calculator. Calculators included in cell phones or other electronic devices are NOT permitted.
3. Latecomers may be admitted to the testing room within the first 15 minutes of the start of the examination, at the discretion of the proctor, depending on the circumstances involved. Latecomers may not be permitted additional time beyond scheduled end of the examination
4. NO visitors are permitted in the testing room.

## SECURITY

The examination material is confidential. No one is permitted to review the examination contents except the candidates at the time of the testing session. Copying, transcribing, or removal of test materials is strictly prohibited. Any breach of security will be reported at once to the PTC.

## PERSONAL BELONGINGS

No personal items, valuables or weapons may be brought to the testing room. All personal belongings will be required to be left in the registration area.

If any personal items are observed or heard (e.g., cellular/smart phone, alarm) in the testing room after the examination is started, you will be dismissed and the examination fee will be forfeited.

## EXAMINATION RESTRICTIONS

1. NO papers, pencils/pens, stationary, books or other reference materials may be taken into or removed from the examination room.

2. All electronic Devices that can be used to record, transmit, receive or play back audio, photographic, text, or video content, including but not limited to, cell phones, smart phones pagers, Bluetooth devices, cameras, laptop computers, voice recorders, tablets and all wearable tech gear such as smart watches or fitbit-type devices ARE PROHIBITED from the examination room, and must be turned off and stored in the registration area. Any violations will result in immediate dismissal, and forfeiture of the examination fee.

3. Hand-held, battery operated, non-programmable and non-printing calculators are permitted. Calculators included in cell phones and other electronic devices are NOT permitted.

5. Candidates may leave the testing room ONLY to use the restroom. Test booklets and answer sheets must remain in the examination room with the proctor. Candidates may not access any devices listed under EXAMINATION RESTRICTIONS Section 2 while leaving the examination room for the restroom. Only one candidate at a time will be permitted to leave the room.

6. Smoking is prohibited in the testing room

## MISCONDUCT

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

- create a disturbance, are abusive or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular/smart phones;
- talk or participate in conversation with other examination candidates;
- give or receive help or are suspected of doing so;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings, or
- are observed with notes, books or other aids without it being noted on the roster.

## COPYRIGHTED EXAMINATION QUESTIONS

All examination questions are the copyrighted property of IgNS. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

## TIMED EXAMINATION

There are 100 questions and 10 pretest items on the examination. The distribution of content is shown in the detailed content outline included in this handbook. All questions have four answer options; select the best option to your best knowledge. You will have 2 hours to complete the examination. Before beginning, instructions for taking the examination will be provided.

## CANDIDATE COMMENTS

Any candidate who feels that the examination effort was negatively impacted by the test center conditions should notify the proctor immediately. The situation should also be reported to PTC at www.ptcny.com/contact within 3 business days of the test appointment. Any comments about the test itself should also be reported to PTC at www.ptcny.com/contact within 3 business days of the test appointment.

# FOLLOWING THE EXAMINATION

## REPORT OF RESULTS

Your score report will be provided to you via email, within 4-6 weeks of your examination date.

Your score report will indicate a "pass" or "fail." Additional detail is provided in the form of raw scores by major content category. Test scores are reported as raw scores. A raw score is the number of correctly answered questions. Your total score determines whether you pass or fail. The methodology used to set the minimum passing score for each examination is the Angoff method, applied during the performance of a Passing Point Study by a panel of content experts. The experts evaluated each question on the respective examination to determine how many correct answers are necessary to demonstrate the knowledge and skills required for the designation. The candidate's ability to pass the examination depends on the knowledge and skill displayed during the examination, not on the performance of other candidates.

## SCORES CANCELED BY IgNS/PTC

PTC is responsible for the validity and integrity of the scores they report. On occasion, occurrences such as misconduct by a candidate may cause a score to be suspect. IgNS and PTC reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

## FAILING TO REPORT FOR AN EXAMINATION

If you fail to report for an examination, you will forfeit the registration and all fees paid to take the examination. A completed application form and examination fee are required to reapply for examination.

## CONFIDENTIALITY

Information about candidates for testing and their examination results are considered confidential. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

## DUPLICATE SCORE REPORT

Candidates can request a duplicate score report by submitting the "Duplicate Score Report and Duplicate Certificate Request Form" found on the PTC website: https://ptcny.com/candidate-corner/. Requests must be submitted within one year of your examination to be processed.

## VERIFICATION OF SCORES

Candidates who fail the examination may request a hand scoring of their data file. Hand scoring is a manual check of the data file by the testing service to determine if there have been any errors in scoring. Although the probability of such an error is extremely remote, this service is available. Requests for hand scoring must be received by PTC no later than 90 days after the date of the examination by completing and returning the Request of Handscore form on www.ptcny.com with payment of $25. Candidates who fail the examination will not be permitted to see the examination questions. For reasons of test security, no candidate is allowed to review the examination or any of its items.

## RECERTIFICATION REQUIREMENTS

IgCP® Credentialing mandates a three-year recertification period to ensure and inform the public that the IgCP® maintains a current knowledge of developments within the field.

IgCP® policies and procedures for recertification are strictly enforced. It is recommended that IgCP®s begin accumulating recertification units before the final year of the certification period.

### Term Of Certification

The IgCP® credential becomes effective on the date of successfully passing the exam and remains current until that date, three years thereafter.

Recertification units must be earned within each recertification period. Units cannot be carried over.

IgNS provides recertification reminders. However, it remains the professional responsibility of the IgCP® to meet recertification requirements within published deadlines.

## Recertification Eligibility Requirements

All recertification applicants must meet the following eligibility requirements:

- A current, active, unrestricted Registered Pharmacist (RPh) license in the United States or Canada.
- A minimum of 1,000 hours of experience in infusion therapy within the past three years.
    - experience may be in the areas of dispensing, research, clinical practice and education within the Ig therapy specialty.
- Documentation supporting completed continuing education requirements
- A minimum of one IgNS National Conference attended in a three-year recertification period, earning 20 IgNS recertification units

## Recertification by Examination

Take the exam during your final year of certification.

## Recertification by Continuing Education

Earn 40 recertification units (RU) (not CEs).

- At least 20 RU must come from IgNS National Conferences (1 IgNS National Conference = 20 RU).

## RECERTIFICATION OPTIONS

Along with at least 20 IgNS National Conference RU, up to 20 RU can be submitted from a combination of any of the following options to complete the 40 RU required to recertify.

**Publish a manuscript on Ig therapy in a peer-reviewed journal**

- For each manuscript published on the topic of Ig therapy in a peer-reviewed journal, the author/s is eligible for five (5) RU.
- A maximum of ten (10) RU can be applied to a certification period.

**Present as a speaker at an IgNS National Conference**

- An IgCP® is eligible for two (2) RU for each contact hour presented.
- A maximum of six (6) RU can be applied to a certification period.

**Complete the Continuing Educational Courses from the IgNS online Educational Resources Center**

- An IgCP® is eligible for one (1) RU for each contact hour presented.

**Teach Ig therapy-related education programs**

- Teachers of Ig therapy-related programs are eligible for one (1) recert unit per contact hour taught.
- A maximum of five (5) RU can be applied to a certification period.
    - CE credit must be awarded for the program.
    - The program must be related to one of IgCP® clinical content areas.
    - Repeated presentations of the same program will not be awarded multiple credits.
    - Program outlines and objectives, date, and CE credit provider's name must be submitted with the recertification application.

**Publish a chapter or edit an infusion-related book**

- For publication of a chapter or editing an Ig therapy-related book, the author/s can receive six (6) RU.
- A maximum of six (6) RU can be applied to a certification period.
    - The book's reference information, including author, year, title, and publisher information must be submitted with the recertification application.

**Attendance at non-IgNS educational meetings**

- If the sponsoring organization* has submitted its program for approval by IgNS, attendance at non-IgNS educational meetings can qualify for a maximum of five (5) RU per certification period.
    - The program's certificate must be submitted with the recertification application.

## OTHER APPROVED EDUCATIONAL PROGRAMS

A maximum of ten (10) RU from participation in other educational programs that have been approved by IgNS can be applied in a certification period. Multiple submissions of the same program are not accepted.

# IMMUNOGLOBULIN CERTIFIED PHARMACIST (IGCP®) EXAMINATION

## DETAILED CONTENT OUTLINE

I. Clinical Overview, Ig Therapy and Uses
- A. Basic Immune Systems
  1. Acquired
  2. Innate
- B. IgG Products
  1. Manufacturing
     - a. Plasma collection and safety
     - b. Processing/manufacturing steps
       - i. Filtration
       - ii. Chemical processing
  2. Storage and Handling
     - a. Local temperature considerations
     - b. Shipping/extended temperature considerations
  3. Formulations
     - a. Liquid
     - b. Lyophilized
     - c. Concentration
     - d. Route of administration
  4. Description
     - a. Composition of products
       - i. Stabilizers
       - ii. pH
       - iii. Osmolarity/osmolality
       - iv. Excipients
       - v. IgA content
     - b. Allergens and/or sensitizers
       - i. Latex
       - ii. Sugar-stabilizers
       - iii. Diluents
     - c. Indications
       - i. FDA-approved
       - ii. Clinically accepted off-label uses
     - d. Pharmacokinetics
       - i. Half-life
       - ii. Labs
       - iii. Subcutaneous vs Intravenous considerations
  5. 5. Contraindications/warnings/precautions
  6. 6. Mechanism of action
     - a. Replacement therapy
     - b. Immunomodulatory therapy
- C. Clinical Uses of Ig
  1. Immune deficiency
     - a. Primary
     - b. Secondary
  2. Autoimmune disorders
     - a. Neurological
     - b. Dermatological
     - c. Hematological/oncological
     - d. Inflammatory/rheumatological
     - e. Transplant desensitization and antibody mediated rejection
     - f. Other
  3. Specific disease state dosing guidelines

II. Clinical Patient Assessment and Education
- A. Patient Assessment
  1. Disease state specific considerations
  2. Patient risk factors for Ig therapy candidacy
  3. Dosing Considerations
  4. Educational barriers
  5. Cultural considerations
  6. Financial considerations
  7. Nursing/support services
- B. Patient Education
  1. Ig therapy considerations
     - a. Purpose of Ig therapy and expected outcomes
     - b. Premedication and anaphylaxis protocol
     - c. Hydration requirements
     - d. Patient's recognition, management, and reporting of side effects
  2. Self-monitoring
     - a. Pre-infusion
     - b. During infusion
     - c. Post-infusion
  3. Follow-up care requirements
  4. Patient adherence to therapy
  5. Patient empowerment
  6. Product storage and handling
  7. Waste disposal
  8. Use and care of equipment

III. Clinical Administration
    A. Routes of Administration
        1. Intravenous
            a. Peripheral
            b. Central access
        2. Subcutaneous
            a. Manual pumps/rates
            b. Electric pumps with step-up dosing
            c. Management of needles/sites for appropriate rate
    B. Administration Devices
        1. IV pumps
        2. Tubing
        3. Filters
        4. Needles
        5. Ancillary supplies
    C. Administration Management
        1. Sterile compounding
            a. Pooling considerations
            b. USP requirements
            c. Federal and state sterile compounding requirements
            d. Stability and sterility concerns
        2. Pre-medications
        3. Topical agents
        4. Hydration
        5. Flushes
            a. Peripheral lines
            b. Central lines
        6. Management of adverse events
            a. Identification, management, and prevention protocols
            b. Anaphylaxis protocols and kits
            c. Reporting requirements
        7. Infusion titration
            a. First dose or brand change
            b. Subsequent dosing
        8. Aseptic technique
        9. Patient vital signs and monitoring
        10. Product utilization to avoid waste
IV. Advocacy
    A. Resources
        1. Community
            a. Patient and caregiver support resources
            b. Support groups
        2. Educational
        3. Pharmaceutical (product shortage/ discontinuation)
        4. Financial
    B. Access Assistance Programs
        1. Services
        2. Medications
    C. Patient's Rights and Responsibilities
    D. Cost Containment Measures
V. Care Coordination and Collaboration
    A. Care Coordination
        1. Continuity of treatment plan across the continuum of care
        2. Site of care considerations
        3. Referral to ancillary services
        4. Developmental and educational considerations
        5. Follow-up evaluations
        6. Hand-off procedures/No-go etiquette
    B. Collaboration
        1. Prescribers
        2. Nurses
        3. Social workers
        4. Rehabilitation therapists
        5. Ancillary agencies
VI. Administrative Issues
    A. Procurement, inventory management, and storage
    B. Reimbursement
    C. Cold chain management from pharmacy to patient
        1. 1. Licensure
        2. 2. Shipping out-of-state
    D. Audit and/or survey readiness

*Items will be primarily classified according to the previous detailed content outline. In addition, each item will be associated with one of the following tasks:*

**Tasks**

I. Clinical and Order Evaluation (35%)
    A. Review patient's medical records
        1. History and physical
        2. Lab work
        3. Previous Ig therapy history
        4. Allergies and ADRs
    B. Interview patient/caregiver for additional information
        1. Additional diagnoses
        2. Drug profile
        3. Allergy profile
            a. Food
            b. Chemical
        4. Other treatments being used
            a. Non-pharmacological
            b. Alternative
    C. Assess patient's willingness to receive blood products and consider any cultural or religious concerns

D. Review appropriateness of site of care
E. Review appropriateness of order
    1. Diagnosis
    2. Ig dosing
F. Perform initial Ig risk assessment
G. Select appropriate product and route of administration
H. Determine titration schedule with maximum infusion rate
I. Determine appropriate ancillary medications, necessary administration equipment, and supplies
J. Clarify orders with prescribing physician and create detailed written order for prescriber review and signature, as appropriate
K. Collaborate with and educate nursing staff to develop plan of care and goals of therapy
L. Collaborate with intake team to ensure availability of clinical data to meet insurance criteria for coverage
M. Provide patient education and counseling as per pharmacy counseling standards

II. Dispensing (15%)
A. Confirm insurance authorization
B. Ensure medications are properly prepared, labelled, and dispensed
C. Ensure supplies/equipment are properly dispensed
    1. Look-alike, sound-alike nature of Ig products
    2. Proper tubing for pump dispensed
    3. Error reduction strategies for medication dispensing
D. Ensure proper storage is maintained at all locations until time of administration
E. Conduct drug utilization review

III. Clinical management during infusion and Follow-Up (15%)
A. Provide clinical expertise on adverse event management and interventions if needed
    1. Immediate vs. delayed
    2. Anaphylactoid vs anaphylaxis
B. Report to prescriber on patient's tolerance/ intolerance and provide intervention recommendations as needed
C. Evaluate tolerance and adverse events and make interventions as appropriate
    1. Produce changes
    2. Pre-medication
    3. Increased hydration
D. Provide patient re-education and counseling as appropriate
E. Provide report to prescriber of initial infusion results as appropriate
F. Update plan of care

IV. On-going care and monitoring before refilling medication (22%)
A. Review plan of care and update as appropriate
B. Review lab results if applicable
C. Evaluate patient adherence to therapy
D. Make interventions as appropriate
E. Monitor for changes in patient's medical history
    1. Weight
    2. Allergies
    3. Medications
    4. Co-morbidities
F. Ensure patient proficiency with equipment and supplies if appropriate
G. Provide patient re-education as necessary
H. Report unexpected findings to prescriber and nursing staff as necessary
I. Coordinate patient's infusion schedules
J. Perform periodic Ig risk reassessment

V. Administrative Tasks (13%)
A. Manage inventory and procurement of Ig products and supplies
B. Ensure appropriate cold chain medication management
C. Maintain Ig knowledge, education, and competency
D. Evaluate outcomes and monitor quality assurance and improvement
E. Ensure appropriate documentation throughout patient's continuum of care

# IG CERTIFIED PHARMACIST EXAMINATION APPLICATION

*To apply for the Ig Certified Pharmacist Examination, complete this application and return it with the examination fee to:*
*Ig National Society, 21550 Oxnard St, Suite 980, Woodland Hills, CA 91367*
*FAX: 888.855.4443 PHONE: 888.855.4443*

## CANDIDATE INFORMATION

Name (Last or Family Name, First, Middle Initial, Former Name) _____

Name of Company (if work address) _____ Title _____

Mailing Address (Street Address, City, State/Province, Zip/Postal Code, Country) _____

Daytime Telephone Number _____ Email Address _____

## ELIGIBILITY REQUIREMENTS

To be eligible for the Ig Certified Pharmacist Examination, a candidate must fulfill the following requirements.

1. Current, active, unrestricted Registered Pharmacist (RPh) in the U.S. or Canada.

AND

2. A minimum 1,500 hours of experience in Ig therapy within the past two years

## APPLICATION STATUS *Check one of the following.*

☐ I am applying as a new candidate.

☐ I am applying as a reapplicant, i.e., retake the test.

☐ I am applying for renewal of certification.

## MEMBERSHIP STATUS

If you are a current member of IgNS, you are eligible for the reduced examination fee. Please provide your membership number below.

For information on joining the Immunoglobulin National Society, visit www.ig-ns.org. Membership must be obtained before application for examination at the reduced fee can be honored.

If you are an IgNS member, please list your membership or certification number below.

IgNS Membership Number:_____

## EXAMINATION FEES

Payment may be made by credit card, company check, cashier's check or money order made payable to Ig National Society.

Indicate your membership status below:

☐ Member of IgNS..... $550

☐ Nonmember ..... $ 650

For payment by credit card, complete the following.

Select type of credit card being used:

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

I agree to pay the amount indicated according to card issuer agreement.

Credit Card Number _____

Expiration Date _____

Your Name as it Appears on the Card _____

Signature _____

## SPECIAL ACCOMMODATIONS

Do you require special disability related accommodations during testing? ☐ No ☐ Yes

If yes, please complete the *Request for Special Examination Accommodations* form found on the PTC website and submit it to IgNS with the application and fee at least 8 weeks prior to the desired testing date.

## DEMOGRAPHIC INFORMATION

The following demographic information is requested.

1. How many years of practice as an Immunoglobulin Pharmacist do you have?
   - ☐ less than 2
   - ☐ 2-5
   - ☐ 5-10
   - ☐ more than 10
2. What is your current main site of practice?
   - ☐ Inpatient (Acute care setting)
   - ☐ Ambulatory infusion center
   - ☐ Private practice
   - ☐ Specialty pharmacy /specialty infusion
   - ☐ Home health
   - ☐ Pharmaceutical industry
3. What percentage of your practice do pediatric patients comprise?
   - ☐ None
   - ☐ 25%
   - ☐ 50%
   - ☐ 75-100%
4. What percentage of your practice do adult patients comprise?
   - ☐ None
   - ☐ 25%
   - ☐ 50%
   - ☐ 75-100%
5. What percentage of your practice is spent with immunology patients/immunology field?
   - ☐ None
   - ☐ 25%
   - ☐ 50%
   - ☐ 75-100%
6. What percentage of your practice is spent with neurology patients/neurology field?
   - ☐ None
   - ☐ 25%
   - ☐ 50%
   - ☐ 75-100%
7. What percentage of your practice is spent with hematology/oncology patients /hematology/oncology field?
   - ☐ None
   - ☐ 25%
   - ☐ 50%
   - ☐ 75-100%
8. What percentage of your practice is spent with rheumatology patients/rheumatology field?
   - ☐ None
   - ☐ 25%
   - ☐ 50%
   - ☐ 75-100%
9. How often in your current practice do you administer Subcutaneous Ig (SCIG)?
   - ☐ None
   - ☐ 25%
   - ☐ 50%
   - ☐ 75-100%
10. How often in your current practice do you administer intravenous Ig (IVIG)?
    - ☐ None
    - ☐ 25%
    - ☐ 50%
    - ☐ 75-100%

*I certify that I agree to abide by regulations of the IgNS program contained in this handbook. I believe that I comply with all admission policies for the IgNS examination. I certify that the information I have submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed or voided. To ensure the integrity of eligibility requirements, IgNS will audit a percentage of randomly selected applications. Candidates whose applications are selected for audit will be notified and required to provide documentation of their eligibility.*

Name (please print): _____

Signature:_____ Date: _____