



# 2023 CANDIDATE GUIDE

## NEONATAL PEDIATRIC TRANSPORT

### C-NPT®

*Congratulations on taking the next step in your career – earning your C-NPT certification!*

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#### THIS EXAM'S PURPOSE

The purpose of the Neonatal Pediatric Transport Subspecialty Certification is to provide a competency-based examination that tests specialty knowledge and the application of that knowledge for licensed health care professionals in the US and Canada, who provide stabilization and transport interventions to critically ill neonatal and pediatric patients in all types of settings.

**IT IS IMPORTANT TO READ THE INFORMATION IN THIS GUIDE. IT EXPLAINS ALL POLICIES TO WHICH CANDIDATES WILL BE SUBJECT.**

#### ABOUT THIS GUIDE

This guide lists fees and provides information that will help candidates prepare for the examination. It includes the exam content in outline form, competency statements and study guide. It also provides sample exam questions to familiarize the test taker with question format, study resources and lists some of NCC administrative policies & procedures. It is recommended that candidates familiarize themselves with the information in this guide.

NCC examinations are offered in several different test administrations options. The NCC publication **Guide to Testing Methods** will explain the different rules and policies based on how the candidate is taking the examination. Please download this publication from the NCC website and review the exam administration options. It will answer any questions about the NCC examination process.

If there are other questions, please feel free to contact NCC through the [“Contact Us”](#) page at [NCCwebsite.org](#).

#### NCC'S PHILOSOPHY OF TESTING

Certification is an evaluative process that provides the opportunity for health care professionals in the obstetric, gynecologic and/or neonatal specialty to demonstrate publicly what they know and to be recognized for the special knowledge they possess. The NCC certification carries no licensing authority. The ability to practice as a health care professional is regulated by the state, and while certification may be required in some states for specific health care roles, NCC has no regulatory power to require states to recognize NCC certification for this purpose. Practice and educational standards are reflected in the certification process, but the responsibility for development of such standards rests with the professional specialty organizations and the educational community. NCC encourages individual to seek out information about how certification relates to licensure requirements, program accreditation of the educational institutions attended, the educational and practice standards of national specialty organizations, and employment expectations.

# FEES & GENERAL POLICIES

## EXAMINATION AND RELATED FEES

### NO REFUNDS WILL BE CONSIDERED FOR ANY CANDIDATE

- who has taken an examination
- who is not successful in achieving certification
- who failed to take the exam at a Test Center or via Live Remote Proctoring (LRP) within the 90-day testing window and did not submit a change request within stated time frames
- who failed to schedule an appointment to test within the first 30 days of their 90-day eligibility window and is unable to schedule their exam within their eligibility window.
- who failed to have proper ID or meet any required rules
- who failed to login to the test portal or appear at the test center (no-show) or who signed in late to the test portal or arrived late to the test center
- who failed to take a scheduled exam for any reason (illness, quarantine, accident, death, etc.)

### EXAMINATION FEES\*

Test Center and Live Remote Proctoring (LRP) Computer Exam Fees are \$210 which includes the non-refundable \$50 application fee.

*\*Examination fees are subject to change.*

### CANCELLATION: 6 HOUR WINDOW

Candidates have six hours from the time they submit an exam application to cancel the exam. After the six hours they have to withdraw or pay for a change.

### CHANGE REQUEST

Candidates who cannot take their currently scheduled examination, have missed their testing date or need to take a different exam - can request a change for a fee of \$125. Details are on the NCC website.

### WITHDRAWAL FEE

A Testing Center or LRP testing candidate who withdraws from testing is subject to a \$165 withdrawal fee. The candidate will receive \$160 of their \$325 payment, minus any outstanding charges. Bulk Purchase Voucher candidates cannot withdraw.

### RETEST FEE

Retest candidates must pay full application and examination fees. There are no discounts and they must complete a 90-day wait period\* before resubmitting an application for testing. (\*see Retest Policy page 4). Certification exams of the same specialty can only be taken TWICE in a calendar year for the same candidate. Candidates must submit a new application and again demonstrate eligibility and licensure.

### SUBSTITUTION FEE

Candidate substitutions are not allowed for any reason.

### THIRD PARTY PAYMENTS

Applicant fees paid by third parties will be refunded to the third party in accordance with stated refund policies, in the event the applicant is determined ineligible or withdraws within the specified time. Vouchers are nonrefundable.

### Test Date Change

Test Center and Live Remote Proctoring (LRP) exam candidates can change their scheduled testing date to another date within their window *once for free*.

Candidates must handle this directly with PSI/AMP.

**Refer to the NCC testing guide for details.**

# FEES & GENERAL POLICIES

## PAYMENT INFORMATION

- All applications are subject to a nonrefundable application fee.
- All fees are nonrefundable except where otherwise noted.
- Payments can be made by credit card (Visa, American Express and MasterCard only). NCC does not accept debit cards or split payments (part check and part credit card).
- Payments can be made by e-check: bank routing number and account number required.
- For payments made by third parties, any refund will be issued to the third party and not to the applicant. Vouchers are nonrefundable.
- All payments must be in US funds.
- Exam fees can only be submitted online at the NCC website. Applications will not be accepted by mail, phone or fax.
- NCC will accept group payments for certification exams from institutions. Details are on the NCC website under Bulk Purchases.

## OTHER NON-REFUNDABLE PAYMENT RELATED FEES

### INCOMPLETE APPLICATION FEE

All incomplete applications are subject to a non-refundable \$30 reprocessing fee upon the submission of proper documentation. Incomplete applications are those submitted with missing information, (e.g. required licensure information and corroborating uploaded documentation; containing incomplete or incorrect information; or do not include full fee payment).

### RETURNED CHECKS AND CREDIT CARD CHARGEBACK FEE

A \$30 fee will be assessed for any check or e-check returned or a credit card payment disputed for any reason. Remittance thereafter of all fees and applications must be in the form requested by NCC.

### LICENSE VERIFICATION

If licensure information is requested requiring an additional submission, the candidate will have two weeks to provide the license with all the correct information and pay the non-refundable \$30 reprocessing fee. If this is not provided within the two weeks, the application will be marked ineligible. Ineligible applicants will receive a refund minus the \$50.00 non-refundable application fee. There are no refunds or withdrawals for applications using a bulk code.

### VERIFICATION OF CERTIFICATION

Third party notification of status will NOT be released without authorization from the certified individual. A \$30 fee is required for any third-party notification or issuance of duplicates of test results reports. Verification requests can only be submitted after official results with score report have been uploaded to the candidate's NCC account.

Verification requests can only be made via the online verification system on the NCC website. NCC does not issue verifications via the mail or fax.

***Certification will be revoked or withheld if a returned check or a chargeback request on a credit card payment results in loss of income to NCC and the monies are not recovered in an alternate payment. Fees received at any time will first be applied to any unpaid prior certification/special fees.***

# FEES & GENERAL POLICIES

## GENERAL POLICIES

### UNSUCCESSFUL CANDIDATES

A candidate who sits for the examination and does not receive a passing score is not eligible for any refund nor for any credit on any later NCC exam.

### NONDISCRIMINATION

It is the policy of NCC that no individual will be excluded from the examinations as a result of age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, military status or gender identity.

### AMERICANS WITH DISABILITIES ACT

Special testing accommodations will be provided pursuant to the Americans with Disabilities Act. Any requests for special testing accommodations must be made in writing and submitted with the application. The accommodation request form can be downloaded from the NCC website. Upon receipt of a request for special accommodations, NCC will contact the applicant. Such requests must be signed by a clinician, physician, or other qualified specialist with training and experience appropriate to diagnose and treat the specified disability.

### EXAM CATEGORY CHANGES

Candidates can only request an exam category change by completing a **Change Request Form** on the NCC website and submitting with non-refundable payment of \$125. **Candidates are only allowed one change request** (e.g. After a change request is submitted no other change request can be submitted). All change requests must be approved by NCC. **There will be no refund of original or Change Request fees.** Eligibility must be re-established for the new exam category, and additional documentation and fees may be required. The time to consider eligibility for the new category will count toward the original assigned 90-day testing window.

**Examination category cannot be changed from a subspecialty or RN Core application to a NNP or WHNP certification.** *Examinees must take the exam for which they have been determined eligible. No changes will be permitted on examination day.* If a candidate knowingly or unknowingly takes an examination other than the one they were found eligible to take, the examination will not be scored. No refunds will be allowed, and all fee policies will apply if the candidate reapplies for an examination. See website for complete details.

### RETEST POLICY

Candidates may retake the examination if they do not pass. They must reapply 90 days after the test was taken, submit all applicable fees and documentation, and re-establish eligibility according to the appropriate deadlines. There is no limit to the number of times a candidate may retake the examination. **However, the maximum number of times a candidate can take the same NCC test in a calendar year is two.**

**All retest candidates must wait 90 days from the date their exam was taken before they can submit a new application to retest.**

- this date is provided in the candidate's results notification
- this 90-day wait period affects all modes of testing

Any loss of power or internet during an exam in which there was more than 15 minutes of testing with exposure to more than 10% of the exam requires a retest at a Test Center. Candidates will have to wait 90-days before they can reschedule and they must follow NCC's retest policy. A decision on the timing of a second attempt will be made after NCC reviews the test exposure. There is no need to complete a new application, **but candidates MUST notify NCC of the internet disconnection issue as soon as computer access is available.**

If a retest application is submitted prior to the 90-day wait period, the application will be returned as ineligible. The applicant will be subject to the \$50 non-refundable application fee.

# FEES & GENERAL POLICIES

## REVIEW COURSES AND MATERIALS

NCC does not offer or sponsor review courses or review materials for its certification examinations. Examination candidates should view any course of study as being independent of NCC. Candidates should carefully examine the merits of any individual exam preparation offering before participating.

## TEST DISCLOSURE

NCC does not make test questions available for review. Because test questions may be used for more than one examination administration, distributing this information would compromise the security of the test questions and would increase the cost of certification if the questions had to be replaced each year.

## REVOCAION

Your certification may be revoked for falsifying any information submitted to determine eligibility to take the certification examination or for maintaining certification, for losing your license to practice, or for failing to pay designated certification or maintenance fees.

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**POLICIES ARE SUBJECT  
TO CHANGE  
WITHOUT NOTICE.**

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## GENERAL POLICIES (CONTINUED)

### INTERNET DISCONNECTIONS

If the candidate has started the exam and is disconnected, please use the PSI tech lines if testing with LRP or if at a Test Center discuss immediately with the proctor to attempt to get reconnected and continue testing.

If the candidate is unable to get reconnected after starting the exam, the timing for a second attempt to take the exam will be based on how much time and how many questions they were exposed to. If a candidate is disconnected and cannot be reconnected and has tested for under 15 minutes and were exposed to less than 10% of the exam they may be able to reschedule within their current eligibility window. **Candidates must work directly with PSI that day to reschedule and if they run into any issues they must notify NCC within 3 days of testing.** If a candidate tests for longer than 15 minutes and/or saw more than 10% of the questions on the exam they will have to wait 90 days before they can reschedule, and they must follow NCC's retest policy. A decision on the timing of a second attempt will be made after NCC reviews the test exposure. Please note, candidates will need to retest at a Test Center. Please notify NCC of the internet disconnection issue as soon as computer access is available.

### APPEALS PROCEDURE

Any request to waive any policy of the NCC Board of Directors relative to eligibility, administration, examination content issues, or certification maintenance must be received in writing within 60 days of the dispute. All requests should be sent to the attention of the NCC President at [nccpresident@nccnet.org](mailto:nccpresident@nccnet.org). The correspondence should contain a detailed account as to why the NCC policy should be waived or the candidate's status should be changed. Such requests are referred to the NCC Policy Review Committee of the Board of Directors. All decisions will be provided in writing. Cases not resolved by the Policy Review Committee will be referred to the full Board of Directors.

### DESIGNATION AUTHORIZATION

Certification is a non-transferable, revocable, limited, non-exclusive license to use the certification designation "C-NPT®", subject to compliance with the policies and procedures, as may be revised from time to time.

Any use or display of NCC certification marks and/or logos without the prior written permission of the NCC is prohibited. Any candidate or certificant who manufacturers, modifies, reproduces, distributes or uses a fraudulent or otherwise unauthorized NCC certificate, NCC designation or other credential may be subject to disciplinary action, including denial or revocation of eligibility or certification. Any individual who engages in such behavior also may be subject to legal action.

# ABOUT THE EXAM

## ABOUT THE EXAM

### TIMED EXAMINATION

Two (2) hours are allotted to complete the examination.

### EXAM FORMAT

The Neonatal Pediatric Transport examination consists of up to 125 test questions. 100 scored and the remainder are embedded in the exam as pretest items. The pretest items do not count toward the examinee's final results.

- There is one question format used for all NCC examinations.
- Each question has a premise (stem) and three alternative answers.
- The answer options are alphabetized by the first word in each answer option to randomize the answers.
- Tests are delivered in a different random order for each candidate.
- Questions will test both basic knowledge and application of knowledge.
- Questions that contain laboratory data will show results in conventional units of measure with international units in parentheses.
- Drugs are listed in both generic and trade names where appropriate.

## EXAMINATION CONTENT DEVELOPMENT

The development of NCC certification involves many individuals and involves a meticulous process of review. There are three major groups that contribute to the test development process:

### ITEM WRITERS:

MDs, RNCs, Paramedics and others identified with special expertise have the responsibility of drafting test items per designated assignment for review by the content team and expert reviewers. Item writers are solicited from the NCC certified population, by recommendations or through the volunteer portal.

### REVIEWERS:

Reviewers are MDs, RNCs, Paramedics or other designated experts who assist the content teams in review of test items developed by the item writers. Reviewers are responsible for reviewing items for content relevance and confirming that references cited for the questions support the items as written.

### CONTENT TEAMS:

Content team members are experienced practitioners and are appointed on an annual basis by the NCC President. Content teams are solicited from the NCC certified population, by recommendations or through the volunteer portal. To see the current membership composition of the Content Team responsible for the Neonatal Pediatric Transport examination, please visit the NCC website under the section on NCC Leadership.

Content team members are MDs, RNCs, Paramedics or other identified experts who:

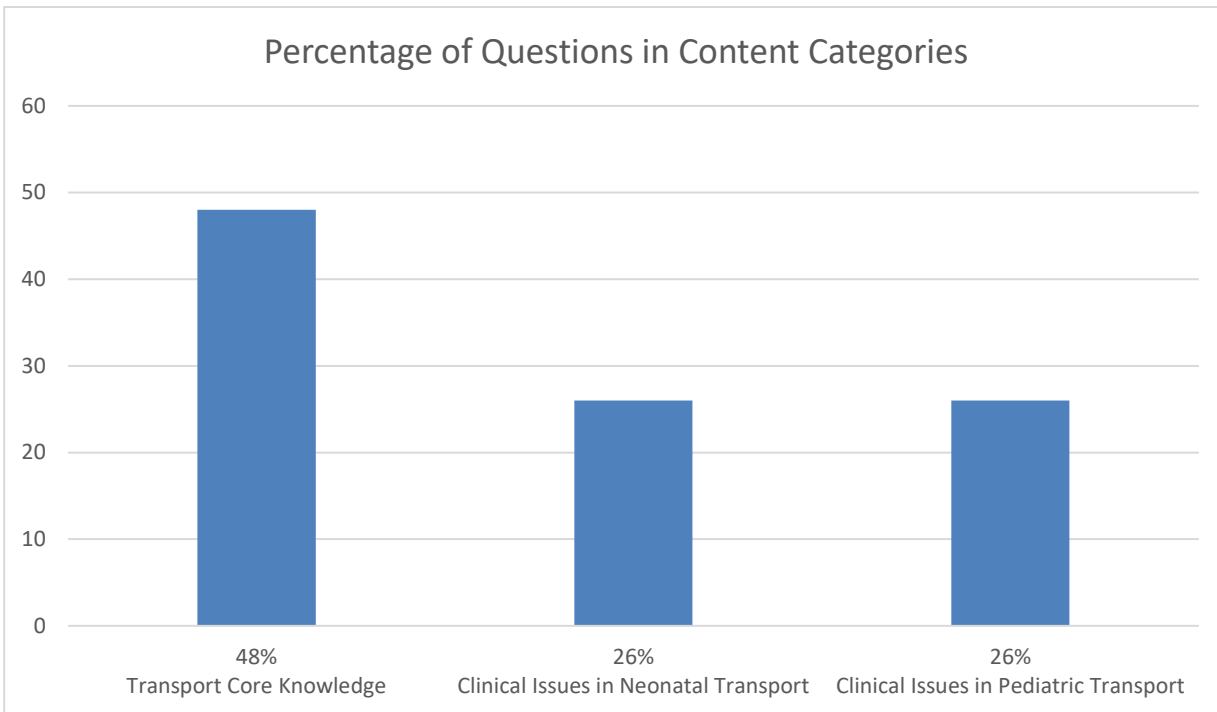
- develop and update the test outline and competency statements
- review test items developed by item writers
- review item statistics from exam administrations and pretest examinations
- approve the exam forms to be administered
- review item banks

In addition, NCC uses volunteers for standard setting and content validation studies/job analysis studies.

# EXAMINATION CONTENT



## Neonatal Pediatric Transport exam



The chart shows the percentage distribution of questions on the Neonatal Pediatric Transport exam across the major content categories covered on the examination.

# EXAMINATION CONTENT

## EXAM OUTLINE

Areas of knowledge to be tested on the Neonatal Pediatric Transport examination are listed in the following outline. This list is not intended as an all-inclusive review. It is provided only to help candidates evaluate their own practice.

Percentages identified for the topic areas represent the number of test questions assigned to each content area. These percentages do not necessarily reflect the content of future examinations.

### 10.00 Transport Core Knowledge (48%)

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Regulation, Legal and Ethical  
Safety, Communication and Environment  
Procedures and Management of Invasive Devices  
Pharmacology  
Respiratory Physiology  
Principles of Mechanical Ventilation  
Thermoregulation  
Resuscitation and Stabilization  
Flight Physiology  
Fluid and Electrolytes  
History and Physical assessment

### 11.00 Clinical Issues in Neonatal Transport (26%)

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Pulmonary  
Cardiovascular  
Glucose and Electrolyte Management  
Neurological  
Surgical Emergencies  
Extremely Low Birth Weight Neonate

### 12.00 Clinical Issues in Pediatric Transport (26%)

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Pulmonary  
Cardiovascular  
Metabolic and Hematologic  
Neurological  
Exposure to Drugs, Poisons and Toxins  
Accidental and Non-accidental Trauma (e.g. burns and smoke inhalation, penetrating, blunt and submersion injuries)



# EXAMINATION CONTENT

## ASSOCIATED COMPETENCIES

- Obtain and interpret a pertinent history
- Systematically assess all body systems utilizing physical examination, developmental assessment and neurobehavioral assessment
- Utilize biophysical monitoring techniques to identify body system alterations.
- Identify life-threatening states and initiate appropriate interventions for the neonatal and pediatric patient.
- Recognize normal lab values and deviations in clinical laboratory and diagnostic data and identify potential significance.
- Formulate and implement a plan of care in collaboration with physicians and other health care professionals.
- Evaluate benefits and risks of diagnostic and therapeutic interventions
- Understand the impact of transport physiology on both the neonatal/pediatric patient population and the accompanying transport team members.
- Evaluate and document responses to interventions
- Apply safety principles of transport as applicable to both the neonatal/pediatric patient population and the accompanying transport team members.
- Integrate legal and ethical principles into neonatal and pediatric transport.
- Recognize the psychosocial aspects of pediatric/neonatal transport and potential impact on the family.

# STUDY GUIDE

## TRANSPORT CORE KNOWLEDGE

*(content is applicable to both neonatal & pediatric transport situation and/or population)*

### **I. Regulation, Legal and Ethical**

- Scope of practice of all team members
- Federal regulations regarding transport  
EMATALA  
FAA
- Informed consent
- Documentation

### **II Safety, Communication and Environment**

- Environmental Influences  
Barometric pressure effects  
Gravitational forces  
Noise  
Thermal & humidity effects  
Vibration
- Safety  
Scene safety  
Evacuation protocols  
Survival training  
Disaster planning
- Crew Stressors  
Environmental  
Physical  
Psychological
- Communication  
Peer to peer  
Patient (age appropriate)  
Parents & family members

### **III. Procedures and Management of Invasive Devices**

- Special Skills  
Intubation  
Laryngeal mask airway  
Needle cricothyroidotomy  
Intravenous /intraosseous Access  
Insert UVC/UAC  
Needle aspiration/chest tube insertion  
Pericardiocentesis  
Troubleshooting

### **IV. Pharmacology**

- Pain management
- Sedation
- Antibiotics
- Cardiovascular drugs

### **V. Respiratory Physiology**

### **VI. Principles of Mechanical Ventilation**

- Principles of mechanical ventilation support during transport

### **VII. Thermoregulation**

- Thermal Management  
Hypothermia  
Hyperthermia

### **VIII. Resuscitation and Stabilization**

- Cardiopulmonary Arrest  
(NRP & PALS)  
Airway  
Breathing  
Circulation

### **IX. Flight Physiology**

- Physiologic impacts  
Fluid dynamics  
Gas changes  
Laws of science  
Boyle  
Charles  
Dalton  
Oxygen consumption  
Spatial changes  
Third spacing

### **X. Fluid and Electrolytes**

- Fluid & electrolyte therapy  
Dehydration  
Fluid overload  
Electrolyte abnormalities

### **XI. History and Physical assessment**

- Physical assessment  
Anatomic abnormalities
- Developmental/behavioral status

# STUDY GUIDE

## CLINICAL ISSUES IN NEONATAL TRANSPORT

### I. Pulmonary

- Upper Airway
  - Congenital anomalies
  - Choanal atresia
  - Pierre Robin syndrome
- Lower Airway
  - Chronic lung disease
  - Parenchymal
  - Aspiration
  - Pneumonia/pneumonitis
- Respiratory distress syndrome
  - Air leak syndrome
  - Respiratory Failure

### II. Cardiovascular

- Congenital heart conditions
  - Cyanotic
  - Ductal dependent lesions
  - Left-to-right shunting
  - Persistent pulmonary hypertension of newborn (PPHN)
  - Shock States
    - Anaphylactic
    - Cardiogenic
    - Distributive (septic)
    - Hypovolemic
- Congestive heart failure
  - Pericarditis
  - Dysrhythmias
  - Bradycardia
  - Tachycardia
  - Supraventricular tachycardia (SVT)

### III. Glucose and Electrolyte Management

- Hypoglycemia
- Altered electrolyte balance

### IV. Neurological

- Seizures
- Perinatal substance abuse
- Increased intracranial hemorrhage

### V. Surgical Emergencies

- Diaphragmatic hernia
- Gastroschisis
- Omphalocele
- Necrotizing enterocolitis
- Tracheoesophageal fistula

### VI. Extremely Low Birth Weight Neonate

# STUDY GUIDE

## CLINICAL ISSUES IN PEDIATRIC TRANSPORT

### **I. Pulmonary**

- Upper Airway  
Croup (laryngotracheobronchitis)  
Epiglottitis
- Lower Airway  
Asthma  
bronchiolitis  
Parenchymal  
Pneumonia/pneumonitis
- Foreign Body Obstruction

### **II. Cardiovascular**

- Congenital Heart  
Late presentation  
Long term complications  
Postoperative cardiovascular procedure  
Hypertension
- Shock States  
Anaphylactic  
Cardiogenic  
Distributive (septic)  
Hypovolemic
- Congestive heart failure  
Pericarditis  
Dysrhythmias  
Bradycardia  
Tachycardia  
Supraventricular tachycardia (SVT)

### **III. Metabolic and Hematologic**

- Anemia
- Sickle cell crisis
- Diabetic ketoacidosis
- Altered electrolyte balance

### **VI. Neurological**

- Increased intracranial pressure
- Status epilepticus
- Coma
- Meningitis
- Intracranial hemorrhage

### **V. Exposure to Drugs, Poisons and Toxins**

- Bites (Poisonous and non-poisonous)
- Ingestions/Poisoning
- Disaster-Related  
Hazardous materials

### **VI. Accidental and Non-accidental Trauma (e.g. burns and smoke inhalation, penetrating, blunt and submersion injuries)**

- Accidental
- Non-accidental
- Near drowning
- Hypothermia/Hyperthermia
- Burns and smoke inhalation

# STUDY RESOURCES

## STUDY RESOURCES

The following references are used by content team members and outside item writers to generate test questions for the NPT examination. This list is not intended as an all-inclusive list of references, nor does it imply that items on the current examinations were necessarily referenced from any of these publications.

## JOURNALS

- Advances in Neonatal Care
- Air Medical Journal
- Clinics in Perinatology
- Newborn and Infant Nursing Reviews
- Paediatrics and Child Health
- Pediatric Clinics of North America
- Pediatrics
- Respiratory Clinics of North America
- Seminars in Perinatology
- The Journal of Perinatal & Neonatal Nursing

## BOOKS

- AAP, Field Guide for air and ground transport of pediatric patients, 2019.
- AHA 2015 Guidelines for CPR & ECC: Supplement Circulation, AHA, 2020
- Artman, et al., Neonatal Cardiology, 3<sup>rd</sup> ed., McGraw Hill, 2017.
- Shaw, et al., Fleisher & Ludwig's Textbook of Pediatric Emergency Medicine, Wolters Kluwer, 2021
- Zimmerman, et al., Fuhrman and Zimmerman's Pediatric Critical Care, Elsevier, 2022.
- Gardner, et al., Handbook of Neonatal Intensive: An Interprofessional Approach Care, Elsevier, 2021.
- Gleason, et al., Avery's Diseases of the Newborn, Elsevier, 2018.
- Goldsmith, et al., Assisted Ventilation of the Neonate: An Evidence-Based Approach to Newborn Respiratory Care, Elsevier, 2022.
- Hay, et al., Current Diagnosis & Treatment in Pediatrics, McGraw Hill, 2018.
- Hockenberry, et al., Wong's Nursing Care of Infants and Children, Elsevier-Mosby, 2018.
- Holleran, et al., ASTNA Patient Transport Principles and Practices, Mosby Elsevier, 2017.
- Kliegman, et al., Nelson Essentials of Pediatrics, Elsevier, 2018.
- MacDonald, Atlas of Procedures in Neonatology, LWW, 2020.
- Martin, et al., Fanaroff & Martin's Neonatal-Perinatal Medicine, Elsevier, 2020.
- Park, et al., Park's The Pediatric Cardiology Handbook, 6<sup>th</sup> ed., Elsevier, 2022
- Taketomo, Pediatric and Neonatal Dosage Handbook, 28<sup>th</sup> ed., Lexicomp, 2021.
- Textbook of Neonatal Resuscitation, AHA, AAP, 2021.
- Verklan, Core Curriculum for Neonatal Intensive Care Nursing, Elsevier, 2021.
- Volpe, et. al., Neurology of the Newborn, Elsevier, 2018.
- Walls, et. al., Rosen's Emergency Medicine: Concepts and Clinical Practice, Elsevier, 2018
- Walsh et al., Neonatal and Pediatric Respiratory Care, Elsevier, 2019.

# SAMPLE QUESTIONS

## NEONATAL PEDIATRIC TRANSPORT SAMPLE QUESTIONS

Listed below are fifteen sample questions to acquaint the candidate with the test question format. These questions do not reflect the scope or the difficulty level of the questions on the actual examination. The reference from which each question is derived is also cited. However, other references might substantiate a different answer, and the answer shown here might be substantiated by other references. The rigorous review to which actual test questions are subject is not applied to these sample questions. The focus that should be attended to in reviewing these items is format, not content.

### Core

1. In transporting a critically ill neonatal or pediatric patient, the priority of care should be
  - A. airway management
  - B. neuroprotection
  - C. thermoregulation

Answer            A

Gleason, et al., Avery's Diseases of the Newborn, 10<sup>th</sup> ed., Elsevier, 2018, pg. 353

### Pediatrics

2. Which of the following is the most common symptomatic cardiac dysrhythmia observed in infants and young children?
  - A. Supraventricular tachycardia
  - B. Third degree block
  - C. Ventricular fibrillation

Answer            A

Walls, et. al., Rosen's Emergency Medicine: Concepts and Clinical Practice, Elsevier, 2018, page 2112

### Pediatrics

3. Monitoring every 5-10 minutes, both visually and by palpation, is recommended for an intraosseous infusion site in order to
  - A. confirm that the medication being administered is being absorbed
  - B. detect signs of extravasation that could lead to compartment syndrome
  - C. identify any signs of bruising developing around the growth plate region

Answer            B

MacDonald, Atlas of Procedures in Neonatology, LWW, 2020, pgs. 456-457

### Core

4. Maintaining appropriate temperature is particularly important in the pediatric or neonatal patient because of a predisposition to heat loss due to
  - A. increased norepinephrine production
  - B. large body surface area to weight ratio
  - C. rapid depletion of fat stores

Answer            B

Gardner et al., Handbook of Neonatal Intensive Care: An Interprofessional Approach, Elsevier, 2020, page 141

# SAMPLE QUESTIONS

## Core

5. In infants and children, the major cause of bronchiolitis is
- A. asthma
  - B. croup
  - C. respiratory syncytial virus

Answer C

Gleason, et al., Avery's Diseases of the Newborn, Elsevier, 2018, page 519

## Core

6. To minimize the adverse effects of vibration during ground or air transport, an important intervention would be to
- A. apply and maintain restraints properly
  - B. assure adequate hydration
  - C. use noise cancelling headset for patient

Answer A

AAP, Field Guide for air and ground transport of pediatric patients, 2019, page 44

## Core

7. Increasing altitude in a pressurized aircraft predisposes the transport patient to
- A. cardiac decompensation
  - B. dehydration
  - C. venous stasis

Answer B

AAP, Field Guide for air and ground transport of pediatric patients, 2019, page 45

## Core

8. Disturbances in the middle ear during air transport are most likely a result of changes in
- A. barometric pressure
  - B. fluid dynamics
  - C. gravitational forces

Answer A

AAP, Field Guide for air and ground transport of pediatric patients, 2019, pages 40-42

## Core

9. In neonates and children, a sign often noted in the early stages of compensated shock is
- A. lethargy
  - B. metabolic acidosis
  - C. tachycardia

Answer C

Zimmerman, et al., Fuhrman and Zimmerman's Pediatric Critical Care, Elsevier, 2021, page 352

## Core

10. Diffuse opacity with air bronchograms on a x-ray is a classic finding of
- A. early cystic fibrosis
  - B. neonatal respiratory distress syndrome
  - C. pneumonia in a two year old child

Answer B

Gardner et al., Handbook of Neonatal Intensive Care: An Interprofessional Approach, Elsevier, 2021, page 787

# SAMPLE QUESTIONS

## Core

11. Increased intrathoracic pressure secondary to overzealous bag-mask ventilation contributes to
- A. a reduction in cardiac output
  - B. increased pulmonary vascular resistance
  - C. spikes in cerebral blood flow

Answer            A

Pediatric Critical Care, Chapter 39: Performance of Cardiopulmonary Resuscitation in Infants and Children, 2022, page 444

## Core

12. With return of spontaneous circulation (ROSC) following resuscitation of the pediatric patient, it is recommended that oxyhemoglobin saturation be
- A. accepted at 90% in order to avoid hyperoxemia
  - B. maintained at 100% to avoid hypoxemia
  - C. targeted for less than 100% but at least 94%

Answer            C

AHA Supplement Circulation 2021: "Part 12: Pediatric Advanced Life Support", page 55

## Neonatal

13. A 34 week gestational age preterm neonate currently being maintained on a conventional ventilator following vigorous resuscitation efforts at birth is being referred to a tertiary center. The transport team notes stable vital signs and laboratory findings at the time of departure. Approximately 15 minutes into the ground transport, the neonate becomes irritable and experiences a sudden drop in heart rate and onset of cyanosis. Equipment function and presence of exhaled CO<sub>2</sub> is confirmed. Based upon the history and clinical findings, the neonate's current status is indicative of
- A. developing tension pneumothorax
  - B. partial plugging of the endotracheal tube
  - C. worsening of the underlying respiratory condition

Answer            A

Gardner et al., Handbook of Neonatal Intensive Care: An Interprofessional Approach, Elsevier, 2021, page 769

## Neonatal

14. A two day old neonate is referred to a tertiary center for follow-up of persistent bile-stained vomiting and minimal passage of meconium stool. The child is accompanied by an abdominal x-ray which shows a "double bubble sign". In addition to the need for stabilization based upon the GI obstruction, the team will be aware of the need to
- A. admit directly to the OR for emergency surgery
  - B. assess for signs of other congenital abnormalities
  - C. prepare for a possible emergent paracentesis

Answer            B

Gardner et al., Handbook of Neonatal Intensive Care: An Interprofessional Approach, Elsevier, 2021, page 1012



# SAMPLE QUESTIONS

## Pediatrics

15. An eight year old child has recently experienced unexplained weight loss and moderate fatigue but no medical follow-up was sought. The child is vomiting and lethargic. He then faints and can't be easily awakened and seems confused. The child is taken to the local ER and then based on assessment prepared to be transferred to medical center 100 miles away. Based on this history, the transport team's interventions should focus on addressing
- A. development of progressive diabetic ketoacidosis
  - B. enlargement of a space-occupying lesion
  - C. infection with West Nile virus

Answer            A

Zimmermann, et al., Fuhrman and Zimmerman's Pediatric Critical Care, Elsevier, 2021, page 1016

# SCORING & TEST REPORT

## HOW EXAMS ARE SCORED

NCC examinations are criterion-referenced. This means the passing score is based on a predetermined criterion. This criterion is a statistical ability level established by the Content Team based on evaluation of criticality of content and the test questions' past statistical performance. Questions used to determine pass/fail have proven statistical history that demonstrates the question is appropriate for use to measure an individual's ability level.

There is no set percentage passing level. **An ability level for each candidate is calculated based on the number of questions they answer correctly (there is no penalty for wrong answers).** Pass/fail is determined based on this ability level as compared to pass/fail standard which is a predetermined ability criterion. When different forms of the examination are used, a process called equating is initiated. This procedure converts all results to a common scale. So someone who takes a slightly more difficult form of the exam will need to answer fewer questions correctly than someone who takes a slightly easier form of the exam.

NCC utilizes the item response theory of psychometrics for the analysis of its examinations. Item response theory (Rasch analysis) is the study of test and item scores based on assumptions concerning the mathematical relationship between abilities and item responses. This is a commonly used system, and such examinations as the NCLEX and other health related certification examinations utilize this type of psychometric analysis.

Test reports identify pass/fail status, and they give feedback on the various content areas of the examination in the form of word descriptors: very weak, weak, average, strong and very strong. No percentages or standard scores are given. These descriptors are based on the items within a given subtest. The overall pass/fail decisions are based on the full test, and the verbal descriptors are intended to provide suggested feedback on strengths and weaknesses in various content areas. Since this feedback is based on relatively few items, general verbal descriptions are given instead of subtest scores. These word descriptors are for information only, and they should be interpreted cautiously due to the small number of items included in each content area.

### HAND SCORING YOUR EXAMINATION

If you believe there might be a discrepancy in your test results, you may request a hand score for a fee of \$55.

You must make this request via the NCC website within 60 days of receiving the pass/fail report by selecting that option from your NCC profile at [NCCwebsite.org](https://www.nccwebsite.org/certification-exams) or go to the certification tab <https://www.nccwebsite.org/certification-exams>, scroll down to "Other helpful information" and click "Exam hand score request" to submit your request.

# SCORING & TEST REPORT

## SAMPLE TEST REPORT

Candidates will receive an official test results report from NCC. It will be located in your NCC account. Shown below is a sample test result report for a candidate who has passed the examination.

### NEONATAL PEDIATRIC TRANSPORT EXAMINATION

#### Test Results

NAME

DATE:

ADDRESS

Pass/Fail:

PASS

Maintenance Due Date:

Your credential is designated as: C-NPT® (Certified - Neonatal Pediatric Transport)

### EXAM CONTENT REPORT

Overall pass/fail decisions are based on your overall exam performance. A candidate must obtain a score equal to or higher than the “passing score” to pass the exam. A candidate’s performance on the examination is not compared to the performance of others taking the examination.

In addition, the test report provides you with feedback on the various content areas of the examination in the form of word descriptors: Very Weak, Weak, Average, Strong and Very Strong. No percentages or standard scores are given. These descriptors are based on items within a given subtest and are intended to provide suggested feedback on strengths and weaknesses in various content areas. Since this feedback is based on relatively few items, general verbal descriptions are given instead of subtest scores. Word descriptors for scoring are set using these ability levels and utilize equal intervals of scale above and below the pass point to provide additional feedback. See the Important Facts and Information on Test Results and Scores page for more detail. These word descriptors are for information only, and they should be interpreted cautiously due to the small number of items included in each content area.

#### Content Area (Percentage of Questions on Exam)

#### Your Results:

Transport Core Knowledge (48%)

VERY STRONG

Clinical Issues in Neonatal Transport (26%)

WEAK

Clinical Issues in Pediatric Transport (26%)

AVERAGE

# TERMS OF CERTIFICATION AND CERTIFICATION MAINTENANCE

## AFTER PASSING THE EXAM

### CREDENTIAL

Successfully completing the Neonatal Pediatric Transport exam entitles you to use the credential C-NPT® (Certified – Neonatal Pediatric Transport).

### TERMS OF CERTIFICATION

NCC certification is awarded for a period of three years.

The effective date for certification is the date on the official NCC score report letter that shows a passed examination.

### MAINTENANCE AUDITS

Certificants must maintain the conference/CE description and/or objectives, along with the CE certificate which are required to be uploaded if chosen for random audit. Pre-approval of CE does not exempt a certificant from random audit.

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**NO CONTINUING  
EDUCATION IS ISSUED FOR  
TAKING THE  
NEONATAL PEDIATRIC  
TRANSPORT EXAM.**

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## MAINTAINING CERTIFICATION

- NCC certification must be maintained every three years.
- Certification that is not maintained will expire
- The NCC certification maintenance program allows you to continue your certification status by obtaining 15 hours of continuing education credit
- For continuing education credit to be used for certification maintenance it must be earned between the date of your notification of certification and the date your maintenance is due.
- The maintenance process includes submitting a maintenance application prior to the maintenance due date with appropriate fees and requested documentation. All CE must be in Neonatal Pediatric Transport. Using NCC CE modules does NOT automatically maintain your certification. Individuals must submit a maintenance application and pay a maintenance fee in addition to any CE fees.
- Maintenance applications are subject to random audit. If an individual is chosen for audit, they will be required to upload CE certificates and course descriptions. These records should be maintained during each maintenance cycle, until the maintenance application has been approved. Individuals can upload these documents in their maintenance application throughout their maintenance cycle. *Documents from NCC modules are already on file with NCC and therefore are not requested or audited.*
- The maintenance due date is the last day the certification is active. ***NCC Certified professionals do not need to wait until their maintenance deadline to apply.*** As long as they have obtained the required contact hours of continuing education credit - maintenance applications can be submitted up to 12 months before this date to avoid a lapsed certification while the maintenance application is in review. Maintenance will be due in the quarter in which they were notified of their certification (*not the date on which they took the examination*). Maintenance due dates can be found by signing into the certified professional's NCC account. Sign into the account using the associated email and password.

### The NCC website has more detailed information

For more information about the certification maintenance program, click the purple "Maintain your Certification" box.