



**CCEP-F**  
Certified Compliance  
& Ethics Professional *Fellow*

**Certified Compliance  
& Ethics Professional  
*Fellow***

**Advanced Certification  
for Compliance and  
Ethics Professionals**

**Compliance Certification Board (CCB)**  
*10 years of certifying more than 2,500  
Compliance and Ethics Professionals*

**GA W B I D O A T F  
C A N B I D O A T F  
2010**

For questions regarding certification, contact:

**Compliance Certification Board (CCB)**

6500 Barrie Road, Ste 250

Minneapolis, MN 55435

888-580-8373

Fax 952-988-0146

e-mail: [ccb@hcca-info.org](mailto:ccb@hcca-info.org)

For questions regarding examination application and administration, contact:

**Applied Measurement Professionals, Inc. (AMP)**

18000 W. 105th Street, Olathe, KS 66061-7543

888-519-9901

Fax 913-895-4651

e-mail: [info@goAMP.com](mailto:info@goAMP.com)

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**Alfonzo Alexander**, Chief Relationship Officer, NASBA, Nashville, TN

The material in this handbook is current as of October 2010 and is subject to change without notice. Please refer to the most recent CCEP-Fellow Candidate Handbook for current program policies and procedures.

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## ABOUT CCB

After Preliminary work by the Education Committee of the HCCA Board of Directors, in 1999 the HCCA, established the Compliance Certification Board (CCB) and charged it with developing and managing a certification process for compliance professionals. When the SCCE was established in 2004 it adopted the CCB as its certification board.

The independent CCB is governed by a Board of Directors appointed by the HCCA Board. The President and Immediate Past President of HCCA are ex-officio members of the CCB Board of Directors. The mission of the CCB is to develop criteria for the determination of competence in the practice of compliance at a variety of levels and to recognize individuals meeting these criteria.

In 2008, the CCB created the Fellowship certification committee from among individuals certified in compliance and ethics who are leaders in their field, to develop criteria for the Certified Compliance and Ethics Fellowship (CCEP-F). In 2009, the Fellowship certification committee developed the CCEP-F.

## ABOUT THE HANDBOOK

This handbook provides information that you will need to apply for the CCB Certified Compliance & Ethics Professional Fellowship (CCEP-F), including eligibility requirements; examination content outline; an application checklist; information on reference requests; transcript requests; and a fellowship application. Be sure to keep the handbook after you have applied for the fellowship as you may wish to refer to it later. The CCEP-F candidate handbook can be found at [www.corporatecompliance.org](http://www.corporatecompliance.org).

The purpose of the fellowship level of certification is to promote the profession of compliance & ethics practice by:

1. Recognizing formally those individuals who meet the eligibility requirements of the CCB and pass the Certified Compliance & Ethics Professional (CCEP) Examination.
2. Encouraging continued personal and professional growth in the practice of compliance and ethics.
3. Providing a national standard of requisite knowledge required for advanced certification; thereby assisting employers, the public, and members of the professions in the assessment of a compliance and ethics professional.

The CCB has contracted with Applied Measurement Professionals, Inc. (AMP) to assist in the development and analysis of its CCEP-F simulation testing examination and content outline.

## STATEMENT OF NONDISCRIMINATION

The CCB and AMP do not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability, sexual orientation or marital status.

## BENEFITS TO THE CANDIDATE

Candidates for the CCEP-F will benefit from the certification's:

1. Formal methodology for demonstrating an advanced level of knowledge and commitment to the compliance & ethics profession,
2. Criteria for advancement in the compliance & ethics industry,
3. Mentoring provided during the process of applying for and achieving CCEP-F certification as a compliance & ethics professional.

## APPLICATION FOR STATUS OF CERTIFIED COMPLIANCE & ETHICS PROFESSIONAL FELLOWSHIP

The following are the steps involved in obtaining the CCEP-F:

1. Submit completed application to CCB with all supporting documentation.
2. Receive approval from CCB and notice of mentor. **Once the candidate has received notice of approval of the application for fellowship status, he/she will have three years to complete all required activities to be approved for fellowship status.**
3. Submit completed simulation examination application directly to AMP (Exam Application will be sent to you with your notice of approval).
4. Receive approval from AMP to take the simulation exam.
5. Schedule appointment with AMP to take the simulation exam.
6. Take the simulation exam.
7. Receive notice of pass/fail determination.
8. After passing the simulation exam, submit copy of fellowship project at least one year prior to the end of your three-year deadline.
9. Receive notice of the project presentation date from the CCB Fellowship Certification Committee.
10. Present fellowship project to fellowship certification committee.
11. Receive notice of decision of fellowship status.

*\*Notice of acceptance or rejection of the application for the fellowship process will take at least six weeks.*

## CRITERIA FOR FELLOWSHIP APPLICATION

1. CCEP credential for a minimum of three years (can be non-consecutive years);
2. Certificates of credit documenting 40 hours of CCB CEUs within the two years preceding application with 20 hours within the 12 months preceding application;
3. Three references (no immediate family members)
  - One character reference
  - One reference from an SCCE member who is also CCEP
  - One reference from your current immediate supervisor (not required for individuals who are unemployed when the application for fellowship status is submitted);
4. Current SCCE membership and at least three years preceding application (these need not be consecutive years);

5. A written statement that details knowledge and experience in the operation of all necessary elements of an effective compliance and ethics program;
6. Minimum of a bachelors degree verified by a certified transcript;
7. At least five years experience as a compliance & ethics professional;
8. Detailed written description of the Fellowship project proposal for approval by the CCB Fellowship Certification Committee; *(see page 22 for details)*
9. A completed authorization form allowing the CCB Certification Board to complete a background check including a criminal background check; and
10. Submission of \$150.00 non-refundable application fee. *(Candidate also responsible for all travel fees)*

PLEASE NOTE: an application to CCEP-F will require approval of the CCB Fellowship Certification Committee. Your application will not be reviewed until all required forms and documents are received by the CCB Fellowship Certification Committee. Prior to approval of the application, an in-person screening interview with the CCB Fellowship Certification Committee may be required.

If your application is approved, you will be assigned a mentor to assist you in obtaining answers for any questions you may have regarding the process. The candidate will have three years from the date the application is approved to complete all aspects of the process to be considered for CCEP-F status.

## **SIMULATION EXAMINATION**

After approval of your application to enter the process to obtain CCEP-F status, the candidate's first step is to successfully complete a ten-question simulation examination. The candidate's project will not be considered until the simulation examination is successfully completed. Eight of these simulation problems are scored and two are non-scored pretest problems. Each problem will consist of three components: Scenario, Information Gathering (IG) sections, and Decision Making (DM) sections. Each problem begins with a scenario. The scenario provides the setting and introductory client information (e.g., age, gender, presenting problems).

In Information Gathering (IG) sections you are to gather all relevant information for answering the question. Read all responses before selecting the responses that you consider necessary for responding to the question. You should select all options that are appropriate at the time. If you select more or fewer answer options than are appropriate, this will adversely impact your information gathering score.

Decision Making (DM) sections provide opportunities for making judgments or decisions. These sections may be formatted in one of two ways:

1. Single Best Option – There may be more than one acceptable option, but one option is generally regarded most acceptable. The instructions will be to “CHOOSE ONLY ONE” option. You should not assume that your response is incorrect if you are

directed to make another selection. The simulation examination format sometimes uses this direction.

2. Multiple Options – Several options are considered appropriate. These sections address decisions in which a combination of actions is required. The multiple option type of decision making will have instructions to “SELECT AS MANY.”

Three windows appear on the screen at all times during a simulation examination. The Scenario Window section is displayed across the top of the screen; the candidate's picture is displayed in the upper right hand corner of this window. Each simulation begins with a brief paragraph in this window that provides preliminary information about the situation; subsequent sections contain information about the changing situation. A scroll bar is available when necessary to view all text. Each Scenario Window will also provide the candidate with specific instructions about whether to “CHOOSE ONLY ONE” response in the section or to “SELECT AS MANY” responses as appropriate to gather information.

The Options Window is displayed as the lower left portion of the screen and contains all options (choices or possible responses) from which to choose in the current section. A scroll bar is also available when necessary to view all options. The Simulation History Window is displayed as the lower right portion of the screen. This window can be displayed in two formats using the button labeled “Current Section/Simulation History” located at the top of this window. When in the “Current Section” mode, the options chosen in the current section and the results for each choice are displayed in this window. When in the “Simulation History” mode, the scenarios from all previous sections as well as the options chosen and their results are displayed in the window. A scroll bar is available on the right side of this window to review previous scenarios and/or options and results. Once a candidate has read the scenario for each section and determined which option(s) are appropriate for selection, he/she can simply click the box to the left of the option to “choose” it. Immediately, the option selected and the results for that option appear in the right-hand Simulation History Window. After a candidate selects or “chooses” an option, he/she cannot reconsider and “unselect” it, since the information from that option has been revealed.

In sections where a candidate is instructed to “SELECT AS MANY as you consider indicated,” the candidate should select all of the options believed appropriate at the time and then click the “Go To Next Section” button at the bottom left of the screen to continue to the next section. A dialog box will appear requesting that the candidate confirm he/she wishes to continue to the next section and warning that returning to this section to make additional choices will not be possible. By selecting “Yes,” the software automatically takes the candidate to the next section of the simulation.

In sections where a candidate is instructed to “CHOOSE ONLY ONE unless directed to make another selection,” the candidate should carefully review each option and then choose the one best option. A dialog box will then appear to present the results for the choice or request that the candidate select another response

in the section. A “Help Screen” will be accessible to candidates throughout the simulation examination to explain how to navigate through the examination. You will be allowed up to four hours to complete the simulation examination.

## **PASS/FAIL SCORE DETERMINATION**

Each section, Information Gathering (IG) or Decision Making (DM), in a simulation was evaluated by content experts when the problem was developed, and a minimum pass level (MPL) was established for the section using the scoring weights assigned to the options in that section. The MPL for an individual problem on the examination (IG or DM) is the sum of the MPL for all of the IG and DM sections contained in the problem; the MPL for the total examination is determined by summing the MPLs for both IG and DM over all scored problems on the examination form.

To assist candidates in evaluating their performance on the Simulation Examination, scores are provided for both IG and DM sections. It is the TOTAL RAW SCORE for IG and DM on the entire examination that determines whether you pass or fail the Simulation Examination. Candidates must achieve TOTAL RAW passing scores in both IG and DM to successfully complete this examination.

## **FAILING TO REPORT FOR SIMULATION EXAMINATION**

A candidate who fails to report for an examination has 90 days from the originally scheduled examination session to remit the rescheduling fee and contact AMP (Applied Measurement Professionals) at 888-519-9901 to schedule a new appointment. A new application is not required.

A candidate who does not reschedule the examination within the 90-day period forfeits the application and all fees paid. If the candidate does not reapply to take the exam within the 90-day re-exam period, he/she will be required to reapply for the simulation examination and pay the full examination fee.

## **FELLOWSHIP PROJECT SUBMISSION**

After successful completion of the simulation exam, the next step is to prepare and submit your fellowship project. The project will cover a topic(s) that was approved in the application process. After submission, the CCB Fellowship Certification Committee will review the project. You will be contacted by the CCB to schedule a date to present to the CCB Fellowship Certification Committee. Several dates and locations will be available each year, on a first-come, first-served basis. The fellowship project must be submitted to the CCB Fellowship Certification Committee at least one year prior to the candidate’s three-year deadline to ensure adequate time to schedule the presentation to the committee.

## **INCLEMENT WEATHER OR EMERGENCY**

In the event of inclement weather, or unforeseen emergencies on the day of a presentation of the Fellowship Project, the CCB will

determine whether circumstances warrant the cancellation, and subsequent rescheduling, of the presentation of the Fellowship Project. Candidates should contact their project mentor as soon as possible in any such circumstance.

In the event of a personal emergency on the day of the presentation of the Fellowship Project, a candidate may request consideration of rescheduling of the Project presentation without additional fee by contacting their mentor. Rescheduling without additional fee will be considered on a case-by-case basis.

## **IF YOU ARE SELECTED FOR FELLOWSHIP**

If you are selected as a Fellow, you may use the designation “Certified Compliance & Ethics Professional Fellow” (CCEP-F). You will receive a letter and certificate acknowledging your credential 6–8 weeks after you have been approved for fellowship status by the CCB Fellowship Certification Committee. Certification is valid for a period of two years, and may be renewed upon the timely submission of required fees, provision of evidence of having met continuing education requirements, and completion of the required professional service activities.

The CCB, in conjunction with the SCCE, reserves the right to recognize publicly any candidate who has been awarded the fellowship certification. Recognition will be awarded so as not to embarrass any candidate who is unsuccessful in an attempt to achieve certification.

## **IF YOU ARE NOT SELECTED FOR FELLOWSHIP**

If the CCB Fellowship Certification Committee does not approve your admission to CCEP-F status, a reapplication form will be provided to you. If you submit a reapplication form within 90 days, you may re-apply at the reduced fee indicated in the reapplication packet. If you apply for reapplication more than 90 days after your initial application is denied the full application fee will be required for reapplication.

## **RENEWAL OF CERTIFICATION**

The initial designation of CCEP-F is valid for two years.

Fellows may maintain their certification by:

1. Documentation of 50 CCB continuing education credits;
2. Payment of the \$200.00 renewal fee, and;
3. Documentation of 10 units of professional service activities which may include:
  - a. Presentation on behalf of HCCA/SCCE at a conference or audioconference.
  - b. Publication of a compliance article in an HCCA/SCCE affiliated publication.
  - c. Committee/taskforce work for or on behalf of HCCA/SCCE.
  - d. Community service on behalf of HCCA/SCCE.
  - e. Other activities if approved by the CCB Fellowship Certification Committee.

A unit of professional compliance activity will be calculated as follows:

One hour of presentation would be equivalent to one unit professional service activity.

One article is equivalent to one unit of professional service activity.

One hour of committee/taskforce work will be equivalent to one unit professional service activity.

One hour of community service on behalf of HCCA/SCCE is equivalent to one unit of professional service activity.

If the candidate wishes to have other activities counted towards the professional service activity units the activities will need to be submitted to the CCB Fellowship Certification Committee for a determination.

You will receive numerous reminders of your renewal deadline from our certification staff as a courtesy; however, failure to receive reminders does not constitute a right to petition when renewal procedures are not followed. It is ultimately your responsibility to keep track of your renewal date and submit the appropriate renewal papers prior to your expiration regardless of notification from the certification board. If all required information is received, the certification is valid for another two-year certification period. If the required information is not received, retesting is the only option for again obtaining the credential.

**Failure To Renew:** A fellow who fails to renew his/her certification by the renewal date is no longer considered certified and may not use the credential awarded for certification in professional communications, such as on letterhead, stationery and business cards, in directory listings and in signature. Once a fellow has allowed his/her certification to lapse, the CCEP-F may only be renewed by re-applying for fellowship status as if the individual had never obtained the CCEP-F.

## REVOCATION OF FELLOWSHIP CERTIFICATION/ APPLICATION

The following will serve as grounds for exclusion from examination or revocation of your CCEP-F certification:

- Gross violation of the SCCE Professional Code of Ethics for Compliance & Ethics Professionals.
- Intentional misrepresentation of information provided in conjunction with an CCB CCEP-F application.
- Fraudulent submission of materials indicating completion of continuing education credits.
- Admission to or conviction of any felony or misdemeanor directly related to the candidate or certificant's role as a health compliance and ethics professional.
- Exclusion from participation in federal health care programs or other federal government programs on the General Services Administration Exclusion List or on the DHHS OIG Exclusion Database.

## HEARING AND APPEAL PROCESS

Upon determination by the CCB that a candidate or certificant may

have violated the HCCA or SCCE Professional Codes of Ethics or may otherwise be subject to revocation of the candidate's or certificant's CCEP-F certification, a hearing will be convened before the full CCB Ethics Review Committee (appointed by the CCB Board as needed) for the determination of facts in a venue to be determined by the committee chair and pursuant to the policies and procedures of the Committee. The CCB Ethics Committee will make a determination on the evidence presented. The decision of the committee may be appealed with or without cause by the accused to the CCB Board of Directors. The CCB Board of Directors will review the facts as determined by the Ethics Review Committee and may at their discretion convene a second hearing before the Board for the determination of fact. Upon a vote of unanimous consent to accept the facts as presented, the Board will convene in closed session to determine final action to be taken in the matter of the charge before them.

## CONFIDENTIALITY

Information about fellowship candidates for application or renewal of CCEP-F certification, and results provided are considered confidential; however, the CCB reserves the right to use information supplied by or on behalf of a candidate in the conduct of research or to further the mission of the SCCE and CCB. Studies and reports generated for such purposes shall not contain any individually identifiable information concerning candidates, unless disclosure of such information has been authorized by the candidate.

## SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES

CCB and its contractor AMP comply with the Americans with Disabilities Act and strive to ensure that no individual with a disability is deprived of the opportunity to take the simulation examination or to present the Fellowship Project solely by reason of that disability. CCB will provide reasonable accommodations for candidates with disabilities.

Wheelchair access is available. Candidates with visual, sensory or physical disabilities that would prevent them from participating in the examination or presentation under standard conditions may request special accommodations and arrangements. To request special accommodations for the simulation examination, complete the special accommodations form provided by AMP in the exam application packet and submit it with your application and fee. To request special accommodations for the fellowship project presentation, complete the request for special accommodations form included in this handbook (page 20) and submit it with your Fellowship Project.

## TELECOMMUNICATION DEVICES FOR THE DEAF

CCB shall provide telecommunication devices for the deaf to assist deaf and hearing-impaired candidates during the examination or Fellowship Project presentation. Please complete the Request for Special Accommodations form (page 20) and submit with application.

## CCEP FELLOWSHIP DETAILED SIMULATION EXAMINATION

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### CONTENT OUTLINE

This outline identifies the areas and tasks that will be tested on the CCEP Certification Fellowship Simulation Examination. The examination will be scored on participants' responses to simulations. An exam application will be provided in the approval packet.

### Certified Compliance and Ethics Professional Test Specifications

#### 1. Standards, Policies, and Procedures

- A. Create compliance and ethics policies and procedures
- B. Maintain compliance and ethics policies and procedures
- C. Consult with appropriate subject matter resources (e.g., legal, HR, finance)
- D. Ensure consistency between the organization's mission, vision, values, and the code(s) of conduct
- E. Maintain compliance and ethics strategic plan
- F. Maintain a non retaliation policy
- G. Ensure that an appropriate record retention policy exists
- H. Maintain a code(s) of conduct
- I. Maintain a conflict of interest policy (e.g., gifts and gratuities, outside business ventures)
- J. Maintain appropriate confidentiality policies (e.g., trade secrets, intellectual property, third party information)
- K. Maintain appropriate privacy policies
- L. Maintain policies and procedures to address regulatory and legal requirements
- M. Maintain appropriate policies on interactions with third parties (e.g., vendors, business partners, competitors)
- N. Maintain a compliance manual
- O. Maintain policies and procedures around specifically identified risk areas
- P. Propose appropriate governance policies related to compliance
- Q. Participate in the development of internal controls aimed at preventing misconduct (e.g., requiring dual sign-offs on certain conduct)
- R. Ensure that compliance and ethics standards are included in contractual agreements with third parties (e.g., vendors, business partners, agents)
- S. Monitor government sanction lists for individuals/entities (e.g., Patriot Act, export control, GSA)

#### 2. Compliance and Ethics Program Administration

- A. Report compliance and ethics activity to the internal governing body (e.g., board of directors, audit committee)
- B. Coordinate operational aspects of a compliance and ethics program with management (e.g., oversight committee, senior management)
- C. Collaborate internally and externally with others to institute best practices (e.g., benchmarking)
- D. Ensure that the compliance and ethics oversight committee's goals and functions are implemented
- E. Maintain knowledge of current regulatory and legal changes (e.g., literature and conferences)
- F. Maintain the credibility and integrity of the compliance program
- G. Recognize the need for outside expertise
- H. Ensure that the organization has defined the responsibilities, purpose, function and authority of compliance and ethics positions
- I. Ensure that the governing board understands its responsibilities in the compliance and ethics program
- J. Ensure that the role of counsel in the compliance and ethics process has been defined
- K. Manage the compliance and ethics staff and other resources
- L. Embed the compliance and ethics program into the business
- M. Develop an annual compliance and ethics work plan
- N. Ensure the organization has processes in place to manage conflicts of interest
- O. Ensure background checks are conducted on new hires and others



**3. Communications, Education, and Training**

- A. Disseminate relevant information on emerging risk areas
- B. Communicate compliance and ethics information throughout the organization
- C. Develop appropriate and effective compliance and ethics training for all applicable individuals (e.g., risk specific, orientation, remedial)
- D. Measure the effectiveness of compliance and ethics training
- E. Ensure that employees understand their obligation to report misconduct
- F. Ensure that employees understand the compliance and ethics aspects of their specific job responsibilities
- G. Promote a culture of compliance and ethics throughout the organization
- H. Encourage employees to seek guidance and clarification when in doubt
- I. Ensure that compliance and ethics personnel participate in continuing education to maintain professional competence
- J. Track participation in ongoing compliance and ethics training programs
- K. Conduct compliance and ethics education for all board members, employees, vendors, and other agents
- L. Train all those who receive questions and concerns from employees and others on how to identify potential compliance and ethics issues
- M. Manage a compliance and ethics education program

**4. Monitoring, Auditing, and Internal Reporting Systems**

- A. Protect anonymity and confidentiality within legal and practical limits
- B. Publicize the reporting system to all employees, vendors, and third parties
- C. Monitor for organizational misconduct (e.g., violations of applicable laws, regulations, policies and procedures)
- D. Operate system(s) to enable employees, vendors, and third parties to report any noncompliance and seek advice (e.g., hotline)
- E. Address compliance and ethics concerns expressed through internal reporting
- F. Conduct compliance and ethics audits
- G. Engage in routine monitoring of compliance and ethics related activities (e.g., helpline calls, training, investigations)
- H. Monitor compliance and ethics audit results (e.g., track, trend, evaluate, benchmark)
- I. Address audit results from external entities (e.g., outside counsel, government, consultants)
- J. Monitor compliance with governance policies
- K. Evaluate the effectiveness of the compliance and ethics program on an ongoing basis
- L. Include compliance and ethics questions in exit interviews

**5. Response and Investigation, Discipline and Incentives**

- A. Take an active role in ensuring that discipline is proportionate to violation
- B. Take an active role in ensuring that discipline is consistent with the organization's disciplinary policies and procedures
- C. Take an active role in ensuring that discipline is enforced consistently throughout all levels of the organization
- D. Ensure recommended disciplinary action is documented
- E. Coordinate with management to ensure agreed upon corrective action is taken
- F. Integrate incentives to encourage compliance and ethical behavior
- G. Use compliance and ethical behavior as a factor in job performance evaluations
- H. Take steps to ensure compliance with the organization's non-retaliation policy
- I. Respond to compliance and ethics inquiries
- J. Report validated instances of noncompliance through appropriate channels within the organization
- K. Ensure the development of corrective action plans in response to noncompliance
- L. Monitor the effectiveness of corrective action plans and ensure modification as needed
- M. Engage internal resources to assist in investigations
- N. Initiate program enhancements to respond to identified problems or weaknesses in the program
- O. Conduct internal investigations

- P. Respond to government inquiries and investigations
- Q. Maintain records on compliance investigations
- R. Coordinate voluntary disclosures to regulatory agencies with legal counsel
- S. Coordinate investigations to preserve applicable privileges

### **6. Risk Assessment**

- A. Ensure periodic compliance and ethics risk assessments are conducted across the organization
- B. Drive the integration of compliance and ethics risk assessments across all parts of the business (e.g., processes and business units)
- C. Ensure that risks are appropriately prioritized
- D. Ensure that action plans are developed and carried out based on risk assessments
- E. Incorporate any necessary changes to reduce risk

### **Problem Types:**

Each examination will have one problem in each major category, except for major categories 1 and 5 which will have 2 problems. Pretest problems should be in areas other than 1 and 5.

## Application for Status of Certified Compliance & Ethics Fellow

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### SECTION ONE: Demographic Information

Prefix:  Ms.  Mr.  Miss  Mrs.

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First Name                      Middle Initial                      Last Name

---

Full name as you would like it to appear on your fellowship certification

---

Street Address    Apt or Suite Number

---

City                      State                      Zip Code

Is the above a  home or  office address?

(  office  home  cell )

---

Preferred phone number

(  office  home  cell )

---

Secondary phone number

Please provide the address you would like to use for all contacts regarding this application:

Use same address as above

---

First Name                      Middle Initial                      Last Name

---

Street Address    Apt or Suite Number

---

City                      State                      Zip Code

Is the above a  home or  office address?

**Application for Status of Certified Compliance & Ethics Fellow**

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**SECTION TWO: Professional Experience in Compliance & Ethics**

**CURRENT EMPLOYER**

\_\_\_\_\_  
Name of Employer Your Position Title

\_\_\_\_\_  
Employer's Street Address

\_\_\_\_\_  
Employer's City State Zip Code

\_\_\_\_\_  
Years in Current Position Start Date

\_\_\_\_\_  
Name and Phone Number of Your Immediate Supervisor

**PREVIOUS POSITIONS** (only if you have been in your current compliance position for less than five years)

\_\_\_\_\_  
Name of Employer Your Position Title

\_\_\_\_\_  
Employer's Street Address

\_\_\_\_\_  
Employer's City State Zip Code

\_\_\_\_\_  
Years in Current Position Start Date

\_\_\_\_\_  
Name and Phone Number of Your Immediate Supervisor

\_\_\_\_\_  
Name of Employer Your Position Title

\_\_\_\_\_  
Employer's Street Address

\_\_\_\_\_  
Employer's City State Zip Code

\_\_\_\_\_  
Years in Current Position Start Date

\_\_\_\_\_  
Name and Phone Number of Your Immediate Supervisor

*Please use additional sheets as needed to provide at least 5 years compliance experience.*

## **Application for Status of Certified Compliance & Ethics Fellow**

### **SECTION THREE: Compliance experience and knowledge**

Please attach documentation describing in detail your work experience and responsibilities in each of the following compliance program administration areas.

- Oversight
- Training and Education
- Background Investigation
- Sanctions/Discipline
- Policies and Procedures
- Auditing and Monitoring
- Response and Corrective Action
- Risk Assessment

### **SECTION FOUR: Education**

Please indicate all bachelor and post-graduate academic degrees earned. Please list most recent first.

<b>Name of Institution</b>	<b>Dates Attended</b>	<b>Graduation Date</b>	<b>Degree Attained</b>	<b>Major Subject</b>

Please have the institution that granted your bachelors and post-graduate degrees provide a certified transcript directly to the CCB Fellowship Certification Board by sending the CCB Transcript Request Form (page 19 in this handbook) to the institution.



## Application for Status of Certified Compliance & Ethics Fellow

### SECTION SIX: References (no immediate family members)

Please list the names and contact information for each of the individuals you wish to use as a reference for your Fellowship candidacy. Provide each reference with a CCB Fellowship Candidate Reference Form. Please ask each of the references to submit the reference form directly to the CCB at the address provided on the form.

#### 1. SCCE CCEP member reference

First Name		Last Name	
Street Address		Apt or Suite Number	
City	State	Zip Code	
( <input type="checkbox"/> office <input type="checkbox"/> home <input type="checkbox"/> cell )			
Phone number			

#### 2. Supervisor reference

First Name		Last Name	
Street Address		Apt or Suite Number	
City	State	Zip Code	
( <input type="checkbox"/> office <input type="checkbox"/> home <input type="checkbox"/> cell )			
Phone number			

#### 3. Character reference

First Name		Last Name	
Street Address		Apt or Suite Number	
City	State	Zip Code	
( <input type="checkbox"/> office <input type="checkbox"/> home <input type="checkbox"/> cell )			
Phone number			

## Application for Status of Certified Compliance & Ethics Fellow

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### SECTION SEVEN: FELLOWSHIP PROJECT DESCRIPTION

Please attach a narrative (one to three pages) describing in detail the Proposed Fellowship Project Plan for the Fellowship Project you intend to complete during your candidacy period. NOTE: The Fellowship Project Plan must be approved by the CCB Fellowship Certification Committee before beginning. Certification Committee approval of the Plan is a prerequisite for the completed project to be considered in granting Fellow status.

1. Guidelines for completion of the fellowship thesis or case study project options are provided below. Specific requirements for each option appear in the Appendix. Candidates may submit either a 30 - 50 page thesis on a compliance topic or four (4) case studies to satisfy this portion of the requirements for fellowship certification. A brief summary of the thesis or case study project must be submitted for approval at the time of Fellowship application. Both options require original work, and the candidate must allow the CCB to make the work available to benefit other compliance professionals.
2. Candidates will be required to present their thesis or case study projects to the Fellowship Committee. Fellowship Committee will be convened for this purpose in conjunction with the SCCE Compliance & Ethics Institute and with at least one of the SCCE Compliance & Ethics Academies.
3. A copy of all materials must be sent to the Compliance Certification Board (CCB) Fellowship Coordinator at least one year prior to the candidate's presentation.
4. Materials Preparation Requirements:
  - a. Use 8 ½" x 11" white unlined paper, and print text only on one side of each sheet.
  - b. Use of computer software for word processing is recommended for a professional appearance.
  - c. The type font shall be 12-pitch and margins shall be one and one half inches throughout. Text must be double-spaced.
  - d. Use lowercase Roman numerals to number introductory pages (title page, acknowledgements, dedication, etc.) with the title page bearing no number but included in the sequence.
  - e. Placement of page numbers must be consistent (bottom center) and always one-half inch from the edge of the page. Include a table of contents that lists all preliminary pages, chapter headings, bibliography, and appendixes (if any).
  - f. Initial use of all abbreviations and acronyms must be spelled out completely with abbreviations or acronyms defined in a subsequent parenthetical (e.g., "Office of Inspector General ("OIG)"), and an index of any abbreviations and acronyms used must be provided. Footnotes or endnotes are both acceptable but the candidate should use a consistent format.
  - g. Footnotes or endnotes must be single-spaced.
  - h. List all references in accordance with the most current edition of The Publication Manual of the American Psychological Association (APA).
5. Candidates should direct any additional questions about the thesis or case study project options to the mentor assigned as part of the application process.
6. Candidates will be required to cover any travel costs related to their project presentation.



## Application for Status of Certified Compliance & Ethics Fellow

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### SECTION EIGHT: Fees

The **non-refundable** fee for application to CCEP-F status is \$150. Please include all fees with your application. Please submit check, money order, cashier's check, or credit card information in the space provided.

**Refund Policy:** No refunds will be issued to candidates who need to cancel their exam. Candidates may reschedule within 6 months of their original scheduled date as long as the continuing education units submitted for the exam requirements were obtained within 12 months of the new exam date. The rescheduled exam will be covered by the original exam fee paid.

Payment:  Personal Check  Business Check  Cashier's Check  Money Order

Credit Card:  Visa  MasterCard  Amex

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Credit Card Number

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Expiration Date

---

Name of Card Holder

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Signature of Card Holder

**Application for Status of Certified Compliance & Ethics Fellow**

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**SECTION NINE: Attestations, Acknowledgements and Authorization**

**ATTESTATIONS**

By signing below, I attest:

1. I have read and understand the material and policies included in the CCB Fellow Candidate Handbook;
2. All information included on this application and in the supporting documentation is true and accurate;
3. I have never knowingly engaged in behavior that would be considered a violation of the SCCE Professional Code of Ethics.

**ACKNOWLEDGEMENTS**

By signing below, I acknowledge my understanding of the following:

1. Any material submitted to support my Fellowship Project is to be my original work and provided in compliance with applicable laws and regulations.
2. If, during the course of my candidacy for Fellow status, any of the information supplied in this Application is shown to be incorrect, intentionally misrepresented or intentionally misleading, or my work on the Fellowship Project is shown not to be my original work, I may be subject to revocation of any and all certifications I have received from the CCB in accordance with CCB Fellowship Handbook.
3. I am agreeing to provide HCCA/SCCE with the first right to publication for the final product of my Fellowship Project.

**AUTHORIZATION**

Please attach the Authorization for the CCB Fellowship Certification Committee Background Check form to your application (found on page 21 of this handbook).

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Signature

Date

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public in and for said County and State,

personally appeared: \_\_\_\_\_, and acknowledged the execution of the foregoing document, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Seal:

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Signature of Notary

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Typed Name of Notary

NOTARY PUBLIC

My commission expires: \_\_\_\_\_, 20\_\_\_\_\_.

**CONFIDENTIAL Inquiry Form for Advancement to Fellow**

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**Fellow Reference (page 1 of 4)**

Compliance Certification Board  
6500 Barrie Road, Suite 250  
Minneapolis, MN 55435  
Phone 952-988-0141 | Fax 952-988-0146  
www.corporatecompliance.org  
ccb@corporatecompliance.org

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Date

**TO: Reference Information**

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Name

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Address	City	State	Zip
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**RE: Candidate Information**

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Name

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Title	Organization
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Address	City	State	Zip
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**FROM: Compliance Certification Board**

**Subject: Confidential Inquiry on Applicant for Advancement to Fellow**

You have been listed as a reference by the candidate whose name appears above. We would appreciate your completing and returning this form to the CCB Fellowship Certification Committee at the address listed below or by faxing it to CCB at 952-988-0146 as soon as possible. Your reply will be held in strict confidence and will be available only to the CCB Fellowship Certification Committee.

The Committee is interested in learning of the candidate's professional reputation for competence, judgment, integrity, and ethics. Thank you for your assistance.

ATTN: Fellowship Certification Committee  
Compliance Certification Board  
6500 Barrie Road, Suite 250  
Minneapolis, MN 55435

**CONFIDENTIAL Inquiry Form for Advancement to Fellow**

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**Fellow Reference (page 2 of 4)**

Compliance Certification Board  
6500 Barrie Road, Suite 250  
Minneapolis, MN 55435  
Phone 952-988-0141 | Fax 952-988-0146  
www.corporatecompliance.org  
ccb@corporatecompliance.org

**Candidate Synopsis of Experience with Seven (7) Elements of a Compliance Program**

1. Establishing standards and procedures to prevent and detect non-compliant behavior

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2. Reporting to Governing Body regarding compliance program

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3. Screening of employees, physicians, vendors, and other agents

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4. Communicating to employees, physicians, and other agents regarding compliance program

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**CONFIDENTIAL Inquiry Form for Advancement to Fellow**

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**Fellow Reference (page 3 of 4)**

- 5. a. Monitoring and auditing the compliance program
- b. Evaluating the effectiveness of the compliance program
- c. Operating systems to allow employees to report issues (i.e. hotline)

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- 6. Enforcing the compliance program

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- 7. Taking corrective action to prevent future issues

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**CANDIDATE TO COMPLETE INFORMATION ABOVE THIS LINE AND FORWARD TO REFERENCE FOR ASSESSMENT.**



## Compliance Certification Board Transcript Request

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**PLEASE PRINT OR TYPE**

### TO THE APPLICANT

Applicants must submit official transcripts for the **highest** degree achieved.

Transcripts must be submitted to CCB in a sealed envelope. Send the completed request form to the Registrar at the appropriate institution. (If you have attended more than one college or university, undergraduate or graduate, you should photocopy this form.)

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Last Name	First Name	Middle Name
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Applicant's Mailing Address

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Name of Institution

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Dates of Enrollment:	From	To
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Degree Conferred (if applicable)

**I hereby authorize the release of my transcript(s) to the CCB.**

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Signature of Applicant	Date
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### TO THE REGISTRAR

The above person requests that a transcript of his or her academic record be released to the Compliance Certification Board in order to fulfill academic requirements to achieve the designation of "Certified Compliance & Ethics Professional Fellow" (CCEP-F).

Please enclose this form with the official transcript in a sealed envelope and return it to the individual named above, so that it can be included with his/her application.

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Signature of Custodian of Education Records	Date
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**Request for Special Accommodations**

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I have a disability covered by the Americans With Disabilities Act and I am requesting special accommodations during the CCB Certified in Compliance & Ethics Professional Fellowship Project Presentation.

**CANDIDATE INFORMATION**

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First Name Last Name

---

Street Address Apt or Suite Number

---

City State Zip Code

(  office  home  cell )

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Phone number

**SPECIAL ACCOMMODATIONS**

- I request special accommodations for the CCB Certified Compliance & Ethics Professional Fellowship project presentation.
- I request special accommodations for the CCB Certified Compliance & Ethics Professional Fellowship simulation exam.

Please provide (check all that apply):

- Special seating or other physical accommodation
- Reader
- Extended presentation time (time and a half)
- Reduced-distraction environment
- Telecommunication device
- Other special accommodations (please specify below)

Comments:

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Signed Date

**Return this form with your exam application and fee 45 days prior to the examination date:**

AMP Candidate Support Center, 1800 West 105th Street, Olathe, KS 66061

**Questions? Please call 888-519-9901.**



## CCB Certified Compliance & Ethics Professional Fellowship Candidate Agreement: Consumer Report / Investigative Consumer Report Disclosure and Release of Information Authorization

Through this document, it is being disclosed to me and I understand that a **Consumer Report** or **Investigative Consumer Report** ("Consumer Report") may be prepared about me as part of my application for the Certified in Health Care Compliance Fellowship for use by the Compliance Certification Board Fellowship Certification Committee in evaluating my fellowship application.

I authorize the **Compliance Certification Board** to procure a Consumer Report from **Verifications, Inc.**, and I authorize Verifications, Inc., a US-based Safe Harbor Certified Consumer Reporting Agency, and its agents, to retrieve necessary information and prepare such Consumer Report. I understand that a Consumer Report may be prepared summarizing information from personnel files, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the international, federal, state or county level, relating to my past activities. I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. I understand that Verifications may transmit my personal information to its agents and information sources as necessary throughout the course of business. I may request a list of designated agents by contacting Verifications, Inc. at the address listed below. I understand and authorize that some or all of this information about me may be transmitted electronically and, when required, may be transferred across international borders. I understand that supplemental forms and/or authorizations may be required to obtain international information and that host-country and receiving country privacy laws will be observed if information is transferred across international borders.

I may request a copy of any report that is prepared regarding me and "A Summary of Your Rights under the Fair Credit Reporting Act." I may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct my request to: **Verifications, Inc., 1425 Mickelson Drive, Watertown, SD 57201, USA. Phone 1-800-247-0717 / +1 605-884-1200.**

**May your current employer be contacted?**  YES  NO  Not Currently Employed

**California:** Are you employed in, seeking employment in, or a resident of California?  YES  NO

**California, Minnesota or Oklahoma:** Are you employed in, seeking employment in, or a resident of one of these states?  YES  NO

If YES, do you wish to receive a copy of any Consumer Report of which you are the subject?  YES  NO

**Maine and New York:** You have the right, upon request, to be informed of whether a consumer report about you was requested by the above-named company.

**All Other US States:** Please contact Verifications at 1-800-247-0717 or the address above to request a copy of your consumer report.

*I authorize the above-named company to procure a Consumer Report about me from Verifications, Inc. I hereby certify all the statements and answers set forth are true and complete to the best of my knowledge. I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if granted a fellowship this authorization will remain in effect throughout my relationship with Compliance Certification Board unless prohibited by applicable law or I withdraw my authorization in writing.*

Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Do not provide the following information until you have read and signed the Disclosure and Release of Information Authorization above. The information requested below is needed to conduct your background investigation and IS NOT considered part of your application. **PLEASE PRINT CLEARLY.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth (spell month) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State/ Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Country/State of License \_\_\_\_\_ Expires On \_\_\_\_\_

List any other COUNTRIES, CITIES, and STATES in which you have lived during the previous 7 years:

\_\_\_\_\_

List any other LAST NAMES you have used during the previous 7 years:

\_\_\_\_\_

List any other LAST NAMES under which you received your GED, high school diploma, or other academic credentials:

\_\_\_\_\_

**If you have experience or qualifications from outside the USA, please request and complete an International Supplement.**

**APPLICATION SUPPLEMENT: Employment**

Your Full Name (Last, First, MI):

**DEAR CANDIDATE:** Your employment history will be verified as part of your background check. This is done for us by a third-party verification company.

<b>PRESENT OR LAST EMPLOYER</b>	<i>Company Name</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City &amp; State Where Located</i>	<i>Phone Number (with area code)</i>	
	<i>Position Title</i>		

<b>2ND PREVIOUS EMPLOYER</b>	<i>Company Name</i>	<i>From (month/year)</i>	<i>To (month/year)</i>
	<i>City &amp; State Where Located</i>	<i>Phone Number (with area code)</i>	
	<i>Position Title</i>		

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## APPENDIX

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### THESIS OPTION REQUIREMENTS

CCEP-F candidates who elect the thesis option for completing their fellowship project will be required to suggest a position or proposition that advances a specific point of view on a problem or issue related to the field of compliance & ethics, and to provide proof or support for their position or proposition through literature and other scholarly research, or through application based research of their position or proposition in a real life situation. The thesis may not be merely a retelling of facts or statement of an opinion. Rather, the candidate should contribute a novel analysis, explanation, or argument about existing data or information; suggest innovative methods or strategies that will enhance the compliance & ethics field; or present new theories, data, or information not previously advanced by others. Suggested thesis topics include, but are not limited to:

- Compliance versus ethics or integrating compliance and ethics
- Issues in compliance program operations
- Compliance program effectiveness and corporate culture
- Principles of auditing and monitoring; auditing methodologies and challenges
- Roles of internal audit programs and compliance programs
- Best practices in any area of compliance program elements
- Corporate governance and the role of boards of directors in compliance oversight
- Strategic planning for compliance programs
- Organizational behavior and why organizations fail
- Risk management, enterprise risk management, and compliance programs
- The roles of legal counsel and compliance officer
- Emerging trends in compliance & ethics

### CASE STUDY PROJECT REQUIREMENTS

CCEP-F candidates electing to complete the Fellowship Project by conducting and presenting compliance related case studies will be required to analyze and synthesize four (4) situations, challenges, or projects addressed by the compliance and ethics professional during the course of his/her work experiences that contribute to the larger body of knowledge about compliance and ethics practice in the field. The case study discussion should be designed to provide the Fellowship Certification Committee with information about the candidate's knowledge of the compliance and ethics field; to document the professional's critical thinking and analytical skills, judgment, decision-making and problem-solving abilities; and to indicate the compliance and ethics professional's leadership in investigating and resolving critical organizational issues.

Case studies must include a statement of the problem, issue, or project; an outline and discussion of the decision-making process or course of events (description of options considered and problems encountered, identification of strategies selected to resolve the issue or complete the project, and lessons learned), and recommendations or lessons learned that will benefit other compliance professionals and organizations that encounter similar problems, issues or projects. Case study reports are not descriptions of routine compliance office operations but, rather, detailed discussions of novel problems, issues or projects that the candidate has encountered in his or her experience as a compliance professional. Emphasis will be placed on broad applicability of case study topics to the compliance field.

Case study reports should be analytical and objective. Opinions, editorial comments and value judgments should be avoided. Proper credit must be given to the work product of others involved in the case study.

Compliance Case Study topics may be chosen from the following areas:

- Organizational governance issues
- Transforming organizational culture
- Compliance program initiatives or interventions
- Compliance/ethics education
- Compliance investigations
- Compliance program effectiveness
- Undergoing external investigations
- Rebuilding organizations post-settlement
- Experiences with corporate integrity agreements
- Collaborative efforts with risk management, quality improvement, financial services, internal audit, or other departments.
- Analysis of organizational issues regarding any of the seven (7) compliance program elements

All case studies must follow the format specified in the CCEP-F Candidate Handbook; must document all references used (e.g. books, articles, seminar materials, consultant's recommendations) and include a bibliography, if applicable. Supplementary materials such as tables, graphs, or flowcharts should be referenced and presented as separate pages in an appendix.

Fellowship candidates will do an oral presentation of their case studies to the CCB Fellowship Certification Committee. Completed case studies must be submitted to the CCB Fellowship Coordinator at least one year prior to the candidate's oral presentation. Candidates should identify their intention to complete the Case Study Option when submitting the Fellowship application. Proposals for the four (4) case study reports may be submitted individually or simultaneously to the assigned Fellowship Liaison.

## CASE STUDY FORMAT

### TITLE PAGE

- Title of case study
- Name of candidate
- Title, Organization, City/State, Date
- Mark confidential if desired or required

### ABSTRACT

- 3–4 sentence summary of the case study

### STATEMENT OF THE PROBLEM OR ISSUE SELECTED

- Background (organizational mission, values, structure, or other pertinent context)
- Importance of issue to the organization and implications
- Factors involved in the issue/project/problem
- Roles of individuals involved, with emphasis on the compliance professional's role in the issue, project, or situation addressed

### EXPLANATION OF DECISION-MAKING PROCESS

- List the decisions that needed to be made
- Describe the formal and informal processes used to resolve the issue or determine a course of action
- Discuss alternative solutions/actions considered, including pros and cons and obstacles encountered
- Outline the conclusions reached and present the rationale for reaching those conclusions
- Describe the implementation process for the actions chosen and explain why that course of action was the best solution

### LESSONS LEARNED

- Discuss the results (expected and unanticipated)
- Summarize the significance of the outcomes
- Discuss the post-implementation evaluation process and any corrective actions or alternative courses of action taken
- Discuss the implications for the work of the compliance professional involved

### RECOMMENDATIONS FOR THE COMPLIANCE FIELD

- Discuss the applicability of this situation, problem, or operational process to the wider compliance community
- Suggest actions others may take to achieve organizational goals







# Certified Compliance & Ethics Professional

# *Fellow*

# CANDIDATE HANDBOOK



For questions regarding certification, contact:

**Compliance Certification Board (CCB)**  
6500 Barrie Road, Suite 250  
Minneapolis, MN 55435

Phone 888-580-8373  
Fax 952-988-0146

E-mail: [ccb@corporatecompliance.org](mailto:ccb@corporatecompliance.org)

For questions regarding examination application and administration, contact:

**Applied Measurement Professionals, Inc. (AMP)**  
18000 W 105th St  
Olathe, KS 66061-7543

Phone 888-519-9901  
Fax 913-895-4651

E-mail: [info@goAMP.com](mailto:info@goAMP.com)