



Neonatal Therapy Certification
Examination Manual
2021

NTCB Mission Statement

It is the mission of the NTCB to recognize and advance inter-professional neonatal therapy practice through the development of evidence-based certification standards, including validation of clinical experience and knowledge essential for effective delivery of neonatal therapy.

Affiliation / Purpose / Objective

Due to the criteria established by the Institute for Credentialing Excellence (ICE), the Neonatal Therapy Certification Board (NTCB) maintains a completely separate leadership structure from other organizations. The NTCB has a collaborative partnership with the National Association of Neonatal Therapists (NANT) and is endorsed by NANT.

Testing Agency

The NTCB contracts with Pearson VUE testing centers. Pearson VUE is part of Pearson, the world's largest learning company with more than 35,000 employees working across the globe to reliably deliver the Neonatal Therapy Certification Exam.

Pearson VUE is headquartered in suburban Minneapolis, Minnesota, with regional offices in the United States, the United Kingdom, Dubai, Australia, India, Japan and China. Pearson VUE administers the exam with testing centers in every major metropolitan area of the United States as well as many countries. Once you are eligible to take the exam, you can look for a testing center near you by accessing the NTCB page using this link:

<https://home.pearsonvue.com/Test-takers.aspx>

A list of testing centers is also maintained on the NTCB website.

Statement of Nondiscrimination

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

Eligibility

The first step toward taking the Neonatal Therapy Certification Examination is to complete the application for neonatal therapy certification at www.neonataltherapycertification.com. This documentation includes proof of professional credentialing, NICU clinical experience, professional education, and mentoring. Specific details about the application process and required documentation can be found at www.neonataltherapycertification.com. There are two deadlines each year. The first deadline is May 15th, and the second deadline is November 15th. The NTCB will notify the applicant, after reviewing the contents of the application, regarding his/her eligibility for the Neonatal Therapy Certification Examination within 90 days of each deadline. After being notified of eligibility to take the exam, the applicant has a six month-period to take the examination. The exam can be scheduled at the candidate's convenience within that six-month period. A passing examination score is mandatory to satisfy the final requirement for neonatal therapy certification.

Exam Registration

Upon notification of eligibility to take the exam, the candidate will receive a unique identification number, along with information on how to pay the examination fee. Within one week of paying the exam fee, the candidate will receive information directly from Pearson VUE indicating how to schedule the examination. Certification applicants have six months from the date of notification of eligibility to take the Neonatal Therapy Certification Examination.

Candidates must complete the examination demographics in full, using their name exactly as it appears on their current government-issued photo ID (such as a driver's license or passport).

Examination Administration

The Neonatal Therapy Certification Examination is offered by computer at approximately 230 Pearson VUE network of test centers located throughout the United States and more than 20 countries. Candidates can schedule their exam in a location that is convenient to them, and in most cases, within a short distance from the applicant's home.

Fees

The cost of certification is \$650. The application fee is \$250 and must be paid in order to apply for certification, prior to review of materials to determine eligibility to take the examination. The examination fee is \$400. If the applicant fails the exam on the first attempt, a reduced examination fee of \$250 is offered for a 2nd exam administration.

Special Arrangements for Candidates with Disabilities

Pearson VUE is interested in ensuring that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. Pearson VUE will provide reasonable accommodations to candidates with disabilities. Requests for accommodations must be made through info@ntncb.com with appropriate documentation provided at least 45 calendar days prior to your desired examination date.

Reschedule and Cancellation Policy

After scheduling your exam, if you need to reschedule, you must contact Pearson VUE more than 72 hours prior to your scheduled appointment. Rescheduling an exam less than 72 hours prior to your scheduled exam, or missing your exam, will result in forfeiting all exam fees.

Missed Appointments/Forfeitures

A candidate risks forfeit of the examination registration fees paid under the following circumstances:

- The candidate wishes to reschedule an examination, but fails to contact Pearson VUE at least 72 hours prior to the scheduled testing session.
- The candidate wishes to reschedule a second time.
- The candidate appears more than 15 minutes late for an examination.
- The candidate fails to report for an examination appointment.

Inclement Weather/Other Emergency

In the event of inclement weather or unforeseen emergencies on the day of examination, Pearson VUE will determine whether circumstances warrant cancellation, and the subsequent rescheduling, of an examination.

If a test center has a delay or cancellation, Pearson VUE will contact test takers directly via phone or email to notify them of the cancellation and provide opportunities to reschedule their test.

On the Day of Your Examination - Admission Policy

Please arrive at the test center 30 minutes before your scheduled appointment. This will allow you enough time to complete the check-in procedures before beginning your exam. You will be required to show two (2) forms of personal identification. Both forms must contain your signature, and at least one form must contain your photo. If you arrive more than 30 minutes after your appointment time and are refused admission, the exam fees are not refundable.

Identification

The identities of test takers are carefully established before exam delivery, and test takers are subject to continuous monitoring throughout their time in the examination center.

You are required to present two forms of original (no photo copies), valid (unexpired) IDs; one form as a primary ID (government issued with name, photo and signature) and one form as a secondary ID (with name and signature or name and recent recognizable photo). The first and last name that you used to register must match exactly the first and last name on the ID that is presented on test day. All IDs required must be issued by the country in which you are testing. If you do not have the qualifying ID issued from the country you are testing in, an International Travel Passport from your country of citizenship is required, along with a secondary ID. If you have any questions or concerns about the ID you are required to bring with you to the testing center for admittance for your exam please contact Pearson VUE customer Service at www.pearsonvue.com/contact. To view the full ID policy, including any additional allowances to this policy, please visit <http://www.pearsonvue.com/policies/1S.pdf>.

Candidates must have proper identification to gain admission to the Assessment Center.

Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of examination fees.

At the testing center, you will be prompted on-screen to enter your candidate ID number. Your photograph, taken before beginning the examination, will remain on-screen throughout your examination session. This photograph will also print on your score report.

Security

All test centers, regardless of type, provide a quiet, distraction-free environment to encourage test taker peak performance. The extensive test center network has quality monitoring and integrity shopper programs to carefully oversee each center. In short, regardless of the type of test center selected, each will provide a sufficient threshold of quality and security, and each is carefully managed to maintain that threshold.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, pagers or cellular/smart phones are allowed in the testing room. Possession of a cellular/smartphone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- No calculators are allowed, nor is one required for the examination.
- No guests, visitors or family members are allowed in the testing room or reception areas.
- Candidates may be subjected to a metal detection scan upon entering the examination room.
- Test takers are not permitted to bring study materials or references into the testing center.
- Candidates may not share information from the exam with anyone.

Personal Belongings

No personal items, valuables or weapons should be brought to the Assessment Center. Only wallets and keys are permitted. Large coats and jackets must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. The proctor will lock the soft locker prior to you entering the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except when securely locked in the soft locker.

- Watches
- Hats
- Wallets
- Keys

Once you have placed your personal belongings into the soft locker, you will be asked to pull out your pockets to ensure they are empty. If you bring personal items that will not fit in the soft locker, you will not be able to test. The site will not store or be responsible for your personal belongings.

If any personal items are observed or heard (such as cellular/smart phones, alarms) in the testing room after the examination is started, you will be dismissed and the exam administration will be forfeited.

Examination Restrictions

- Pencils will be provided during check-in.
- You will be provided with one piece of scratch paper at a time to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper to the proctor at the completion of testing.
- No documents or notes of any kind may be removed from the Assessment Center.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking is not permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.
- No study materials are permitted in the testing area.

Misconduct

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

- Create a disturbance, are abusive or otherwise uncooperative;
- Display and/or use electronic communications devices such as pagers, cellular/smart phones;
- Talk or participate in conversation with other examination candidates;
- Give or receive help or are suspected of doing so;
- Leave the Assessment Center during the administration;
- Attempt to record examination questions or make notes;
- Attempt to take the examination for someone else;
- Are observed with personal belongings, or
- Are observed with unauthorized notes, books or other aids.

Timed Examination

Before beginning, instructions for taking the examination are provided on-screen. The examination contains 90–100 questions. Two hours are allotted to complete the examination.

Be sure to answer each question before ending the examination. **There is no penalty for guessing.** Once you have answered all the questions, you can go back and review your answers before submitting your final answers. When you are finished and exit the exam, you will not be able to re-enter the exam.

If at any time you have technical issues with your test, the Pearson VUE proctor is there to help. Please ask questions and report any problems promptly.

After Examination Completion

After finishing the examination, candidates are asked to answer a short evaluation of their examination experience. You will also receive a written document from the proctor as proof that you have taken the test. This report will include preliminary pass/fail scoring. A score report regarding your performance on the examination will also be e-mailed to you within four (4) weeks of the testing date. Scores are not reported over the telephone or by facsimile.

Your score report will include your performance in different areas of the exam, and your overall score. Even though the examination consists of 90–100 questions, some questions may be pretest/pilot questions and not used in the final determination of pass/fail.

If You Pass the Examination

If you pass the examination, you may use the designation Certified Neonatal Therapist (CNT), immediately upon notification. This credential may be used for a period of five years from the date of this notification before recertification is required.

If You Do Not Pass the Examination

If you do not pass the examination, one examination retake is permitted within one year at a reduced examination fee of \$250. If you fail the exam a second time, you will be required to wait a minimum of one year before reapplying for certification. This allows candidate time to gain more experience and knowledge in the field. The entire application and testing process will need to be re-completed.

Scores Cancelled by NTCB or Pearson VUE

NTCB is responsible for the integrity of the scores it reports. On occasion, occurrences such as computer malfunction or misconduct by a candidate may cause a score to be suspect. NTCB is committed to rectifying such discrepancies as expeditiously as possible. NTCB may void examination results if, upon investigation, violation of its regulations is discovered.

Confidentiality

Information about candidates for testing and their examination results are considered confidential. A list of certified applicants will be available on the NTCB website. Information about applicants who have not passed the exam will be shared only with the applicant and will not be available to others. The NTCB is dedicated to a continuous process of improvement, and there will be ongoing psychometric testing of test questions and applicant factors that contribute to success or failure. Studies and reports related to improving the quality of the process will not contain any identifiable information about the candidate, unless authorized by the candidate. Information on candidates or certificate holders will not be sold to any third party.

Copyrighted Examination Questions

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

Duplicate Score Report

Duplicate score reports can be downloaded from your NTCB applicant portal at any time by accessing the message box. We recommend that you also save a local copy when you first receive the message with your score report.

Recertification

Recertification will be required every five years. Criteria for recertification can be found at www.neonataltherapists.com under Certification > Recertification. Applicants with the minimum practice hours and continuing education hours in the recertification period do not need to retake the exam. Applicants who do not meet the minimum requirements may re-certify by retaking the certification exam and would incur the examination fee.

Development of the Neonatal Therapy Certification Examination

A rigorous process of development was used to create the Neonatal Therapy Certification Examination. Questions were authored by physical therapists, occupational therapists, and speech-language pathologists who were considered experts in therapy delivery in the neonatal intensive care unit.

Each correct and incorrect answer was supported by specific evidence. A pool of evidence-based questions was tested through two rounds of review by a multidisciplinary team. Problematic questions were discussed and dismissed if consensus on wording and clarity could not be achieved. Pilot testing was conducted using a larger number of questions than would be present on the final form of the examination. A group of experienced neonatal occupational therapists/physical therapists/speech-language pathologists ensured the pool of questions reflected general knowledge that should be known by a neonatal therapist as well as whether there were any nuances in the wording that could be confusing. A second round of pilot testing confirmed which test questions were appropriate knowledge for neonatal therapists, could be answered by a multidisciplinary group, were appropriately worded, and had adequate psychometric soundness. Biserial analyses were used to inform which questions would be used on the final form of the examination. Additional psychometric testing occurred after the first round of testing, which included 54 test takers from March 1-April 7, 2017. All questions passed criteria for continued inclusion on the test, and the cut score was determined to be 80%. Psychometric analysis of the exam is conducted at least annually. The NTCB is committed to ensuring an evidence-based exam that evolves as new knowledge is gained; therefore, a pool of exam questions continues to be developed and incorporated into the exam. Subject matter experts who are Certified Neonatal Therapists are recruited regularly to create questions for review by the board examination committee. A new generation of the exam, with evidence that supports current practice from the practice analysis, is launched every 3 years.

Content of Examination

The certification exam covers the areas described in NANT's Neonatal Therapy Core Scope of Practice Document, including:

- Family dynamics
- Fetal development
- High-risk infant outcomes
- Interventions in the NICU that are supported by evidence
- Maternal risk factors and complications
- Medical terminology, including pathologies specific to the NICU infant, and medical procedures
- Models of care and theory in the NICU
- Musculoskeletal, posture and alignment, and positioning
- Neurobehavioral development and reflex development
- NICU environment and culture
- Oral motor and feeding development, including basic feeding and swallowing, feeding products, and current models of care regarding feeding
- Pain assessment and management
- Sleep, states of arousal and state transition

- Standardized assessments

Note: Specific domains of content covered on the exam are available in the study guide, which is available on the NTCB website under Certification > Study Materials. The study guide also provides a reference list to guide study in each content domain.

Sample Examination Questions

Examination questions are multiple choice with four options. Read the question carefully and choose the option that best answers the question. Below are some sample examination questions so you can become familiar with their format and style. Explanations for correct answers are provided for your reference after the sample questions. Rationales are not provided during the examination.

1. In taking an infant out of their bed for therapy at 32 weeks postmenstrual age, which of the following issues should be considered to ensure safety during therapy?
 - A. The infant's ability to regulate their temperature.
 - B. Whether the infant can maintain the head in midline.
 - C. Whether the infant can maintain flexion of extremities.
 - D. Whether the infant has been off a ventilator for 48 hours.
2. With developmental care provision for an infant who needs a new intravenous (IV) line, the neonatal therapist should recommend the following sequence:
 - A. Complete routine cares and then proceed to insert the IV.
 - B. Insert the IV, and then follow with a diaper change and routine care.
 - C. Have parent hold the baby, insert the IV, and start therapy session.
 - D. Insert the IV, and follow with sucrose to decrease pain.

The following case scenario is used in questions 3-5:

Susie was born at 33 weeks gestation with tracheal-esophageal fistula and esophageal atresia. She had surgical repair on day of life 3. She was extubated from conventional ventilation at day of life 5. She is supported by high flow nasal cannula at 4 liters of flow and 30% FiO₂. She has an oral jejunal tube for small drip feedings. She is one week old today.

3. What is Susie's postmenstrual age?
 - A. 1 week
 - B. 33 weeks
 - C. 34 weeks
 - D. 35 weeks
4. What are the indications for neonatal therapy for Susie?

- A. Oral motor dysfunction, motor dysfunction, potential swallowing dysfunction, breathing difficulties, and history of intubation.
 - B. Prematurity, limited positioning post-surgery, ongoing noxious sensory input, and potential swallowing dysfunction.
 - C. Neonatal therapy is not indicated for Susie because it can complicate post-operative recovery.
 - D. Prematurity only, as infant's oral and breathing issues were addressed and corrected by surgery.
5. What therapy services will most likely be needed for follow up post-discharge for this infant?
- A. NICU follow-up clinic, early intervention services to include speech and motor therapy, and feeding clinic.
 - B. Speech therapy in surgery follow up clinic only.
 - C. No therapy follow up is indicated, as long as the infant is able to complete all feedings by mouth at discharge.
 - D. Outpatient occupational therapy services only.

Correct answers and rationales:

Question 1:

Correct answer: A is the correct answer as ability to regulate temperature would be a key consideration for infant safety when taking them out of their bed. B and C are incorrect because the infant may not be able to perform these two tasks, but this does not affect the safety of therapy. D is incorrect because time off the ventilator is not a guideline to determine therapeutic safety.

Question 2:

Correct answer: A is the correct answer because in order to decrease infant stress, the least noxious stimuli in the caregiving cluster should be introduced first, and the most noxious stimuli should be introduced last. B, C and D are incorrect because the most noxious stimulus is not introduced last. Also, in B and C, IV insertion can affect infant response to subsequent tactile handling. Finally, D is also incorrect because sucrose should be administered prior to the procedure to optimize pain control, not after the procedure.

Question 3:

Correct answer: C. Postmenstrual age is defined as the gestational age plus the chronological age. Answer A is the chronological age, answer B is the gestational age, and answer D is not relevant to the scenario.

Question 4:

Correct answer: B. The infant has all of the listed reasons identified by the American Academy of Pediatrics and the National Association of Neonatal Nurses to indicate therapy involvement to improve outcomes. A is incorrect because it is not noted that the infant has oral motor dysfunction or motor dysfunction, and this list does not include significant items such as prematurity. C is incorrect because prematurity, pain associated with current and past medical interventions, swallowing disorder, and ongoing noxious sensory input all indicate the need for

therapy intervention. D is incorrect because documented outcomes of tracheal-esophageal fistula and esophageal atresia repair are noted to have ongoing swallowing and postural difficulties that can affect long term development.

Question 5:

Correct answer: A. Infants with tracheal-esophageal fistula (TEF) and esophageal atresia (EA) typically demonstrate ongoing swallowing difficulties and medical interventions for esophageal motility requiring feeding therapy. This infant's prematurity plus potentially long NICU hospitalization, as well as postural limitations sometimes associated with EA/TEF repair, warrant NICU follow-up and early intervention evaluation. B is incorrect because most infants who have TEF and EA benefit from speech therapy services, however, their ongoing sensory/feeding needs and postural needs cannot be addressed by speech therapy alone. C is incorrect because most infants who have TEF and EA benefit from speech therapy services addressing transitioning to solid foods, even when they swallow liquids with ease. D is incorrect because most infants who have TEF and EA benefit from speech therapy services addressing transitioning to solid foods, even when they swallow liquids with ease, and most likely will also need OT to address any ongoing sensory needs associated with prematurity and noxious sensory exposure.

Exam Preparation Tips

1. Review the reference list provided to you at the time you completed your application. Take NICU related continuing education courses and/or review material related to neonatal therapy.
2. After you pay your application fee, you will have access to a study guide in the "examination" section of the NTCB portal. This document contains self-assessment tools and more sample questions. Use the guide to direct your study. Note, you must be logged in to access this.
3. Plan ahead and pace yourself – make a schedule that helps you organize your study sessions and stick to it.
4. Don't feel like you have to block large chunks of time for each study session. Studying for shorter periods but more frequently may work better in terms of sticking to a schedule, and it can help you better retain information.
5. Select an environment without distractions so you can focus on your studying.
6. Allow yourself breaks as needed, but if you feel like you are taking too many breaks, today may not be a good day for studying. It is acceptable to modify your schedule as long as you keep making progress.
7. Start with one or two topics that you feel most comfortable with, to reinforce what you know and to start on a positive note. Then move to a topic that is a bit more challenging.
8. Use the resource list to help you expand your knowledge in areas where you feel less comfortable.
9. Focus on relevant clinical knowledge – things every neonatal therapist who has several years of experience should know – rather than random facts.
10. As you study, think of possible questions related to the material. What are the nuggets of information that are critical in the material that you are reading? If you had to check if someone knows this topic, what would you ask them?

11. Make flashcards with important topics or write questions related to the material – then come back after a few weeks and see if you can answer them.
12. Get support from others who are preparing for the exam! Group studying can help reinforce information when you quiz one another or you share what you know on a topic. You can also help keep each other on track.
13. Arrive early at the testing center so you don't feel rushed. Get a full night's sleep the night before so you are rested and focused.
14. Eat something before you come. No food or drink is allowed at the testing center.