

2025 CANDIDATE HANDBOOK

The Menopause Society Certified
Practitioner (MSCP) Program



The
**Menopause
Society**[™]

Leading the Conversation

Why Should You Earn the MSCP Menopause Practitioner Credential?

The Menopause Society is the leading nonprofit organization dedicated to empowering healthcare professionals to improve the health of women during the menopause transition and beyond. Over seven thousand professionals representing a variety of disciplines—including clinical and basic science experts from medicine, nursing, pharmacy, anthropology, sociology, psychology, and complementary/alternative medicine—make The Menopause Society uniquely qualified to serve as the definitive, independent, and evidence-based resource for healthcare professionals, researchers, the media, and the public. The Society leads the conversation about improving women’s health and healthcare experiences.

As the definitive resource, The Menopause Society created this competency examination for healthcare professionals to demonstrate their expertise, which leads to the The Menopause Society Certified Practitioner (MSCP) certification. What are the benefits of holding this certification?

- Validation of a level of expertise that only the preeminent menopause organization can offer
- Possibility of more patient referrals, job promotion, and higher salaries
- Enhanced credibility and the personal satisfaction of providing your patients with the best possible care
- Downloadable certificate showing their certification status
- Downloadable MSCP logo available on request for use on your website, PowerPoint presentations, or printed literature
- Sample announcement provided by The Menopause Society to assist you in alerting your local media outlets that you hold the credential
- Permission to use “MSCP” every time you feature your name and other certifications

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Objectives Program

The Menopause Society Certified Practitioner (MSCP) should be able to

- Define menopause-related terminology.
- Discuss endocrinologic and physical changes associated with reproductive and physiologic aging.
- Identify significant risk factors for diseases that can result from lowered ovarian hormone levels.
- Comprehend the main components of obtaining a general health history and performing an appropriate physical examination.
- Select appropriate laboratory and diagnostic studies.
- Interpret physical, laboratory, and diagnostic findings as they relate to treatment decisions.
- Describe current research regarding the use of pharmacologic as well as complementary and alternative medicine (CAM) treatments for menopause-related conditions.
- Develop recommended lifestyle, nonprescription, and prescription risk-reduction and treatment strategies for menopause-related symptoms and disease.
- Provide each patient with education to make informed decisions regarding health promotion and illness prevention.
- Address psychosocial issues, including diversity.
- Recognize when referrals to specialized services are appropriate.
- Encourage acceptance and long-term adherence to an individualized healthcare plan.
- Develop appropriate counseling strategies that lead to positive lifestyle changes for women around menopause and beyond.

The content of the MSCP competency examination has been defined by a national role-delineation study. The study involved surveying practitioners in the field to identify tasks that are performed routinely and considered important to competent

practice. The examination has been developed through a combined effort of qualified subject-matter experts and testing professionals who have constructed the examination in accordance with the MSCP competency examination content outline.

The MSCP competency examination consists of 100 multiple-choice questions in English. Each question includes three response alternatives (A, B, C), with one of those being the correct response. Candidates will be permitted 2 hours to complete the examination. Those who meet the eligibility requirements and achieve a passing score will be awarded a certificate indicating that they have achieved certification status as an MSCP.



Examination Policies

Eligibility Requirements

To be eligible for the MSCP competency examination, candidates must be a licensed healthcare professional, including (among others) the following specialists (listed alphabetically): nurse, nurse midwife, nurse practitioner, pharmacist, physician, and physician assistant. Proof of licensure will be required, showing an expiration date in the future. If the first/ last name on your license does not match the full name on your registration, a legal name change document will also need to be uploaded. Such documents include marriage licenses, divorcee decrees, or naturalization paperwork.

Language

The MSCP examination is offered in English only.

About the Testing Agency

Meazure Learning is the professional testing agency contracted by The Menopause Society to assist in the development, administration, scoring, score reporting, and analysis of the MSCP competency examination. Meazure Learning is a research and development firm that conducts professional competency assessment research and provides examination services for a number of organizations similar to The Menopause Society.

<i>Meazure Learning</i>
PO Box 570, Morrisville, NC 27560 Phone: 919-572-6880 Monday-Friday 8:30 AM - 5:30 PM Eastern Time Email: candidatesupport@meazurelearning.com Online application link found at https://www.menopause.org/professionals/mscp-certification .

Statement of Nondiscrimination

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

2025 Examination Dates, Locations, and Deadlines

The MSCP examination is offered via Live Remote Proctored (LRP) Test Administration. For those who prefer, the exam can be taken in-person at a designated testing center for an additional fee of \$20. The exam is offered during one month testing windows in June and October, following the application’s approval. Candidate applications will be accepted year-round, however applications must be submitted with full payment at least 30 days before the desired testing window begins. Applications submitted less than 30 days prior to the start of a testing window will be processed for the next testing window.

Upon application approval and clearance of payment, candidates will receive an email confirmation of their application acceptance. If the application is not completed and submitted within 90 days of opening, the application will be categorized as “abandoned” and closed and a new application must be submitted to test. Upon application approval and clearance of payment, candidates will receive an email confirmation of their application acceptance.

Approximately 30 days before the testing period begins, the testing company will issue a notice to schedule testing to the candidate by email. Candidates must schedule their testing appointment at least 24 hours in advance of the requested testing appointment. Candidates have two testing cycles to complete the exam. If the exam is not taken after two testing cycles, the application will be forfeited and no refund will be provided.

<i>Application Deadline</i>	<i>Testing Window</i>
May 1, 2025 11:59 PM ET	June 1–30, 2025
August 31, 2025 11:59 PM ET	October 1–31, 2025
<ul style="list-style-type: none">• Applications received after the deadline will be deferred to the next available testing window.• Notice to Schedule emails will not be sent until approximately 30 days before the testing window begins.	

Examination Fees

All fees for the examination are in US dollars.
The Menopause Society members\$375
Nonmembers\$675

Upon successful completion of the required application information, the candidate will submit the certification fee via secure e-commerce by e-check or credit card. Meazure Learning will process completed applications within seven business days of receipt.

Candidates whose applications will be paid by another party may select a third-party payer option. Third-party payments must be made by the application deadline to be eligible for the most upcoming window. Candidates will provide appropriate contact information for the third-party payer. Meazure Learning will then email the third-party payer to request payment through a secure link, which provides access only to the payment section of the candidate's application. The third-party payer will submit payment via personal or institutional e-check or credit card. If payment is not received within 90 days, the application will be closed.

Confirmation Notices

- Once the candidate has scheduled an LRP testing appointment using the online scheduling system, the candidate will receive email confirmation notices from both Meazure Learning and the LRP provider.
- The confirmation notices will provide the following information:
 - The date and time of the testing appointment;
 - The URL to access the scheduled, online-proctored test;
 - The URL for the system check;
 - Computer specifications required to take the exam via live, online-proctored testing;
 - A list of items that candidates may and may not have access to during the testing session; and
 - Information regarding an online tutorial for candidates, so that candidates may familiarize themselves with Meazure Learning's internet-based test delivery system prior to the scheduled test date. Candidates may access the online demonstration free of charge through Meazure Learning's website.

- Candidates are responsible for ensuring that their computers meet technical requirements, as outlined in The Menopause Society's candidate communications and in the confirmation email. During the scheduling process or at any time prior to the scheduled appointment, candidates should perform a system check of the computer they intend to use during the testing session. If the candidate is unable to take the examination at the scheduled appointment due to inadequate system capabilities or technical issues that cannot be resolved by the candidate and the proctor, the candidate may reschedule the appointment.
- Candidates are responsible for ensuring their testing environment meets the minimum requirements to take the exam, as outlined in The Menopause Society's candidate communications and in the confirmation email. If the candidate's environment does not meet the requirements, as determined by the online proctor, the candidate may reschedule the appointment. LRP Testing Session Cancellations, Rescheduling, Refunds, and No-shows.

LRP Testing Session Cancellations, Rescheduling, Refunds, and No-shows

- Candidates must cancel a scheduled LRP testing session no less than 24 hours prior to the scheduled appointment. The candidate must cancel their testing session by returning to the Meazure Learning online scheduling system to access the live online proctoring portal.
- Candidates may reschedule their LRP testing appointment, provided the candidate is within their eligibility period. The candidate must reschedule the testing appointment no less than 24 hours prior to the scheduled appointment.
- A candidate who schedules an LRP appointment but does not appear for their testing appointment will be considered a no-show. Applications and fees for no-shows are forfeited and a new application and fee must be submitted to schedule for a future testing period window.
- Refunds, minus a \$50 processing fee, will be provided upon request for cancellations received in writing within 30 days of receipt of the exam fee. No refunds will be provided at any other time.

Secure, Internet-based Test Administration via Live Remote Proctoring

- Meazure Learning will administer the MSCP examination via live online proctored, internet-based delivery during scheduled testing windows.
- At the scheduled time of the testing session, the candidate will connect to the testing website, and the online proctor will lead the candidate through the process of system and identity verification and a scan of the candidate's testing environment.
- The candidate must show a valid government-issued photo identification with signature and a valid confirmation notice in order to access the examination. The candidate's first and last names as listed on the government-issued photo ID must match their name on the exam confirmation email.
- During the testing session, the candidate may communicate with the proctor via the chat interface within the testing website. If directed by the proctor, or in case of technical difficulties, the candidate may telephone the proctor.
- The proctor will watch the candidate on a webcam and view the candidate's desktop throughout the testing session to monitor for unauthorized activities. The proctor will record all audio and video captured during the testing session. The proctor will have access to the candidate's computer to determine whether the candidate has any unauthorized software applications running or multiple monitors open. *The proctor may need to update settings to ensure the security of the session. All changes will be visible on screen.*
- Should any questions arise, online proctors are instructed to contact Meazure Learning's proctor support staff for resolution of the problem. In the event of aberrant behavior, the proctor will have the ability to end the testing session. No refunds will be given for testing sessions ended for aberrant behavior.
- Prior to testing, candidates should review Meazure Learning's tutorial, which walks the candidates through all system features. This tutorial can be found at <https://meazurelearning.wistia.com/medias/x8sicg86fm>
- Candidates may not have access to any materials or calculators while taking the exam.
- Candidates will have access to an online scientific calculator.
- The examination will be timed, with an optional timer displayed on each candidate's computer screen. Candidates will be allowed a total testing period of no more than two (2) hours to complete the examination.
- The candidate must remain in full view of the online proctor at all times during the testing session. There are no breaks permitted.
- Candidates will be notified approximately six weeks after the last date of the June testing period whether they have passed or failed the examination. Candidates will be notified immediately upon completion of the examination in October whether they have passed or failed the examination.
- Video of the candidate's testing session from the webcam, all audio, and system recordings will be securely stored for up to one year following the testing session.

System Requirements for Live Remote Proctoring

Candidates are required to have a webcam installed on their exam workstation and reliable access to the Internet. An internet connection disruption will suspend the test session. The following are the minimum technical requirements:

- A well-working computer (tablets and Chromebooks are not supported) with 4 GB of RAM or higher.
- A high-speed internet connection of 1 mbps upload and 1 mbps download. Wireless is acceptable; however a wired connection is preferred.
- A webcam with 640x480 video pixel resolution (a laptop camera is acceptable.)
- Working speakers connected to the computer.
- A microphone connected to the computer (consider a webcam with a built-in microphone.)
- Browser compatibility: Firefox, Chrome.
- Candidates must use a computer with admin access.
- Candidates must have the [Guardian Browser](#) downloaded for the examination.
- Helpful links should be reviewed in advance of exam appointment. They can be found at <https://www.menopause.org/for-professionals/mscp-certification>.

Special Requests

Accommodation for Disabilities

The Menopause Society and Measure Learning comply with the Americans With Disabilities Act (ADA) and will ensure that persons with disabilities are not deprived of the opportunity to take the examination solely because of a disability, as required and defined by the relevant provisions of the law. Special testing arrangements may be made

for these persons, provided that an appropriate request for accommodation is submitted to Measure Learning with their application and that the request is approved. A special accommodations form is included with the online application. Professional documentation of the submitted disability may be required.

Post-Exam

Report of Results

When a new exam instrument is introduced (in June), candidates will be notified of results within six weeks from the last testing date in that testing window. Otherwise, candidates will be notified immediately upon completion whether they have passed or failed the examination.

Recognition of Competency

Approximately four to six weeks after the last date in the testing period, candidates who pass the MSCP competency exam will receive a notification with instructions on how to download a certificate indicating that they have received certification status. If the certification is achieved any time during 2025, it is valid through December 31, 2028. Thereafter, all renewals will occur three years later on December 31.

Examination Scores

Examination scores are reported as raw scores and scaled scores. A raw score is the number of correctly answered questions; a scaled score is statistically derived from the raw score. One's total score determines whether they pass or fail; it is reported as a scaled score ranging between 0 and 99.

The passing score was determined through a criterion reference passing-point study in which subject matter experts determined the level of competence indicative of an appropriate level of expertise deserving of certification as a MSCP.

The minimum scaled score needed to pass the examination has been set at 75 scaled score units. The reason for reporting scaled scores is that different versions ("forms") of the examination may vary in difficulty. As new forms of the examination are introduced each year, a certain number of questions in each content area are replaced. These changes may cause one form of the examination to be slightly easier or more difficult than another form. To adjust for these differences in difficulty, a procedure called "equating" is used. The goal of equating is to ensure fairness to all candidates.

In the equating process, the minimum raw score (number of correctly answered questions) required to pass the exam is adjusted to account for changes in difficulty from one form to the next. For example, if the examination is determined to be more difficult than the previous form of the examination, then the minimum raw score required to pass will be slightly lower than the original raw passing score. The raw passing score is then translated into the scaled score range by making 75 scaled score units equivalent to the equated raw passing score. This ensures that the scaled score of 75 represents the same level of competence regardless of which form a candidate has taken.

In addition to the candidate's total scaled score and scaled score required to pass, raw scores (the actual number of questions answered correctly) are reported for the major categories on the content outline. The number of questions answered correctly in each major category is compared with the total number of questions in that category on the score report (eg, 30/40). Content categoric information is provided to assist candidates in identifying areas of relative strengths

and weaknesses; however, passing or failing the examination is based only on the candidate's total scaled score.

Reexamination

The MSCP competency examination may be taken as often as desired on filing of a new application and fee. There is no limit to the number of times the examination may be repeated, though the exam may be taken only one time per testing window.

MAINTENANCE PROGRAM

Details on how to maintain certification status, as well as an application form, are included in a separate booklet called the Certification Maintenance Application found at <https://www.menopause.org/for-professionals/mscp-maintenance>. To maintain certification status, there are two options—submit the appropriate continuing education hours or reexamination. The fee for either option is the same: \$375 (US dollars) for The Menopause Society members, \$675 (US dollars) for nonmembers.

Continuing Education

To maintain certification status through continuing education, one must meet the eligibility requirements and provide proof that they have earned a total of 45 credit hours of continuing medical education (CME) between the date certification (exam date) is earned and the renewal date. For example, if the certification was earned on June 1, 2025, CME earned from June 1, 2025, through December 31, 2028, would be eligible. After the first renewal, all renewals occur three years later on December 31.

CME must be awarded from an accredited organization. Of the 45 hours of CME, 15 must have been awarded by The Menopause Society. This requirement is because the Society wants to be certain that adequate menopause education has occurred. The Menopause Society is continually developing CME activities, including the Annual Meeting, other live events, The Menopause Society

books, and The Menopause Society position statements published in *Menopause* (with CME available in print and on the The Menopause Society website). A current list of all The Menopause Society-sponsored CME activities may be found at <https://www.menopause.org/for-professionals/nams-cme>.

The 30 remaining credit hours may be CME credit hours offered through an accredited organization and pertaining to women's health.

1 CME credit hour = 60 minutes = 1 contact hour
1 contact hour = 60 minutes = 0.1 CEU
1 CEU = 10 contact hours = 10 credit hours

After the certification expiration date, this option will no longer be available. Reexamination is the only way to maintain the certification once it has expired.

Reexamination

The alternative maintenance option is to meet the then-current eligibility requirements, then take and pass the then-current examination before the certification expiration date.

If one chooses to maintain their certification status by reexamination, their MSCP certification will lapse if they do not pass the examination by the certification expiration deadline. If the certification has lapsed, they may no longer use the certification.

Revocation of Certification

Admittance to the examination will be denied or the certification will be revoked for any of the following reasons:

- Falsification of an application or documentation provided with the application.
- Failure to pay the required fee.
- Misrepresentation of certification status.

The Menopause Society provides the appeal mechanism for challenging denial of eligibility to the examination or revocation of the certification. Failure of the examination is not a circumstance for review and appeal. It is the responsibility of the candidate to initiate the appeal process by written request to The Menopause Society within 30 days of the circumstance leading to the appeal.

Examination Preparation

Examination Content

To begin preparation in an informed and organized manner, one should know what to expect from the actual examination in terms of content. Information regarding the content of the examination is presented in this handbook. The content outline will give you a general impression of the examination and, with closer inspection, can give you specific study direction by revealing the relative importance given to each category on the examination.

The content of the examination is directly linked to a job task analysis that identified the activities performed by menopause practitioners. Only those activities that were judged by menopause practitioners to be important to practice are included on the examination-

content outline. Each question on the examination is linked to the examination-content outline and is also categorized according to the level of complexity or the cognitive level that a candidate would likely use to respond. The exam content is current/accepted practices as of May of the present year's exam.

The following types of questions are included:

- Recall: The ability to recall or recognize specific information.
- Application: The ability to comprehend, relate, or apply knowledge to new or changing situations.
- Analysis: The ability to analyze and synthesize information, determine solutions, and/or evaluate the usefulness of a solution.

Sample Questions

The following sample questions are provided to give candidates some idea of the format of the multiple-choice examination:

1. A woman experiences induced menopause after?
 - A. Risk reducing surgery for BRCA 1 mutation
 - B. Chest wall radiation
 - C. Hysterectomy with ovarian preservation

2. A recently postmenopausal woman (age 50, with an intact uterus) has vaginal atrophy. She has accepted a prescription for local dehydroepiandrosterone. Which of the following is the appropriate course of action?
 - A. Prescribe a progestogen.
 - B. Counsel her that discharge is expected.
 - C. Recommend consuming one serving of soy foods weekly.

3. Which of the following is a risk factor for postmenopausal osteoporosis?
 - A. Rheumatoid arthritis
 - B. Inhaled corticosteroids
 - C. Obesity

4. After prescribing menopause hormone therapy (17 Beta- estradiol 1mg and micronized progesterone 100mg) to a patient who is 4 years after her final menstrual period, she returns for her 6 month follow up visit. She reports new onset vaginal bleeding and you perform an endometrial biopsy. The results come back showing: “proliferative endometrium”. What is the best course of action?
 - A. Advise that she should stop the menopause hormone therapy.
 - B. Increase the dose of the micronized progesterone.
 - C. Switch the 17- Beta estradiol to a transdermal route for better absorption.

5. A patient with a strong family history of dementia presents to your office asking about menopause hormone therapy (MHT) for prevention. She does not have any vasomotor symptoms but is worried about her risk of developing dementia. How do you counsel her?
 - A. Advise her that MHT is not indicated for dementia prevention.
 - B. Prescribe her conjugated equine estrogen and bazedoxefine.
 - C. Prescribe donepezil to reduce the risk for Alzheimer’s dementia.

Answer Key: 1 – A 2 – B 3 – A 4 – B 5 – A

Study Advice

There is no study guide for the exam. However, The Menopause Society publishes many professional education resources that may be helpful in preparing for the exam. *Menopause Practice: A Clinician’s Guide* 6th edition is the Society’s most current and comprehensive professional resource. Additional The Menopause Society resources may be found under the publications tab at www.menopause.org and include: Position

Statements and Other Reports, *Practice Pearls*, and the *Menopause A to Z* Slide Set. Healthcare professionals should also seek out additional information from other reputable sources as well. These may include information from other professional associations and government sites involved with women’s health and related issues. Laboratory questions are listed as conventional units not SI.

Examination Content Outline and Knowledge Statements

The following is the outline of the examination, with an indication of the percentage of questions that come from each section.

1. Physiology/Pathophysiology of the Menopause Transition (19%)

- A. Definition and demographics (5%)
 - i. Differences between menopause, menopause transition, and postmenopause
 - ii. Mean age of menopause
 - iii. Prevalence
- B. Stages of Reproductive Aging Workshop (STRAW) (4%)
 - i. Stages within STRAW
 - ii. Dominant symptoms during each STRAW stage
 - iii. Expected duration of STRAW stages
- C. Physiology (5%)
 - i. Luteal out-of-phase (LOOP) events (e.g., causes, symptoms)
 - ii. Clinical impact of alterations in estrogen and androgens (i.e., adrenal and ovarian)
 - iii. Fertility change (e.g., measures of ovarian reserves)
- D. Premature, primary ovarian insufficiency (POI), and surgical menopause (5%)
 - i. Differential diagnosis of amenorrhea
 - ii. POI (e.g., causes, fertility implications)
 - iii. Surgical menopause
 - iv. Chemotherapy/radiation-induced menopause
 - v. Clinical consequence of early estrogen loss
 - vi. Role for hormone therapy for POI and surgical menopause (e.g., timing, length, dosing)

2. Symptoms and Concerns (20%)

- A. Weight issues (2%)
 - i. Common factors of weight issues (e.g., definition, prevalence, demographics, terminology)
 - ii. Weight evaluations
 - iii. Management of weight loss (e.g., diet, exercise)
 - iv. Pharmacologic therapy for weight loss
 - v. Surgical options for weight loss

- B. Hair changes (1%)
 - i. Estrogen and androgen impact
 - ii. Types of hair loss
 - iii. Hair loss evaluations
 - iv. Management of hair loss
 - v. Hair loss treatment options
- C. Sleep changes (2%)
 - i. Common factors in sleep changes (e.g., definition, terminology, demographics, prevalence, health outcomes)
 - ii. Risk factors for sleep changes
 - iii. Differential diagnosis (e.g., restless leg syndrome, sleep apnea, insomnia)
 - iv. Health-related outcomes of sleep changes
 - v. Treatments for sleep changes (e.g., behavioral, pharmacologic therapy)
- D. Sexual health (2%)
 - i. Common factors in changes within sexual health during menopause (e.g., definition, prevalence, symptoms)
 - ii. Models of sexual response
 - iii. Neurobiology, hormones, and sexual function
 - iv. Evaluation (e.g., sexual health screening, assessment)
 - v. Treatments for changes in sexual health (e.g., pharmacologic therapy, pelvic floor physical therapy, vibrators, psychotherapy)
 - vi. Effects of hormone therapy on sexual function
- E. Breast symptoms (2%)
 - i. Etiologies (e.g., breast pain, breast lump)
 - ii. Evaluation (e.g., history and physical, labs, biopsy guidelines, imaging)
 - iii. Management (e.g., medical, surgical)
- F. Abnormal uterine bleeding (2%)
 - i. Definition, prevalence, and risk factors
 - ii. Classification and etiologies
 - iii. Evaluation (e.g., history and physical, labs, biopsy guidelines, imaging)
 - iv. Management (e.g., medical, surgical)
- G. Arthralgia (1%)
 - i. Definition, prevalence, and risk factors
 - ii. Differential diagnosis (e.g., arthritis, fibromyalgia)
- H. Vasomotor symptoms (VMS) (2%)
 - i. Vasomotor symptoms (e.g., definition, terminology, proposed mechanisms)
 - ii. Prevalence of VMS (e.g., demographics)
 - iii. Risk factors of VMS
 - iv. Health-related outcomes

- I. Genitourinary syndrome of menopause (GSM) (2%)
 - i. Genitourinary syndrome (e.g., definition, prevalence, symptoms)
 - ii. Etiology of GSM
 - iii. Evaluation of GSM
 - iv. Differential diagnosis of vulvar and vaginal symptoms (e.g., vaginitis, dermatoses, cancer, vulvar masses)
 - v. Urinary tract infections
 - J. Pelvic floor disorders (2%)
 - i. Differential diagnosis of urinary incontinence (e.g., stress, urge, mixed)
 - ii. High tone pelvic floor dysfunction
 - iii. Management of pelvic floor disorders
 - K. Cognitive and mood changes (2%)
 - i. Prevalence of cognitive and mood changes (e.g., incidence, etiology)
 - ii. Impact of hormone therapy
- 3. Health Disorders in Midlife (21%)**
- A. Thyroid disorders (2%)
 - i. Hypothyroidism and hyperthyroidism
 - ii. Diagnosis and monitoring of thyroid disease
 - iii. Treatment options for thyroid disease
 - iv. Interactions with hormone therapy
 - B. Headache (2%)
 - i. Types of headaches and classification (e.g., migraine [with or without out aura], menstrual)
 - ii. Impact of endogenous and exogenous hormones (e.g., hormone therapy versus combined hormonal contraception)
 - iii. Treatment options (e.g., preventative, abortive)
 - C. Dementia (1%)
 - i. Risk factors for dementia
 - ii. Effect of hormone therapy on dementia
 - D. Depression and anxiety (2%)
 - i. Depressive symptoms and clinical diagnosis of major depressive episode
 - ii. Anxiety symptoms and clinical diagnosis of generalized anxiety disorder
 - iii. Other anxiety disorders (e.g., PTSD, OCD, panic disorder)
 - iv. “Window of vulnerability” for mood and anxiety symptoms/disorders
 - v. Role of estrogen therapy and antidepressants (e.g., SSRI/SNRIs)
 - vi. Non-pharmacological treatments (e.g., CBT, psychotherapies)
 - E. Cardiovascular health (e.g., hypertension, hyperlipidemia, polycystic ovary syndrome) (3%)
 - i. Prevalence and increased risk after menopause
 - ii. General risk factors for cardiovascular disease (CVD)
 - iii. General assessment for CVD (e.g., BMI, waist circumference, BP, lipid profile, HbA1c)
 - iv. CVD risk assessment tools
 - v. Interventions (e.g., lifestyle, diet, medications [statins, anti-hypertensives])
 - vi. Effect of hormone therapy on lipid profile and HbA1c/ glucose metabolism
 - vii. The impact of timing of hormone therapy on cardiovascular risk factors
 - F. Thromboembolic disorders (e.g., arterial and venous, inherited clotting disorders) (3%)
 - i. Thromboembolic disorders (e.g., definitions, symptoms)
 - ii. Effect of hormone therapy (e.g., transdermal versus oral)
 - G. Glucose intolerance (e.g., metabolic syndrome, diabetes) (2%)
 - i. Metabolic disorder and type 1 and type 2 diabetes mellitus
 - ii. Risk factors (e.g., GDM, PCOS, genetics, obesity)
 - iii. Effect of hormone therapy
 - H. Gallbladder disease (1%)
 - i. Gall stones and cholecystitis
 - ii. Effect of hormone therapy
 - I. Cancer (e.g., breast, endometrial, cervical, ovarian, lung, colorectal, skin, hereditary) (3%)
 - i. Breast cancer (i.e., risk factors, screening, effects of treatment [e.g., chemotherapy, radiation, AIs, SERMs] on symptoms of menopause, hormone therapy considerations)
 - ii. Endometrial cancer (i.e., risk factors and impact of obesity, presentation, diagnostic work-up, hormone therapy considerations)
 - iii. Cervical cancer (i.e., risk factors, screening, prevention, vaccination)
 - iv. Ovarian cancer (i.e., risk factors, screening, presentation, hormone therapy considerations)
 - v. Lung cancer (i.e., risk factors, screening, hormone therapy considerations)
 - vi. Colorectal cancer (i.e., risk factors, screening, presentation, hormone therapy considerations)
 - vii. Skin cancer (i.e., risk factors, screening, prevention)
 - viii. Hereditary cancer (i.e., “red flags,” counseling, testing and referral issues, common mutations [e.g., BRCA, HNPCC, FAP], role for risk-reducing surgery [e.g., breast, ovarian cancer], effect of treatments on symptoms of menopause, hormone therapy considerations)

- ix. Prevention strategies for midlife cancer reduction (i.e., impact of lifestyle: diet, physical activity, smoking, alcohol; use of OCPs and other chemoprevention strategies)

J. Osteoporosis/low bone mass (2%)

- i. Osteoporosis and osteopenia (e.g., definitions, screening, diagnosis)
- ii. Effect of menopause on bone health
- iii. Risk factors for low bone mass and fracture
- iv. Tools available to calculate fracture risk (e.g., FRAX)
- v. Knowledge of pharmacologic therapies for bone health (e.g., hormone therapy, bisphosphonates, anabolics)
- vi. Fall prevention

4. Treatment Options for Common Menopause

Symptoms (e.g., VMS, GSM)

A. Hormone therapy (7%)

- i. Indications for hormone therapy
- ii. Contraindications
- iii. Need for progestogen (endometrial protection)
- iv. Oral versus transdermal estrogens
- v. Duration of treatment
- vi. Dosing (e.g., equivalence, continuous versus sequential)
- vii. Risks and side effects of hormone therapy
- viii. Types of systemic hormone therapy (e.g., estrogen, progesterone, SERMS, testosterone, tibolone)
- ix. Local therapies (e.g., vaginal estrogen, DHEA)
- x. Risks of compounded/non-approved hormone therapy (e.g., pellets)

B. Nonhormone options (5%)

- i. Prescription options (e.g., SSRI, SNRI, gabapentin, oxybutynin, clonidine)

C. Over-the-counter options (i.e., non-prescription options) (5%)

- i. Most common options (e.g., herbals, vitamins)
- ii. Safety and efficacy of non-prescription options
- iii. Moisturizers and lubricants for GSM

D. Complementary and alternative medicine (4%)

- i. Non-pharmacological interventions for VMS (e.g., CBT, exercise, yoga, acupuncture)
- ii. Non-pharmacological interventions GSM (e.g., pelvic floor physical therapy, dilators)

5. Preventive Care and Counseling (19%)

A. Immunizations (4%)

- i. Benefits of immunization in midlife (e.g., shingles, flu, pneumonia, HPV)

B. Sexually transmitted infections (5%)

- i. Common sexually transmitted infections (e.g., chlamydia, GC, HSV, HPV, syphilis)
- ii. Symptoms, prevention, and screening (e.g., counseling)

C. Psychosocial issues (5%)

- i. Screening tools (e.g., eating disorder, substance use, intimate partner violence, anxiety/ depression)

D. Diet and exercise (5%)

- i. Healthy diet
- ii. Dietary supplements (e.g., vitamins, herbs, nutraceuticals)
- iii. Exercise for healthy physical and mental wellbeing and prevention of disease

Frequently Asked Questions

Q: Am I eligible to sit the exam?

A: All licensed healthcare professionals are invited to sit the exam, including (among others) the following specialists (listed alphabetically): nurse, nurse midwife, nurse practitioner, pharmacist, physician, and physician assistant. A photocopy of your current medical license showing a future expiration date is required with your application.

Q: How much does it cost to take the exam?

A: The fee to sit the The Menopause Society Certified Menopause Practitioner (MSCP) competency exam is \$375 for The Menopause Society members and \$675 for nonmembers. To join the Society, please visit www.menopause.org/membership.aspx

Q: What is the expiration date of the The Menopause Society Certified Practitioner credential?

A: The credential is valid for three full years after the first year in which you pass the exam. After the first December 31 renewal date, all credentials are due for renewal three years later on December 31. The expiration date will be indicated on your certificate.

Q: Where do I apply to take the MSCP exam?

A: Applications can be submitted online at <https://www.menopause.org/for-professionals/mscp-certification>.

Q: Where do I find the requirements for Live Remote Proctored Exams?

A: The requirements can be found at <https://www.menopause.org/for-professionals/mscp-certification>.

Q: How do I maintain the certification beyond the initial 3-year period?

A: To maintain certification status, there are two options—1) submit 15 The Menopause Society-sponsored CME hours plus 30 “other” Category 1 hours (for a total of 45 hours) earned between the date of your exam and the expiration of your certificate or 2) reexamination. Additional information may be found on page 8 of this handbook.

Q: How can I prepare for the exam?

A: The Menopause Society has published many resources and clinical practice materials that may be helpful in your preparation. However, the Society does not produce a “study guide.” To view the current list of available materials, see The Menopause Society store at www.menopause.org. Also, reviewing the Content Outline in the Candidate Handbook will provide you with an idea of what areas may need additional study.

Q: What is the deadline to apply to take the MSCP exam?

A: Thirty days before the desired testing window begins. Therefore, if you wish to take the exam anytime in June, you must complete your application by May 1. For an October test date, you must complete your application by August 31.

Q: Is there CME credits associated with the exam?

A: No, there is no CME credits associated with the exam.

Q: If I fail the exam can I retake it in the same testing window?

A: No, each candidate may take the exam only once per testing window.



The
**Menopause
Society™**

30050 Chagrin Boulevard, Suite 120
Pepper Pike, OH 44124, USA

Telephone: 440/442-7537
Fax: 440/442-2660
Email: georgia@menopause.org

Website: www.menopause.org

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