CSPHC Application

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The ASPHP Certification Group has established nine core competencies, identified as subject areas beneficial for those leading and supporting SPHM programs. While a Clinician applicant is not expected to be proficient in all of these, there are five skill sets that have been identified as directly related to the successful application of SPHM "at the bedside:" clinical knowledge & experience, training deployment, unit-specific customization, team leadership, risk analysis & control. These are the skill sets that the certification committee will look for in the applicant's work history, recommendations, professional development, and resume.

NINE CORE COMPETENCIES: Skill Areas

Financial Acumen - Demonstrated through budgeting, cost justification and/or vendor negotiation

Team Leadership - Demonstrated through assembling and leading a cross functional team

Policy and Procedure Deployment - Demonstrated through the development, modification and implementation of SPH P&P

Training Deployment - Demonstrated by development and delivery of training

Clinical Knowledge & Experience - Demonstrated through clinical job duties

Risk Analysis & Control - Demonstrated through formal analyses and linking control measures to risk results

Program Promotion - Demonstrated by promoting the benefits and/or results of the SPH program internally and externally

Program Audit - Demonstrated by a formal review and reporting of program performance

Unit Specific Customization - Demonstrated by adapting procedures to unit specific and patient specific needs.

Name _____ Date _____

Address _____

Email _____ Phone _____

Current Employer & Address: _____

_____

Job Title: _____

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(Optional)
Please provide the name and contact information of the person within your organization that you would like notified when you achieve certification:

Name & Email Address: _____

_____

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Publication of Certification: The Association would like to post your achievement in an announcement to our members. Please indicate below your preference to have your name included or not included.

      I agree to publication of my name and achievement of certification by ASPHP

      I do not want my name publicized by ASPHP

INSTRUCTIONS:

1) Please complete each section of the application in-full. Insert "N/A" where you have no data to enter.

2) The CERTIFICATION webpage (http://www.asphp.org/certification/) lists the acceptable forms of documentation for each item below and a full description of the requirements.

1. CLINICAL LICENSURE and CLINICAL EXPERIENCE*

Requirements:
    1) Licensed healthcare clinician
   and
    2) Minimum of 3 years of healthcare experience

Provide information below about the license you hold and your clinical experience. Attach a copy of your current license and your resume documenting healthcare experience to this application packet.

1. Current Clinical License:

Type: _____ Expiration: _____

    Documentation attached (Copy of Current License)

2. Clinical Experience:

Job Title: _____

Total Number of Years: _____ Dates: Mo/Yr: _____ to Mo/Yr: _____

Employer: _____ Address: (City & State): _____

    Documentation attached: Resume

    * If necessary: add additional information at the end of this application.

2. SAFE PATIENT HANDLING & MOBILITY WORK EXPERIENCE*

Requirements:
    2-years of SPHM-specific responsibilities (full or part-time) in a healthcare organization

1. Time with SPHM-specific responsibilities:

Total Number of Years: _____ Dates: Mo/Yr: _____ to Mo/Yr: _____

2) SPHM-Specific Responsibilities:

    1) Detailed description of your SPHM activities, role, job duties *and*

    2) Estimate of time dedicated to SPHM-specific tasks

_____

Documentation attached:

    Copy of Job Description from employer

        or

    Letter from Supervisor *

*NOTE: this information may be included in a supervisor's Letter of Recommendation, if you are submitting a recommendation letter from your supervisor.

    * If necessary: add additional information at the end of this application.

3. LETTERS OF RECOMMENDATION

REQUIREMENTS: Three (3) letters are required. Letters must provide details and descriptions about your SPHM activities, competencies, and skills. Letters lacking details will be returned for resubmittal.

IMPORTANT NOTES:

1) One letter must be from a Certified Safe Patient Handling Professional. *It is preferred that one letter be from a CSPHP, but if the applicant does not know a CSPHP that is familiar with his or her work, then this requirement can be fulfilled by a letter from a senior leader in his or her organization that can attest to their role, work and expertise related to the nine core SPHM competencies.*

2) Two letters must be from your current supervisor, other manager in your organization or colleagues who are involved with SPHM and are knowledgeable about your SPHM work.

Please record supporting information for each letter below.

1) Letter from CSPHP: Letter from current supervisor or client.

Name of Writer, Credentials, Employer, and Job Title: _____

_____

Relationship to Applicant: _____

Length of Time has Known Applicant in SPHM Role:

Years: _____   Months: _____

2) Letter from current supervisor, other manager in your organization or a colleague

Name of Writer, Credentials, Employer, and Job Title: _____

_____

Relationship to Applicant: *(select one)*   Supervisor   Colleague or   Other (please explain):

_____

Length of time reference has known the applicant in a SPHM role:

Years: _____   Months: _____

3) Letter from current supervisor, other manager in your organization, or a colleague

Name of Writer, Credentials, Employer, and Job Title: _____

_____

Relationship to Applicant: *(select one)*   Supervisor   Colleague or   Other (please explain):

_____

Length of time reference has known the applicant in a SPHM role:

Years: _____   Months: _____

4. EVIDENCE OF COMPETENCE

REQUIREMENT: One work product; as evidence of competence in the area of SPHM.

Please provide information describing the work product and any evidence of authorship that is possible. Attach a copy of the work product with your application packet.

IMPORTANT NOTES:

1) Work product may be an SPHM report, assessment, publication, policy & procedure, or training materials you authored or co-authored.

2) Work product may be a product composed entirely by you or in collaboration with others in your organization.

3) Vendor documents are not acceptable.

Description of SPHM work product:

_____

_____

Please check one:

Independent product

Collaborative product

Documentation attached:

Copy of work product _____

5. PROFESSIONAL DEVELOPMENT

REQUIREMENT: 16 Professional Development hours acquired during the last two years related to your SPHM responsibilities.

IMPORTANT NOTES:

1) If the topic or title of the Professional Development activity does not clearly indicate the subject/skill area, please include a description and agenda or other document to provide the reviewer with sufficient information to determine the SPHM- relatedness of the activity.

2) We will not accept other forms of documentation for Professional Development/ Continuing Education other than those listed on the website or below:

Approved Documentation:

✓ *For Education you Attended: Certificate of Attendance or Transcript (unofficial acceptable)**

✓ *For Education you Provided: Attendance Sheet with your name listed as the Instructor, Date, Subject/ Topic, and duration of training*

✓ *For Self-Directed Learning: Review of article(s) read*

✓ *For Committee participation or Exam Question submission, certificate from ASPHP*

* 3) A Certificate of Attendance must include: the Date, Time Period, Sponsoring Organization, Topic or Equipment covered, and your Name. An "agenda" is not sufficient.

4) For a published journal article: submit a copy of the article

5) Work-related activities, other than providing SPHM training or education, are not approved Professional Development hours.

6) For the definition of Professional Development/Continuing Education Hours and the multiple ways to earn them, please see Professional Development Definition in this linked document: *Professional Development categories list*

7) There is no need to submit the training content or the PowerPoint for training or education you provide.

8) Hours from providing the same training or equipment in-service may only be counted one time.

There is no additional credit for multiple sessions on the same topic or equipment.

We will not accept other forms of documentation for Professional Development/ Continuing Education. Work-related activities, other than providing SPHM training or education, are not eligible for Professional Development hours.

PAYMENT

By Check (Make check to ASPHP)
Mail to: ASPHP Headquarters, 125 Warrendale Bayne Road, Suite 375, Warrendale, PA 15086

Or by Card: Visa   MasterCard   American Express   Discover

Card Number: _____ Exp. Date: _____ 3 or 4 digit Security Code: _____

Name on Card: _____

Card Billing Address: _____

Activity: Conference, Course, Seminar, Webinar, In-Service, Other	Organization Offering Course	Date(s) Course Completed MM/YYYY	# of Professional Development Hours	Type of Documentation Provided
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

ADDITIONAL INFORMATION:

Item_____:

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Item_____:

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Professional Development (PD) Categories
Permitted Number of Hours & Approved Documentation

Activity	Hours of Professional Development (PD Hours)	Maximum Hours For Each Activity During Initial Application and Each Subsequent 3 Year Renewal Cycle	Documentation Required (Note: only the types of documentation listed under each Activity Category are acceptable)
Attend/present at conferences, workshops, or webinars specific to Safe Patient Handling (topics may be specific to any of the elements listed among the skill set (core competencies) for CSPHPs – see below for a copy of this skill list)	Attendee: 1 Hour of Professional Development per hour of attendance Presenter: 1 Hour of Professional Development for the time to present each unique presentation Note: does not include preparation / writing)	Unlimited	Attendee: Certificate of Attendance issued by the sponsoring organization with the date, topic and number of Hours clearly listed. Presenter: Certificate, signed letter or official agenda from the sponsoring organization clearly documenting your name, presentation, the date and the number of Hours.
Attend/present at conferences, workshops, or webinars on topics supporting your role in the SPH program, but not specific to SPH	Attendee: 1 Hour of Professional Development per hour of attendance Presenter: 1 Hour of Professional Development per length of time for each unique presentation	Unlimited	Documentation as listed above for Attendee or Presenter *and* A one paragraph explanation written by you explaining how you used this information to benefit the SPH program at your facility.
Attend or provide Safe Patient Handling equipment or education in-service presentations	1 Hour of Professional Development for each unique hour of equipment in-service content per year (for example: providing or attending the same 1-hour class 16 times counts as 1 Hour, not 16).	9 for CSPHA 9 for CSPHC 9 for CSPHP	Attendance Sheet with your name listed as an Instructor, the date, SPH equipment or education topic and the duration of the training.
Complete & Pass courses/classes at accredited schools of higher learning	1 Hour of Professional Development for each credit given for the course	9 for CSPHA 9 for CSPHC 9 for CSPHP	Transcript indicating date of course, satisfactory completion, title of course and credits received. *(An "Unofficial" transcript is acceptable).*
Self-directed learning. Read articles, chapters, or books. View videos. Topics must be specific to SPH.	1 Hour of Professional Development per hour of self-directed learning. Time spent writing the summary and review do not count towards the contact hours	3 for CSPHA 6 for CSPHC 9 for CSPHP	Submit an affidavit of the hours spent in self-directed learning. Write a summary and critical review of the material for the ASPHP website. These reviews should be at least 350 words for each article/chapter/book or video.
Publish an article for a journal or a book chapter, specifically relating to Safe Patient Handling. (Note: Work-related publications are not included in this category).	One Hour of Professional Development per book chapter or article in a non-peer reviewed publication. Two Hours of Professional Development per article published in a peer-reviewed journal	3 for CSPHA 6 for CSPHC 9 for CSPHP	Copy of published article. Must exceed 1000 words. If there are more than 2 authors listed for the article, include an affidavit that your contribution was at least 50% of the writing effort.
Write and submit an exam question that is accepted by the Exam Committee of the Certification Program	1 Hour of Professional Development per approved/accepted question	3 for CSPHA 6 for CSPHC 6 for CSPHP	Acknowledgement issued by Exam Committee Chair and recorded by ASPHP.
Serve as an ASPHP committee member and complete committee work	1 Hour of Professional Development per committee per year	2 Hours per year; for a total 6 Hours per renewal cycle	Certificate issued by Certification Committee Chair.