

# SPHM Certification Process

Applying for Certification  
through the ASPHP

## Disclaimer:

The webinar is informational only. The purpose is to explain certification requirements and what constitutes a complete application portfolio. All application portfolios received by the ASPHP and the Certification team are reviewed and approved/not approved according to the ASPHP Certification Handbook. Attendance at today's webinar does not guarantee approval of the content of a webinar attendee's application portfolio.

## Today's Goals:

- Certification Levels: Capabilities & Requirements
- Application & Examination Process
- Completing the Application & Required Documentation
- Q & A

# Today's Presenters

## Members of the Certification & Renewal Committee

Sasha Latvala, CSPHP

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# Certification through the ASPHP

- The certification process & standards are independent from ASPHP
- ASPHP membership is not required to apply for certification

*“Professional or personnel certification is a voluntary process by which individuals are evaluated against predetermined standards for knowledge, skills, or competencies. Participants who demonstrate that they meet the standards by successfully completing the assessment process are granted the certification.”*

# Nine Core Competencies for SPHM Certification

These nine skill sets are what the certification committee looks for in an applicant's work history, work product, recommendations, and professional development.

## Planning a Program

- Finance
- Team Leadership
- Policy & Procedure Deployment

## Implementing a Program

- Training Deployment
- Clinical Knowledge and Experience
- Risk Analysis and Control

## Sustaining a Program

- Program Promotion
- Program Audit
- Unit Specific Customization

## Certification Levels

<b><i>Certification</i></b>	<b><i>Scope</i></b>	<b><i>Anticipated Capabilities</i></b>
<b>Associate                      CSPHA</b>	<p><b>A specialist in SPHM, who can support training, education and mentorship of SPHM applications, in order to assist organizational leadership in sustainable SPHM programming.</b></p> <p>Verified through documentation of required levels of related experience and education.</p>	<p>Successfully use and instruct others in the correct use of SPHM protocols and equipment, within the assigned healthcare environment.</p> <p>While an Associate applicant is not expected to be proficient in all of the core competencies, these are the skill sets that the certification committee will examine in the applicant’s work history, recommendations, professional development and resume.</p> <p>We encourage applicants for Associate certification to ensure that their submission materials include evidence in the competencies applicable to the scope of Associate certification.</p>

## Certification Levels

<b><i>Certification</i></b>	<b><i>Scope</i></b>	<b><i>Anticipated Capabilities</i></b>
<p><b>Clinician                      CSPHC</b></p>	<p><b>A licensed healthcare professional who can establish protocols and supervise the direct application of SPHM techniques in all clinical settings.</b></p> <p>Verified through written examination and documentation of related experience and education and authorship of unique SPHM work product.</p>	<p>Coordinates and practices the clinical application of SPHM (“at the bedside”) throughout nursing units, out-patient clinics and/or home health environments. Able to assist leadership in SPHM policy development, financial resource and program promotion.</p> <p>While a Clinician applicant is not expected to be proficient in all nine core competencies; there are five skill sets that have been identified as directly related to the successful application of SPHM “at the bedside:” clinical knowledge &amp; experience, training deployment, unit-specific customization, team leadership, risk analysis &amp; control.</p> <p>These are the skill sets that the certification committee will look for in the applicant’s work history, recommendations, professional development, and resume.</p>



## Certification Levels

<b><i>Certification</i></b>	<b><i>Scope</i></b>	<b><i>Anticipated Capabilities</i></b>
<p><b>Professional CSPHP</b></p>	<p><b>An expert in SPHM who can initiate &amp; administer a comprehensive program at any health care organization.</b></p> <p>Verified through written examination, related experience and authorship of unique SPHM research, program material or training information.</p>	<p>Establish and manage all aspects of a SPHM program.</p> <p>The nine core competencies are identified as subject areas beneficial for effective SPHM program managers. Program management by a certified individual with knowledge and experience in these nine areas will help to ensure effective SPHM programs.</p> <p>While no applicant is expected to be proficient in all of these, these are the skill sets that the certification committee will examine in the applicant’s work history, work product, recommendations, professional development and the topics included in the written examination.</p> <p>We encourage applicants to align their submission material so that it reflects their expertise in these nine core competencies.</p>

## Certification Requirements - Definitions

Requirement	Definition
<b>SPHM-Specific Experience</b>	<p>Specific tasks or responsibilities in support or leadership of an organization’s SPHM program            For example:</p> <ul style="list-style-type: none"> <li>- Conducting in-services or competency education/training</li> <li>- Performing SPHM Audits</li> <li>- Chair or Member of SPHM committee</li> </ul>
<b>Letters of Recommendation</b>	<p>Describes the applicant’s work in SPHM. (Activities, tasks, strengths supporting or administering SPHM program.) Letters need to list details about SPHM work, activities and knowledge in nine core competencies.</p> <p>Written by: Direct supervisor, manager or other person who is involved with SPHM and knows the applicant, or a CSPHP, as required by specific certification requirements.</p>
<b>Required Evidence</b>	<p>Work product that provides formal evidence of competence in the area of SPHM. May include reports, assessments, publications, policies &amp; procedures, written evaluations or materials from training that were developed by the applicant.</p> <p><b>NOTES:</b> 1) Products must be original; vendor documents are not acceptable.            2) Authorship: Independent or collaborative authorship is dependent upon the certification level.</p>

## Certification Requirements - Definitions

Requirement	Definition
<p><b>Professional Development Hours</b></p> <p><b>NOTE:</b> must be earned within the past two years from application date</p> <p><b>NOTE:</b> They do not include normal “work duties” (committee work/attendance, SPHM audits of units or equipment rounds.)</p>	<p>Education or activities that expand an individual’s knowledge and/or skills in SPHM or in related fields, as outlined in the nine Core Competencies listed in the Certification Handbook and on the webpage.</p> <p>Eight approved categories for earning Professional Development credits.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>- Attending or presenting at SPHM or closely-related conferences, workshops, webinars</li> <li>- Independent-study</li> <li>- Teaching at SPHM in-service/competency training sessions</li> <li>- Writing journal articles</li> <li>- Participating in ASPHP committees</li> <li>- Pursuing other activities that advance SPHM or closely related healthcare disciplines</li> </ul> <p><a href="http://www.asphp.org/wp-content/uploads/2017/07/Professional-Development-Categories-and-Permitted-Jul-2017.pdf">http://www.asphp.org/wp-content/uploads/2017/07/Professional-Development-Categories-and-Permitted-Jul-2017.pdf</a></p>
<p><b>Examination</b></p>	<p>Passing score on a written examination. Examination topics focused on the nine core competencies. Fundamental SPHM publications from VA, ANA, journals and FGI PHAMA “SPHM White Paper” are several of the primary references. Sample examination is on-line.</p> <p><b>NOTE:</b> Examination is not required for “A” level certification.</p>

## Certification Requirements - Definitions

### (8) Categories for earning Professional Development

<http://www.asphp.org/wp-content/uploads/2017/07/Professional-Development-Categories-and-Permitted-Jul-2017.pdf>

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

<p>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)</p>	<p>Attendee: 1 Hour of Professional Development per hour of attendance</p> <p>Presenter: 1 Hour of Professional Development for the time to present each unique presentation</p> <p>Note: does not include preparation / writing )</p>	<p>Unlimited</p>	<p>Attendee: Certificate of Attendance issued by the sponsoring organization with the date, topic and number of Hours clearly listed.</p> <p>Presenter: Certificate, signed letter or official agenda from the sponsoring organization clearly documenting your name, presentation, the date and the number of Hours.</p>
<p>Attend/present at conferences, workshops, or webinars on topics supporting your role in the SPH program, but not specific to SPH</p>	<p>Attendee: 1 Hour of Professional Development per hour of attendance</p> <p>Presenter: 1 Hour of Professional Development per length of time for each unique presentation</p>	<p>Unlimited</p>	<p>Documentation as listed above for Attendee or Presenter  <i>and</i>          A one paragraph explanation written by you explaining how you used this information to benefit the SPH program at your facility.</p>

## Certification Requirements - Definitions

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

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. <i>(An "Unofficial" transcript is acceptable).</i>
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.

## Certification Requirements - Definitions

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

<p>Publish an article for a journal or a book chapter, specifically relating to Safe Patient Handling.</p> <p>(Note: Work-related publications are not included in this category).</p>	<p>One Hour of Professional Development per book chapter or article in a non-peer reviewed publication.</p> <p>Two Hours of Professional Development per article published in a peer-reviewed journal</p>	<p>3 for CSPHA          6 for CSPHC          9 for CSPHP</p>	<p>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.</p>
<p>Write and submit an exam question that is accepted by the Exam Committee of the Certification Program</p>	<p>1 Hour of Professional Development per approved/accepted question</p>	<p>3 for CSPHA          6 for CSPHC          6 for CSPHP</p>	<p>Acknowledgement issued by Exam Committee Chair and recorded by ASPHP.</p>
<p>Serve as an ASPHP committee member and complete committee work</p>	<p>1 Hour of Professional Development per committee per year</p>	<p>2 Hours per year;          for a total 6 Hours per renewal cycle</p>	<p>Certificate issued by Certification Committee Chair.</p>

## Certification Requirements

Requirement	CSPHA	CSPHC	CSPHP
<b>Professional Experience</b>	<b>3-years of post-secondary education</b> and/or <b>experience in an SPHM-related field</b> (May combine education and experience to total 3-years)	<b>3-years of health-care experience</b> and <b>Current professional license</b>	<b>RN plus 5-years experience, or Bachelor's Degree</b> plus 4-years experience, <b>or Graduate Degree</b> (in related field) plus 3-years experience
<b>SPHM-Specific Experience</b>	<b>1-year</b> (part-time or full-time)	<b>2-years</b> (part-time or full-time)	<b>Equivalent of 2-years full-time</b> For example: 4-years with 50% SPHM dedicated time, is equivalent to 2-years of 100% SPHM time.
<b>Professional Development Hours</b>	<b>10-hours</b>	<b>16-hours</b>	<b>36-hours</b>

## Certification Requirements

Requirement	CSPHA	CSPHC	CSPHP
<b>Letters of Recommendation</b>	<b>1 letter</b> from a CSPHP <i>or</i> <b>2 letters</b> from supervisors, co-workers, SPHM colleagues	<b>3 letters:</b> <b>1</b> from a CSPHP * <i>and</i> <b>2</b> from others * <b>NOTE:</b> may obtain letter from Senior Leader instead	<b>3 letters:</b> <b>1</b> from current supervisor or client <i>and</i> <b>2</b> from others
<b>Examination</b>	Not required	<b>Required</b>	<b>Required</b>
<b>SPHM Work Product</b>	Not required	<b>(1) Required</b>	<b>(2) Required</b>



## Certification Process

- Administrative office ensures Application portfolio is complete
- Applicants:
  - Ensure correct application
  - Documents attached as pdf files
  - Professional Development: Only certificates and brief explanations of content if SPHM-related. Do not send education content or PowerPoints
  - Work Evidence: Need to send product with content for review

Submit  
Application  
& Fee



Sent to  
Reviewer(  
s)

- Turn-around is 4-6 weeks



Applicant  
Notification

- Portfolio accepted, **OR**
- Portfolio not accepted
  - Reviewer(s) have questions; issue RAI “Request for Additional Information”

## Certification Process – Portfolio Accepted

### Associate

- Letter and Certification Seal sent to new certificant
- Maintenance requirements and fees explained
- Notification sent to applicant's employer, with applicant's permission

### Clinician & Professional

- Applicant notified about examination process
- Exam must be taken within one-month of notification
- Results are provided to applicant at the conclusion of exam
- Pass: Letter and Certification seal sent to new certificant
- Fail: May re-take the exam twice, after 45-day waiting period each time; fee required for each re-taking of exam
- Fail 3<sup>rd</sup> time; may submit new application and re-start entire process after one-year

### Maintenance of Certification

- Professional Development hours required (3-year cycle)
- Maintenance fee (annual)

## Certification Process – Not Approved “RAI” - Request for Additional Information

All  
Levels

- Applicant: submits additional information, documentation; fulfills missing requirements
- Up to one-year to reply

RAI submission  
Reviewed

- Original reviewers receive requested information
- Portfolio accepted: Associates notified of approval of certification; Clinicians and Professionals notified about Examination process
- Portfolio not accepted: gaps remain; RAI process starts again

# Certification & Maintenance – Professional Development

Every three (3) years after you are certified, it is necessary for you to document the appropriate number of Professional Development hours to “renew” your certification; 15 for Associates, 24 for Clinician and 36 for Professionals.

- Certificants are selected at random and asked to produce documentation of the Professional Development hours that they have acquired within the last 36 months. Only those hours acquired after the initial certification or the most recent renewal of your certification will be accepted.
- Those selected will have 30-days to send in the appropriate documentation on the excel spreadsheet that the ASPHP has provided for tracking your hours. If an individual is unable to produce the documentation within that time frame, they will have the option of paying for an extension. (<http://www.asphp.org/wp-content/uploads/2016/11/Prof-Devel-Hours-Tracking-Tool-11-16.xlsx>)

<http://www.asphp.org/wp-content/uploads/2017/07/Renewal-and-maintenance-of-certification.pdf>

# Certification & Maintenance – Fee Schedule

CERTIFICATION		
CERTIFIED SAFE PATIENT HANDLING <u>ASSOCIATE (CSPHA)</u>	CERTIFIED SAFE PATIENT HANDLING <u>CLINICIAN (CSPHC)</u>	CERTIFIED SAFE PATIENT HANDLING <u>PROFESSIONAL (CSPHP)</u>
<u>APPLICATION</u> MEMBER \$65.00 NON-MEMBER \$125.00	<u>APPLICATION</u> MEMBER \$295.00 NON-MEMBER \$395.00	<u>APPLICATION</u> MEMBER \$295.00 NON-MEMBER \$395.00
<u>ANNUAL MAINTENANCE or RECERTIFICATION</u> MEMBER \$30.00 NON-MEMBER \$75.00	<u>ANNUAL MAINTENANCE or RECERTIFICATION</u> MEMBER \$105.00 NON-MEMBER \$150.00	<u>ANNUAL MAINTENANCE or RECERTIFICATION</u> MEMBER \$105.00 NON-MEMBER \$150.00
<u>INTERNATIONAL CSPHA &amp; MEMBERSHIP COMBO</u> APPLICATION \$115.00 ANNUAL MAINTENANCE \$80.00	<u>INTERNATIONAL CSPHC &amp; MEMBERSHIP COMBO</u> APPLICATION \$240.00 ANNUAL MAINTENANCE \$155.00	<u>INTERNATIONAL CSPHP &amp; MEMBERSHIP COMBO</u> APPLICATION \$240.00 ANNUAL MAINTENANCE \$155.00

# “C” Certification – October 1

## Process for Initial “C” Applications

- First date applications will be accepted by the ASPHP office: October 1, 2017.
- First (15) applicants, with approved portfolios, will take & complete the examination as *validators*. For *validators*, the examination score will not a determinate factor in the approval process.
- The exam must be taken and completed between December 1 through December 30<sup>th</sup>.
- The Applicant’s “Order in Line” will be determined by the official receipt date & time of the fully complete application portfolio, as logged-in by the ASPHP office.
- Reviewers will complete reviews within 30-days after receipt from the ASPHP office.
- For Applicants who may be required by the reviewers to provide additional information, the Applicant will maintain their original “Order in Line” as long as the required information is returned within 15 calendar days. If the Applicant’s response time exceeds 15 calendar days, then the Applicant is placed at the “End of the Line.”

# Sample “C” Application Submission

## Potential Applicant

- Licensed PT with 6 years in acute care hospital; Co-chair of SPHM committee for 3 years
- SPHM activities, listed on Resume: Draft policies, protocols, training content; Conduct SPHM Annual Competency; Coordinate SPHM monthly committee meetings; Review and report to Sr. Management on SPHM injury data; Conduct compliance and equipment audits
- Work Activities, experience, continuing education & Classification:

Experience & Professional Development	Hours	SPHM Experience/ Work Activities	Prof. Devel.
Conduct 12 committee meetings per year, 2.5 years	30 Hours	<b>Yes</b>	
Audits, 2/month for 2 years	48 Hours	<b>Yes</b>	
Competency Training, 3 X 12 hours for 2016, 2015, 3 devices	72 Hours		<b>Yes: 6 hrs. total 3hrs each 2015 &amp; 2016</b>
Attend SPHM webinars: 4 in 2017, 3 in 2016	7 Hours		<b>Yes: 7 hrs.</b>
Attend training by State Hospital Association on principles of employee safety and high-reliability	3 hours		<b>Yes, for hours of education on nine core competency areas</b>

# Completing Your Application

## “C” Clinician Application as example

### 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.*



# Completing Your Application

## “C” Clinician Application as example

### 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.*

# Completing Your Application

## “C” Clinician Application as example

### 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: \_\_\_\_\_

# Completing Your Application

## “C” Clinician Application as example

### 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:**

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**Please check one:**

- Independent product
- Collaborative product

**Documentation attached:**

- Copy of work product



# Completing Your Application

## “C” Clinician Application as example

### 5. PROFESSIONAL DEVELOPMENT

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

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. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Completing Your Application

## “C” Clinician Application as example

### 5. PROFESSIONAL DEVELOPMENT

#### 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*
- \* 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.*

# Certification Mentor Program

A “Mentor Program” is available to help applicants through the application process. Applicants may have questions answered and obtain advice about the process and requirements from certified ASPHP members. These are “veterans” who are familiar with the requirements.

Request a Mentor by contacting:

Patti Wawzyniecki at [pwawzyniecki@hovermatt.com](mailto:pwawzyniecki@hovermatt.com)

or

Kelsey McCoskey at [kelsey.l.mccoskey.civ@mail.mil](mailto:kelsey.l.mccoskey.civ@mail.mil)

*\*NOTE: While the mentor program is no guarantee that you your application portfolio will be approved – it is a great way to insure your application is as thorough and accurate as possible.*

# Q&A

# *Thank you!*

<http://www.asphp.org/certification/>