SPHM Certification Process

Applying for Certification through the ASPHP

January, 2018
Certification Committee
Association of Safe Patient Handling Professionals
http://www.asphp.org/certification/
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. Attendees of this webinar do not accrue CEU’s or Professional Development Hours.

Certification through the ASPHP

The certification process & standards are independent from ASPHP. ASPHP membership is not required to apply for certification.
Goals:
- Certification Levels: Capabilities & Requirements
- Application & Examination Process
- Completing the Application & Required Documentation
- Q & A

Presenters: Certification & Renewal Committee Members
Teresa Boynton, MS, OTR, CSPHP
Sasha Latvala, CSPHP
Patti Wawzyniecki, MS, CSPHP
Kent Wilson, CIE, CSPHP
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

<table>
<thead>
<tr>
<th>Certification</th>
<th>Scope</th>
<th>Anticipated Capabilities</th>
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<tbody>
<tr>
<td><strong>Associate CSPHA</strong></td>
<td>A specialist in SPHM, who can support training, education and mentorship of SPHM applications, in order to assist organizational leadership in sustainable SPHM programming.</td>
<td>Successfully use and instruct others in the correct use of SPHM protocols and equipment, within the assigned healthcare environment.</td>
</tr>
<tr>
<td><strong>Clinician CSPHC</strong></td>
<td>A licensed healthcare professional who can establish protocols and supervise the direct application of SPHM techniques in all clinical settings.</td>
<td>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.</td>
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<tr>
<td><strong>Professional CSPHP</strong></td>
<td>An expert in SPHM who can initiate &amp; administer a comprehensive program at any health care organization.</td>
<td>Establish and manage all aspects of a SPHM program. 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.</td>
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## Certification Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>CSPHA</th>
<th>CSPHC</th>
<th>CSPHP</th>
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</table>
| **Education & Professional Experience** | 3-years of post-secondary education  
or 3-years experience in an SPHM-related field  
or Combination of education & experience totaling 3 years | 3-years of health-care experience  
and Current professional license | RN plus 5-years experience,  
or Bachelor’s Degree (in related field) plus 4-years experience,  
or Graduate Degree (in related field) plus 3-years experience |
| **SPHM-Specific Experience**      | 1-year (part-time or full-time)                                       | 2-years (part-time or full-time)                                      | Equivalent of 2-years full-time  
For example: 4-years with 50% SPHM dedicated time, is equivalent to 2-years of 100% SPHM time. |
| **Professional Development**      | 10-hours (acquired in past 2-years)                                   | 16-hours (acquired in past 2-years)                                   | 36-hours (acquired in past 3-years)                                    |
| **Letters of Recommendation**     | 1 letter from a CSPHP  
or 2 letters from supervisors, co-workers, SPHM colleagues | 3 letters:  
1 from a CSPHP * and  
2 from others  
* NOTE: may obtain letter from Senior Leader instead | 3 letters:  
1 from current supervisor or client and  
2 from others |
| **Examination**                   | Not required                                                          | Required                                                             | Required                                                             |
| **SPHM Work Product**             | Not required                                                          | (1) Required                                                         | (2) Required                                                         |
## Certification Requirements - Definitions

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Definition</th>
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</table>
| SPHM-Specific Experience        | Applicant must have documented responsibilities in organization’s SPHM program. These specific tasks include those that support and/or lead an organization’s SPHM efforts. For example:  
- Conducting in-services or competency education/training  
- Performing SPHM Audits  
- Chair or member of SPHM committee |
| Letters of Recommendation       | The content of the letters should include details about the applicant’s specific role(s) and expertise in SPHM. (Activities, tasks, strengths - supporting or administering SPHM program.)  
Authors of the letters should be very familiar with the applicant’s SPHM work, and list specific examples. The nine Core Competency skills necessary for SPHM professionals should be used as a guide by authors. |
<table>
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<tr>
<td><strong>Professional Development Hours</strong></td>
<td><strong>Education or activities that expand an individual’s knowledge and/or skills in SPHM or in related fields,</strong> as outlined in the nine Core Competencies listed in the Certification Handbook and on the webpage.</td>
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<tr>
<td><strong>NOTE:</strong> must be earned within the past two or three years from application date*</td>
<td><strong>Eight approved categories</strong> for earning Professional Development credits. Examples include:</td>
</tr>
<tr>
<td><strong>NOTE:</strong> They do not include normal “work duties” (committee work/attendance, SPHM audits of units or equipment rounds.)</td>
<td>- Attending or presenting at SPHM or closely-related conferences, workshops, webinars</td>
</tr>
<tr>
<td>* Two-years: CSPHA &amp; CSPHC Three-years: CSPHP</td>
<td>- Independent-study</td>
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<tr>
<td></td>
<td>- Teaching at SPHM in-service/competency training sessions</td>
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<td></td>
<td>- Writing journal articles</td>
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<td></td>
<td>- Participating in ASPHP committees</td>
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<td></td>
<td>- Pursuing other activities that advance SPHM or closely related healthcare disciplines</td>
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## Certification Requirements - Definitions

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<td>Required Evidence</td>
<td>Work product that provides 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. NOTES: 1) Products must be original; vendor documents are not acceptable. 2) Authorship: Independent or collaborative authorship is dependent upon the certification level. (CSPHP requires independent work products)</td>
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Certification Requirements - Definitions

### (8) Categories for earning Professional Development


### Professional Development (PD) Categories

<table>
<thead>
<tr>
<th>Professional Development (PD) Categories</th>
<th>Permitted Number of Hours &amp; Approved Documentation</th>
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<tbody>
<tr>
<td>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)</td>
<td>Attendee: 1 Hour of Professional Development per hour of attendance&lt;br&gt;Presenter: 1 Hour of Professional Development for the time to present each unique presentation&lt;br&gt;Note: does not include preparation / writing</td>
</tr>
<tr>
<td>Attend/present at conferences, workshops, or webinars on topics supporting your role in the SPH program, but not specific to SPH</td>
<td>Attendee: 1 Hour of Professional Development per hour of attendance&lt;br&gt;Presenter: 1 Hour of Professional Development per length of time for each unique presentation</td>
</tr>
<tr>
<td></td>
<td>Unlimited</td>
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Learning sponsored by other organizations (not employer)

- 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.
- 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.
### Certification Requirements - Definitions

#### Professional Development (PD) Categories

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<th>Category</th>
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<tbody>
<tr>
<td>Attend or provide Safe Patient Handling equipment or education in-service presentations</td>
<td>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</td>
</tr>
<tr>
<td>Complete &amp; Pass courses/classes at accredited schools of higher learning</td>
<td>1 Hour of Professional Development for each credit given for the course 9 for CSPHA 9 for CSPHC 9 for CSPHP</td>
</tr>
<tr>
<td>Self-directed learning. Read articles, chapters, or books. View videos. Topics must be specific to SPH.</td>
<td>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</td>
</tr>
</tbody>
</table>
Certification Requirements - Definitions

### Professional Development (PD) Categories

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</table>
| 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). | 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 | 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 | 2 Hours per year; for a total 6 Hours per renewal cycle  
Certificate issued by Certification Committee Chair. |
Completing Your Application

SAMPLE: “CSPHC” Application

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

Sample Applicant:
Current Physical Therapy license
- Copy of license attached to application

6-years experience as PT
- Documented on Resume

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: In-Patient PT Lead
   Total Number of Years: 6  Dates: Jan 2011 to Dec. 2017
   Employer: Insert Employer Name  Address: (City & State): Insert Employer’s 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
[ ] 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

Sample Applicant has been SPHM Committee chair for 2.5 years, along with other program responsibilities - Documented in Letter of Recommendation from manager (or copy of Job Description)

1) These are the responsibilities I perform for my organization’s SPHM program:
   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
2) Estimated Time involved in SPHM: 50% or greater

Documentation attached:
- Copy of Job Description from employer
- 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 or Senior Leader in Your Organization

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 ☐ 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

3 unique letters from different authors are submitted

1) Sample Applicant has no working relationship with a CSPHP
   - Has submitted Letter from a Senior Leader, as approved alternative

2) & 3): Other two letters
   - Direct supervisor
   - Clinical-unit manager
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:**

<p>| |</p>
<table>
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</thead>
</table>

Please check one:

- [ ] Independent product
- [ ] Collaborative product

**Documentation attached:**

- [ ] Copy of work product
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:

“State Univ. Health Center: SPHM Policy;” I wrote my hospital’s SPHM policy, which was then reviewed and approved by Clinical and Quality councils.

Please check one:

- Independent product
- Collaborative product

Documentation attached:

- Copy of work product

Sample Applicant is the sole author of hospital SPHM Policy
- Title & Description of work evidence
- Policy attached to application
  * Ensure that the Title of policy pdf matches the Title inserted in this section of application

Title of policy pdf, that is attached to the application:

“State Univ. Health Center: SPHM Policy;”
<table>
<thead>
<tr>
<th>Activity: Conference, Course, Seminar, Webinar, In-Service, Other</th>
<th>Organization Offering Course</th>
<th>Date(s) Course Completed MM/YYYY</th>
<th># of Professional Development Hours</th>
<th>Type of Documentation Provided</th>
<th>Name on Document /pdf</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Repeat for other 6 webinars attended, on separate lines, with sponsor, title, date of each (ensure that the title is the same title you have given to the pdf of the certificate, attached to application)</em></td>
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</tr>
<tr>
<td>Seminar: High-Reliability</td>
<td>Hospital Assoc., State of XXXX</td>
<td>July 2016</td>
<td>3</td>
<td>Certificate plus Agenda plus one-paragraph explanation of relevance to SPHM role</td>
<td>“High-Reliability Journey for State of XXX Hospitals”</td>
</tr>
</tbody>
</table>

**TOTAL**

**Correctly completed application section**
Certification Process

Application & Fee Received
- ASPHP office received payment and portfolio of documents

Portfolio sent to Reviewer(s)
- Turn-around is 4-6 weeks

Applicant Notification
- Portfolio accepted or
- Additional Information requested (RAI)

CSPHA Approval
- Approval letter, certificate & maintenance information mailed
Certification Process

Clinician & Professional Portfolio Acceptance & Examination

- Examination information sent
- Applicant completes examination
- Opportunity for re-take if not successful the first time

CSPHC & CSPHP Passes Examination

- Approval letter, certificate & maintenance information mailed

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
“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.”

National Commission for Certifying Agencies (NCCA)
Q&A

Thank you!

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