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

http://www.asphp.org/wp-content/uploads/2011/05/Core-Competences-Required-of-a-Safe-Patient-Handling-Professional1.pdf

Certification Levels

Certification	Scope	Anticipated Capabilities
Associate *CSPHA*	A specialist in SPHM, who can support training, education and mentorship of SPHM applications, in order to assist organizational leadership in sustainable SPHM programming.	Successfully use and instruct others in the correct use of SPHM protocols and equipment, within the assigned healthcare environment.
Clinician *CSPHC*	**A licensed healthcare professional who can establish protocols and supervise the direct application of SPHM techniques in all clinical settings.**	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.
Professional *CSPHP*	An expert in SPHM who can initiate & administer a comprehensive program at any health care organization.	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.

Certification Requirements

Requirement	CSPHA	CSPHC	CSPHP
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

Requirement	Definition
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.

Certification Requirements - Definitions

Requirement	Definition
Professional Development Hours **NOTE**: must be earned within the past two or three years from application date* **NOTE**: They do not include normal "work duties" (committee work/attendance, SPHM audits of units or equipment rounds.) * Two-years: CSPHA & CSPHC Three-years: CSPHP	**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. **Eight approved categories** for earning Professional Development credits. Examples include: - Attending or presenting at SPHM or closely-related conferences, workshops, webinars - Independent-study - Teaching at SPHM in-service/competency training sessions - Writing journal articles - Participating in ASPHP committees - Pursuing other activities that advance SPHM or closely related healthcare disciplines http://www.asphp.org/wp-content/uploads/2017/07/Professional-Development-Categories-and-Permitted-Jul-2017.pdf

Certification Requirements - Definitions

Requirement	Definition
Required Evidence	**Work product that provides evidence of competence in the area of SPHM.** May include reports, assessments, publications, policies & 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)
Examination	**CSPHC and CSPHP only: Passing score on a written examination.** Examination topics focus on the nine Core Competencies. Fundamental SPHM publications from VA, ANA, journals and FGI PHAMA "SPHM White Paper" are several of the primary references. These are listed on the ASPHP webpage, along with other references: http://www.asphp.org/wp-content/uploads/2017/10/Certification-Examination-Preparation-Oct-2017.pdf A sample examination is on-line: http://www.asphp.org/wp-content/uploads/2011/05/ASPHP-Certification-Practice-Exam_FINAL-Format.pdf

Certification Requirements - Definitions

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

Learning sponsored by other organizations (not employer)

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.

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Certification Requirements - Definitions

<table>
<tr>
<td colspan="4" align="center">Professional Development (PD) Categories
Permitted Number of Hours & Approved Documentation</td>
</tr>
<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).</td>
<td>9 for CSPHA
9 for CSPHC
9 for CSPHP</td>
<td>Attendance Sheet with your name listed as an Instructor, the date, SPH equipment or education topic and the duration of the training.</td>
</tr>
<tr>
<td><i>Complete & Pass</i> courses/classes at accredited schools of higher learning</td>
<td>1 Hour of Professional Development for each credit given for the course</td>
<td>9 for CSPHA
9 for CSPHC
9 for CSPHP</td>
<td>Transcript indicating date of course, satisfactory completion, title of course and credits received.
<i>(An "Unofficial" transcript is acceptable).</i></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</td>
<td>3 for CSPHA
6 for CSPHC
9 for CSPHP</td>
<td>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.</td>
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Employer-provided learning

Certification Requirements - Definitions

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

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.

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

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: Physical Therapist   Expiration: 2019

❌ Documentation attached (Copy of Current License)

2. Clinical Experience:

Job Title: In-Patient PT Lead

Total Number of Years: 6   Dates: Mo/Yr: Jan 2011 to Mo/Yr: 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.

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

6-years experience as PT
- Documented on Resume

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

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- **2.5** Dates: Mo/Yr. **Jul 2015** to Mo/Yr: **Dec 2017**

2) SPHM-Specific Responsibilities:

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

2) Estimate of time dedicated to SPHM-specific tasks

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

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.

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)

The Association of Safe Patient Handling Professionals

Certified Safe Patient Handling Professionals

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 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:

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Completing Your Application
"C" Clinician Application as example

3. LETTERS OF RECOMMENDATION

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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: _____

Fill-in required information

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: _____

Fill-in required information

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: **Fill-in required information**

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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

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.

Title and
Description of SPHM work product:

_____

_____

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.

**Title and
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

Title of policy pdf, that is attached to the application:
"State Univ. Health Center: SPHM Policy;"

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

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5. PROFESSIONAL DEVELOPMENT

REQUIREMENT: 16 Professional Development hours acquired during the last two years related to your SPHM responsibilities.
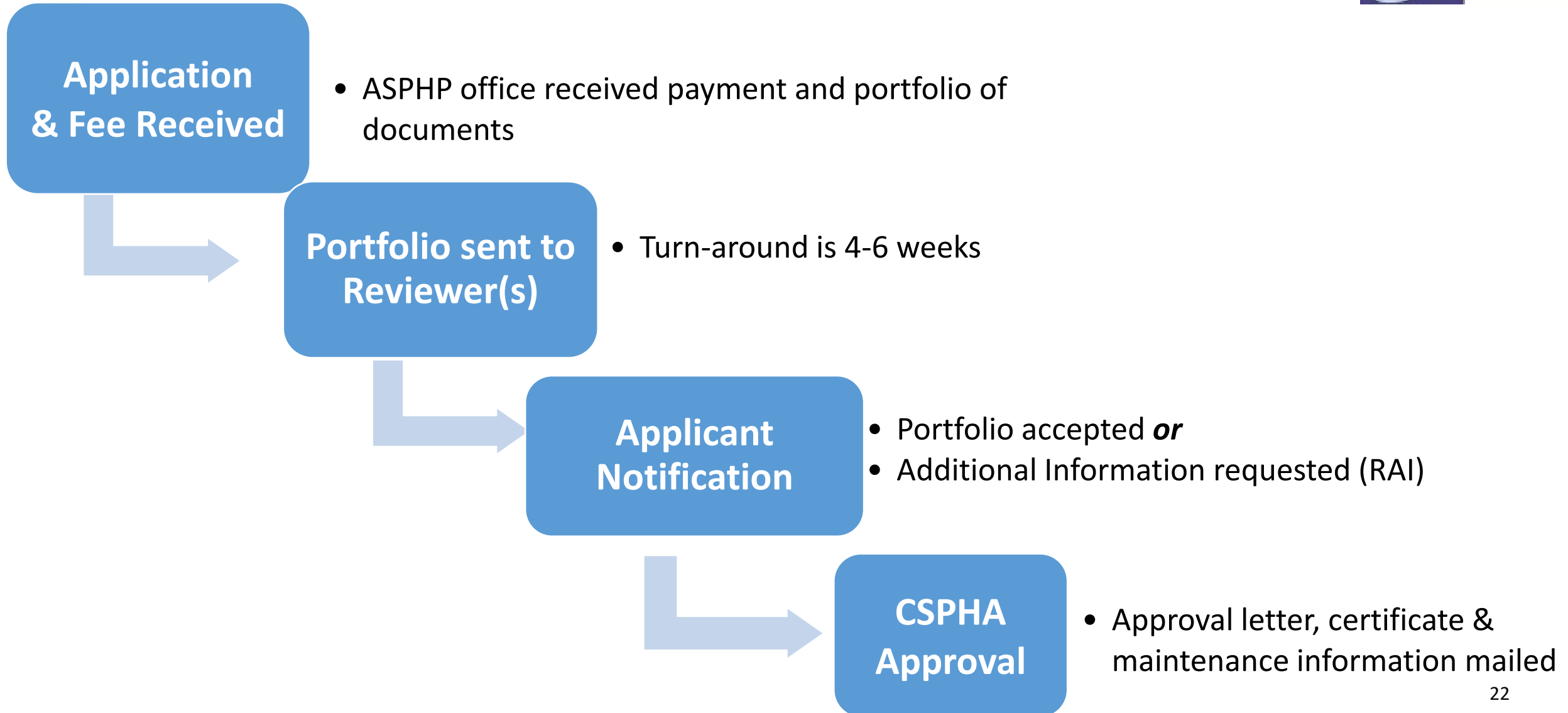
	Hours	Approved per Certification Guidelines
Conduct 12 committee meetings per year, past 2.5 years	1x30 = 30 Hours	**Not approved** Prof. Devel., (*but* approved SPHM-Specific Experience; 2.5 years)
Conduct SPHM Audits, 2 per month for past 2 years	2x24 = 48 Hours	**Not approved** Prof. Devel., (*but* approved SPHM- Specific Experience; 2.0 years)
Competency Training, 3 sessions, 8-hours each, in 2017 & 2016	24+24 = 48 Hours	**Approved** Prof. Devel., (one unique session per year is permitted, 9-hours maximum per application.) **Credit** for 9 hours (8+8=16, **but** 9 is max. permitted)
Attend SPHM webinars from ASPHP and ANA: 4 in 2017, 3 in 2016	7 Hours	**Approved** Prof. Devel., permitted unlimited hours; **Credit** for 7 hours
Attend training by state Hospital Association on principles of employee safety and high-reliability, 2016	3 Hours	**Approved** Prof. Devel., directly related to SPHM; Need to submit one-paragraph description along with other required documentation; **Credit** for 3 hours

Correctly completed application section

	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	Name on Document /pdf
1.	Taught SPHM In-Services	State Univ. Health Center	Jan. 2016, Jan. 2017	9 (8+1)	Attendance sheets & Agenda	"New Employee Orientation 2016, 2017"
2.	Webinar: "SPHM Auditing"	ASPHP	Feb. 2016	1	Certificate	"SPHM Auditing"
3.	*Repeat for other 6 webinars attended, on separate lines, with sponsor, title, date of each			6		
4.	(ensure that the title is the same title you have given to the pdf of the certificate, attached to application)*					
5.	Seminar: High-Reliability	Hospital Assoc., State of XXXX	July 2016	3	Certificate plus Agenda plus one-paragraph explanation of relevance to SPHM role	"High-Reliability Journey for State of XXX Hospitals"
	TOTAL			19		

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/