



Certified  
Safe Patient  
Handling  
Professionals

# CSPHA Application



Please complete this form, provide supporting documentation, and  
**EMAIL TO** [info@asphp.org](mailto:info@asphp.org)  
**SUBJECT LINE:** CSPHA APPLICATION PACKAGE.

*Download the form to complete. Applicant needs to complete this form electronically. Hand-written applications will not be accepted. Be sure to add N/A (not applicable) to sections that are not relevant.*

*See payment information on page 7.*

The ASPHP Certification Group has established nine core competencies; identified as subject areas beneficial for those leading and supporting SPHM programs.

While an Associate applicant is not 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, recommendations, professional development and resume. We encourage applicants for Associate certification to ensure that their submission materials include evidence in the competencies applicable to the scope of Associate certification.

In addition, these nine skill sets are what we encourage certificants to continue to build through future professional development/continuing education.

## 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.

## CSPHA Application Checklist

PLEASE USE THIS CHECKLIST TO ASSURE THAT YOU HAVE INCLUDED THE REQUIRED DOCUMENTATION AND PAYMENT WITH YOUR APPLICATION.

### The following documents are to be submitted:

Current certification application must be used—please check website

Membership application (if desired/optional)

Proof of education

- College/university transcript (unofficial is acceptable) OR
- Copy of diploma

Proof of related work experience

- Resume or employer job description

Proof of SPHM-related work experience

- Resume or employer job description

Letters of recommendation

- All letters must be dated within one-year of the application date and include the author's signature, contact information (name, employer, title, telephone and email) and preferably be submitted on letterhead.

Professional development hours and appropriate verification documentation (e.g. Certificate of Attendance, Attendance Roster)—please refer to the chart on the last page of the application

### *Please note:*

- ✓ Only completed applications with all required documentation in the forms identified above will be accepted for review.
- ✓ If an application is not completed according to instructions, it will be returned for corrections.
- ✓ All information must come directly from the applicant at one time; no third-party submissions will be accepted.
- ✓ **All fees are non-refundable.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Current Employer & Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

*(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: \_\_\_\_\_

**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 lists the acceptable forms of documentation for each item below and a full description of the requirements.

## 1. RELATED EXPERIENCE and/or EDUCATION<sup>1,2</sup>

**Requirement: 3-years of related experience, or 3-years of post-secondary education, or a combination of the two, totaling 3-years.**

Check the box that most closely matches your related experience.

Next, insert job description &/or education information in the corresponding section below.

**3-years of related experience**

**3-years of post-secondary education**

**3-year combination of related experience and education**

<sup>1</sup> This requirement may be met with either education or related experience totaling 3 years, or, a combination of the two may total 3 years.

<sup>2</sup> The time periods do not need to be consecutive.

**3-Years of Related Experience \***

**Employer & Address:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment Mo/Yr. \_\_\_\_\_ To: Mo/Yr \_\_\_\_\_

Total Number of Years: \_\_\_\_\_

Primary Job Duties: \_\_\_\_\_

\_\_\_\_\_

Type of Documentation Provided:

*Two documentation options: Resume or Employer Job Description*

*\*If necessary add additional employer information on page 7.*

**3-Years of Post-Secondary Education \***

**Institution, City, State:** \_\_\_\_\_

Subject Area: \_\_\_\_\_

Dates Attended Mo/Yr. \_\_\_\_\_ To: Mo/Yr \_\_\_\_\_

Total Number of Years: \_\_\_\_\_ Degree Obtained: \_\_\_\_\_

Type of Documentation Provided: *Copy of Diploma or Transcript (unofficial is acceptable)*

*\*If necessary add additional education information on page 7.*

**3-Years combination of Post-Secondary Education and Related Experience**

**Employer & Address:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment Mo/Yr. \_\_\_\_\_ To: Mo/Yr \_\_\_\_\_

Total Number of Years: \_\_\_\_\_

Primary Job Duties: \_\_\_\_\_

\_\_\_\_\_

Type of Documentation Provided:

*Two documentation options: Resume or Employer Job Description*

**Institution, City, State:** \_\_\_\_\_

Subject Area: \_\_\_\_\_

Dates Attended Mo/Yr. \_\_\_\_\_ To: Mo/Yr \_\_\_\_\_

Total Number of Years: \_\_\_\_\_ Degree Obtained: \_\_\_\_\_

Type of Documentation Provided: *Copy of Diploma or Transcript (unofficial is acceptable)*

*\* If necessary add additional employer and education information on page 7.*

## 2. SAFE PATIENT HANDLING & MOBILITY – SPECIFIC WORK EXPERIENCE

**Requirement: 1-Year of Safe Patient Handling & Mobility-Specific Work Experience, in an organization with a SPHM program where your duties include responsibilities associated with that program \***

*\*If the related experience you listed in Requirement 1 includes SPHM specific duties, then that experience may be credited towards both Requirement 1 and Requirement 2.*

**Please check here if your requirement 1 experience meets requirement 2.**

*\* Do not to fill in the section below if you have checked the box above*

Employer & Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment Mo/Yr. \_\_\_\_\_ To: Mo/Yr \_\_\_\_\_

Total Number of Years: \_\_\_\_\_

Description of the Safe Patient Handling & Mobility Activities and Job Duties Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Documentation Provided: \_\_\_\_\_

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

## 3. LETTERS OF RECOMMENDATION \*

Check One Box and insert information about author(s) in appropriate space below.

Attach letters with application.

**Letter written by a CSPHP (Certified Safe Patient Handling Professional). (Only one letter required)**

**Letters are not written by a CSPHP. (Two letters are required)**

*\* NOTE: Letters must describe your SPHM activities, competencies and skills. Letters lacking details will be returned for resubmittal.*

**Letter Number 1:**

**Name of Writer, Credentials, Employer and Job Title:** \_\_\_\_\_

\_\_\_\_\_

Relationship to Applicant: (select one) mentor colleague manager client/customer supervisor

Length of Time has Known Applicant in SPHM Role: \_\_\_\_\_ years \_\_\_\_\_ months

**Letter Number 2 (if required):**

**Name of Writer, Credentials, Employer and Job Title:** \_\_\_\_\_

\_\_\_\_\_

Relationship to Applicant: (select one) mentor colleague manager client/customer supervisor

Length of Time has Known Applicant in SPHM Role: \_\_\_\_\_ years \_\_\_\_\_ months

## 4. PROFESSIONAL DEVELOPMENT

**REQUIREMENT: (10) SPHM related Professional Development/Continuing Education hours during the last two years.**

**NOTE:** Effective Jan. 1, 2019, there will be a reduction in the maximum number of PD hours permissible in the PD category: **Attend/Provide SPHM Equipment In-Services or Educational Presentations**. Applicants will be limited to a maximum of 3 hours per year for this category of PD.

**NOTE:** For the definition of Professional Development/Continuing Education hours and the multiple ways to earn them, please refer to the chart on the last page of the application.

**NOTE:** Documentation for Professional Development/Continuing Education:

- ✓ All letters must be signed by the author and submitted preferably on letterhead
- ✓ All other documentation must include
  - Date
  - Time Frame
  - Organization
  - Topic or Equipment Covered
  - Your Name
- ✓ Agendas will not be accepted
- ✓ Please do not provide training content or Power Points
- ✓ Work-related activities other than providing SPH training, education and competency will not be accepted.

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

**NOTE:** Failure to adhere to the Professional Development hour guidelines will result in your application being returned for resubmittal.

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.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
<b>TOTAL</b>					

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

## ADDITIONAL INFORMATION:

Item\_\_\_\_:

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Item\_\_\_\_:

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*By submitting this application, I certify that I have read all of the instructions as outlined by the ASPHP's Certification and Renewal Committee and have completed this application in its entirety according to the stipulated guidelines. I further acknowledge that all information contained herein is accurate to the best of my knowledge.*

\_\_\_\_\_  
*Applicant's Initials*

\_\_\_\_\_  
*Date*

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

### ATTENTION: CLINICIAN & PROFESSIONAL LEVEL APPLICANTS/CERTIFICANTS

Beginning January 1, 2019, at least 25% of the total number of PD hours required across all categories must be acquired from external sources (not affiliated with your employer).

- CSPHCs – 4 PD hours externally at time of application/6 PD hours externally at time of renewal
- CSPHPs – 9 PD hours externally at time of application and renewal

Examples of external sources include local, regional or national SPHM conferences, or SPHM education provided by clinical and professional groups.

Activity	Hours of Professional Development (PD Hours)	Maximum Hours for Each Activity During Initial Application <u>and</u> Each Subsequent 3-Year Renewal Cycle	Documentation Required (Note: Only the documentation types listed below will be accepted)
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 (Nine Core Competencies)—see website for a copy of this skill list.	<i>Attendee:</i> 1 Hour of Professional Development per hour of attendance  <i>Presenter:</i> 1 Hour of Professional Development per length of time for each unique presentation (Note: This does not include preparation/writing.)	Unlimited	<i>Attendee:</i> Certificate of Attendance issued by the sponsoring organization with the attendee name, the date, topic and number of hours clearly listed.  <i>Presenter:</i> Certificate, signed letter or official agenda from the sponsoring organization clearly documenting your name, presentation topic, the date and number of hours (or start/end time).
Attend/present at conferences, workshops or webinars on topics supporting your role in the SPH program, but not specific to SPHM.	<i>Attendee:</i> 1 Hour of Professional Development per hour of attendance  <i>Presenter:</i> 1 Hour of Professional Development per length of time for each unique presentation (Note: This does not include preparation/writing.)	Unlimited	Documentation as listed above for Attendee or Presenter <u>and</u> Provide 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 & Mobility equipment in-services or educational presentations.	1 Hour of Professional Development for each unique hour of equipment in-service content per year (For example: Attending <u>or</u> providing the same 1-hour class 16 times counts as only 1 Hour, not 16.)	3 for CSPHA 9 for CSPHC 9 for CSPHP	Attendance Sheet with your name listed as an Instructor, the date, SPHM equipment or education topic and the duration of the training.
Complete and pass courses 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 number of credits received. (An "Unofficial" transcript is acceptable)
Self-directed learning: Read articles, chapters, or books; view videos. Topics must be specific to SPHM.	1 Hour of Professional Development per hour of self-directed learning (Note: Time spent writing the summary and review do not count towards the PD hours)	3 for CSPHA 6 for CSPHC 9 for CSPHP	Submit an affidavit of the hours spent on self-directed learning. <u>and</u> Write a summary and critical review of the material for the ASPHP website. These reviews should be <i>at least</i> 350 words for each article/chapter/book or video.
Complete a Certificate Program or an Online Education course (SPHM and SPHM-related topics).	1 Hour of Professional Development per hour of attendance	3 for CSPHA 6 for CSPHC 9 for CSPHP	Certificate of Attendance or Transcript issued by the sponsoring organization with attendee name, the date, course title/topic and number of hours clearly listed.
Publish a book chapter or an article, or have an article accepted for publication specifically relating to Safe Patient Handling & Mobility. (Note: Work-related publications are not included in this category).	1 Hour of Professional Development per book chapter or article (published or accepted for publication) in a non-peer reviewed publication  2 Hours of Professional Development per article published in a peer-reviewed journal	3 for CSPHA 6 for CSPHC 9 for CSPHP	Copy of book chapter or article (published or accepted for publication). <i>Must exceed 1000 words.</i> 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 of 6 Hours per renewal cycle	Certificate issued by Committee Chair.