



CSPHC Application



Please complete this form, provide supporting documentation, and
EMAIL TO info@asphp.org
SUBJECT LINE: CSPHC 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 8.

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

NINE CORE COMPETENCIES: Skill Areas

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

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

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

Training Deployment - Demonstrated by development and delivery of training

Clinical Knowledge & Experience - Demonstrated through clinical job duties

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

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

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

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

CSPHC 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)

Clinical licensure and clinical experience

- Copy of current clinical license **AND**
- Resume

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.

Evidence of competence

- SPHM work product
- Independent **OR** collaborative

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

1. CLINICAL LICENSURE and CLINICAL EXPERIENCE*

Requirements:

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

Please attach a copy of your current clinical license and resume to the application packet.

1. Current Clinical License:

Type: _____ Expiration: _____

Copy of current clinical license

2. Clinical Experience:

Total Number of Years of Clinical Experience: _____

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

Job Title: _____ Dates: Mo/Yr: _____ to Mo/Yr: _____

Resume

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

2. SAFE PATIENT HANDLING & MOBILITY WORK EXPERIENCE*

Requirements:

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

1. Time with SPHM-specific responsibilities:

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

2) SPHM-Specific Responsibilities:

- 1) Detailed description of your SPHM activities, role, job duties *and*
- 2) Estimate of time dedicated to SPHM-specific tasks



Documentation attached:

Copy of Job Description from employer

or

Letter from Supervisor *

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

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

3. LETTERS OF RECOMMENDATION

REQUIREMENTS: Three (3) letters are required. Letters must describe 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. *However, if the applicant does not know a CSPHP, this requirement can be fulfilled by obtaining a letter from a senior leader within his/her organization. He/she must be familiar with the applicant's work in SPHM and should attest to their 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: _____

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

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

Years: _____ Months: _____

4. EVIDENCE OF COMPETENCE

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

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

IMPORTANT NOTES:

- 1) Work product may be an SPHM report, assessment, publication, policy & procedure, or training materials you authored or co-authored.*
- 2) Work product may be a product composed entirely by you or in collaboration with others in your organization.*
- 3) Vendor documents are not acceptable.*

Title and Description of SPHM work product:

Please check one:

Independent product

Collaborative product



Documentation attached:

Copy of work product _____
File name of work product

5. PROFESSIONAL DEVELOPMENT

REQUIREMENT: (16) SPHM related Professional Development/Continuing Education hours during the last two years.

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. | | | | | |
| TOTAL | | | | | |

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 ____:

Item ____:

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. |