CSPHC Application

C

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.

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CSPHC Application Checklist

The following documents are to be submitted:

Photo ID (i.e. Driver's License, State Issued ID)

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.**

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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

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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.

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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 a 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: _____

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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

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5. PROFESSIONAL DEVELOPMENT

REQUIREMENT: (16) SPHM-related Professional Development Hours (PDH) during the last <u>two</u> years.

NOTE: For the multiple ways to earn Professional Development Hours (PDH), <u>please refer to the last few pages of the application.</u>

NOTE: Verification documentation must adhere to the guidelines stated in the Professional Development Activities Chart. Failure to follow these guidelines will result in your application being returned for resubmittal.

✓ All letters <u>must</u> be signed by the author.

✓ Agendas will <u>not</u> be accepted.

✓ Work-related activities (other than providing training, education and competency) will <u>not</u> be accepted.

✓ Please do <u>not</u> submit PowerPoints or training content.

Instructions by Column:

A. This number can be found on the Professional Development Activities Chart (far left-hand column).

B. Briefly describe your activity. List your activities in chronological order.

C. Record the date(s) that you were involved in the activity.

D. Indicate the number of Professional Development Hours (PDH) for this activity.

E. List the specific documents you are sending in that verify completion of the activity. Refer to the Professional Development Activities Chart for what verification documentation is required.

F. What is the name of the electronic DOC/PDF file you are sending to us?

(A) ID #	(B) DESCRIPTION ACTIVITY	(C) DATE (MM/YY)	(D) PDH VALUE	(E) TYPE OF DOC	(F) NAME OF DOC/PDF
		TOTAL:			

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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*

* FAILURE TO PROVIDE YOUR PHOTO ID ALONG WITH YOUR APPLICATION SUBMISSION WILL RESULT IN AN AUTOMATIC REJECTION. PLEASE NOTE, AT THE COMMENCEMENT OF THE EXAM, CANDIDATES WILL BE EXPECTED TO PROVIDE PROOF OF THEIR PHOTO ID VIA WEBCAM, WHICH MUST MATCH WHAT WAS SUBMITTED IN OUR FILES*

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

*A Note to All Clinician and Professional Applicants/Certificants:

At least 25% of the total number of PD hours required 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

ID #	Activity	PDH Value (PDH = Professional Development Hour)	Max PDH per Initial Application and 3-Year Cycle	Verification Documentation
CONFERENCES/COURSES				
1	Attend professional conferences, workshops, seminars or webinars specific to Safe Patient Handling. Topics may be specific to any of the elements listed among the Nine Core Competencies; please refer to the *Certification Handbook* for more information.	1 Hour = 1 PDH	Unlimited	A signed letter or certificate of attendance issued by the sponsoring organization verifying dates, event title, attendee name, and contact hours/CEUs. **Please Note: Sign-in sheets will not be accepted as sole proof of attendance.*
2	Attend professional conferences, workshops, seminars or webinars on topics supporting your role in the SPHM program.	1 Hour = 1 PDH	Unlimited	Write a one paragraph explanation explaining how you used this information to benefit the SPHM program at your facility. **AND** A signed letter or certificate of attendance issued by the sponsoring organization verifying dates, event title, attendee name, and contact hours/CEUs. **Please Note: Sign-in sheets will not be accepted as sole proof of attendance.*
3	Attend Safe Patient Handling and Mobility equipment in-services. **Please Note: The same in-service may be claimed **only once** for PDH.*	1 Hour = 1 PDH	3 for CSPHA 9 for CSPHC* 9 for CSPHP*	A signed letter or certificate of attendance issued by the sponsoring organization/employer verifying dates, event title, attendee name, and duration of in-service (start/end time). **Please Note: Sign-in sheets will not be accepted as sole proof of attendance.*
4	Attend employer-provided workplace continuing education. Topic must be relatable to SPHM. **Please Note: The same in-service may be claimed **only once** for PDH.*	1 Hour = 1 PDH	3 for CSPHA 9 for CSPHC* 9 for CSPHP*	A signed letter or certificate of attendance issued by the employer verifying dates, event title, attendee name, and contact hours/CEUs. **Please Note: Sign-in sheets will not be accepted as sole proof of attendance.*
5	Successfully complete education (e.g. certificate programs, online courses, workshops) with an assessment component at the end of the program (e.g. scored test, paper, project). Topics must be specific to SPHM or SPHM-related. Examples of providers include: AOTA, APTA, ANA, AMA, and IACET-authorized providers.	1 Hour = 1 PDH	3 for CSPHA 6 for CSPHC 9 for CSPHP	A signed letter or certificate of attendance issued by the education provider verifying dates, event title, attendee name, and the successful completion of the program.

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ID #	Activity	PDH Value (PDH = Professional Development Hour)	Max PDH per Initial Application and 3-Year Cycle	Verification Documentation
6	Successfully complete and pass academic coursework at accredited schools of higher learning. Course must be relatable to SPHM.	1 Credit = 1 PDH	9 for CSPHA 9 for CSPHC 9 for CSPHP	A transcript indicating date of course, satisfactory completion, title of course and number of credits received. *Please Note: We will accept an unofficial transcript if you are unable to obtain an official transcript with a registrar's seal.*

INDEPENDENT LEARNING

ID #	Activity	PDH Value	Max PDH	Verification Documentation
7	Read a peer-reviewed, practice-related professional journal article and/or textbook chapter, and write a report describing the implications for improving skills in one's specific role. Topics may be specific to any of the elements listed among the Nine Core Competencies; please refer to the *Certification Handbook* for more information.	2 articles or 2 chapters = 1 PDH	3 for CSPHA 6 for CSPHC 9 for CSPHP	Submit an affidavit of the hours spent on independent learning. **AND** Write an annotated bibliography and a report with analysis of how the article(s)/textbook have assisted with improving skills in one's role. The *Self-Directed Learning Form* is available at www.asphp.org/certification.

PRESENTING

ID #	Activity	PDH Value	Max PDH	Verification Documentation
8	Serve as the primary or co-presenter at professional conferences (state, national or international), workshops, seminars or webinars specific to Safe Patient Handling. Topics may be specific to any of the elements listed among the Nine Core Competencies; refer to the *Certification Handbook* for more info. *Please Note: The same presentation may be claimed **only once** for PDH.*	1 Hour = 1 PDH	Unlimited	A signed letter or official program listing from the sponsoring organization verifying dates, presentation title, your name as the presenter, and length of your presentation (start/end time).
9	Serve as the primary or co-presenter at professional conferences (state, national or international), workshops, seminars or webinars on topics regarding your facility's SPHM program. *Please Note: The same presentation may be claimed **only once** for PDH.*	1 Hour = 1 PDH	Unlimited	Write a one paragraph explanation on how your facility benefitted from an SPHM program. **AND** A signed letter or official program listing from the sponsoring organization verifying dates, presentation title, your name as the presenter, and length of your presentation.
10	Present at Safe Patient Handling and Mobility equipment in-services. *Please Note: The same presentation may be claimed **only once** for PDH.*	1 Hour = 1 PDH	3 for CSPHA 9 for CSPHC* 9 for CSPHP*	A signed letter issued by the sponsoring organization/employer verifying you as a presenter, dates, event title and duration of in-service (start/end time). *Please Note: Sign-in sheets will not be accepted as sole proof of attendance.*
11	Serve as the primary or co-presenter of a poster presentation at professional conferences (state, national or international), workshops or seminars. Topic must be relatable to SPHM. *Please Note: The same presentation may be claimed **only once** for PDH.*	1 Poster = 1 PDH	Unlimited	A signed letter or official program listing from the sponsoring organization verifying dates, presentation title, your name as the presenter, and length of your presentation (start/end time).

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ID #	Activity	PDH Value (PDH = Professional Development Hour)	Max PDH per Initial Application and 3-Year Cycle	Verification Documentation
12	Serve as the primary or co-presenter for a local organization/group/association on a SPHM practice-related area. *Please Note: The same presentation may be claimed only once for PDH.*	1 Hour = 1 PDH	Unlimited	A signed letter or official program listing from the sponsoring organization verifying dates, presentation title, your name as the presenter, and length of your presentation (start/end time).

PROFESSIONAL SERVICE

ID #	Activity	PDH Value	Max PDH	Verification Documentation
13	Peer review of an SPHM practice-related research article or textbook.	1 Article = 1 PDH	Unlimited	A signed letter from the publishing organization verifying your role as a *Peer Reviewer*.
14	Write and submit an exam question that is accepted by the ASPHP's Examination Committee. *Please Note: Only questions that are accepted and approved will receive credit.*	1 Question = 1 PDH	3 for CSPHA 6 for CSPHC 6 for CSPHP	Acknowledgement letter issued by the ASPHP's Examination Committee Chair and recorded by the ASPHP.
15	Serve as an active ASPHP committee member and participate in committee work.	1 Committee = 1 PDH	2 per year/6 per renewal cycle	Certificate issued by the ASPHP's committee Chair.

PUBLISHING

ID #	Activity	PDH Value	Max PDH	Verification Documentation
16	Primary or co-author of an SPHM practice-related article in a professional peer-reviewed publication.	1 Article = 2 PDH	3 for CSPHA 6 for CSPHC 9 for CSPHP	Copy of published article or letter from Editor. *Must exceed 1000 words.* If there are more than 2 authors listed for the article, include an affidavit attesting to your contribution. *Please Note: If your article was accepted for publication, but has not yet published, please provide a copy of the letter.*
17	Primary or co-author of an SPHM practice-related article in a professional non-peer-reviewed publication.	1 Article = 1 PDH	3 for CSPHA 6 for CSPHC 9 for CSPHP	Copy of published article or letter from Editor. *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. *Please Note: If your article was accepted for publication, but has not yet published, please provide a copy of the letter*
18	Primary or co-author of a chapter in an SPHM practice-related professional textbook.	1 Chapter = 1 PDH	3 for CSPHA 6 for CSPHC 9 for CSPHP	Copy of published chapter or letter from Editor. *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. *Please Note: If your article was accepted for publication, but has not yet published, please provide a copy of the letter.*

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