



**CHPLN<sup>®</sup> HOSPICE AND PALLIATIVE  
ACCRUAL for RECERTIFICATION  
(CHPLN<sup>®</sup> HPAR) PACKET**

**Certified Hospice and Palliative Licensed Nurse  
CHPLN<sup>®</sup>**

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For questions, please contact the national office at 412-787-1057  
or via e-mail [hpcc@goHPCC.org](mailto:hpcc@goHPCC.org).

# Certified Hospice and Palliative Licensed Nurse Hospice and Palliative Accrual for Recertification (CHPLN® HPAR)

## Requirements:

**I. Practice Hours:** 500 practice hours in hospice/palliative care during the most recent 12 months or 1,000 practice hours in hospice/palliative care during the most recent 24 months prior to submission of application.

## **II. Professional Development Activities**

Activity	Points
<b>A. Continuing Education</b>	<b>HPAR Max. Limit</b>
Continuing Education: Nursing/Medical/Other healthcare disciplines (live or self-study) (All programs must be accredited.) 60 minutes = 1 Contact Hour = 1 HPAR point 30 minutes = 0.5 Contact Hour = 0.5 HPAR point	None

You may choose to submit at least 10 points in the categories of *Scholarly Accomplishments* and/or *Professional Contributions* **OR** you must submit 20 additional points of *Continuing Education*. ***If submitting only Continuing Education points, you must earn 95 HPAR points during your reporting period.***

B. Scholarly Accomplishments	HPAR Max. Limit
1. Academic education 1 academic semester credit = 15 HPAR points	30
2. Professional presentations 1 point awarded for every 10 minutes starting with 20 minutes	15
3. Professional publications (Detailed listing of type and points in packet)	55

C. Professional Contributions	HPAR Max. Limit
1. Precepting healthcare professional students enrolled in an academic program 25 hours = 5 HPAR points	5
2. Orienting Staff 40 hours = 5 HPAR points	5
3. Volunteer service in healthcare-related organizations 1 year of service = 5 HPAR points	5

All activities must relate to the CHPLN® Detailed Content Outline

Visit [www.goHPCC.org](http://www.goHPCC.org) for more information.

## I. Practice Hours and Licensure

- Hold a current, unrestricted practical/vocational nurse license in the United States or its territories
- Work as a licensed practical/vocational nurse in the specialty of hospice/palliative care for at least 500 hours in the most recent 12 months or 1000 hours during the most recent 24 months prior to application.

## II. Professional Development Activities

1. Points may be accrued throughout your certification cycle that is from your exam date through certification expiration date. Beginning with 2015 initial and renewal certification cycles are based on anniversary date.
2. Each candidate must earn a total of 75 points during the accrual period of four years. Points are accrued by completing activities in the categories of professional development specified by HPCC. **If you choose to submit points only by completion of Continuing Education, the minimum needed to meet recertification requirements is 95 HPAR points All points must be earned through activities that provide content specific to or with direct application to hospice and palliative care and must relate to the CHPLN® detailed content outline.**
3. Candidates are not required to submit points in every category; however, some professional development activities have a maximum number of HPAR points that can be awarded.

### CHPLN HPAR Point Requirement Summary

* Scholarly Accomplishments and Professional Contributions Points		Continuing Education Points		Total Points
Minimum 10	+	Minimum 65	=	75
0 - 9*		95		95

\* If you choose to not submit at least 10 points in the categories of Scholarly Accomplishments and Professional Contributions you must submit 20 additional points of Continuing Education.

4. Candidates are required to submit with their application, the category logs that delineate their participation in activities for point accrual.

Note: You have the option to keep track online of your classes taken and to print your record to document your professional achievements through CE tracking. The CE tracking transcript may be submitted in place of the category logs in the HPAR packet. However the **HPAR Summary Log** must be included with your application. To access CE tracking, go to [www.goHPCC.org](http://www.goHPCC.org), under “Certification” find “Resources” and drop down to “CE tracking.”

5. A percentage of applications are selected each year for random audit. Candidates whose applications are selected for audit are required to submit additional documentation regarding point accrual activities, such as continuing education certificates. Refer to the Audit Documentation chart on page 9.

## **Point Accrual Categories**

### **A. CONTINUING EDUCATION**

Through attendance at live programs or through self-study educational programs, either in print or online that award contact hours offered by **accredited or approved providers or have been approved by an accredited approver** of nursing, medical or other healthcare discipline continuing education.

**Several state boards of nursing require continuing education for renewal of licensure. However, not all state boards require that the continuing education be offered by accredited or approved providers or have been approved by an accredited approver. Therefore, some continuing education programs may be acceptable for candidate re-licensure in their state but NOT acceptable for renewal of certification through CHPLN® HPAR by HPCC. Only those State Boards of Nursing listed below are acceptable.**

**Activities should be selected to enhance expertise in hospice and palliative nursing and must relate to the CHLPN® detailed content outline.**

**Activities relevant to general nursing cannot be utilized for HPAR points. These include the following topics:**

- CPR
- ACLS
- OSHA
- HIPAA
- Domestic Violence
- Adult/pediatric neglect and abuse
- Infection Control
- Blood-Borne Pathogens

The following organizations are acceptable to HPCC to grant approval to providers of continuing education contact hours:

- Accreditation Council for Continuing Medical Education (ACCME)
- Accreditation Council for Pharmacy Education (ACPE)
- American Academy of Nurse Practitioners (AANP)
- American Academy of Professional Coders (AAPC)
- American Association of Critical-Care Nurses (AACN)
- American Association of Nurse Anesthetists (AANA)
- American Health Information and Management Association (AHIMA)
- American Nurses Credentialing Center (ANCC)
- Association of Pediatric Hematology/Oncology Nurses (APHON)
- American Psychological Association (APA)
- Association of Social Work Boards (ASWB)

- Association of Women’s Health, Obstetric & Neonatal Nurses (AWHONN)
  - International Association for Continuing Education and Training (IACET)
  - National Association of Neonatal Nurses (NANN)
  - National Association of Pediatric Nurse Associates & Practitioners (NAPNAP)
  - National Association of Social Workers (NASW)
  - National Board for Certified Counselors (NBCC)
  - National League for Nursing (NLN)
  - Nurse Practitioners in Women’s Health (NPWH)
  - Oncology Nursing Society (ONS)
  - Royal College of Nursing
  - State Nurses Associations (all)
  - State Boards of Nursing in: **Alabama, California, Florida, Iowa, Kansas, Kentucky, Louisiana, Nevada, Ohio, West Virginia**
  - Wisconsin Society for Health Education and Training (WISHET)
- **One 60-minute contact hour = 1 HPAR point**
  - **Repetition of Continuing Education programs with identical content during the accrual period will not be accepted.**
  - **Each Continuing Education program, regardless of length, must be a separate entry and reflect each continuing education certificate.**

## **B. SCHOLARLY ACCOMPLISHMENTS**

### **1. Academic Education**

- Through completion of courses that are required within a degree program **OR** other academic courses that are relevant to hospice and palliative nursing.
- **You must call national office at 412-787-1057 for pre-approval of completed course BEFORE submission of the CHPLN® HPAR packet.** Have grade reports, course descriptions and page 20 of this packet available when calling the national office.
- Enrollment in a degree program is not required.
- Courses must be provided by accredited colleges or universities.
- A grade of “C” or higher must be achieved for a course.
- **One academic semester credit = 15 HPAR points**
- Limited to a maximum of 30 HPAR points.

### **2. Professional Presentations**

- Through formal structured educational presentations made to nurses, other healthcare providers, or the public (e.g., seminars, conferences, in-services, public education)
- Content of the presentation must be related to the field of hospice and palliative care.
- Presentations given as part of requirements within your job description are not acceptable. Educators that teach courses as part of employment responsibilities would count this activity as required hours in the profession, but not as formal presentations.  
**Presentations may be done in the workplace if they are not part of the routine job requirements.**  
**Examples include: providing education on a different unit during the interdisciplinary team meeting or at another organizational worksite/outreach facility.**

**For instance, a one hour presentation to staff members on a new clinical topic or the findings from searching an evidence based new treatment would be 60 minutes = 6 points.**

- Points awarded based on presentation time:
  - Length of the presentation must be at least 20 minutes
  - One 20 minute = 2 HPAR points**
  - **One point awarded for each 10 minutes thereafter the initial 20 minute presentation**
- **Poster presentation = 2 HPAR points**
- Limitations:
  - Points can be earned for only ONE delivery of the same material
  - Points are limited to a maximum of 15 HPAR points.

### 3. Professional Publications

- Through items published in books, journals, professional newsletters, or electronic media (e.g., DVD, video) that are original and require review and synthesis of current literature. Except for publications aimed at patient and family education, published items must be directed at a professional audience.
- Publications may be done in the workplace if they are not part of the routine job requirements. Examples include: writing a patient education pamphlet or an article in the workplace newsletter or journal.
- Must be the author, co-author, editor, or co-editor
- Item must have been accepted for publication during renewal period even if actual publication date is to be past renewal period.

- **Points awarded:**

PUBLICATION POINT VALUES	
Type of Publication	Points Awarded
Authored textbook (>300 pages)	60 HPAR points
Authored textbook (<300 pages)	40 HPAR points
Textbook editor	20 HPAR points
Chapter in a book	15 HPAR points
Written review of book or media	5 HPAR points
Patient/Family Teaching Sheet	5 HPAR points
Educational pamphlet	5 HPAR points
Position Statement	5 HPAR points
Editorial in professional journal	2 HPAR points
Column in a professional journal	2 HPAR points
Article in professional organization newsletter	2 HPAR points
Article in workplace newsletter	2 HPAR points
Original journal article in a <b>peer reviewed journal</b>	10 HPAR points

- Limited to a maximum of 55 HPAR points.

## C. PROFESSIONAL CONTRIBUTIONS

### 1. Precepting Students

- Direct supervision provided to a student enrolled in a formal, accredited academic healthcare education program.
- The precepting should be in a one-on-one relationship with specific goals to learn information about the specialty of hospice and palliative care and the role of the disciplines involved.
- One-day “shadowing” experiences **cannot** be accepted for HPAR point requirements
- Information provided must include: dates of precepting, instructor/faculty name, academic course title, institution (college/university), number of students, number of combined hours and contact email for supervising faculty.
- One entry is required for each academic course.
- **25 hours of precepting = 5 HPAR points**  
Precepting points in increments other than 5 **WILL NOT BE ACCEPTED.**
- Limited to maximum 5 HPAR points.

### 2. Orienting Staff

- Limited to maximum 5 points of total points accrued.
- Time spent on the job with healthcare professionals sharing knowledge, skills, and experience.
- The orientation should have specific goals to learn information about the specialty of hospice and palliative care, and the roles of the disciplines involved.
- Information provided must include: dates of orientation, supervisor
- 4 name, organization/workplace, number of new staff, number of combined hours and contact information for supervisor.
- A separate entry is required for each place you have worked.
- **40 hours of orienting = 5 HPAR points**
- Orienting points in increments other than 5 **WILL NOT BE ACCEPTED**
- Limited to a maximum of 5 HPAR points.

### 3. Volunteer Service in Organizations

- Volunteer service includes positions held with local, state, or national healthcare related or hospice and palliative care organizations.
- Employer-related activities are accepted, such as serving on the ethics committee, institutional review board, pharmacy and therapeutics committee, professional practice council or community outreach task force.
- Positions include being a member of a board of directors, editorial or review board, council, committee, task force, project team, or work group.
- **One year of service = 5 HPAR points**
- Limited to 5 HPAR points.



## Random Auditing

Some submitted Category/Summary Logs will be selected for random auditing. You will be notified if your Plan is selected for random auditing, and supporting documentation for your completed activities will be requested. The chart below provides greater detail on the documentation for a successful audit process.

HPAR Categories	Required Audit Documentation
Practice Hours and Licensure	<ul style="list-style-type: none"> <li>• Copy of current valid nursing license indicating expiration date or online verification document of licensure through State Board of Nursing</li> <li>• Completed Practice Hour Audit Form</li> </ul>
Continuing Education	<ul style="list-style-type: none"> <li>• Continuing Education certificate awarded by provider and includes:               <ul style="list-style-type: none"> <li>○ Participant name</li> <li>○ Title of activity</li> <li>○ Date of activity</li> <li>○ Number of hours awarded</li> <li>○ MUST have accreditation statement and/or provider number</li> </ul> </li> </ul>
Professional Presentations	<ul style="list-style-type: none"> <li>• Copy of program brochure, flyer or email invitation that provides:               <ul style="list-style-type: none"> <li>○ Information about presentation</li> <li>○ Date and time</li> <li>○ Name of candidate</li> <li>○ Title of presentation and content</li> </ul> </li> <li>• Copies of slide presentations ARE NOT accepted</li> </ul>
Professional Publications	<ul style="list-style-type: none"> <li>• Copies of publication(s)</li> <li>• If large publication, provide:               <ul style="list-style-type: none"> <li>○ Title page and table of contents where candidate name is listed as author</li> </ul> </li> <li>• Copy of publisher notification of acceptance if publication date occurs after submission of renewal application</li> <li>• Evidence of peer review process from journal or via specific URL</li> </ul>
Precepting Students	<ul style="list-style-type: none"> <li>• Completed Precepting Audit Form</li> </ul>
Orienting Staff	<ul style="list-style-type: none"> <li>• Completed Orienting Audit Form</li> </ul>
Volunteer Service in Organization	<ul style="list-style-type: none"> <li>• Letter from organization with listing date(s) of volunteer service</li> </ul>

# CERTIFIED HOSPICE AND PALLIATIVE LICENSED NURSE DETAILED CONTENT OUTLINE

- 1. Patient Care: End-Stage Disease Process in Adult Patients 12%**
  - A. Identify specific patterns of disease progression, complications, and treatment for:
    1. Neoplastic conditions
    2. Neurological conditions
    3. Cardiac conditions
    4. Pulmonary conditions
    5. Renal conditions
    6. Gastrointestinal conditions
    7. Debility/decline in health status
    8. Dementia
    9. Hepatic conditions
    10. Hematologic conditions
  - B. Identify and respond to indicators of imminent death
- 2. Patient Care: Pain and Comfort Management 17%**
  - A. Data Gathering
    1. Identify pain and other distressing symptoms
    2. Identify causes of pain
    3. Identify types of pain
    4. Identify factors that may influence the patient's experience of pain (e.g., fear of pain, depression, despair, cultural or spiritual issues)
  - B. Pharmacologic Interventions
    1. Identify medications appropriate to severity and specific type of pain
    2. Administer analgesic and adjuvant (e.g., NSAIDS, corticosteroids, anticonvulsants) medications
  - C. Nonpharmacologic Interventions
    1. Identify the need for nonpharmacologic interventions
    2. Implement nonpharmacologic interventions (e.g., massage, music, and pet therapy)
    3. Respond to psychosocial and spiritual issues related to pain and other distressing symptoms
  - D. Evaluation
    1. Identify medication side effects, interactions, or complications
    2. Respond to medication side effects, interactions, or complications
- 3. Patient Care: Symptom Management 32%**
  3. Evaluate efficacy of relief interventions (pharmacologic and nonpharmacologic)
  4. Identify side effects of interventional therapy (e.g., antineoplastic, radiological, surgical)
  - A. Manage symptoms related to Neurological conditions:
    1. Aphasia
    2. Dysphagia
    3. Lethargy or sedation
    4. Myoclonus
    5. Paresthesia or neuropathies
    6. Seizures
    7. Extrapyrmidal symptoms
    8. Spinal cord compression
  - B. Manage symptoms related to Cardiovascular conditions:
    1. Edema (including pulmonary)
    2. Syncope
  - C. Manage symptoms related to Respiratory conditions:
    1. Congestion
    2. Cough
    3. Dyspnea
    4. Pleural effusions
  - D. Manage symptoms related to Gastrointestinal conditions:
    1. Constipation
    2. Diarrhea or bowel incontinence
    3. Ascites
    4. Hiccoughs
    5. Nausea or vomiting
    6. Bowel obstruction
  - E. Manage symptoms related to Genitourinary conditions:
    1. Bladder spasms
    2. Urinary incontinence
    3. Urinary retention
    4. Infections
  - F. Manage symptoms related to Musculoskeletal conditions:
    1. Impaired mobility
    2. Complications of immobility
    3. Pathological fractures
    4. Weakness or activity intolerance
  - G. Manage alterations in Skin and Mucous Membrane
    1. Dry mouth

2. Oral lesions
  3. Pruritus
  4. Wounds, including pressure ulcers
  5. Excessive secretions
- H. Manage symptoms related to Psychosocial and Emotional conditions:
1. Anxiety
  2. Stages of grief (e.g., anger, denial)
  3. Depression
  4. Impaired communication
  5. Sleep disturbances
- I. Manage symptoms related to Nutritional and Metabolic conditions:
1. Anorexia
  2. Cachexia or wasting
  3. Dehydration
  4. Electrolyte imbalance
  5. Fatigue
- J. Manage symptoms related to the Immune System
1. Fever
- K. Manage symptoms related to Mental Status Changes
1. Agitation (including terminal restlessness)
  2. Confusion
  3. Delirium
  4. Dementia
  5. Hallucinations
- L. Manage symptoms related to Lymphedema

**4. Patient Care: Treatments and Procedures 7%**

- A. Perform the following treatments or procedures:
  1. Wound care (including incision, injury, metastatic disease, pressure ulcer)
  2. Respiratory therapy (e.g., oxygen, suction, inhalation treatments, tracheostomy care)
  3. Surgical alterations (e.g., ileostomy, colostomy)
- B. Care for patients with the following treatments or procedures:
  1. Intravenous pain and symptom management
  2. Subcutaneous pain and symptom management
  3. Urinary drainage systems (i.e., indwelling, suprapubic, nephrostomy)
- C. Maintain infection control procedures related to:

1. Pathogens (e.g., bloodborne, airborne)
2. Precautions
3. Chain of infection

**5. Care of Patient, Family, and Other Caregivers 14%**

- A. Resource Management
  1. Identify and respond to socioeconomic factors
  2. Identify and respond to environmental and safety risks
  3. Monitor disposal of supplies/equipment
  4. Monitor controlled substances (i.e., use, abuse, destroy at time of death)
  5. Monitor health status of family caregiver
  6. Recommend appropriate DME for patient well-being
  7. Explain Medicare hospice benefits
  8. Inform patient/family how to access 24-hours a day: services, medications, equipment, supplies
- B. Psychosocial, Spiritual, and Cultural
  1. Respond to spiritual needs
  2. Identify and respond to cultural values and behaviors
  3. Identify and respond to sexual/intimacy issues
  4. Respond to stages of grief
  5. Respond to loss of hope or meaning
  6. Facilitate nearing death awareness
  7. Respond to spiritual distress or unresolved spiritual issues
  8. Identify suicidal or homicidal ideation
  9. Identify unresolved interpersonal matters
  10. Respond to family dynamics
- C. Grief and Loss
  1. Participate in advance care planning
  2. Encourage life review
  3. Provide emotional support regarding grief and loss for adults
  4. Provide emotional support regarding grief and loss for children
  5. Provide information regarding funeral practices/preparation
  6. Provide care and support at time of death
  7. Facilitate transition into bereavement services

8. Participate in formal closure activity (e.g., visit, call, card)
9. Facilitate self-determined life closure

**6. Patient and Family Education and Advocacy 9%**

- A. Caregiver Support
  1. Teach family and other caregivers techniques for patient care (e.g., positioning, ostomy care)
  2. Monitor family and other caregiver's ability to provide care
  3. Monitor and respond to caregiver burnout
  4. Identify and respond to neglect and abuse
- B. Education
  1. Identify and respond to barriers to learning (e.g., communication)
  2. Teach about the end-stage disease process
  3. Teach about pain and symptom relief
  4. Teach alternative methods of pain and symptom relief (e.g., relaxation, distraction, humor, massage, aroma)
  5. Teach about the signs and symptoms of imminent death
  6. Teach about self care methods
- C. Advocacy
  1. Monitor needs for levels of care or increased services
  2. Facilitate effective communication between patient, family, and health care providers
  3. Encourage patient and family to participate in decision-making regarding treatment options
  4. Access appropriate interdisciplinary team (IDT) members and other resources to meet the needs of patient and family

**7. Interdisciplinary and Collaborative Practice Issues 9%**

- A. Coordinate and Monitor
  1. Coordinate patient care with other health care providers
  2. Monitor activities of unlicensed personnel (e.g., hospice aide)
  3. Arrange for equipment, supplies, or medications

4. Assist in transfer to a different care setting
- B. Collaborate
  1. Communicate with patient's attending/primary care provider
  2. Participate in effective group process
  3. Encourage family role in IDT decisions
  4. Participate in development of an individualized, interdisciplinary plan of care for patient/family
- C. Practice Issues
  1. Identify and incorporate standards into practice (e.g., HPNA standards, ANA standards, NHPCO standards) and guidelines (e.g., National Consensus Project, WHO ladder, CDC)
  2. Identify and incorporate legal regulations into practice (e.g., OSHA, Hospice Medicare Conditions of Participation, HIPAA)
  3. Adhere to documentation standards for Levels of Care
  4. Participate in evaluating educational materials for patients and family
  5. Participate in quality assurance, performance improvement processes
  6. Educate the public on end-of-life issues and hospice and palliative care
  7. Participate in peer review
  8. Demonstrate awareness and knowledge of LP/VN scope of practice
- D. Professional Development
  1. Maintain boundaries between patient/family and staff
  2. Contribute to development of peers, colleagues, and others as preceptor, educator, or mentor
  3. Participate in self-care (e.g., stress management)
  4. Read professional journals to remain current in practice
  5. Participate in professional organization activities
  6. Maintain personal continuing education plan to update knowledge
  7. Identify ethical concerns related to the end-of-life

## Instructions on completing the CHPLN® HPAR Application

Read the CHPLN® HPAR Policy and Instructions before completing application and HPAR logs. Retain all required forms of documentation for the submitted entries.

1. You may print out the application and logs and fill in the information by hand, or you may type in the information in the Word files.
2. Provide information as requested on all HPAR logs. Please write out the **full name** of an organization, facility, journal etc. before using an abbreviation or acronym.  
**All information must be completed.**
3. Complete all applicable category logs (you may make as many copies as are needed.) Follow the sample entry as shown on each form. If incomplete, application will NOT be processed.  
Remember: **All items listed must correspond to the CHPLN® Test Content Outline to be applicable. All CE contact hours MUST be offered by one of the acceptable organizations on list provided in this packet.**
4. Submit only those **category logs or CE tracking transcripts** for categories in which you are claiming points. Do not submit blank logs.
5. **DO NOT** submit CE certificates and other documentation materials with your application. These are only to be submitted if you are audited.
6. Complete **CHPLN® HPAR Summary Log**. If incomplete, application will NOT be processed.
7. Utilize the checklist on the summary log to assure you have completed all required items and **sign** the application form. A signature is required for application to be processed.
8. **Please remember to retain your own copy of your submission packet.**
9. **There will be no refunds for CHPLN® HPAR.**
10. **Mail** both application and logs as indicated to be **RECEIVED** by the deadline.

HPCC  
One Penn Center West  
Suite 425  
Pittsburgh, PA 15276

## HPCC Certified Hospice and Palliative Licensed Nurse Hospice and Palliative Accrual for Recertification (CHPLN® HPAR) Application

NOTE: Application must be **received** by national office **8 weeks or more prior to certification expiration date. Additional fee required if submitted 8 weeks or less prior to certification expiration date (refer to page 1).**

Please read the instructions before completing this application.

Full Name: Last, First, Middle Initial:	Credentials:
Date of Birth:	
Home Address:	City, State, Zip Code:
Home Phone:	Cell Phone:
Workplace:	
Work Address:	City, State Zip Code:
Work Phone:	Work Fax:
Preferred Email Address:	
HPCC Certification Number:	Certification Expiration date:

To obtain HPNA member discount fee, you must be a current HPNA member **PRIOR** to or along with this submission of your CHPLN® HPAR application. Indicate HPNA member number:

I am not currently an HPNA member and I would like to join today (optional).

Please mark X in front of the category you choose.

<input type="checkbox"/> LP/VN: 1 yr \$82	<input type="checkbox"/> LP/VN: 2 yr \$140
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HPAR Renewal Standard Fee (8 weeks or more prior to certification expiration):

<input type="checkbox"/> HPNA Member \$225	<input type="checkbox"/> Non-HPNA Member \$320
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HPAR Renewal Extended Fee (8 weeks or less prior to certification expiration):

<input type="checkbox"/> HPNA Member \$325	<input type="checkbox"/> Non-HPNA Member \$420
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Financial gifts to the **Hospice and Palliative Foundation (HPNF)** are considered charitable contributions which are used to fund nursing research, grants, and awards. Please consider adding a contribution to HPNF with your HPAR application fee.

I am including an additional amount (\$) \_\_\_\_\_ as a tax-deductible gift to HPNF (optional).

Total amount enclosed: \_\_\_\_\_

VISA	MasterCard	Discover	AMEX	Check enclosed (Payable to HPCC)
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Card Number:	Name on card:
Expiration Date:	Security Code (on back of card):

**DEMOGRAPHIC INFORMATION**

Please complete the following questions, checking **only one response for each question**, unless directed otherwise.

**Professional Information: (please mark X before one option for each question):**

**Type of Primary Practice:**

Clinical	Educational	Administrative	Research
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**What is the highest academic level you have attained?**

Associate degree in nursing	Diploma in nursing	Bachelor’s degree (non-nursing)
Bachelor’s degree in nursing	Master’s degree (non-nursing)	Master’s degree in nursing
Doctoral degree (non-nursing)	Doctoral (nursing)	

**Which of these best describes the nature of your practice?**

Hospice	Palliative care	Both
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**Total number of years in your profession:**

0-2 yrs	3-5 yrs	6-10 yrs	11-15 yrs	16-20 yrs	21-25 yrs	26-30 yrs	>30 yrs
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**Total number of years in hospice/palliative care:**

0-2 yrs	3-5 yrs	6-10 yrs	11-15 yrs	16-20 yrs	21-25 yrs	26-30 yrs	>30 yrs
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**Location of primary practice facility:**

Urban	Rural	Suburban
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**Primary Role:**

<input type="checkbox"/>	Staff Nurse	<input type="checkbox"/>	Manager/Administrator
<input type="checkbox"/>	Clinical supervisor/patient care coordinator	<input type="checkbox"/>	Advanced practitioner (i.e. CNS, NP)
<input type="checkbox"/>	Clinical educator (including staff development)	<input type="checkbox"/>	Faculty/researcher
<input type="checkbox"/>	Consultant for hospice/palliative care team	<input type="checkbox"/>	

**Primary employer:**

<input type="checkbox"/>	Hospice Agency	<input type="checkbox"/>	Home Health Agency
<input type="checkbox"/>	Hospital or Healthcare System	<input type="checkbox"/>	Long-term Facility
<input type="checkbox"/>	College/University	<input type="checkbox"/>	Self (private practice)
<input type="checkbox"/>	Private Physician Practice	<input type="checkbox"/>	Correctional Facility
<input type="checkbox"/>	Ambulatory Care Facility	<input type="checkbox"/>	

**Primary practice setting:**

<input type="checkbox"/>	Private home	<input type="checkbox"/>	Nursing home, assisted living or extended care facility
<input type="checkbox"/>	Hospital: Palliative care unit	<input type="checkbox"/>	Hospital: Hospice unit
<input type="checkbox"/>	Hospital: Other unit or scattered beds	<input type="checkbox"/>	Freestanding residence or inpatient hospice
<input type="checkbox"/>	Any setting in which patient resides	<input type="checkbox"/>	Clinic
<input type="checkbox"/>	Prison	<input type="checkbox"/>	I do not routinely see patients

**Primary Age Group Served:**

<input type="checkbox"/>	Adult	<input type="checkbox"/>	Pediatric
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**Optional Information:****Age:**

<input type="checkbox"/>	<25 yrs	<input type="checkbox"/>	25-29 yrs	<input type="checkbox"/>	30-39 yrs	<input type="checkbox"/>	40-49 yrs	<input type="checkbox"/>	50-54 yrs	<input type="checkbox"/>	55-59 yrs	<input type="checkbox"/>	60-65 yrs	<input type="checkbox"/>	66-69 yrs	<input type="checkbox"/>	>70 yrs
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**Gender:**

<input type="checkbox"/>	Female	<input type="checkbox"/>	Male
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**Ethnic Origin:**

<input type="checkbox"/>	African American/Black	<input type="checkbox"/>	Asian/Asian American/Pacific Islander	<input type="checkbox"/>	Caucasian
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Native American/Alaskan Native	<input type="checkbox"/>	Multiracial
<input type="checkbox"/>	Other:	<input type="checkbox"/>		<input type="checkbox"/>	



**Processing Agreement – Mandatory Section**

HPCC agrees to process your application subject to your agreement to the following terms and conditions

1. To be bound by and comply with HPCC rules relating to eligibility, certification, renewal and recertification, including, but not limited to, payment of applicable fees, demonstration of educational and experiential requirements, satisfaction of annual maintenance and recertification requirements, compliance with the HPCC Grounds for Sanctions and other standards, and compliance with all HPCC documentation and reporting requirements, as may be revised from time to time.
2. To hold HPCC harmless and to waive, release and exonerate HPCC its officers, directors, employees, committee members, and agents from any claims that you may have against HPCC arising out of HPCC’s review of your application, or eligibility for certification, renewal, recertification or reinstatement, conduct of the examination, or issuance of a sanction or other decision.
3. To authorize HPCC to publish and/or release your contact information for HPCC approved activities and to provide your certification or recertification status and any final or pending disciplinary decisions to state licensing boards or agencies, other healthcare organizations, professional associations, employers or the public.
4. To only provide information in your application to HPCC that is true and accurate to the best of your knowledge. You agree to revocation or other limitation of your certification, if granted, should any statement made on this application or hereafter supplied to HPCC is found to be false or inaccurate or if you violate any of the standards, rules or regulations of HPCC.

**Practice Hour Requirement (required).** Fulfillment of practice hours is work in nursing practice as a Licensed Practical/Vocational Nurse for 500 hours in the most 12 recent months or 1000 hours during the most recent 24 months prior to application.

Position Title	Name and City/State of Employer	Number of hours worked in hospice/palliative care	Completed over 500 hours in past 12 months or 1000 hours over past 24 months? (Indicate one)

Please read the following statements and provide all required information including signature and date.  
Applications without this section completed will **not be processed**.

**I certify that I have read all portions of the CHPLN® HPAR application packet. I certify that the information I have submitted in this application and the logs and documents I have enclosed are complete and correct to the best of my knowledge and belief and I have the supporting documentation records in my possession. I understand that if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or invalidated by HPCC.**

**I further understand that if my application is audited and I fail to produce the requested information, my certification renewal will not be approved.**

**Please indicate your answers to the following questions with an ‘x’. If you answer yes to any question, you must submit a letter of explanation with this application for review and determination of eligibility.**

Yes	No	Within the last five (5) years:
		Have you ever been sued by a patient?
		Have you ever been found to have committed negligence or malpractice in your professional work?
		Have you ever had a complaint filed against you before a governmental regulatory board or professional organization?
		Have you ever been subject to discipline, certificate or license revocation, or other sanction by a governmental regulatory board or professional organization?
		Have you ever been the subject of an investigation by law enforcement?
		Have you ever been convicted of, pled guilty to, or pled nolo contendere to a felony or misdemeanor, or are any such charges pending against you?

**I am currently licensed as a practical/vocational nurse in the United States or its territories.**

*A copy of my current valid license showing expiration date is enclosed.*

*Note: A printout of online verification of licensure through your State Board of Nursing is acceptable if a copy of license cannot be obtained.*

License number	State
Expiration date	
Full Name	
Signature	
Date	

**HPCC**

**CHPLN® HPAR Practice Hours Verification Audit Form**

Complete information for practice hours verification for auditing purposes.

**Submit for audit only.**

To the best of my knowledge, \_\_\_\_\_ has completed work as a hospice and palliative licensed practical/vocational nurse (select one:

- 500 hours in the most recent 12 months
- 1000 hours in the most recent 24 months
- Other (specify number of hours and date range)

\_\_\_\_\_

Supervisor Name (print name):
Title and Credentials:
Address:
City, State, Zip Code
Daytime Phone Number:
Fax Number:
Email:
Name of Facility or Organization:
Clinical Setting (clinic, inpatient, unit, etc.)

**Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Copy this form as needed*

# HPCC

## CHPLN<sup>®</sup> HPAR Category LOG

Name: \_\_\_\_\_

**\* HPAR Points must be accrued between your certification begin date and the date of packet submission.**

### Continuing Education

See page 5 for description

Program Dates	Title of Program and Type	Provided by	Accrediting or Approval Body	Contact Hours	Points*	Test Content No./Letter**
Example 2/16-2/19 2015	Annual Assembly AAHPM/HPNA	Hospice and Palliative Nurses Association (HPNA)	American Nurses Credentialing Center (ANCC)	19.2	19.2	1A, 2B, 3B, 4A, 6B, 7B
Example 4/26/16	Breakthrough Pain Management/ web seminar	Hospice of the Western Reserve/ The Hospice Institute	Ohio Board of Nursing	1	1	2A, 2B, 2C 2D
2/19/15	“Breaking Bad News”	National Hospice and Palliative Care Organization (NHPCO)	AMA PRA FL #12345	4.5	4.5	5B, 6C
				TOTAL:		

\* One (1) Contact hour equals One (1) point

\*\* Test Number/Letter-Must correspond this item to related test content via test outline number and letter. (Refer to pages 10-12)

# HPCC

## CHPLN® HPAR Category LOG

Name: \_\_\_\_\_

**\* HPAR Points must be accrued between your certification begin date and the date of packet submission.**

### Academic Education (maximum 30 HPAR points)

See page 6 for description

Dates	Title of Class	College / University	Number of Credits	Points*	Test Content No./Letter**
<b>Example Spring, 2015</b>	<b>Bioethics</b>	<b>University of Pittsburgh</b>	<b>2.0</b>	<b>30</b>	<b>5B, 6B, 6C, 7D</b>
			TOTAL:		

You must call national office at 412-787-1057 for **PRE-APPROVAL** of completed course **BEFORE** submission of CHPLN® HPAR packet. Have grade reports, course descriptions and this page available when calling the national office.

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

\* One (1) Academic Semester Credit Equals 15 points

\*\* Test Number/Letter – Must correspond this item to related test content via detailed content outline number and letter. (Refer to pages 10-12)



## HPCC

### CHPLN® HPAR Category LOG

Name: \_\_\_\_\_

**\* HPAR Points must be accrued between your certification begin date and the date of packet submission.**

### Professional Publications (maximum 55 HPAR points)

See page 7 for description

Dates	Type of Items published*	Title of Journal or Book	Title	Indicate author or editor	Points	Test Content No./Letter**
Example 5/16	Original Journal Article	Journal of Hospice & Palliative Nursing	Spirituality as a part of nursing	Single Author	10	5B
				TOTAL:		

**\*Item Types as Listed Below:**

- Authored Textbook > 300 pages = 60 points
- Authored Textbook < 300 pages = 40 points
- Textbook Editor = 20 points
- Chapter in a book = 15 points
- Written review of book or media = 5 points
- Patient/Family Teaching Sheet = 5 points
- Educational pamphlet = 5 points

- Position Statement = 5 points
- Editorial in professional journal = 2 points
- Column in a professional journal = 2 points (maximum of 8 points)
- Article in professional organization newsletter = 2 points
- Article in workplace newsletter = 2 points
- Original Journal Article, **peer reviewed journal** = 10 points

**\*\*Test Number/Letter – Must correspond this item to related test content via detailed content outline number and letter. (Refer to pages 10-12)**

**HPCC**  
**CHPLN® HPAR Category LOG**

Name: \_\_\_\_\_

**\* HPAR Points must be accrued between your certification begin date and the date of packet submission.**

**Precepting Students** (maximum 5 HPAR points)  
 See page 8 for description

Dates	Instructor/ Faculty Name	Program Student(s) Represents/ City & State	Number of Students	Combined Number of Hours	Points*
<b>Example Jan-May, 2016</b>	<b>Sue Smith</b>	<b>University of Florida, School of Nursing/ Gainesville, FL</b>	<b>5</b>	<b>35</b>	<b>5</b>
			<b>TOTALS:</b>		

\*Twenty-five (25) hours of precepting = 5 HPAR points  
 Precepting points in increments other than 5 **WILL NOT BE ACCEPTED.**

**\*\*Test Number/Letter – Must correspond this item to related test content via detailed content outline number and letter. (Refer to pages 10-12)**



**HPCC**  
CHPLN® HPAR Category LOG

Name: \_\_\_\_\_

**\* HPAR Points must be accrued between your certification begin date and the date of packet submission.**

**Orienting Staff** (maximum 5 points)  
See page 8 for description

Dates	Supervisor Name	Organization / Employer Unit / Department	Number of Staff	Combined Number of Hours	Points*
<b>Example Jan-May, 2015</b>	<b>Mary Smith</b>	<b>Hospice of the Valley Phoenix, AZ Inpatient Hospice</b>	<b>5</b>	<b>40</b>	<b>5</b>
			<b>TOTALS:</b>		

\*Forty (40) hours of orienting = 5 points

Orienting points in increments other than 5 **WILL NOT BE ACCEPTED.**

**\*\*Test Number/Letter – Must correspond this item to related test content via detailed content outline number and letter. (Refer to pages 10-12)**

# HPCC

## CHPLN<sup>®</sup> HPAR Precepting Audit Form

Complete one form for each entry indicated for your Precepting activity for auditing purposes.  
**Submit only if audited.**

Preceptor Name:
Level/Type Program Student(s) Represents:
Faculty/Instructor Name:
School:
Address:
City, State, Zip Code
Telephone No.:
Course Title:
Course Objectives:
Location of preceptorship:

Student(s) names(s)	Dates of Preceptorship:

Total number of hours:

List students' goals for preceptorship (submit additional pages as needed):

My signature on this form attests to the fact that the above-named candidate has completed the number of precepting hours listed above under my supervision and that I have reviewed the information provided here and verify that it is accurate.

**Faculty/Instructor Signature**

*Copy this form as needed*

Date

# HPCC

## CHPLN<sup>®</sup> HPAR Orienting Staff Audit Form

Complete information for each employer indicated for your Orienting Staff activity for auditing purposes.

**Submit only if audited.**

Your Name:
Supervisor:
Organization/Employer:
Address:
City, State, Zip Code
Telephone No.:
Unit/Department:
Description of information covered in orientation:

Staff name(s)	Dates of Orientation:

Total number of hours:

My signature on this form attests to the fact that the above-named candidate has completed the number of orienting hours listed above under my supervision and that I have reviewed the information provided here and verify that it is accurate.

**Supervisor Signature**

*Copy this form as needed*

Date

**HPCC**  
**CHPLN® HPAR Category LOG**

Name: \_\_\_\_\_

\* **HPAR Points must be accrued between your certification begin date and the date of packet submission.**

**Volunteer Service in Professional Organizations**

(maximum 5 HPAR points) See page 8 for description

Dates	Organization	Name of Board/Committee/Task Force	Capacity in which you served (e.g., member, vice president)	Points
<b>Example 1/1/2015- 12/31/2016</b>	<b>Hospice and Palliative Nurses Association</b>	<b>Leadership Advisory Team</b>	<b>Member</b>	<b>5</b>
			<b>TOTAL:</b>	

\* One year of service = 5 points  
 Points awarded only for complete year(s) of service.

\*\*Test Number/Letter – Must correspond this item to related test content via detailed content outline number and letter. (Refer to pages 10-12)

## HPCC CHPLN® HPAR SUMMARY LOG

Name: \_\_\_\_\_

**\* Points must be accrued between your certification begin date and the date of packet submission.**

For CHPLN® renewal, you must earn a minimum of 75 points, all of which must be related to hospice and palliative care. Submission of more than 75 points is highly encouraged in the event some points are disallowed. HPAR packets **MUST be RECEIVED** in the national office according to the application deadline and fee schedule (refer to page 1). You may choose to submit at least 10 points in the categories of *Scholarly Accomplishments* and/or *Professional Contributions* **OR** you can choose to submit 20 additional points in the category of *Continuing Education*.

CATEGORIES	TOTAL POINTS
<b>CONTINUING EDUCATION</b>	
Nursing/Medical /Other healthcare disciplines (live, self-study, online, etc.)	
<b>SCHOLARLY ACCOMPLISHMENTS</b>	
Academic Education (maximum of 30 points)	
Professional Presentations (maximum of 15 points)	
Professional Publications (maximum of 55 points)	
<b>PROFESSIONAL CONTRIBUTIONS</b>	
Precepting healthcare professional students enrolled in an academic program (maximum of 5 points)	
Orienting Staff (maximum of 5 points)	
Volunteer Service in organizations (maximum of 5 points)	
<b>GRAND TOTAL</b>	

Packet checklist: Have you enclosed:

- Completed signed application
- Copy of your license or printout of your online verification through the State Board of Nursing
- Method of payment (Check or credit card as instructed on application – page 15)
- All Category Logs completed according to instructions. (Do NOT include blank logs)
- This completed **Summary Log**
- Mail all of the above to: HPCC, One Penn Center West, Suite 425, Pittsburgh, PA 15276