



**Hospice and Palliative Credentialing Center (HPCC)  
CPLC® Hospice and Palliative Accrual for Recertification  
(CPLC® HPAR)**

All professional development activities achieved in the process of renewal of certification by the accrual method should extend knowledge and improve the candidate’s practice of perinatal loss care. The requirements of HPAR help to demonstrate continuing competence by allowing professionals to exhibit critical thinking skills and express competencies through continuing education, scholarly accomplishments, and professional contributions. These activities should be consistent with the scope of perinatal loss care practice that covers the content in the perinatal loss care test content outline and the vision and mission of HPCC.

**The HPAR policy and application process are reviewed annually by the HPCC Board of Directors. It is your responsibility, before finalizing your HPAR submission, to assure that you are using the most current policy and application process for the year in which you are submitting your HPAR application.**

**Renewal of certification requirements: Professional development and practice hours**

- Hold a current CPLC® certification
- Hold appropriate current unrestrictive license in the United States or its territories as a registered nurse, physician, psychologist, counselor, child life specialist, social worker, or chaplain
- Complete the required practice hours in the specialty
- Complete the professional development point accrual
- Pay the renewal fee

**Renewal Application Deadlines and Fees:**

| <b>HPAR Fees</b>       |                      |  |
|------------------------|----------------------|--|
| <b>CPLC®</b>           | <b>Standard Fee*</b> | <b>Extended**<br/>(Additional fee of \$100 incurred)</b> |
| <b>HPNA member</b>     | \$260                | \$360  |
| <b>HPNA non-member</b> | \$380                | \$480  |

\* 1 year to 8 weeks prior to expiration  
 \*\* 8 weeks or less prior to expiration

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

**Certified Perinatal Loss Care  
CPLC<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 in Perinatal Loss Care Hospice and Palliative Accrual for Recertification (CPLC® HPAR)

### Requirements:

**I. Practice Hours:** Have evidence of work in your profession and the area of perinatal loss care and/or bereavement support that encompasses the content of the CPLC® detailed content outline for a minimum 2 years within the past 3 years.

### **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.)<br>60 minutes = 1 Contact Hour = 1 HPAR point<br>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 120 HPAR points during your Reporting Period.**

| B. Scholarly Accomplishments  | HPAR Max. Limit |
|---|-----------------|
| 1. Academic education<br>1 academic semester credit = 15 points                                     | 45              |
| 2. Professional presentations<br>1 HPAR point awarded for every 10 minutes starting with 20 minutes | 20              |
| 3. Professional publications<br>(Detailed listing of type and points in packet)                     | 75              |

| C. Professional Contributions   | Max. Limit |
|---|------------|
| 1. Precepting healthcare professional students enrolled in an academic program<br>25 hours = 5 points | 20         |
| 2. Orienting Staff<br>40 hours = 5 points   | 10         |
| 3. Volunteer service in healthcare-related organizations<br>1 year of service = 5 points              | 10         |

All activities must relate to the CPLC® Detailed Content Outline  
Visit [www.goHPCC.org](http://www.goHPCC.org) for more information.

## I. Practice Hours and Licensure

- Hold appropriate current, unrestrictive license in the United States or its territories as a registered nurse, physician, psychologist, counselor, child life specialist, social worker, or chaplain.
- Have evidence of work in your profession and the area of perinatal loss care and/or bereavement support for a minimum of 2 years within the past 3 years prior to submission of 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 100 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 through completion of Continuing Education, it will be necessary to submit a minimum of 120 HPAR points for successful recertification. All points must be earned through activities that provide content specific to or with direct application to perinatal loss care and/or bereavement support and must relate to the CPLC® detailed content outline.**

### CPLC® HPAR Point Requirement Summary

| *Scholarly Accomplishments and Professional Contribution Points |   | Continuing Education Points |   | Total Points |
|---|---|-----------------------------|---|--------------|
| Minimum 10  | + | Minimum 90                  | = | 100          |
| 0 - 9*  |   | 120                         |   | 120          |

\*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.

3. 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.”

4. 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 CPLC® HPAR by HPCC.**

**Activities should be selected to enhance expertise in perinatal loss and must relate to the CPLC® detailed content outline.**

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

- CPR
- ACLS
- OSHA
- HIPAA
- Domestic Violence
- Adult/pediatric neglect and/or abuse
- Infection Control
- Blood-borne pathogens

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

- American Nurses Credentialing Center (ANCC)
- 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)
- 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 and 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 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 care.
- **You must call national office at 412-787-1057 for pre-approval of completed course BEFORE submission of the CPLC® 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 45 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 perinatal loss.
- 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 HPAR points.

- **Length of the presentation must be at least 20 minutes**
- **HPAR points can be earned for only ONE delivery of the same material, regardless of different audiences**
- **HPAR points are awarded based on presentation time:**
  - **One 20-minute presentation = 2 HPAR points**

- **One HPAR point is awarded for each 10 minutes thereafter the initial 20 minute presentation.**
- **Poster Presentation = 2 HPAR points**
- Limited to a maximum of 20 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.
- HPAR points awarded for a dissertation or thesis used in this category may NOT also be used in the Academic Education category.

| PUBLICATION POINT VALUES                                    |                |
|---|----------------|
| Type of Publication   | Points Awarded |
| Doctoral dissertation                                       | 75 HPAR points |
| Authored textbook (>300 pages)                              | 60 HPAR points |
| Authored textbook (<300 pages)                              | 40 HPAR points |
| Master's thesis   | 25 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  |
| Research abstract   | 2 HPAR points  |
| Original research article in a <b>peer reviewed journal</b> | 15 HPAR points |
| Original journal article in a <b>peer reviewed journal</b>  | 10 HPAR points |

- Limited to a maximum of 75 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 perinatal loss 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 of 20 HPAR points.

### 2. Orienting Staff

- Time spent on the job with healthcare professional sharing knowledge, skills, and experience
- The orientation should have specific goals to learn information about the specialty of perinatal loss and the role of the disciplines involved
- Information provided must include: dates of orientation, supervisor name and contact information, organization/workplace, number of new staff, number of combined hours.
- A separate entry is required for each place you have worked and oriented
- **40 hours of orienting = 5 HPAR points**
- Limited to a maximum of 10 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 a maximum of 10 HPAR points.



## Random Auditing

Some submitted Summary/Category 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 IN PERINATAL LOSS CARE DETAILED TEST CONTENT OUTLINE**

### **1. Concepts of Perinatal Loss 23%**

- A. Unique aspects of care
  - 1. Identify unique aspects of care for these types of perinatal loss:
    - a. Miscarriage (under 20 weeks completed gestation)
    - b. Stillbirth (over 20 weeks completed gestation)
    - c. Neonatal death
    - d. Infant death
    - e. Loss of one of more fetuses in a multiple gestation
    - f. Other (e.g., ectopic pregnancy, termination of pregnancy or selective reduction, infertility and its treatment)
  - 2. Identify the importance of these related aspects of perinatal loss:
    - a. Subsequent pregnancy following perinatal loss
    - b. Traumatic birth experience
    - c. Maternal death
    - d. Teenage perinatal loss
    - e. More than one perinatal loss
- B. Clinical Decision Making
  - 1. Assess patient's knowledge of the baby's condition and prognosis
  - 2. Offer information for decision making from the time of diagnosis
  - 3. Co-create a birth plan and neonatal advance care plan:
    - a. Treatment options for the patient (e.g., continuation or termination of pregnancy, medical treatment, surgical intervention)
    - b. Plan of care for baby (e.g., goals, pain management, resuscitation options, interventions)
    - c. Environment (e.g., location of birth, presence of family unit, setting of the room)
    - d. Communication preferences
    - e. Memory making (e.g., being with baby, rituals, photos, DVDs)
    - f. End-of-life care and disposition plans
  - 4. Facilitate ongoing decision making from the time of birth

### **2. Psychosocial Care 28%**

- A. Relationship-Based Support
  - 1. Demonstrate compassionate presence (e.g., limit distraction, focus on patient)

- 2. Learn the meaning of the pregnancy and loss for the patient to help guide care
- 3. Allow for individualized expression of feelings (e.g., unmet emotional needs, anger, resentment, powerlessness, lack of control)
- 4. Legitimize the loss
- 5. Validate the patient's grief response
- 6. Allow time for reflection and questions
- 7. Provide continuing support for shifting parental hopes and goals
- 8. Provide psychosocial education regarding perinatal loss and grief
- 9. Provide education regarding continuing bonding

#### **B. Patient Support Needs**

- 1. Identify and respond to needs related to:
  - a. Interpersonal relationship issues (e.g., parental conflict, divorce)
  - b. Psychological sequelae (e.g., anxiety, depression, post-traumatic responses)
  - c. Possible range of grief response to perinatal loss
  - d. Unique grief needs (e.g., maternal paternal, grandparents, same sex parents, single parents)
  - e. Complicated grief

#### **C. Sibling Support**

- 1. Assess and identify developmental stages of siblings
- 2. Identify and respond to the grief of siblings
- 3. Access resources to meet the needs of siblings (e.g., child life therapy, counseling)
- 4. Educate parents regarding sibling grief (e.g., provide age-appropriate information)
- 5. Facilitate sibling interactions with the baby

#### **D. Honoring Relationships**

- 1. Facilitate opportunities for gathering keepsakes (e.g., photographs, journals, hand/foot prints or hand/foot molds)
- 2. Identify strategies for safekeeping of mementoes when the patient chooses not to receive them at the time of death
- 3. Introduce options and facilitate patient choices for interactions with the baby (e.g., seeing, touching, holding, bathing)

#### **E. Communication with the Patient**

1. Demonstrate effective use of communication skills (e.g., active listening, silence, nonverbal and verbal)
  2. Identify and respond to communication barriers
  3. Encourage ongoing conversation about:
    - a. The baby
    - b. The circumstances
    - c. The patient's options
  4. Respond to the patient's questions (e.g., use resources, make referrals)
  5. Use communication skills appropriate for developmental stage (e.g., adolescent, developmentally challenged)
  6. Assess and respond to communication issues related to family systems and dynamics
- 3. Clinical Support 26%**
- A. Coordinating Care using an Interdisciplinary Team Approach
    1. Identify and collaborate with members of the interdisciplinary team
    2. Implement the birth plan to ensure provision of compassionate care
    3. Participate in care conferences
    4. Ensure the comfort of the baby at the end of life
    5. Prepare patient regarding signs of imminent death
    6. Evaluate care of the baby to redirect goals and facilitate shifts in care (e.g., resuscitative status, withdrawal of care, allow natural death)
    7. Manage environment to maximize comfort through birth and death
    8. Use a guided approach to facilitate patient interactions (e.g., offering choices, modeling behaviors)
    9. Ensure the safe handling and disposition of fetal tissue
    10. Ensure dignified care and safe handling of infant remains
    11. Discuss disposition options (e.g., fetal tissue, burial, cremation, funeral options, visitation, direct release of body to funeral director, transport of remains, organ tissue donations)
    12. Respond to unexpected findings
    13. Respond to medical emergencies
    14. Access and coordinate care with perinatal palliative care and perinatal hospice teams
  - B. Spiritual and Cultural Care
    1. Identify and respond to spiritual beliefs of the patient
    2. Use strategies to honor spiritual preferences (e.g., rituals, prayer)
    3. Use strategies to honor cultural practices (e.g., rituals, customs, care of the body)
    4. Identify and respond to spiritual distress (e.g., guilt, remorse, loss of hope, lack of spiritual resources)
    5. Facilitate access to resources for spiritual care (e.g., patient's spiritual care provider, facility spiritual leader)
- 4. Bereavement Support 12%**
- A. Resource Management
    1. Identify and provide resources from:
      - a. Multimedia sources (e.g., Internet)
      - b. Written grief resources (e.g., support packets, call-back phone number, bereavement literature)
      - c. Community supportive services
    2. Discuss health related behaviors for the patient (e.g., physical exercise, nutrition, meaningful music, counseling, meditation, prayer, relaxation tapes, or massage)
    3. Make referrals to pregnancy and infant loss support groups
    4. Serve as a liaison and provide education for hospitals, hospice, and community health care professionals regarding perinatal loss
  - B. Follow-up
    1. Identify recommended time frame for patient bereavement follow up
    2. Participate in bereavement follow-up support activities (e.g., memorial services, celebration of life, cards or letters, phone calls)
    3. Assess emotional status of patient during follow-up care
    4. Make referrals to community resources (e.g., support groups, outpatient therapy)
    5. Identify and respond to the patient exhibiting high-risk situational cues requiring immediate intervention (e.g., harm to self or others, neglect of self-care, functional impairment)
- 5. Professional Practice 11%**
- A. Practice Issues
    1. Incorporate perinatal loss guidelines or standards of care into practice
    2. Identify and respond to ethical issues

3. Facilitate completion of forms and legal documents required for early pregnancy loss, stillbirth, and neonatal or infant death
  4. Follow organizational policies, standard operating procedures, and guidelines regarding care of the patient experiencing perinatal loss
  5. Participate in developing organizational policies, standard operating procedures, guidelines regarding care of the patient experiencing perinatal loss
  6. Participate in educating the public on perinatal loss and grief
  7. Facilitate awareness of professional boundaries for self and staff
- B. Professional development
1. Have knowledge of theories about attachment, hope, grief, and loss
  2. Contribute to professional development of peers, colleagues, students, and others as preceptor, educator, or mentor
  3. Access resources on best practice related to perinatal loss
  4. Participate in professional organization activities
  5. Maintain personal continuing education plan to update knowledge
- C. Self-Care
1. Identify and implement strategies for dealing with:
    - a. Professional grief
    - b. Moral distress in practice
    - c. Compassion fatigue in practice (e.g., secondary stress)
    - d. Impact of personal beliefs, values, and attitudes on professional practice
  2. Identify and participate in self-care activities (e.g., stress management, reflection, meditation, mindfulness, professional support)

## Instructions on completing the CPLC<sup>®</sup> HPAR Application

Read the CPLC<sup>®</sup> 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 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 CPLC<sup>®</sup> Detailed (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 transcript** 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 **CPLC<sup>®</sup> 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 CPLC<sup>®</sup> 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 in Perinatal Loss Care Hospice and Palliative Accrual for Recertification (CPLC® 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:                    |
| Employer Name:                          |                                |
| Work Address:                           | City, State Zip Code:          |
| Work Phone:                             | Work Fax:                      |
| Preferred Email Address:                |                                |
| HPCC Certification Number:              | Certification Expiration date: |

In order to obtain HPNA member discount fee, you must be a current HPNA member **PRIOR** to or along with this submission of your CPLC® 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.

|                |                |                      |
|----------------|----------------|----------------------|
| RN: 1 yr \$115 | RN: 2 yr \$210 | Associate: 1 yr \$82 |
|----------------|----------------|----------------------|

HPAR Renewal Standard Fee (8 weeks or more prior to certification expiration):

|                   |                       |
|-------------------|-----------------------|
| HPNA Member \$260 | Non-HPNA Member \$380 |
|-------------------|-----------------------|

HPAR Renewal Extended Fee (8 weeks or less prior to certification expiration):

|  |  |
|--|--|
| <input type="checkbox"/> HPNA Member \$360 | <input type="checkbox"/> Non-HPNA Member \$480 |
|--|--|

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

|                               |                                     |                                   |                               |   |
|-------------------------------|-------------------------------------|-----------------------------------|-------------------------------|---|
| <input type="checkbox"/> VISA | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Discover | <input type="checkbox"/> AMEX | <input type="checkbox"/> Check enclosed (Payable to HPCC) |
|-------------------------------|-------------------------------------|-----------------------------------|-------------------------------|---|

|                  |                                  |
|------------------|----------------------------------|
| 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:**

|                                   |                                      |   |                                   |
|-----------------------------------|--------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Clinical | <input type="checkbox"/> Educational | <input type="checkbox"/> Administrative | <input type="checkbox"/> Research |
|-----------------------------------|--------------------------------------|---|-----------------------------------|

**What is the highest academic level you have attained?**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Associate degree in nursing   | <input type="checkbox"/> Diploma in nursing            | <input type="checkbox"/> Bachelor’s degree (non-nursing) |
| <input type="checkbox"/> Bachelor’s degree in nursing  | <input type="checkbox"/> Master’s degree (non-nursing) | <input type="checkbox"/> Master’s degree in nursing      |
| <input type="checkbox"/> Doctoral degree (non-nursing) | <input type="checkbox"/> Doctoral (nursing)            |  |

**Total number of years in your profession:**

|                                  |                                  |                                   |                                    |                                    |                                    |                                    |                                  |
|----------------------------------|----------------------------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> 0-2 yrs | <input type="checkbox"/> 3-5 yrs | <input type="checkbox"/> 6-10 yrs | <input type="checkbox"/> 11-15 yrs | <input type="checkbox"/> 16-20 yrs | <input type="checkbox"/> 21-25 yrs | <input type="checkbox"/> 26-30 yrs | <input type="checkbox"/> >30 yrs |
|----------------------------------|----------------------------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|----------------------------------|

**Location of primary practice facility:**

|                                |                                |                                   |
|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Urban | <input type="checkbox"/> Rural | <input type="checkbox"/> Suburban |
|--------------------------------|--------------------------------|-----------------------------------|

**Primary Role:**

|   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Psychologist     | <input type="checkbox"/> Counselor |

|  |  |
|--|--|
| <input type="checkbox"/> Child Life Specialist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Chaplain              |  |

**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      |  |

**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 |
|--------------------------------|------------------------------------|

**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 |
|----------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|----------------------------------|

**Gender:**

|                                 |                               |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

**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:                 |  |                                      |



**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).** Have evidence of work in your profession and the area of perinatal loss care and/or bereavement support for a minimum of 2 years within the past 3 years prior to submission of application.

| Position Title | Name and City/State of Employer | Number of years worked in perinatal loss care within the past 3 years prior to application submission |
|----------------|---------------------------------|---|
|                |                                 |   |
|                |                                 |   |
|                |                                 |   |

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 CPLC® 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 currently hold appropriate current, unrestrictive license in the United States or its territories as a registered nurse, physician, psychologist, counselor, child life specialist, social worker or chaplain.**

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

*Note: A printout of online verification of licensure is acceptable if a copy of license cannot be obtained.*

|                 |       |
|-----------------|-------|
| License number  | State |
| Expiration date |       |
| Full Name       |       |
| Signature       |       |
| Date            |       |

## HPCC

### CPLC® 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 (select one):

- The equivalent of two years of full time experience in the past three years in the area of perinatal loss care and/or bereavement support with this employer.
- Other (specify date range for experience)  
\_\_\_\_\_

|  |
|--|
| 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

## CPLC® 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<br>3/3 -3/6<br>2015 | Annual Assembly<br>AAHPM/HPNA | Hospice and<br>Palliative Nurses<br>Association (HPNA) | American Nurses<br>Credentialing Center<br>(ANCC) | 19.2          | 19.2    | 1B, 3A, 5A                |
| 3/12/16                     | Complex Grief                 | Hospice of Dayton                                      | Ohio Board of<br>Nursing                          | 1             | 1       | 2B                        |
|                             |                               |  |   |               |         |                           |
|                             |                               |  |   |               |         |                           |
|                             |                               |  |   |               |         |                           |
|                             |                               |  |   |               |         |                           |
|                             |                               |  |   |               |         |                           |
|                             |                               |  |   |               |         |                           |
|                             |                               |  |   | 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

## CPLC<sup>®</sup> HPAR Category LOG

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

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

### Academic Education (maximum 45 points)

See page 6 for description

| Dates                         | Title of Class   | College / University                | Number of Credits | Points*   | Test Content No./Letter** |
|-------------------------------|------------------|-------------------------------------|-------------------|-----------|---------------------------|
| <b>Example<br/>Fall, 2015</b> | <b>Bioethics</b> | <b>University of<br/>Pittsburgh</b> | <b>3.0</b>        | <b>45</b> | <b>1B, 2D, 2E,</b>        |
|                               |                  |                                     |                   |           |                           |
|                               |                  |                                     |                   |           |                           |
|                               |                  |                                     |                   |           |                           |
|                               |                  |                                     |                   |           |                           |
|                               |                  |                                     | TOTAL:            |           |                           |

You must call national office at 412-787-1057 for **PRE-APPROVAL** of completed course **BEFORE** submission of Administrator 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 test outline number and letter. (Refer to pages 10-12)

## HPCC

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

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

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

### Professional Presentations (maximum 20 points)

See page 6 for description

| Date                       | Title of Presentation-<br>Title of Conference                                     | Length of<br>Presentation | Points*  | Test Content No./Letter** |
|----------------------------|---|---------------------------|----------|---------------------------|
| <b>Example<br/>4/22/15</b> | Sibling Support Following a<br>Loss<br><br>Boston Chapter HPNA<br>Program Meeting | <b>90 minutes</b>         | <b>9</b> | <b>2C</b>                 |
|                            |   |                           |          |                           |
|                            |   |                           |          |                           |
|                            |   |                           |          |                           |
|                            |   |                           |          |                           |
|                            |   |                           |          |                           |
| TOTAL:                     |   |                           |          |                           |

**\* Points awarded based on presentation time**

Length of the presentation must be at least 20 minutes

One 20 minute = 2 points

One point awarded for each 10 minutes thereafter the initial 20 minute presentation

Poster presentation = 2 points

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

## HPCC

### CPLC® HPAR Category LOG

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

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

### Professional Publications (maximum 75 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<br>5/16 | Original<br>Journal Article | Journal of<br>Hospice &<br>Palliative<br>Nursing | A Model for<br>Successful Care<br>Coordination to<br>Address Perinatal<br>Loss | Single Author             | 10     | 3A, 5A                    |
|                 |                             |  |  |                           |        |                           |
|                 |                             |  |  |                           |        |                           |
|                 |                             |  |  | TOTAL:                    |        |                           |

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

Doctoral dissertation = 75 points

Authored Textbook > 300 pages = 60 points

Authored Textbook < 300 pages = 40 points

Master's Thesis = 25 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

Research abstract = 2 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 Research Article, **peer reviewed journal** = 15 points

Original Journal Article, **peer reviewed journal** = 10 points

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

**HPCC**  
**CPLC® HPAR Category LOG**

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

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

**Precepting Students** (maximum 20 HPAR points)  
 See page 8 for description

| <b>Dates</b>                         | <b>Instructor/<br/>Faculty<br/>Name</b> | <b>Program Student(s)<br/>Represents/<br/>City &amp; State</b>    | <b>Number of<br/>Students</b> | <b>Combined<br/>Number of<br/>Hours</b> | <b>Points*</b> |
|--------------------------------------|---|---|-------------------------------|---|----------------|
| <b>Example<br/>Jan-May,<br/>2015</b> | <b>Sue Smith</b>                        | <b>University of Florida,<br/>MSW Program<br/>Gainesville, FL</b> | <b>5</b>                      | <b>35</b>                               | <b>5</b>       |
|                                      |   |   |                               |   |                |
|                                      |   |   |                               |   |                |
|                                      |   |   |                               |   |                |
|                                      |   |   | <b>TOTALS:</b>                |   |                |

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



## HPCC

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

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

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

### Orienting Staff (maximum 10 HPAR points)

See page 8 for description

| Dates                                | Supervisor Name   | Organization / Employer Unit / Department                          | Number of Staff | Combined Number of Hours | Points*  |
|--------------------------------------|-------------------|--|-----------------|--------------------------|----------|
| <b>Example<br/>Jan-May,<br/>2015</b> | <b>Mary Smith</b> | <b>Hospice of the Valley<br/>Phoenix, AZ<br/>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.**

# HPCC

## CPLC® 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):

CPLC® HPAR (3/17)

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

## CPLC® 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:

CPLC® HPAR (3/17)

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 CPLC® 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 10 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<br/>1/1/2015-<br/>12/31/2015</b> | <b>Ohio Hospice and Palliative Care Organization</b> | <b>Board of Directors</b>          | <b>Secretary</b>  | <b>5</b> |
|   |  |                                    |   |          |
|   |  |                                    |   |          |
|   |  |                                    | <b>TOTAL:</b>   |          |

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

## HPCC CPLC® HPAR SUMMARY LOG

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

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

For CPLC® renewal, you must earn a minimum of 100 points, all of which must be related to perinatal loss care. Submission of more than 100 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** if not, you must submit an additional 20 additional points 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 45 points)  |              |
| Professional Presentations (maximum of 20 points)  |              |
| Professional Publications (maximum of 75 points)   |              |
| <b>PROFESSIONAL CONTRIBUTIONS</b>  |              |
| Precepting healthcare professional students enrolled in an academic program (maximum of 20 points) |              |
| Orienting Staff (maximum of 10 points)   |              |
| Volunteer Service in organizations (maximum of 10 points)  |              |
| <b>GRAND TOTAL</b>   |              |

Packet checklist: Have you enclosed:

- Completed signed application
- Copy of your license or printout of your online verification
- 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