



## **Hospice and Palliative Credentialing Center (HPCC) CHPPN<sup>®</sup> Hospice and Palliative Accrual for Recertification (CHPPN<sup>®</sup> HPAR)**

### **EXCITING NEWS: Effective July 2017**

**HPCC is excited to announce that recent changes have been made to the HPAR requirements. We appreciate your patience and feedback, as we have provided more opportunity and flexibility to obtain your points of professional development activities. The weight of points and point totals have been increased in several categories and the 10 point requirement in *Scholarly Accomplishments and/or Professional Contributions* has been removed. Full details are provided in the requirements table on page 4.**

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 hospice and palliative 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 hospice and palliative pediatric nursing practice as stated in the ANA/HPNA *Palliative Nursing: Scope and Standards of Practice –An Essential Resource for Hospice and Palliative Nurses* and the vision and mission of HPCC.

CHPPN<sup>®</sup>s are required to renew their certification through the HPAR process.

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, application process for the year in which you are submitting your HPAR application. Please note, you can submit your application during the 12 months prior to your certification expiration date.

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

- Hold a current CHPPN<sup>®</sup> certification
- Hold a current, unrestricted registered nurse license in the United States, its territories, or the equivalent in Canada
- Complete the required practice hours in the specialty
- Complete the professional development point accrual
- Pay the renewal fee

### **Reactivation of credential:**

Candidates who missed the deadline for recertification beginning in December of 2015 and meet the requirements for reactivation may submit an HPAR application for reactivation. Reactivation will be available for three years after expiration of credential. Nurses may not use the credential after it expires but may use it again after being notified that their certification has been reactivated. Reactivation is **NOT** retroactive and the certification period will begin when notified and continue for four years from that date.

Example: If a nurse who was due to renew in 2017 missed the final deadline and applies for and is granted reactivation on February 15, 2018, that certification will expire February 15, 2022.

**Reactivation for expired certification requirements: Professional development and practice hours**

- CHPPN® certification has been expired for less than 3 years.
- Hold a current, unrestricted registered nurse license in the United States, its territories, or the equivalent in Canada.
- Complete the professional development point accrual during the 4 years prior to submission for reactivation.
- Complete the required practice hours in the specialty.
- Pay the standard fee plus a reactivation fee.

**Renewal Application Deadlines and Fees**

<b>CHPPN® HPAR Fees</b>			
	<b>Standard Fee*</b>	<b>Extended** (Additional fee of \$100 incurred)</b>	<b>Reactivation*** (Additional fee of \$175 incurred)</b>
<b>HPNA member</b>	\$260	\$360	\$435
<b>HPNA non-member</b>	\$380	\$480	\$555

- \* 1 year to 8 weeks prior to expiration
- \*\* 8 weeks or less prior to expiration
- \*\*\* Up to 3 years after certification expiration

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

**Certified Hospice and Palliative Pediatric Nurse  
CHPPN<sup>®</sup>**

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

# Certified Hospice and Palliative Pediatric Nurse Hospice and Palliative Accrual for Recertification (CHPPN® HPAR)

## Requirements:

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

## **II. Professional Development Activities: Total of 100 points**

Activity	Points
<b>A. Continuing Education</b>	<b>HPAR Point 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

<b>B. Scholarly Accomplishments</b>	<b>HPAR Point Max. Limit</b>
1. Academic education 1 academic semester credit = 15 points	45
2. Professional presentations 1 point awarded for every 10 minutes starting with 20 minutes	30
3. Professional publications (Detailed listing of type and points in packet)	75

<b>C. Professional Contributions</b>	<b>HPAR Point Max. Limit</b>
1. Precepting healthcare professional students enrolled in an academic program 25 hours = 10 points	30
2. Orienting Staff 40 hours = 10 points	20
3. Volunteer service in healthcare-related organizations 1 year of service = 10 points	20

All activities must relate to the CHPPN® Detailed Content Outline (see page 11).

## I. Practice Hours and Licensure

1. Hold a current, unrestricted registered nurse license in the United States, its territories or the equivalent in Canada.
2. Work as a pediatric registered nurse in hospice/palliative care for 500 hours in the most recent 12 months or 1,000 hours during the most recent 24 months prior to application.

## II. Professional Development Activities

1. HPAR points may be accrued throughout your certification cycle that is from your exam date through certification expiration date. Initial and renewal certification cycles are based on anniversary dates.

**\* Note: Reactivation** point accrual must be completed during the **reporting period** designated in notification letter.

2. Each candidate must earn a minimum 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. **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 CHPPN<sup>®</sup> detailed content outline.**

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.

3. Candidates are required to submit with their application, the category logs that delineate their participation in activities for HPAR 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 10.
3. application.

## III. 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 CHPPN® HPAR.

Activities should be selected to enhance expertise in pediatric hospice and palliative care nursing, and must relate to the CHPPN® 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/or abuse
- Infection Control
- Blood-borne pathogens

**Only those state boards of nursing listed below are acceptable.**

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 Medical Administrators (AAMA)
- 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 College of Health Care Administrators (ACHCA)
- American Health Information and Management Association (AHIMA)
- American Nurses Credentialing Center (ANCC)
- Association of Pediatric Hematology/Oncology Nurses (APHON)
- American Psychological Association (APA)
- American Society of Association Executives (ASAE)
- Association of Social Work Boards (ASWB)
- Association of Women's Health, Obstetric & Neonatal Nurses (AWHONN)
- Continuing Professional Education (CPE)
- Human Resources Certification Institute (HRCI)
- 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, Kansas, Kentucky, Louisiana, Nevada, Ohio, West Virginia**
- U.S. Chamber of Commerce Institute for Organizational Management
- 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 CHPPN® HPAR packet.** Have grade reports, course descriptions and page 24 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 pediatric 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 HPAR points

- Length of the presentation must be at least 20 minutes
- 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**
- HPAR points are not awarded for repeat presentations of the same material, regardless of different audiences.
- Limited to a maximum of 30 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 may include: writing a patient education pamphlet or an article in the newsletter or journal published by your workplace.
- 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.
- Academic hours awarded for a dissertation or thesis used in this category may NOT also be used in the Academic Education category.
- Points are not awarded for repeat activities with identical content.
- Limited to a maximum of 75 HPAR points.

PUBLICATION POINT VALUES	
Type of Publication	HPAR Points Awarded
<i>Doctoral dissertation</i>	<i>75 points</i>
<i>Authored textbook (&gt;300 pages)</i>	<i>60 points</i>
<i>Authored textbook (&lt;300 pages)</i>	<i>40 points</i>
<i>Master's thesis</i>	<i>25 points</i>
<i>Textbook editor</i>	<i>20 points</i>
<i>Chapter in a book</i>	<i>15 points</i>
<i>Written review of book or media</i>	<i>5 points</i>
<i>Patient/Family Teaching Sheet</i>	<i>5 points</i>
<i>Educational pamphlet</i>	<i>5 points</i>
<i>Position Statement</i>	<i>5 points</i>
<i>Editorial in professional journal</i>	<i>2 points</i>
<i>Column in a professional journal</i>	<i>2 points</i>
<i>Article in professional organization newsletter</i>	<i>2 points</i>
<i>Article in workplace newsletter</i>	<i>2 points</i>
<i>Research abstract</i>	<i>2 points</i>
<i>Original research article in a <b>peer-reviewed journal</b></i>	<i>15 points</i>
<i>Original journal article in a <b>peer-reviewed journal</b></i>	<i>10 points</i>



## C. PROFESSIONAL CONTRIBUTIONS

### 1. Precepting Students

- Direct supervision provided to a student enrolled in a formal, accredited academic healthcare education program.
- Precepting should be done through a one-on-one relationship with specific goals to learn information about the specialty of pediatric hospice and palliative care, and the role of the disciplines involved.
- One-day shadowing experiences **cannot** be accepted toward 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.
- **Points awarded: 25 hours of precepting = 10 HPAR points**  
Precepting points in increments other than 10 **will not be accepted.**
- Limited to a maximum of 30 HPAR points.

### 2. Orienting Staff

- Time spent on the job with healthcare professionals sharing knowledge, skills and experience.
- Orientation done as part of requirements within your job description would count as required practice hours, but not as an orienting staff activity.
- The orientation should have specific goals to learn information about the specialty of pediatric hospice and palliative care and the role of the disciplines involved.
- Information provided must include: dates of orientation, supervisor 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 = 10 HPAR points**
- Orienting points in increments other than 10 **will not be accepted.**
- Limited to a maximum of 20 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.
- Committee memberships done as part of requirements within your job description are not acceptable.
- 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 = 10 HPAR points**
- Limited to a maximum of 20 HPAR points

## Random Auditing

Some submitted HPAR applications will be selected for random auditing. You will be notified if your application 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 PEDIATRIC NURSE

## DETAILED TEST CONTENT OUTLINE

### 1. Life-Threatening Conditions in Children 6%

#### A. Identify specific patterns of progression, complications, and provide treatment for:

1. hematologic, oncologic, and paraneoplastic conditions (e.g., cancer and associated complications)
2. neurological conditions (e.g., encephalopathy)
3. neuromuscular conditions (e.g., SMA, muscular dystrophy, myopathies)
4. cardiac conditions (i.e. congenital or acquired)
5. pulmonary conditions (e.g., CF, chronic ventilator dependency)
6. gastrointestinal and hepatic conditions (e.g., short gut, TPN-dependent)
7. metabolic disorders (e.g., leukodystrophy, Tay-Sachs disease, severe mitochondrial disorders)
8. trauma or sudden severe illness (e.g., closed head injury, non-accidental trauma, sepsis)
9. congenital anomalies (e.g., chromosomal disorders, genetic disorders)
10. severe brain malformations (e.g., holoprosencephaly, anencephaly)
11. failure to thrive
12. sequelae of complications of birth (e.g., prematurity, anoxia, stillbirth)

### 2. Pain Management 14%

#### A. Assessment

1. Perform comprehensive assessment of pain
2. Identify etiology of pain
3. Identify types of pain or pain syndromes
4. Identify factors that may influence the child's experience of pain (e.g., fear, depression, cultural issues, spirituality, socioeconomic status, developmental level, family issues)

#### B. Pharmacologic Interventions

1. Identify medications appropriate to severity and specific type of pain (e.g., routes, initiation, scheduling)
  2. Titrate medication to effect using baseline and breakthrough doses
  3. Administer analgesic medications
  4. Identify dosage equivalents when changing analgesics or route of administration
  5. Administer adjuvant medications (e.g., NSAIDs, corticosteroids, anticonvulsants, antidepressants, CNS stimulants, neuroleptics, antispasitics)
  6. Respond to medication side effects, interactions, or complications
  7. Identify and facilitate assessment of the need for palliative radiation or chemotherapy
- #### C. Nonpharmacologic and Complementary Interventions
1. Respond to psychosocial, cultural, and spiritual issues related to pain
  2. Implement nonpharmacologic interventions (e.g., ice, heat, positioning)
  3. Facilitate complementary therapies (e.g., massage, therapeutic touch, guided imagery, acupressure, play, art, music, pet aroma, bibliotherapy)
- #### D. Evaluation
1. Assess for side effects, interactions or complications of pain management
  2. Evaluate efficacy of pain relief interventions
  3. Evaluate family comprehension and participation in the pain management plan

### 3. Symptom Management 37%

#### A. Neurological

*Apply the nursing process to the following actual or potential symptoms or conditions:*

1. aphasia
2. dysphagia (difficulty swallowing)
3. level of consciousness

4. myoclonus (spasms of a muscle or group of muscles)
  5. dystonia (persistent rigidity of muscles)
  6. paresthesia or neuropathies
  7. seizures
  8. extrapyramidal symptoms
  9. changes in intracranial pressure
  10. paralysis
  11. spinal cord compression
- B. Cardiovascular  
*Apply the nursing process to the following actual or potential symptoms or conditions:*
1. coagulation problems (e.g., DIC)
  2. edema
  3. syncope
  4. arrhythmia
  5. hemorrhage
  6. hypovolemia
- C. Respiratory  
*Apply the nursing process to the following actual or potential symptoms or conditions:*
1. congestion
  2. cough
  3. dyspnea
  4. pleural effusions
  5. pneumothorax
  6. apnea
  7. respiratory distress
  8. secretions
  9. pneumonia
- D. Gastrointestinal  
*Apply the nursing process to the following actual or potential symptoms or conditions:*
1. constipation
  2. diarrhea
  3. bowel incontinence
  4. nausea or vomiting
  5. bowel obstruction
  6. bleeding
  7. dysmotility
  8. reflux
  9. distension
- E. Genitourinary  
*Apply the nursing process to the following actual or potential symptoms or conditions:*
1. urinary incontinence
  2. urinary retention
  3. bleeding
- F. Musculoskeletal
- Apply the nursing process to the following actual or potential symptoms or conditions:*
1. impaired mobility or complications of immobility
  2. deconditioning or activity intolerance
  3. trauma
  4. increased weakness
  5. decreased function
- G. Skin and Mucous Membrane  
*Apply the nursing process to the following actual or potential symptoms or conditions:*
1. dry mouth
  2. oral and esophageal lesions
  3. pruritis
  4. impaired skin integrity (e.g., “fragile” skin, wounds, pressure ulcers)
  5. rash
  6. infection (e.g., cellulitis)
  7. wounds, including pressure ulcers
- H. Psychosocial, Emotional, and Spiritual  
*Apply the nursing process to the following actual or potential symptoms or conditions for children and/or family members (family may include non-biological relations):*
1. anger or hostility
  2. anxiety
  3. denial
  4. depression
  5. fear
  6. grief
  7. guilt
  8. loss of hope or meaning
  9. sleep disturbances
  10. suicidal or homicidal ideation
  11. relationship issues, including those of a sexual or intimate nature
  12. withdrawal
  13. magical thinking
  14. abandonment
  15. family issues (e.g., coping, functioning, compliance, mutual pretense, conflict avoidance)
- I. Nutritional and Metabolic  
*Apply the nursing process to the following actual or potential symptoms or conditions:*
1. anorexia
  2. cachexia or wasting
  3. dehydration

4. electrolyte imbalance (e.g., hypercalcemia, hyperkalemia, acidosis)
  5. fatigue
  6. feeding intolerance (e.g., oral aversion, increased residuals, pain)
- J. Immune/Lymphatic/Hematologic System  
*Apply the nursing process to the following actual or potential symptoms or conditions:*
1. infection or fever
  2. myelosuppression (i.e., anemia, neutropenia, thrombocytopenia)
- K. Mental Status Changes  
*Apply the nursing process to the following actual or potential symptoms or conditions:*
1. agitation
  2. confusion
  3. irritability
  4. hallucinations

#### 4. Treatments and Procedures 3%

- A. Manage the following treatments or procedures:
1. Central venous access device
  2. Peripherally inserted central catheter (PICC)
  3. Peripheral IV
  4. Subcutaneous needle
  5. Enteral feeding (e.g., NG, NJ, or G-tube)
  6. Parenteral feeding (i.e., TPN)
  7. Intravenous hydration
  8. Blood and blood products
  9. Phlebotomy and specimen collection
  10. Mechanical ventilation (e.g., CPAP, NIPPV, BIPAP)
  11. Respiratory therapy (e.g., oxygen, suction, inhalation treatments, tracheostomy care)
  12. Urinary drainage systems (e.g., indwelling or suprapubic)

#### 5. Family Centered Care 9%

- A. Psychosocial, Spiritual, and Cultural Care
1. Assess and respond to psychosocial, spiritual, and cultural needs
  2. Assess and respond to family systems and dynamics (e.g., financial concerns, physical and

- mental health of the parents or grandparents)
3. Identify unresolved interpersonal matters (e.g., unresolved grief, parental conflict, divorce, custody)
  4. Facilitate effective communication among the team and between family members
  5. Facilitate opportunities for memory making or legacy building (e.g., photo albums, Make a Wish, journaling, hand molds)
- B. Care of the Child as Patient
1. Assess developmental level of the child
  2. Identify child's awareness of the diagnosis, prognosis, and plan of care
  3. Identify the family's desire for disclosure of diagnosis, prognosis, and plan of care to the child
  4. Facilitate communication strategies according to the child's cognitive, verbal, and social abilities
- C. Sibling Support
1. Identify the psychosocial needs of siblings
  2. Access resources to meet the needs of siblings (e.g., child life therapy, counseling)
- D. Family Caregiver Support
1. Assess caregiver physical, social, emotional, cognitive, and financial capacity to provide care
  2. Promote family self-care activities

#### 6. Education and Advocacy 13%

- A. Education of Child and Family
1. Assess developmental level, knowledge base, and learning style
  2. Identify and respond to barriers to ability to learn
  3. Teach and evaluate primary caregivers' specific skills for care of the child (e.g., colostomy)
  4. Assess and recommend adaptations to environmental and safety risks
  5. Teach pain and symptom management
  6. Discuss benefit versus burden of treatment options
  7. Teach medication administration and management
  8. Prepare child and family for transitions between care setting

- (e.g., hospital, outpatient, home, and community)
  - 9. Teach end-stage disease process
  - 10. Teach the signs and symptoms of imminent death
- B. Advocacy for the Child and Family**
- 1. Monitor care for potential neglect and abuse
  - 2. Identify barriers to communication
  - 3. Facilitate child/family participation in interdisciplinary team (IDT) discussions and the individualized plan of care
  - 4. Facilitate communication and shared decision between child, family, and care providers
  - 5. Advocate for a child's choice to participate in decision making throughout the trajectory of care
  - 6. Determine child's and family's hopes, wishes, and preferences throughout the trajectory of care
  - 7. Support advance care planning (e.g., birth plans, advance directives, life support, DNR status, withdrawal or withholding of non-beneficial medical interventions)
  - 8. Assist the child to maintain optimal function and quality of life
- C. Resource Management**
- 1. Inform child/family how to access services, medications, supplies, and durable medical equipment (DME)
  - 2. Monitor disposal of supplies/equipment (e.g., syringes, needles)
  - 3. Monitor controlled substances (e.g., use, safe storage)
  - 4. Identify available community supportive services
- 7. Care at End of Life 5%**
- A. Identify signs the child is entering terminal phase of condition
  - B. Identify and respond to:
    - 1. Physical indicators of imminent death (e.g., mottling, changes in breathing, decreased consciousness, decreased output, changes in vital signs)
    - 2. Psychological indicators of imminent death (e.g., letting go, permission to die, near death awareness)
    - 3. Pain and symptoms at the end of life (e.g., terminal restlessness, work of breathing, palliative sedation)
- C. Honor cultural and spiritual beliefs at the end of life (e.g., care of the body, rituals, faith traditions)**
- D. Provide death vigil support
  - E. Provide comfort and dignity at time of death
  - F. Visit at time of death to facilitate pronouncement notification and transportation
- 8. Grief and Bereavement 4%**
- A. Evaluate the need for anticipatory grief support throughout the trajectory of care
  - B. Counsel or provide emotional support for the unique grief needs of all affected by the child's condition (e.g., parents, siblings, grandparents, schoolmates, teams, church communities)
  - C. Facilitate opportunities to recognize the value and impact of the child's life
  - D. Provide information regarding funeral practices/preparation
  - E. Provide information on bereavement resources
  - F. Participate in bereavement follow-up support activities (e.g., memorial services, celebration of life, cards, phone calls)
- 9. Professional Issues 9%**
- A. Practice Issues**
- 1. Incorporate standards into practice (e.g., HPNA Standards of Nursing, NHPCO, ANA)
  - 2. Incorporate guidelines into practice (e.g., National Consensus Project, AHRQ, NHPCO)
  - 3. Incorporate legal regulations into practice (e.g., OSHA, CMS)
  - 4. Educate the public on end-of-life issues and palliative care
  - 5. Evaluate educational materials for children and family
  - 6. Access resources from multimedia sources (e.g., Internet)
  - 7. Identify techniques of conflict management
  - 8. Use principles of evidence-based practice
  - 9. Integrate ethical considerations and processes in practice

10. Identify strategies to resolve ethical concerns related to the end of life (e.g., ethics committee, consultation, care conferencing)
  11. Participate in quality assurance and performance improvement activities
- B. Professional Development
1. Contribute to professional development of peers, colleagues, students, and others as preceptor, educator, or mentor
  2. Participate in peer review
  3. Maintain professional boundaries between child/family and staff
  4. Participate in research activities (e.g., data collection)
  5. Read medical or nursing journals to remain current
  6. Participate in professional nursing organization activities
  7. Maintain personal continuing education plan to update knowledge
  8. Participate in legislative and policy making arenas
- C. Self-Care
- Identify and implement strategies for dealing with:*
1. Nursing grief
  2. Moral distress in nursing practice
  3. Compassion fatigue in nursing practice
  4. Impact of personal beliefs, values and attitudes on professional practice
  5. Identify the need for self-care activities
  6. Participate in self-care activities (e.g., stress management)

## Instructions on completing the CHPPN® HPAR Application

Read the CHPPN® 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. For a Word file, please contact the national office.
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 CHPPN® Detailed 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 **CHPPN® 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 CHPPN® 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 Pediatric Nurse Hospice and Palliative Accrual for Recertification (CHPPN® 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 2).**

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:

In order to obtain HPNA member discount fee, you must be a current HPNA member **PRIOR** to or along with this submission of your CHPPN® 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"/> RN: 1 yr \$115	<input type="checkbox"/> RN: 2 yr \$210
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HPAR Renewal Standard Fee (8 weeks or more prior to certification expiration):

<input type="checkbox"/> HPNA Member \$260	<input type="checkbox"/> 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
--	--

HPAR Reactivation Fee (up to 3 years after certification expiration):

<input type="checkbox"/> HPNA Member \$435	<input type="checkbox"/> Non-HPNA Member \$555
--	--

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)
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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:**

<input type="checkbox"/> Clinical	<input type="checkbox"/> Educational	<input type="checkbox"/> Administrative	<input type="checkbox"/> Research
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**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)	

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

<input type="checkbox"/> Hospice	<input type="checkbox"/> Palliative care	<input type="checkbox"/> Both
----------------------------------	--	-------------------------------

**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
----------------------------------	----------------------------------	-----------------------------------	------------------------------------	------------------------------------	------------------------------------	------------------------------------	----------------------------------

**Total number of years in hospice/palliative care:**

<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
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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	

**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
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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:		

**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 Pediatric Registered Nurse in hospice/palliative care for 500 hours in the most 12 recent months or 1,000 hours during the most recent 24 months prior to application.

Position Title	Name and City/State of Employer	Number of hours worked in pediatric hospice/palliative care	Completed over 500 hours in past 12 months or 1,000 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 CHPPN® 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 registered nurse in the United States, its territories, or the equivalent in Canada.**

*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**

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

Complete information for practice hours verification for auditing purposes.

**Submit for audit.**

To the best of my knowledge, \_\_\_\_\_ has completed work as a hospice and palliative pediatric registered nurse (select one):

- 500 hours in the most recent 12 months
- 1,000 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

### CHPPN® HPAR Category LOG

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

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

### Academic Education (maximum 45 HPAR points)

See page 7 for description

Dates	Title of Class	College / University	Number of Credits	HPAR Points*	Test Content No./Letter**
<b>Example Spring, 2015</b>	<b>Bioethics</b>	<b>University of Pittsburgh</b>	<b>3.0</b>	<b>45</b>	<b>6B, 7A, 7B, 9A</b>
			TOTAL:		

You must call national office at 412-787-1057 for **PRE-APPROVAL** of completed course **BEFORE** submission of CHPPN® 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 HPAR points

\*\* Test Number/Letter – Must correspond this item to related test content via test outline number and letter. (Refer to pages 11-15)



**HPCC**  
CHPPN® HPAR Category LOG

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

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

**Professional Presentations**

(maximum 30 HPAR points) See page 7 for description

Date	Title of Presentation- Title of Conference	Length of Presentation	Points*	Test Content No./Letter**
Example 3/22/15	End-of-life care across the ages. Third Joint Clinical Conference	90 minutes	9	5B, 7A-F
		TOTAL:		

\* **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

\*\*Test Number/Letter – Must correspond this item to related test content via test outline number and letter. (Refer to pages 11-15)

**HPCC**  
**CHPPN® HPAR Category LOG**

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

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

**Professional Publications** (maximum 75 HPAR points)  
 See page 8 for description

<b>Dates</b>	<b>Type of Items published*</b>	<b>Title of Journal or Book</b>	<b>Title</b>	<b>Indicate author or editor</b>	<b>Points</b>	<b>Test Content No./Letter**</b>
<b>Example 5/15</b>	<b>Original Journal Article</b>	<b>Journal of Hospice &amp; Palliative Nursing</b>	<b>Spirituality as a part of nursing</b>	<b>Single Author</b>	<b>10</b>	<b>5A</b>
				<b>TOTAL:</b>		

**\*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 11-15)**

**HPCC**  
CHPPN® HPAR Category LOG

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

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

**Precepting Students** (maximum 30 HPAR points)  
See page 9 for description

Dates	Instructor/ Faculty Name	Program Student(s) Represents/ City & State	Number of Students	Combined Number of Hours	HPAR Points*
<b>Example Jan-May, 2014</b>	<b>Sue Smith</b>	<b>University of Florida, School of Nursing/ Gainesville, FL</b>	<b>5</b>	<b>35</b>	<b>10</b>
			<b>TOTALS:</b>		

\*Twenty-five (25) hours of precepting = 10 HPAR points  
Precepting points in increments other than 10 **will not be accepted.**

## HPCC

### CHPPN® HPAR Category LOG

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

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

### **Orienting Staff** (maximum 20 HPAR points) See page 9 for description

Dates	Supervisor Name	Organization / Employer Unit / Department	Number of Staff Oriented	Combined Number of Hours	HPAR Points*
<b>Example Jan-May, 2016</b>	<b>Mary Smith</b>	<b>Hospice of the Valley Phoenix, AZ Inpatient Hospice</b>	<b>5</b>	<b>40</b>	<b>10</b>
			<b>TOTALS:</b>		

\*Forty (40) hours of orienting = 10 HPAR points  
Orienting points in increments other than 10 **WILL NOT BE ACCEPTED.**

# HPCC

## CHPPN<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

## CHPPN® 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 CHPPN® 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 20 HPAR points)

See page 9 for description

Dates	Organization	Name of Board/Committee/Task Force	Capacity in which you served (e.g., member, vice president)	Points
<b>Example 1/1/2016- 12/31/2016</b>	<b>Hospice and Palliative Nurses Association</b>	<b>Leadership Advisory Team</b>	<b>Member</b>	<b>10</b>
			<b>TOTAL:</b>	

\* One year of service = 10 HPAR points  
Points awarded only for complete year(s) of service.

## HPCC CHPPN® HPAR SUMMARY LOG

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

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

For CHPPN® renewal, you must earn a minimum of 100 points, all of which must be related to hospice and palliative 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 2).

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 30 points)	
Professional Publications (maximum of 75 points)	
<b>PROFESSIONAL CONTRIBUTIONS</b>	
Precepting healthcare professional students enrolled in an academic program (maximum of 30 points)	
Orienting Staff (maximum of 20 points)	
Volunteer Service in organizations (maximum of 20 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 18)
- All Category Logs completed according to instructions. (Do NOT include blank logs)
- This completed **Summary Log**
- Mail all the above to: HPCC, One Penn Center West, Suite 425, Pittsburgh, PA 15276