



**Hospice and Palliative Credentialing Center (HPCC)
CHPCA® Hospice and Palliative Accrual for Recertification
(CHPCA® 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. HPAR total points have decreased from 125 to 100 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 administration. 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 administrative practice that covers the content in the administrator detailed 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. 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 CHPCA® certification
- Complete the required practice hours in the specialty
- Complete the professional development point accrual
- Pay the renewal fee

***Please note that recertification through HPAR will be the only option for CHPCA® recertification beginning in January 2018. Retesting will not be available.**

Renewal Application Deadlines and Fees

HPAR Fees		
CHPCA®	Standard Fee*	Extended** (Additional fee of \$100 incurred)
HPNA member	\$310	\$410
HPNA non-member	\$430	\$530

* 1 year to 8 weeks prior to expiration

** 8 weeks or less prior to expiration

**CHPCA® HOSPICE AND PALLIATIVE
ACCRUAL for RECERTIFICATION
(CHPCA® HPAR) PACKET**

**Certified Hospice and Palliative Care Administrator
CHPCA®**

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For questions, please contact the national office at 412-787-1057
or via e-mail hpcc@goHPCC.org.

Certified Hospice and Palliative Care Administrator Hospice and Palliative Accrual for Recertification (CHPCA® HPAR)

Requirements:

I. Practice Hours: Two years of full time hospice and palliative administrative work in the past three years that encompasses the content of the CHPCA® detailed content outline prior to submission of application.

II. Professional Development Activities: Total of 100 points

Activity	Points
A. Continuing Education	HPAR Max. Limit
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. Scholarly Accomplishments	HPAR Max. Limit
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

C. Professional Contributions	HPAR Max. Limit
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 CHPCA® Detailed Content Outline (see page 11).

I. Practice Hours

Have the equivalent of two years of full time experience in the past three years in an administrative role that covers the detailed content outline.

II. Professional Development Activities

1. HPAR 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. **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 CHPCA[®] 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 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, 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.

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 CHPCA® HPAR by HPCC.**

Activities should be selected to enhance expertise in hospice and palliative care administration and must relate to the CHPCA® 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

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 care.
- **You must call the national office at 412-787-1057 for pre-approval of completed course BEFORE submission of the CHPCA® HPAR packet.** Have grade reports, course descriptions and page 22 of this packet available when calling.
- 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 hospice and palliative care administration.
- 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 (>300 pages)</i>	<i>60 points</i>
<i>Authored textbook (<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 peer reviewed journal</i>	<i>15 points</i>
<i>Original journal article in a peer reviewed journal</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.
- The precepting should be in a one-on-one relationship with specific goals to learn information about the hospice and palliative administration 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 = 10 HPAR points**
- Precepting points in increments other than 10 **will not be accepted.**
- Limited to maximum 30 HPAR points.

2. Orienting Staff

- Time spent on the job with a healthcare professional 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 hospice and palliative care administration 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 20 HPAR points.

Random Auditing

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

HOSPICE AND PALLIATIVE CARE ADMINISTRATOR

DETAILED CONTENT OUTLINE

1. Leadership and Ethics 19%

A. Leadership

1. Design an organizational culture to support the hospice and palliative care philosophy and core values
2. Foster a positive work environment which enhances the organizational culture, mission, and values
3. Promote effective interdisciplinary team building
4. Ensure a system to promote access to quality hospice and palliative care
5. Demonstrate effective leadership by serving as a role model
6. Establish an organizational climate to encourage mentoring
7. Monitor emerging trends that could impact hospice and palliative care operations, programs, practices, and services
8. Facilitate management of change within the organization
9. Promote service and performance excellence
10. Develop a long term strategic plan that is aligned with organizational mission and vision
11. Collaborate with the governing board to facilitate oversight and decision making
12. Provide input to facilitate succession planning

B. Ethics

1. Participate in establishing a code of ethical conduct (e.g., professional boundaries, scope of practice)
2. Follow the code of ethical conduct
3. Develop a process of monitoring and addressing biomedical ethical issues (e.g., advance directives, assisted suicide, withholding and withdrawing life support or life sustaining procedures/treatments, informed consent)
4. Develop a process of monitoring and addressing ethical issues related to business practices (e.g., sales and marketing practices)
5. Encourage system-side processes surrounding advance care planning

2. Operations 21%

A. Staff Management

1. Ensure clinical staffing to meet patient and family care needs
2. Ensure administrative staffing to meet organizational needs

3. Provide regular and effective communication with staff members
4. Provide direct supervision to staff members
5. Establish productivity guidelines consistent with available resources (e.g., NHPCO, CAPC)
6. Support recruitment and retention of volunteers

B. Staff Education

1. Assure implementation of best practices in all areas of hospice and palliative care operations
2. Encourage staff to apply clinically-based research findings into practice
3. Strive to achieve certification of hospice and palliative care staff
4. Assess staff educational needs
5. Create an education plan based on needs assessment
6. Ensure job-specific orientation
7. Foster continuing competence for all staff
8. Lead staff development initiatives
9. Provide opportunities for professional development of staff
10. Evaluate effectiveness of staff development

C. Business Continuity

1. Assist with development of policies and procedures
2. Recommend an operating structure to ensure achievement of organizational goals
3. Develop and implement project management plans
4. Establish and implement an internal communication plan
5. Provide input to the development of emergency preparedness plans
6. Ensure staff have resources and tools to support job performance (e.g., technology)

D. Operations Management

1. Engage in problem solving activities and conflict resolution
2. Establish workflow systems (e.g., flow of information, maintenance of records, delivery of medications)
3. Direct and manage day-to-day business operations
4. Establish delegation of operational decisions
5. Encourage innovative models of care delivery

3. Fiscal Management 13%

- A. Budget
 - 1. Develop and provide input for the development of the budget
 - 2. Manage resources efficiently within the allocated budget
 - 3. Approve financial expenditures
 - 4. Monitor and address budget variances
 - 5. Maintain responsibility of financial areas and cost controls
 - 6. Participate in cost reporting activities
 - 7. Monitor targeted revenue to expense ratio
 - 8. Monitor data related to reimbursement (e.g., utilization, median length of stay)
 - 9. Maintain knowledge of cost reporting requirements, issues, and practices
 - 10. Determine acceptable balance of reimbursable and non-reimbursable services (e.g., complementary therapies, community bereavement services, anticipatory grief services)
 - 11. Ensure preparation of data for routine audit and assessment
- B. Contract Management
 - 1. Negotiate with vendors of goods and services (e.g., DME, pharmaceuticals, biological, providers, facilities)
 - 2. Monitor delivery of goods and services provided according to contractual terms

4. Human Resource Management 10%

- A. Staffing
 - 1. Evaluate the marketplace to ensure workforce excellence
 - 2. Participate in recruitment activities for staff
 - 3. Participate in staff retention activities
 - 4. Provide mechanisms to obtain employee feedback
 - 5. Ensure a general orientation of new staff
 - 6. Conduct performance appraisals and provide feedback to employees
 - 7. Participate in hiring, termination, and status changes (e.g., promotion, full-time to part-time, leave of absence)
 - 8. Ensure compliance with licensing and credentialing of staff
- B. Policies and Procedures
 - 1. Ensure compliance with employment laws (e.g., EEOC, OSHA, practice acts, worker's compensation)
 - 2. Ensure compliance with human resources policies

5. Quality Management 15%

- A. Participate in the strategic and tactical review of the organization's performance with the governing body
- B. Participate in implementation of the quality management program
- C. Participate in the development of a data-driven quality assessment and performance improvement program using a methodology that guides the services of the organization to address:
 - 1. patient safety
 - 2. adverse events
 - 3. infection control
- D. Integrate data-driven performance improvement projects into practice
- E. Evaluate quality management data related to outcomes
- F. Measure satisfaction of internal and external customers
- G. Oversee development, implementation, and evaluation of standards of practice in hospice and palliative care clinical areas
- H. Promote excellence in the patient and family experience
- I. Participate in national quality initiatives
- J. Apply National Quality Forum preferred practice standards

6. Community Outreach and Advocacy 8%

- A. Participate in development of community outreach plans
- B. Participate in community outreach activities (e.g., education, support groups, memorial services)
- C. Establish relationships with local, state, and national health and human service groups
- D. Participate in advocacy activities to influence public policy
- E. Develop relationships to assure consistency and growth of referral sources
- F. Determine market share and areas for development

7. Organizational Integrity and Compliance 14%

- A. Ensure organizational adherence to a code of conduct
- B. Ensure processes are in place for reporting violations related to inappropriate conduct
- C. Incorporate industry standards and guidelines into organizational practice (e.g., NHPCO Standards for Hospice Programs, National Consensus Project Clinical Practice Guidelines for Quality Palliative Care, CAPC, NQF, discipline specific guidelines)

- D. Maintain current knowledge and interpretation of regulations that currently or potentially impact the organization's program goals and objectives (e.g., Medicare Hospice Benefit, Conditions of Participation/Interpretive Guidelines, Local Coverage Determination (LCDs))
- E. Follow applicable Federal regulations (e.g., Patient Self Determination Act, HIPAA, Anti-kickback laws, Stark law)
- F. Implement a compliance plan to ensure adherence to regulatory standards
- G. Ensure compliance with accreditation standards (e.g., The Joint Commission, CHAP)
- H. Participate in the development and integration of a risk management program

Instructions on completing the CHPCA[®] HPAR Application

Read the CHPCA[®] 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 CHPCA[®] 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 **CHPCA[®] 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 CHPCA[®] 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 Care Administrator Hospice and Palliative Accrual for Recertification (CHPCA® HPAR) Application

NOTE: Application must be **received** by the 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:

To obtain HPNA member discount fee, you must be a current HPNA member **PRIOR** to or along with this submission of your CHPCA® 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
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HPAR Renewal Standard Fee (8 weeks or more prior to certification expiration):

HPNA Member \$310	Non-HPNA Member \$430
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HPAR Renewal Extended Fee (8 weeks or less prior to certification expiration):

HPNA Member \$410	Non-HPNA Member \$530
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Financial gifts to the Hospice and Palliative Foundation (HPNF) are considered charitable contributions which are used to fund nursing research, grants, and awards. Please consider adding a contribution to HPNF with your HPAR application fee.

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

Total amount enclosed: _____

<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
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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
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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
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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"/>	CEO/Executive Director	<input type="checkbox"/>	Manager/Administrator
<input type="checkbox"/>	Clinical director/supervisor	<input type="checkbox"/>	Consultant for hospice/palliative care team
<input type="checkbox"/>	Other:	<input type="checkbox"/>	

Primary employer:

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

Primary practice setting:

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

Primary Age Group Served:

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

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

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

Ethnic Origin:

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

Processing Agreement – Mandatory Section

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

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

Practice Hour Requirement (required). Fulfillment of practice hours is two years of full time hospice and palliative administrative work in the past three years that encompasses the content of the CHPCA® detailed content outline prior to submission of application.

Position Title	Name and City/State of Employer	Number of full-time years worked in hospice/palliative care administration within the past 3 years

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 CHPCA® 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?

Full Name
Signature
Date

HPCC
CHPCA® 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 (select one):

- The equivalent of two years of full time experience in the past three years in an administrative role that covers the CHPCA® detailed content outline with this employer.
- Other (specify date range for experience)

OR

I am a CEO and am self-verifying my experience. (not necessary to complete the information below)

Signature

Date

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 _____

HPCC
CHPCA® 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 3/3 -3/6 2015	Annual Assembly AAHPM/HPNA	Hospice and Palliative Nurses Association (HPNA)	American Nurses Credentialing Center (ANCC)	19.2	19.2	1B, 5C, 7D
4/26/16	Legal Implications of Social Media	Hospice of Hope Baltimore, MD	Maryland Chamber of Commerce	3	3	1B, 7B
3/12/14	Disability in the Workplace Online Course	Community College of Beaver Pennsylvania	Human Resource Certification Institute (HRCI)	10	10	4B
				TOTAL:		

* One (1) contact hour equals one (1) point

** Test Number/Letter-Must correspond this item to related test content via detailed outline number and letter. (Refer to pages 11-13)

HPCC

CHPCA® 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	Points*	Test Content No./Letter**
Example Fall, 2014	Bioethics	University of Pittsburgh	3.0	45	1B, 7A
			TOTAL:		

You must call the 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.

Approved by: _____

Date: _____

* One (1) academic semester credit equals 15 points

** Test Number/Letter – Must correspond this item to related test content via detailed outline number and letter. (Refer to pages 11-13)

HPCC

CHPCA® 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 4/22/15	Incorporating Volunteer Service into a Hospital Based Palliative care unit NHPCO Management and Leadership Annual Conference	90 minutes	9	2A, 4A
		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 detailed content outline number and letter. (Refer to pages 11-13)**

HPCC

CHPCA® 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

Dates	Type of Items published*	Title of Journal or Book	Title	Indicate author or editor	Points	Test Content No./Letter**
Example 5/16	Original Journal Article	Journal of Hospice & Palliative Nursing	A Model for A Successful Outpatient Palliative Care Service	Single Author	10	6A, 6B, 6C
				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 detailed content outline number and letter. (Refer to pages 11-13)**

HPCC
CHPCA® 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 8 for description

Dates	Instructor/ Faculty Name	Program Student(s) Represents/ City & State	Number of Students	Combined Number of Hours	Points*
Example Jan-May, 2015	Sue Smith	University of Florida, Business Administration Program Gainesville, FL	5	35	10
			TOTALS:		

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

****Test Number/Letter – Must correspond this item to related test content via detailed content outline number and letter. (Refer to pages 11-13)**

HPCC CHPCA® 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	Combined Number of Hours	Points*
Example Jan-May, 2015	Mary Smith	Hospice of the Valley Phoenix, AZ Inpatient Hospice	5	40	10
			TOTALS:		

*Forty (40) hours of orienting = 10 points
Orienting points in increments other than 10 **will not be accepted.**

****Test Number/Letter – Must correspond this item to related test content via detailed content outline number and letter. (Refer to pages 11-13)**

HPCC

CHPCA® 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

 Date

Copy this form as needed

HPCC

CHPCA® 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 CHPCA® 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
Example 1/1/2015- 12/31/2015	Ohio Hospice and Palliative Care Organization	Board of Directors	Secretary	10
			TOTAL:	

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

****Test Number/Letter – Must correspond this item to related test content via detailed content outline number and letter. (Refer to pages 11-13)**

HPCC CHPCA® HPAR Summary Log

Name: _____

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

For CHPCA® 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
CONTINUING EDUCATION	
Nursing/Medical /Other healthcare disciplines (live, self-study, online, etc.)	
SCHOLARLY ACCOMPLISHMENTS	
Academic education (maximum of 45 points)	
Professional presentations (maximum of 30 points)	
Professional publications (maximum of 75 points)	
PROFESSIONAL CONTRIBUTIONS	
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)	
GRAND TOTAL	

Packet checklist: Have you enclosed:

- Completed signed application
- Method of payment (Check or credit card as instructed on application – page 16)
- 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

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