



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

All professional development activities achieved in the process of renewal of certification by the accrual method should extend knowledge and improve the candidate’s practice of perinatal loss care. The requirements of HPAR help to demonstrate continuing competence by allowing professionals to exhibit critical thinking skills and express competencies through continuing education, scholarly accomplishments, and professional contributions. These activities should be consistent with the scope of perinatal loss care practice that covers the content in the perinatal loss care 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 CPLC® certification
- Hold appropriate current unrestrictive license in the United States or its territories as a registered nurse, physician, psychologist, counselor, child life specialist, social worker, or chaplain
- Complete the required practice hours in the specialty
- Complete the professional development point accrual
- Pay the renewal fee

Renewal Application Deadlines and Fees:

CPLC® HPAR Fees		
	Renewal Fee*	Extended Fee** (Renewal + \$100)
HPNA member	\$260	\$360
HPNA non-member	\$380	\$480

* **On or before October 31st**

** **After October 31st**

**CPLC[®] HOSPICE AND PALLIATIVE
ACCRUAL for RECERTIFICATION
(CPLC[®] HPAR) PACKET**

**Certified Perinatal Loss Care
CPLC[®]**

TABLE OF CONTENTS

Policy and Instructions	1
Auditing.....	9
Detailed Content Outline.....	10
Application Instructions	13
Application	14
Category Logs	
Continuing Education	19
Scholarly Accomplishments Category	
Academic Education	20
Professional Presentations	21
Professional Publications	22
Professional Contributions Category	
Precepting Students.....	23
Orienting Staff	24
Volunteer Service in Organizations.....	25
Summary Log.....	26

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

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

Requirements:

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

II. Professional Development Activities: 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 HPAR 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	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 CPLC® Detailed Content Outline (see page 10).

I. Practice Hours and Licensure

1. Hold appropriate current, unrestrictive license in the United States or its territories as a registered nurse, physician, psychologist, counselor, child life specialist, social worker, or chaplain.
2. Have evidence of work in your profession and the area of perinatal loss care and/or bereavement support for a minimum of 2 years within the past 3 years prior to submission of application.

II. Professional Development Activities

1. HPAR points may be accrued throughout your certification cycle that is from your exam date through certification expiration date. We encourage you to begin a professional development log as activities are completed.
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 perinatal loss care and/or bereavement support and must relate to the CPLC® 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. **Submission of more than 100 points is highly encouraged in the event some points are disallowed.**

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 9.

POINT ACCRUAL CATEGORIES

A. CONTINUING EDUCATION

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

Several state boards of nursing require continuing education for renewal of licensure. However, NOT all state boards require that the continuing education be offered by accredited or approved providers or have been approved by an accredited approver.

Therefore, some continuing education programs may be acceptable for candidate re- licensure in their state but NOT acceptable for renewal of certification through CPLC® HPAR by HPCC.

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

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

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

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 National Office at 412-787-1057 for pre-approval of completed course BEFORE submission of the CPLC® HPAR packet.** Have grade reports, course descriptions and page 20 of this packet available when calling the National Office.
- Enrollment in a degree program is not required.
- Courses must be provided by accredited colleges or universities.
- A grade of “C” or higher must be achieved for a course.
- **One academic semester credit = 15 HPAR points**
- Limited to a maximum of 45 HPAR points.

2. Professional Presentations

- Through formal structured educational presentations made to nurses, other healthcare providers, or the public (e.g., seminars, conferences, in-services, public education)
- Content of the presentation must be related to the field of perinatal loss.
- Presentations given as part of requirements within your job description are not acceptable. Educators that teach courses as part of employment responsibilities would count this activity as required hours in the profession, but not as formal presentations.
- **Presentations may be done in the workplace if they are not part of the routine job requirements.** Examples include: providing education on a different unit during the interdisciplinary team meeting or at another organizational worksite/outreach facility.
For instance, a one hour presentation to staff members on a new clinical topic or the findings from searching an evidence based new treatment would be 60 minutes = 6 HPAR points.
- Length of the presentation must be at least 20 minutes
- HPAR points 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 include: writing a patient education pamphlet or an article in the workplace newsletter or journal.
- Must be the author, co-author, editor, or co-editor
- Item must have been accepted for publication during renewal period even if actual publication date is to be past renewal period.
- 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 specialty perinatal loss and the role of the disciplines involved.
- One day “shadowing” experiences cannot be accepted for HPAR point requirements.
- Information provided must include: dates of precepting, instructor/faculty name, academic course title, institution (college/university), number of students, number of combined hours and contact email for supervising faculty.
- One entry is required for each academic course.
- **25 hours of precepting = 10 HPAR points**
- Precepting points in increments other than 10 **WILL NOT BE ACCEPTED.**
- Limited to maximum of 30 HPAR points.

2. Orienting Staff

- Time spent on the job with 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 perinatal loss and the role of the disciplines involved.
- Information provided must include: dates of orientation, supervisor name and contact information, organization/workplace, number of new staff, number of combined hours.
- A separate entry is required for each place you have worked.
- **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"> • 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 or Electronic Reference Verification
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 (Form included with audit notification documentation) – Please refer to page 8 for complete details	<ul style="list-style-type: none"> • Completed Precepting Audit Form <ul style="list-style-type: none"> ○ Course title, Description, Goals, Student names, Dates of orientation, Location of preceptorship
Orienting Staff (Form included with audit notification documentation) – Please refer to page 8 for complete details	<ul style="list-style-type: none"> • Completed Orienting Audit Form <ul style="list-style-type: none"> ○ Description of services, Staff names, Dates of orientation
Volunteer Service in Organization – Please refer to page 8 for complete details	<ul style="list-style-type: none"> • Letter from organization with listing date(s) of volunteer service

CERTIFIED IN PERINATAL LOSS CARE DETAILED TEST CONTENT OUTLINE

1. Concepts of Perinatal Loss 23%

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

2. Psychosocial Care 28%

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

- 2. Learn the meaning of the pregnancy and loss for the patient to help guide care
- 3. Allow for individualized expression of feelings (e.g., unmet emotional needs, anger, resentment, powerlessness, lack of control)
- 4. Legitimize the loss
- 5. Validate the patient's grief response
- 6. Allow time for reflection and questions
- 7. Provide continuing support for shifting parental hopes and goals
- 8. Provide psychosocial education regarding perinatal loss and grief
- 9. Provide education regarding continuing bonding
- B. Patient Support Needs
 - 1. Identify and respond to needs related to:
 - a. Interpersonal relationship issues (e.g., parental conflict, divorce)
 - b. Psychological sequelae (e.g., anxiety, depression, post-traumatic responses)
 - c. Possible range of grief response to perinatal loss
 - d. Unique grief needs (e.g., maternal paternal, grandparents, same sex parents, single parents)
 - e. Complicated grief
- C. Sibling Support
 - 1. Assess and identify developmental stages of siblings
 - 2. Identify and respond to the grief of siblings
 - 3. Access resources to meet the needs of siblings (e.g., child life therapy, counseling)
 - 4. Educate parents regarding sibling grief (e.g., provide age-appropriate information)
 - 5. Facilitate sibling interactions with the baby
- D. Honoring Relationships
 - 1. Facilitate opportunities for gathering keepsakes (e.g., photographs, journals, hand/foot prints or hand/foot molds)
 - 2. Identify strategies for safekeeping of mementoes when the patient chooses not to receive them at the time of death
 - 3. Introduce options and facilitate patient choices for interactions with the baby (e.g., seeing, touching, holding, bathing)
- E. Communication with the Patient

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

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

Instructions on completing the CPLC® HPAR Application

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

1. You may print out the application and logs and fill in the information by hand, or you may type the information in the Word files. 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 CPLC® 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 **CPLC® HPAR SUMMARY LOG**. If incomplete, application will NOT be processed.
7. Utilize the checklist on the summary log to assure you have completed all required items and **sign** the application form. A signature is required for application to be processed.
8. **Please remember to retain your own copy of your submission packet.**
9. **There will be no refunds for CPLC® HPAR.**
10. **Application and logs will be accepted by Mail, Email, or Fax** as indicated to be **RECEIVED** by the deadline.

Mailing Address:

HPCC
One Penn Center West
Suite 425
Pittsburgh, PA 15276
Email: hpcc@goHPCC.org
Fax: 412-787-9305

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

NOTE: Application must be **received** by National Office **on or before October 31st**. **Additional fee required if submitted after October 31st (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:
Employer Name:	
Work Address:	City, State Zip Code:
Work Phone:	Work Fax:
Preferred Email Address:	
HPCC Certification Number:	Certification Expiration date:

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

I am not currently an HPNA member and I would like to join today (optional). Please mark X in front of the category you choose.

RN: 1 yr \$115	RN: 2 yr \$210	Associate: 1 yr \$100
----------------	----------------	-----------------------

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

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

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

HPNA Member \$360	Non-HPNA Member \$480
-------------------	-----------------------

Financial gifts to the **Hospice and Palliative Foundation (HPNF)** are considered charitable contributions which are used to fund nursing research, grants and awards. Please consider adding a contribution to HPNF with your HPAR application fee.

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

Total amount enclosed: _____

VISA	MasterCard	Discover	AMEX	Check enclosed (Payable to HPCC)
------	------------	----------	------	----------------------------------

Card Number:	Name on card:
Expiration Date:	Security Code (on back of card):

DEMOGRAPHIC INFORMATION

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

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

Type of Primary Practice:

Clinical	Educational	Administrative	Research
----------	-------------	----------------	----------

What is the highest academic level you have attained?

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

Total number of years in your profession:

0-2 yrs	3-5 yrs	6-10 yrs	11-15 yrs	16-20 yrs	21-25 yrs	26-30 yrs	>30 yrs
---------	---------	----------	-----------	-----------	-----------	-----------	---------

Location of primary practice facility:

Urban	Rural	Suburban
-------	-------	----------

Primary Role:

<input type="checkbox"/>	Registered Nurse	<input type="checkbox"/>	Physician
<input type="checkbox"/>	Psychologist	<input type="checkbox"/>	Counselor
<input type="checkbox"/>	Child Life Specialist	<input type="checkbox"/>	Social Worker
<input type="checkbox"/>	Chaplain	<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
--------------------------	-------	--------------------------	-----------

Optional Information:**Age:**

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

Gender:

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

Ethnic Origin:

<input type="checkbox"/>	African American/Black	<input type="checkbox"/>	Asian/Asian American/Pacific Islander	<input type="checkbox"/>	Caucasian
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Native American/Alaskan Native	<input type="checkbox"/>	Multiracial
<input type="checkbox"/>	Other:	<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). Have evidence of work in your profession and the area of perinatal loss care and/or bereavement support for a minimum of 2 years within the past 3 years prior to submission of application.

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

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

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

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

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

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

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

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

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

License number	State
Expiration date	
Full Name	
Signature	
Date	

HPCC

CPLC® HPAR Category LOG

Name: _____

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

Continuing Education

See page 4 for description

Program Dates	Title of Program and Type	Provided by	Accrediting or Approval Body	Contact Hours	Points*	Detailed 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, 3A, 5A
3/12/16	Complex Grief	Hospice of Dayton	Ohio Board of Nursing	1	1	2B
TOTAL:						

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

** Detailed Content Number/Letter-Must correspond this item to related detailed content outline number and letter. (Refer to pages 10-12)

HPCC

CPLC® HPAR Category LOG

Name: _____

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

Academic Education (maximum 45 points)

See page 6 for description

Dates	Title of Class	College / University	Number of Credits	Points*	Detailed Content No./Letter**
Example Fall, 2015	Bioethics	University of Pittsburgh	3.0	45	1B, 2D, 2E,
			TOTAL:		

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

Approved by: _____

Date: _____

* One (1) Academic Semester Credit Equals 15 points

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

HPCC CPLC® HPAR Category LOG

Name: _____

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

Professional Presentations (maximum 30 points)

See page 6 for description

Date	Title of Presentation- Title of Conference	Length of Presentation	Points*	Detailed Content No./Letter**
Example 4/22/15	Sibling Support Following a Loss Boston Chapter HPNA Program Meeting	90 minutes	9	2C
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

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

HPCC CPLC® HPAR Category LOG

Name: _____

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

Professional Publications (maximum 75 points)

See page 7 for description

Dates	Type of Items published*	Title of Journal or Book	Title	Indicate author or editor	Points	Detailed Content No./Letter**
Example 5/16	Original Journal Article	Journal of Hospice & Palliative Nursing	A Model for Successful Care Coordination to Address Perinatal Loss	Single Author	10	3A, 5A
				TOTAL:		

***Item Types as Listed Below:**

Doctoral dissertation = 75 points

Authored Textbook > 300 pages = 60 points

Authored Textbook < 300 pages = 40 points

Master's Thesis = 25 points

Textbook Editor = 20 points

Chapter in a book = 15 points

Written review of book or media = 5 points

Patient/Family Teaching Sheet = 5 points

Educational pamphlet = 5 points

Position Statement = 5 points

Research abstract = 2 points

Editorial in professional journal = 2 points

Column in a professional journal = 2 points (maximum of 8 points)

Article in professional organization newsletter = 2 points

Article in workplace newsletter = 2 points

Original Research Article, **peer reviewed journal** = 15 points

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

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

HPCC
CPLC® HPAR Category LOG

Name: _____

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

Precepting Students (maximum 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, 2016	Sue Smith	University of Florida, MSW 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.**

HPCC
CPLC® 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 8 for description

Dates	Supervisor Name	Organization / Employer Unit / Department	Number of Staff	Combined Number of Hours	Points*
Example Jan-May, 2016	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.**

HPCC
CPLC® HPAR Category LOG

Name: _____

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

Volunteer Service in Professional Organizations (maximum 20 HPAR points)
See page 8 for description

Dates	Organization	Name of Board/Committee/Task Force	Capacity in which you served (e.g., member, vice president)	Points
Example 1/1/2016- 12/31/2016	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.

HPCC CPLC® HPAR SUMMARY LOG

Name: _____

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

For CPLC® renewal, you must earn a minimum of 100 points, all of which must be related to perinatal loss care. Submission of more than 100 points is highly encouraged in the event some points are disallowed. HPAR packets **MUST be RECEIVED** in the National Office according to the application deadline and fee schedule (refer to page 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
- Copy of your license or printout of your online verification
- Method of payment (Check or credit card as instructed on application – page 15)
- All Category Logs completed according to instructions. (Do NOT include blank logs)
- This completed **Summary Log**
- Submit all of the above to HPCC via Mail, Email or Fax (refer to **page 13** for details)