****

**CSPHP APPLICATION WORKSHEET**

**Please complete this worksheet and the application checklist and forward along with disc or thumb drive containing all documentation. Please note shaded columns are for use by the Reviewing Committee.**

|  |  |
| --- | --- |
| **Applicant:**  | **Date:**  |
| **Address:** | **Email: Phone:** |

**Please provide us with the name and contact information of the person within your organization that you would like us to notify when you become certified:**

|  |  |
| --- | --- |
|  | **(Optional)** |

**SECTION 1 – Education (RN plus 5 years of experience *or* Bachelor’s Degree in related field plus 4 years of experience *or* Graduate Degree in related field plus 3 years of experience)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Degree (BS, MS, PhD)** | **College or University** | **Field of Study** | **Dates Attended** | **Type of Documentation Provided** | **Related or Relatedness Explained****(COMMITTEE USE ONLY)** | **Additional Information Requested****(COMMITTEE USE ONLY)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**SECTION 2 – Work Experience (Equivalent of 2 years dedicated full time to SPH, i.e. 4 years w/ 50% of time dedicated to SPH = 2 full time years)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization** | **Job Title** | **% of Time Dedicated to SPH Activities** | **Dates (Month/Year) in this Role** | **Type of Documentation Provided** | **Additional Information Requested****(C0MMITTEE USE ONLY)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**SECTION 3 – Letters of Recommendation (3 letters required. Must include 1 letter from current supervisor or client that describes your work; 2 from persons familiar with your work and who are involved with SPH)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Author of Letter** | **Organization** | **Relationship to Applicant** | **How Long Known in Safe Patient Handling Role** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SECTION 4 – Contact Hours (36 contact hours over the last 3 years relating to your responsibilities in SPH. Examples of related topics include achieving culture change, ergonomic risk evaluation and control and safety management. For other topics, include a brief explanation of how this content enhanced your ability to manage a SPH program). Contact hours are to focus on your continuing education; however, a certain number of hours are accepted for training you provide to others. Please see option for earning contact hours on our website.**

| **Activity (Conference, Course Title, Other)** | **Organization Offering Course** | **Date(s) Course Completed** | **Contact Hours** | **Type of Documentation Provided** | **How Will This Be Used in Your Organization?** | **Additional Information Requested****(COMMITTEE USE ONLY)** |
| --- | --- | --- | --- | --- | --- | --- |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |
| **8.** |  |  |  |  |  |  |
| **9.** |  |  |  |  |  |  |
| **10.** |  |  |  |  |  |  |

**SECTION 5 - Work Evidence (2 submissions of work that is unique to you that provide formal evidence of competence in the area of SPH. Submissions may include reports, assessments, publications, policies & procedures, written evaluations or materials from training that you have developed.)**

**Provide the following information regarding the work products you are providing as evidence. Products must clearly be unique to you.**

|  |  |  |
| --- | --- | --- |
| **Submission** | **Description** | **Date** |
| **1.** |  |  |
| **2.** |  |  |
| **3. (optional)** |  |  |
| **4. (optional)** |  |  |
| **5. (optional)** |  |  |
| **6. (optional)** |  |  |

**SECTION 6 – Attest to These Skills**

**Please read the instructions in each column heading and provide the information requested. Fill in all that apply to your work experience. It is recognized that not all candidates are equally strong in all areas and some do not possess evidence for all areas.**

| **Skill** | **Letter of Recommendation****(Indicate author of letter that demonstrates this skill, identify by initials)** | **Continuing Education****(Indicate course completed that demonstrates this skill, identify by number in Section 4)** | **Work Evidence Submitted****(Indicate which work product demonstrates this skill, identify by number in Section 5)** | **Additional Information Requested****(COMMITTEE USE ONLY)** | **Overall Rating of Evidence for Each Skill****(0-3)****(COMMITTEE USE ONLY)** |
| --- | --- | --- | --- | --- | --- |
| **Financial Acumen**-Demonstrated through budgeting, cost justification and/or vendor negotiation |  |  |  |  |  |
| **Team Leadership**-Demonstrated through assembling and leading a cross functional team |  |  |  |  |  |
| **Policy and Procedure Deployment**-Demonstrated through the development, modification and implementation of SPH Policies and Procedures |  |  |  |  |  |
| **Training Deployment**-Demonstrated by development and delivery of training |  |  |  |  |  |
| **Clinical Knowledge & Experience-**Demonstrated through clinical job duties |  |  |  |  |  |
| **Risk Analysis & Control**-Demonstrated through formal analyses and linking control measures to risk results |  |  |  |  |  |
| **Program Promotion**-Demonstrated by promoting the benefits and/or results of the SPH program internally and externally |  |  |  |  |  |
| **Program Audit –** Demonstrated by a formal review and reporting of program performance |  |  |  |  |  |
| **Unit Specific Customization-**Demonstrated by adapting procedures to unit specific and patient specific needs. |  |  |  |  |  |

|  |  |
| --- | --- |
| **Reviewer:**  | **Approval Status** Recommend Acceptance Additional Information Requested Recommend for Associate-level Certification Not RecommendedCertification Committee Recommendation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(COMMITTEE USE ONLY) |

****

**The Association of Safe Patient Handling Professionals, Inc.**

**CERTIFICATION APPLICATION CHECKLIST
CSPHP**

**PLEASE USE THIS CHECKLIST TO ASSURE THAT YOU HAVE INCLUDED ALL REQUIRED DOCUMENTS ON THE DISC OR THUMB DRIVE WITH YOUR CERTIFICATION PACKAGE. COMPLETE AND RETURN THIS FORM WITH YOUR SUBMISSION ALONG WITH YOUR CHECK FOR THE REQUIRED FEES TO WENDY WEAVER, #317 3140 W. TILGHMAN STREET, ALLENTOWN, PA 18104**

 **THE FOLLOWING DOCUMENTS ARE TO BE PRINTED FOR SUBMISSION AND PUT ON THE DISC:**

□ CERTIFICATION APPLICATION WORKSHEET

□ CERTIFICATION APPLICATION CHECKLIST

□ COMPLETED APPLICATION FOR MEMBERSHIP (IF APPLICABLE)

**DISC OR THUMB DRIVE CONTAINING ALL SUBMITTED INFORMATION INCLUDING PRINTED DOCUMENTS LISTED ABOVE. DOCUMENTS LISTED BELOW ARE TO BE PUT ON THE DISC – NO NEED TO PRINT**

□ PROOF OF EDUCATION – CERTIFIED PROFESSIONAL

COLLEGE OR UNIVERSITY TRANSCRIPT (Unofficial is acceptable) ***OR*** PHOTOCOPY OF DIPLOMA(S)

□ SPH WORK EXPERIENCE

* JOB DESCRIPTION
* RESUME
* SAFETY PROGRAM DESCRIPTION
* OTHER PROGRAM DOCUMENTS WHICH INCLUDE YOUR NAME, INCLUDE DESCRIPTION AND SIGNED CONFIRMATION BY SUPERVISOR OR CLIENT

□ LETTERS OF RECOMMENDATION

* SEE **CERTIFICATION GUIDELINES** FOR DETAILS
* LETTERS MUST BE ORIGINAL TO AUTHOR AND SHOULD INDICATE KNOWN EXPERIENCE REGARDING ASPHP SPECIFIED SKILL SETS.

□ CONTACT HOURS

* SEE OPTIONS FOR EARNING CSPHA & CSPHP CONTACT HOURS
* CERTIFICATES INDICATING CONTACT HOURS EARNED AT TRAINING EVENT OR Activity
* PROOF OF INSERVICES ATTENDED “IN-HOUSE” WITH SIGNED CONFIRMATION BY EMPLOYER
* PROOF OF TRAINING THAT YOU DELIVERED; DATES AND CONFIRMATION
* OTHER: DOCUMENTATION OF INDEPENDENT WORK AS REQUIRED BY ASPHP

□ WORK EVIDENCE

* A MINIMUM OF 2 EXAMPLES
* SEE CERTIFICATION GUIDELINES FOR DETAILS
* WORK MUST BE UNIQUE TO YOU

PLEASE NOTE: ONLY COMPLETED APPLICATIONS WITH ALL REQUIRED DOCUMENTATION IN THE FORM IDENTIFIED ABOVE WILL BE ACCEPTED FOR REVIEW. IF NOT COMPLETED ACCORDING TO INSTRUCTIONS, THE APPLICATION WILL BE RETURNED FOR CORRECTIONS. ALL INFORMATION MUST COME DIRECTLY FROM APPLICANT AT ONE TIME; NO THIRD PARTY SUBMISSIONS WILL BE ACCEPTED. All FEES ARE NON-REFUNDABLE.