



Certified  
Safe Patient  
Handling  
Professionals

# CSPHA Application

PLEASE COMPLETE THIS FORM AND THE CHECK LIST WITH THE SUPPORTING DOCUMENTS AND EMAIL TO [info@asphp.org](mailto:info@asphp.org)  
SUBJECT LINE: CSPHP APPLICATION PACKAGE.

*Applicant needs to complete this form electronically. Hand-written applications will not be accepted*

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Current Employer & Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

*(Optional)*

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:

Name & Email Address: \_\_\_\_\_

**Publication of Certification:** The Association would like to post your achievement in an announcement to our members. Please indicate below your preference to have your name included or not included.

I agree to publication of my name and achievement of certification by ASPHP

I do not want my name publicized by ASPHP

## INSTRUCTIONS:

- 1) Please complete each section of the application in-full. Insert "N/A" where you have no data to enter.
- 2) The "Applicant Checklist" and the CERTIFICATION webpage, list the acceptable forms of documentation for each item below and a full description of the requirements.

## 1. RELATED EXPERIENCE and/or EDUCATION<sup>1,2</sup>

Check One of the below Box then insert job description &/or education information description in appropriate space below.

### 3-years of related experience

### 3-years of post-secondary education

### 3-year combination of related experience and education

<sup>1</sup> This requirement may be met with either education or related experience totaling 3 years, or, a combination of the two may total 3 years.

<sup>2</sup> The time periods do not need to be consecutive.

### 3-Years of SPH Related Experience \*

Employer & Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment Mo/Yr. \_\_\_\_\_ To: Mo/Yr \_\_\_\_\_

Total Number of Years: \_\_\_\_\_

Primary Job Duties: \_\_\_\_\_

Type of Documentation Provided: \_\_\_\_\_

*(Two Options: Resume, Employer Job Description for selection)*

Employer & Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment Mo/Yr. \_\_\_\_\_ To: Mo/Yr \_\_\_\_\_

Total Number of Years: \_\_\_\_\_

Primary Job Duties: \_\_\_\_\_

Type of Documentation Provided: \_\_\_\_\_

*(Two Options: Resume, Employer Job Description for selection)*

*\* If necessary: add additional information on Page 5.*

### 3-Years of Post-Secondary Education \*

Institution, City, State: \_\_\_\_\_

Subject Area: \_\_\_\_\_

Dates Attended Mo/Yr. \_\_\_\_\_ To: Mo/Yr \_\_\_\_\_

Total Number of Years: \_\_\_\_\_ Degree Obtained: \_\_\_\_\_

Type of Documentation Provided: \_\_\_\_\_ *Copy of Diploma, Transcript (unofficial is acceptable)*

*\* If necessary: add additional information on Page 5.*

### 3-Years combination of Post-Secondary Education and SPH-Related Experience

Employer & Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment Mo/Yr. \_\_\_\_\_ To: Mo/Yr \_\_\_\_\_

Total Number of Years: \_\_\_\_\_

Primary Job Duties: \_\_\_\_\_

Type of Documentation Provided: \_\_\_\_\_

*(Two Options: Resume, Employer Job Description for selection)*

Institution, City, State: \_\_\_\_\_

Subject Area: \_\_\_\_\_

Dates Attended Mo/Yr. \_\_\_\_\_ To: Mo/Yr \_\_\_\_\_

Total Number of Years: \_\_\_\_\_ Degree Obtained: \_\_\_\_\_

Type of Documentation Provided: \_\_\_\_\_ *Copy of Diploma, Transcript (unofficial is acceptable)*

*\* If necessary: add additional information on Page 5.*

## 2. SAFE PATIENT HANDLING & MOBILITY – SPECIFIC WORK EXPERIENCE

Insert description of specific SPHM work activities below:

**1-Year of Safe Patient Handling & MOBILITY-Specific Work Experience, in an organization with a SPHM program where your duties include responsibilities associated with that program \***

If your 'related experience' listed in Requirement 1 includes SPHM specific duties, the experience may be credited towards both requirement 1 and requirement 2

Please check here if your requirement 1 experience meets requirement 2.

Employer & Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of Employment Mo/Yr. \_\_\_\_\_ To: Mo/Yr \_\_\_\_\_

Total Number of Years: \_\_\_\_\_

Description of the Safe Patient Handling & Mobility Activities and Job Duties Performed: \_\_\_\_\_

Type of Documentation Provided: \_\_\_\_\_

*\* If necessary: add additional information at the end of this application.*

### 3. LETTERS OF RECOMMENDATION \*

Check One Box and insert information about author(s) in appropriate space below.  
Attach letters with application.

**Letter written by a CSPHP (Certified Safe Patient Handling Professional). (Only one letter required)**

**Letters are not written by a CSPHP. (Two letters are required)**

*\* NOTE: Letters must describe your SPHM activities, competencies and skills. Letters lacking details will be returned for resubmittal.*

#### Letter Number 1:

**Writer, Employer and Credentials:** \_\_\_\_\_

Relationship to Applicant: (select one)    mentor    colleague    manager    friend    supervisor

Length of Time has Known Applicant in SPHM Role: (Years or Months) \_\_\_\_\_

#### Letter Number 2 (if required):

**Writer, Employer and Credentials:** \_\_\_\_\_

Relationship to Applicant: (select one)    mentor    colleague    manager    friend    supervisor

Length of Time has Known Applicant in SPHM Role: (Years or Months) \_\_\_\_\_

### 4. CONTACT HOURS

**REQUIREMENT: (10) SPHM related Contact Hours acquired during the last two years.**

**NOTE:** For the definition of Contact Hours and the multiple ways to earn them, please see ([link directly to Contact Hour Definition](#)) [www.asphp.org](http://www.asphp.org).

**NOTE:** Documentation for Contact Hours: Need Certificate of Attendance, Letter or some other Proof of Attendance, as a learner. If providing In-Service/Training: Need Sign-In Sheet, Letter or some other Proof of providing training. Documentation must include Date, Time Period, Organization, Topic or Equipment covered, and your Name. Agenda is not sufficient. There is no need to provide the training content or PowerPoint.

**NOTE:** Contact hours from providing the same training or equipment in-service may only be counted one time.. There is no additional credit for multiple sessions on the same topic or equipment

**Suggestion for List:**    For Education you Attended: Certificate of Attendance, Transcript (unofficial acceptable),

For education you provided: Attendance Sheet with your name listed as Instructor, date, class and duration of training

For Self-Directed Learning: Review of article(s) read

For Committee participation or Exam Question submission, certificate from ASPHP

For published journal article: copy of article

#### Notes to Applicants:

\*\*\* We will not accept other forms of documentation for Contact Hours.

\*\*\*Work-related activities, other than providing SPH training, education, competency, are not approved Contact Hours.

CONTACT HOURS Activity: Conference, Course, Seminar, Webinar, In-Service, Other	Organization Offering Course	Date(s) Course Completed MM/YYYY	# of Contact Hours	Type of Documentation Provided
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

### ADDITIONAL INFORMATION:

Item\_\_\_\_:

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Item\_\_\_\_:

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