



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
SUBJECT LINE: CSPHA APPLICATION PACKAGE.

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

Name _____ Date _____

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^{1,2}

Check the box that most closely matches your related experience.

Next, insert job description &/or education information in the corresponding section below.

3-years of related experience

3-years of post-secondary education

3-year combination of related experience and education

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

² 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 documentation options: Resume or Employer Job 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 documentation options: Resume or Employer Job Selection

**If necessary add additional employer 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 education 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 documentation options: Resume or Employer Job 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 employer and education 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 the related experience you listed in Requirement 1 includes SPHM specific duties, then that experience may be credited towards both Requirement 1 and Requirement 2.*

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

** Do not to fill in the section below if you have checked the box above*

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 _____ 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 _____ months

4. PROFESSIONAL DEVELOPMENT

REQUIREMENT: (10) SPHM related Professional Development/Continuing acquired during the last two years.

NOTE: For the definition of Professional Development/Continuing Education and the multiple ways to earn them, please see (link directly to Professional Development/Continuing Education Hour Definition) www.asphp.org.

NOTE: Documentation for Professional Development/Continuing Education :

- ✓ 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.
- ✓ Do not provide training content or power point

NOTE: Professional Development/Continuing Education 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 Professional Development/Continuing Education.
***Work-related activities, other than providing SPH training, education and competency, are not approved Professional Development/Continuing Education.

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____:

Item____:

Professional Development (PD) /Continuing Education Categories, Permitted Number of Hours & Approved Documentation

Activity	Hours of Professional Development (PD Hours)	Maximum Hours For Each Activity During Initial Application and Each Subsequent 3 Year Renewal Cycle	Documentation Required (Note: only the types of documentation listed under each Activity Category are acceptable)
Attend/present at conferences, workshops, or webinars specific to Safe Patient Handling (topics may be specific to any of the elements listed among the skill set (core competencies) for CSPHPs – see below for a copy of this skill list)	Attendee: 1 Hour of Professional Development per hour of attendance Presenter: 1 Hour of Professional Development for the time to present each unique presentation Note: does not include preparation / writing)	Unlimited	Attendee: Certificate of Attendance issued by the sponsoring organization with the date, topic and number of Hours clearly listed. Presenter: Certificate, signed letter or official agenda from the sponsoring organization clearly documenting your name, presentation, the date and the number of Hours.
Attend/present at conferences, workshops, or webinars on topics supporting your role in the SPH program, but not specific to SPH	Attendee: 1 Hour of Professional Development per hour of attendance Presenter: 1 Hour of Professional Development per length of time for each unique presentation	Unlimited	Documentation as listed above for Attendee or Presenter <i>and</i> A one paragraph explanation written by you explaining how you used this information to benefit the SPH program at your facility.
Attend or provide Safe Patient Handling equipment or education in-service presentations	1 Hour of Professional Development for each unique hour of equipment in-service content per year (for example: providing or attending the same 1-hour class 16 times counts as 1 Hour, not 16).	9 for CSPHA 9 for CSPHP	Attendance Sheet with your name listed as an Instructor, the date, SPH equipment or education topic and the duration of the training.
Complete & Pass courses/classes at accredited schools of higher learning	1 Hour of Professional Development for each credit given for the course	9 for CSPHA 9 for CSPHP	Transcript indicating date of course, satisfactory completion, title of course and credits received. (An "Unofficial" transcript is acceptable).
Self-directed learning. Read articles, chapters, or books. View videos. Topics must be specific to SPH.	1 Hour of Professional Development per hour of self-directed learning. Time spent writing the summary and review do not count towards the contact hours	3 for CSPHA 9 for CSPHP	Submit an affidavit of the hours spent in self-directed learning. Write a summary and critical review of the material for the ASPHP website. These reviews should be at least 350 words for each article/chapter/book or video.
Publish an article for a journal or a book chapter, specifically relating to Safe Patient Handling. (Work-related publications are not included in this category).	One Hour of Professional Development per book chapter or article in a non-peer reviewed publication. Two Hours of Professional Development per article published in a peer-reviewed journal	3 for CSPHA 9 for CSPHP	Copy of published article. Must exceed 1000 words. If there are more than 2 authors listed for the article, include an affidavit that your contribution was at least 50% of the writing effort.
Write and submit an exam question that is accepted by the Exam Committee of the Certification Program	1 Hour of Professional Development per approved/accepted question	Remove: (July 1, 2012-July 1, 2013: 6 for CSPHA 12 for CSPHP July 2, 2013 forward) 3 for CSPHA 6 for CSPHP	Acknowledgement issued by Exam Committee Chair and recorded by ASPHP.
Serve as an ASPHP committee member and complete committee work	1 Hour of Professional Development per committee per year	2 Hours per year; for a total 6 Hours per renewal cycle	Certificate issued by Certification Committee Chair.