



CSPHA Application



Please complete this form, provide supporting documentation, and
EMAIL TO info@asphp.org
SUBJECT LINE: CSPHA APPLICATION PACKAGE.

Download the form to complete. Applicant needs to complete this form electronically. Hand-written applications will not be accepted. Be sure to add N/A (not applicable) to sections that are not relevant.

See payment information on page 6.

The ASPHP Certification Group has established nine core competencies; identified as subject areas beneficial for those leading and supporting SPHM programs.

While an Associate applicant is not expected to be proficient in all of these, these are the skill sets that the certification committee will examine in the applicant's work history, recommendations, professional development and resume. We encourage applicants for Associate certification to ensure that their submission materials include evidence in the competencies applicable to the scope of Associate certification.

In addition, these nine skill sets are what we encourage certificants to continue to build through future professional development/continuing education.

NINE CORE COMPETENCIES: Skill Areas

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 P&P

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.

Name _____ Date _____

Address _____

Email _____ Phone _____

Current Employer & Address: _____

Job Title: _____

(Optional)

Please provide the name and contact information of the person within your organization that you would like notified when you achieve certification:

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 CERTIFICATION webpage lists 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 7.*

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 7.*

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 7.*

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:

Reference name, title and employer: _____

Relationship to Applicant: (select one) mentor colleague manager client/customer supervisor

Length of Time has Known Applicant in SPHM Role: _____ years _____ months

Letter Number 2 (if required):

Reference name, title and employer: _____

Relationship to Applicant: (select one) mentor colleague manager client/customer supervisor

Length of Time has Known Applicant in SPHM Role: _____ years _____ months

4. PROFESSIONAL DEVELOPMENT

REQUIREMENT: (10) SPHM related Professional Development/Continuing Education 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](http://www.asphp.org)) 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.



If the topic or title of the Professional Development activity does not clearly indicate the subject/skill area, please include a description and agenda or other document to provide the reviewer with sufficient information to determine the SPHM-relatedness of the activity.

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

Approved Documentation:

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

NOTE: 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.

PAYMENT

By Check (Make check to ASPHP)

Mail to: ASPHP Headquarters, 125 Warrendale Bayne Road, Suite 375, Warrendale, PA 15086

Or by Card: Visa MasterCard American Express Discover

Card Number: _____ Exp. Date: _____ 3 or 4 digit Security Code: _____

Name on Card: _____ Card Billing Address: _____



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 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 PD per hour of attendance. Presenter: 1 Hour of PD 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 SPHM program, but not specific to SPHM.	Attendee: 1 Hour of PD per hour of attendance Presenter: 1 Hour of PD 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 SPHM program at your facility.
Attend or provide Safe Patient Handling equipment or education in-service presentations.	1 Hour of PD 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	Attendance Sheet with your name listed as an Instructor, the date, SPHM equipment or education topic and the duration of the training.
Complete & Pass courses/classes at accredited schools of higher learning.	1 Hour of PD for each credit given for the course.	9 for CSPHA	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 SPHM.	1 Hour of PD per hour of self-directed learning. Time spent writing the summary and review do not count towards the contact hours.	3 for CSPHA	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 PD per approved/accepted question.	Remove: (July 1, 2012-July 1, 2013: 6 for CSPHA) 3 for CSPHA	Acknowledgement issued by Exam Committee Chair and recorded by ASPHP.
Serve as an ASPHP committee member and complete committee work.	1 Hour of PD per committee per year.	2 Hours per year; for a total 6 Hours per renewal cycle	Certificate issued by Certification Committee Chair.