



# CSPHP Application

# P

Please complete this form, provide supporting documentation, and  
EMAIL TO [info@asphp.org](mailto:info@asphp.org)  
SUBJECT LINE: CSPHP 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 Professional Certification in SPHM has established nine core competencies; identified as subject areas beneficial for effective SPHM program managers. Program management by a certified individual with knowledge and experience in these nine areas will help to ensure effective SPHM programs.

While no applicant is 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, work product, recommendations, professional development and the topics included in the written examination. We encourage applicants to align their submission material so that it reflects their expertise in these nine core competencies.

These skill sets are what we encourage SPHM managers to continue to build through future 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 (<http://www.asphp.org/certification/>) lists the acceptable forms of documentation for each item below and a full description of the requirements.

## 1. EDUCATION & PROFESSIONAL EXPERIENCE\*

Select one combination of education and professional experience and record supporting documentation below.

**RN plus 5 years of professional experience**

**Bachelor's Degree in related field plus 4 years of professional experience**

**Graduate Degree in related field plus 3 years of professional experience**

**Education:**

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

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

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

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

Degree Obtained: \_\_\_\_\_

Type of Documentation Provided: *Copy of RN License Copy of Diploma or Transcript (unofficial is acceptable)*

**Experience:**

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

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

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

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

Profession & Experience: \_\_\_\_\_

Type of Documentation Provided:

*Two documentation options: Resume or Employer Job Description*

*\*If necessary add additional employer information on page 6.*

**2. SAFE PATIENT HANDLING & MOBILITY WORK EXPERIENCE\***

Select the appropriate level of safe patient handling and mobility work experience and record supporting documentation.

**2 years dedicated full-time to SPHM**

**4 years with 50% of time dedicated to SPHM (equal to two full-time years)**

**Other – please list (equal to two full-time years)**

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

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

Time in this Role: Mo/Yr. \_\_\_\_\_ To: Mo/Yr \_\_\_\_\_

Detailed Description of Percent of Time dedicated to SPHM, your SPHM Activities and Job Duties:

Type of Documentation Provided: *Employer Job Description or Letter from Supervisor*

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

### 3. LETTERS OF RECOMMENDATION

**REQUIREMENT: Three letters are required.** One letter must be from your current supervisor or a client and describe your SPHM work; two letters must be from persons familiar with your work and who are involved with SPHM.

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

Please record supporting information for each letter below.

**Letter Number One:** Letter from current supervisor or client.

Name of Writer, Employer and Credentials: \_\_\_\_\_

Relationship to Applicant: *Supervisor* or *Client*

Length of Time has Known Applicant in SPHM Role:

Years: \_\_\_\_\_ Months: \_\_\_\_\_

**Letter Number Two:**

Reference name, title and employer: \_\_\_\_\_

Relationship to Applicant: *(select one)* *Mentor* *Colleague* *Customer or Client*

*Other (please explain):* \_\_\_\_\_

Length of time reference has known the applicant in a SPHM role:

Years: \_\_\_\_\_ Months: \_\_\_\_\_

**Letter Number Three:**

Name of Writer, Employer and Credentials: \_\_\_\_\_

Relationship to Applicant: *(select one)* *Mentor* *Colleague* *Customer or Client*

*Other (please explain):* \_\_\_\_\_

Length of Time has Known Applicant in SPHM Role:

Years: \_\_\_\_\_ Months: \_\_\_\_\_

### 4. EVIDENCE OF COMPETENCE

**REQUIREMENT: Two work products; as evidence of competence in the area of SPHM.**

Please provide information describing the two work products and any evidence of authorship that is possible. Attach a copy of the two work products with your application packet.

**IMPORTANT NOTES:**

- 1) Work products may be an SPHM reports, assessments, publications, policies & procedures, or training materials you authored or co-authored.
- 2) Work products may be a product composed entirely by you or in collaboration with others in your organization. You must be the lead author, if a collaborative product.
- 3) Vendor documents are not acceptable.

**Work Product 1: Title and Description of SPHM work product:**

---

---

**Please check one:**

- Independent product
- Collaborative product

**Documentation attached:**

Copy of work product \_\_\_\_\_  
*(Insert Title of product here)*

**Work Product 2: Title and Description of SPHM work product:**

---

---

**Please check one:**

- Independent product
- Collaborative product

**Documentation attached:**

Copy of work product \_\_\_\_\_  
*(Insert Title of product here)*

**5. PROFESSIONAL DEVELOPMENT**

**REQUIREMENT: (36) SPHM related Professional Development Credits Units acquired during the last three years to your responsibilities in SPHM.**

**IMPORTANT NOTES:**

- 1) 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.

- 2) For the definition of Professional Development/Continuing Education Hours and the multiple ways to earn them, please review the Certification webpage and the linked document: [Professional Development categories list](#)
- 3) **Learners:** Specific documentation is required, as listed on the ASPHP website (link above)  
(Certificate of Attendance, Letter or some other Proof of Attendance.)  
**Providers:** If you provided an in-service or training a sign-in sheet, letter or alternative proof of training is required.
- 4) Documentation must include your name, the date of training, length of training, sponsoring organization, and training topic. An “agenda” is not sufficient. **There is no need to provide the training content or the PowerPoint.**
- 5) 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
- 6) 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
- 7) Maximum Number of approved hours per application accrual period. Please reference the Professional Development Table on the Last page of this application to ensure you do not exceed the maximum number of hours permissible for each category.

**We will not accept other forms of documentation for Professional Development/ Continuing Education. Work-related activities, other than providing SPHM training or education, are not eligible for Professional Development hours.**

## 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 Professional Development Hours	Type of Documentation Provided	Name on Document /pdf
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
<b>TOTAL</b>					

**ADDITIONAL INFORMATION:**

Item \_\_\_\_:

---

---

---

---

---

---

---

---

Item \_\_\_\_:

---

---

---

---

---

---

---

---

## Professional Development (PD) 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 CSPHC 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 CSPHC 9 for CSPHP	Transcript indicating date of course, satisfactory completion, title of course and credits received. <i>(An "Unofficial" transcript is acceptable).</i>
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 6 for CSPHC 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.  (Note: 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 6 for CSPHC 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	3 for CSPHA 6 for CSPHC 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.