



CSPHP Application

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Please complete this form, provide supporting documentation, and
EMAIL TO 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 8.

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.

CSPHP Application Checklist

PLEASE USE THIS CHECKLIST TO ASSURE THAT YOU HAVE INCLUDED THE REQUIRED DOCUMENTATION AND PAYMENT WITH YOUR APPLICATION.

The following documents are to be submitted:

Current certification application must be used—please check website

Membership application (if desired/optional)

Proof of education and professional experience

- 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
- Copy of RN licensure (if applicable)
- Copy of the degree attained
- Resume

Proof of SPHM-related work experience

- Resume or employer job description

Letters of recommendation

- All letters must be dated within one-year of the application date and include the author's signature, contact information (name, employer, title, telephone and email) and preferably be submitted on letterhead.

Evidence of competence

- SPHM work product
- Independent **OR** collaborative (must be lead author if collaborative)

Professional Development hours—please refer to the chart on the last page of the application

Please note:

- ✓ Only completed applications with all required documentation in the forms identified above will be accepted for review.
- ✓ If an application is not completed according to instructions, it will be returned for corrections.
- ✓ All information must come directly from the applicant at one time; no third-party submissions will be accepted.
- ✓ **All fees are non-refundable.**

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

Other – please list (must be equivalent 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, Credentials, Employer and Job Title: _____

Relationship to Applicant: *Supervisor* or *Client*

Length of Time has Known Applicant in SPHM Role:

Years: _____ Months: _____

Letter Number Two:

Name of Writer, Credentials, Employer and Job Title: _____

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, Credentials, Employer and Job Title: _____

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

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Documentation attached:

Copy of work product _____
File name of work product

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

Please check one:

- Independent product
- Collaborative product

Documentation attached:

Copy of work product _____
File name of work product

5. PROFESSIONAL DEVELOPMENT

REQUIREMENT: (36) SPHM related Professional Development/Continuing Education hours during the last three years.

NOTE: Starting Jan. 1, 2019, at least 25% of the total number of PD hours must be earned from sources that are external from/not affiliated with the applicant's employer. For CSPHP's, 9 PD hours must be from external sources.

NOTE: For the definition of Professional Development/Continuing Education hours and the multiple ways to earn them, please refer to the chart on the last page of the application.

NOTE: Documentation for Professional Development/Continuing Education:

- ✓ All letters must be signed by the author and submitted preferably on letterhead
- ✓ All other documentation must include
 - Date
 - Time Frame
 - Organization
 - Topic or Equipment Covered
 - Your Name
- ✓ Agendas will not be accepted
- ✓ Please do not provide training content or Power Points
- ✓ Work-related activities other than providing SPH training, education and competency will not be accepted.

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

NOTE: Failure to adhere to the Professional Development hour guidelines will result in your application being returned for resubmittal.

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.					
TOTAL					

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: _____

ADDITIONAL INFORMATION:

Item____:

Item____:

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By submitting this application, I certify that I have read all of the instructions as outlined by the ASPHP's Certification and Renewal Committee and have completed this application in its entirety according to the stipulated guidelines. I further acknowledge that all information contained herein is accurate to the best of my knowledge.

Applicant's Initials

Date

Professional Development (PD) Categories: Permitted Number of Hours and 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 documentation types listed below will be accepted)
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 (Nine Core Competencies)—see website for a copy of this skill list.	<p><i>Attendee:</i> 1 Hour of Professional Development per hour of attendance</p> <p><i>Presenter:</i> 1 Hour of Professional Development per length of time for each unique presentation (Note: This does not include preparation/writing.)</p>	Unlimited	<p><i>Attendee:</i> Certificate of Attendance issued by the sponsoring organization with the attendee name, the date, topic and number of hours clearly listed.</p> <p><i>Presenter:</i> Certificate, signed letter or official agenda from the sponsoring organization clearly documenting your name, presentation topic, the date and number of hours (or start/end time).</p>
Attend/present at conferences, workshops or webinars on topics supporting your role in the SPH program, but not specific to SPHM.	<p><i>Attendee:</i> 1 Hour of Professional Development per hour of attendance</p> <p><i>Presenter:</i> 1 Hour of Professional Development per length of time for each unique presentation (Note: This does not include preparation/writing)</p>	Unlimited	Documentation as listed above for Attendee or Presenter <u>and</u> Provide 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 & Mobility equipment in-services or educational presentations.	1 Hour of Professional Development for each unique hour of equipment in-service content per year (For example: Attending <u>or</u> providing the same 1-hour class 16 times counts as only 1 Hour, not 16.)	9 for CSPHA 9 for CSPHC 9 for CSPHP	Attendance Sheet with your name listed as an Instructor, the date, SPHM equipment or education topic and the duration of the training.
Complete and pass courses 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 number of 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 Professional Development per hour of self-directed learning (Note: Time spent writing the summary and review do not count towards the PD hours)	3 for CSPHA 6 for CSPHC 9 for CSPHP	Submit an affidavit of the hours spent on self-directed learning. <u>and</u> Write a summary and critical review of the material for the ASPHP website. These reviews should be <i>at least</i> 350 words for each article/chapter/book or video.
Complete a Certificate Program or an Online Education course (SPHM and SPHM-related topics).	1 Hour of Professional Development per hour of attendance	3 for CSPHA 6 for CSPHC 9 for CSPHP	Certificate of Attendance or Transcript issued by the sponsoring organization with attendee name, the date, course title/topic and number of hours clearly listed.
Publish a book chapter or an article, or have an article accepted for publication specifically relating to Safe Patient Handling & Mobility. (Note: Work-related publications are not included in this category).	<p>1 Hour of Professional Development per book chapter or article (published or accepted for publication) in a non-peer reviewed publication</p> <p>2 Hours of Professional Development per article published in a peer-reviewed journal</p>	3 for CSPHA 6 for CSPHC 9 for CSPHP	Copy of book chapter or article (published or accepted for publication). <i>Must exceed 1000 words.</i> 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 of 6 Hours per renewal cycle	Certificate issued by Committee Chair.