



CSPHC Application

Application Instructions

1. Download and save this form to your computer.
2. Complete application in its entirety prior to submission. All fields highlighted in **red** must be completed.
3. **Email application and all supporting documentation to info@csphp.org:**
subject line: **CSPHC APPLICATION PACKAGE

The Certified Safe Patient Handling Professionals™ has established nine core competencies, identified as skill sets beneficial for those leading and supporting SPHM programs. While a Clinician applicant is not expected to be proficient in all areas, the Certification and Renewal Committee will examine an applicant's portfolio for five skill sets that are directly related to the application of SPHM "at the bedside": team leadership; training deployment; clinical knowledge and experience; risk analysis and control; and unit-specific customization.

Applicants should ensure that their professional experience, letter of recommendation, professional development and work product reflect their expertise and strengths in these areas. Additionally, once certified, certificants are encouraged to continue to build the nine core competencies through future professional development/continuing education.

NINE CORE COMPETENCIES: SKILL SETS

- **Financial Acumen** – Demonstrated through budgeting, cost justification, and/or vendor negotiation.
- **Team Leadership** – Demonstrated multidisciplinary collaboration and leading a cross-functional team.
- **Policy and Procedure Deployment** – Demonstrated through development, modification, and implementation of SPHM policy and procedure.
- **Training Deployment** – Demonstrated by development and delivery of training programs.
- **Clinical Knowledge and Experience** – Demonstrated through clinical job duties.
- **Risk Analysis and Control** – Demonstrated through analyses and linking control measures to risk results.
- **Program Promotion** – Demonstrated by internally/externally promoting the benefits and/or results of the SPHM program.
- **Program Audit** – Demonstrated by a formal review and reporting of program performance.
- **Unit-Specific Customization** – Demonstrated by adapting procedures to unit and patient-specific needs.

CSPHC APPLICATION CHECKLIST

The following documents must be submitted with your application portfolio:

- Photo ID (i.e., Driver's License, State Issued)
- Current certification application—please check website
- ASPHP Membership application (*optional, but provides discounted certification fees and professional development*)
- Clinical licensure, experience and proof of education
 - Copy of current clinical license **AND**
 - Resume **AND**
 - Copy of the degree attained
- Proof of SPHM-related work experience
 - Resume or employer job description
- Letter(s) 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
- Professional development hours with supporting documentation (e.g., certificate of attendance, verification letter)—please refer to the chart at the end of the application

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 to the applicant for resubmission.**
- ✓ **All fees are non-refundable.**



The Certified Safe Patient Handling Professionals™ is an affiliate of ASPHP.

1. APPLICANT INFORMATION

Name _____ Date _____

Home Address _____

Personal Email _____

Phone _____

Home

Mobile

Current Employer & Address _____

Job Title _____

Work Email _____

Optional:

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

Name & Email Address _____

CERTIFICANT REGISTRY

Publication of Certification: We endorse the ability to network with other SPHM professionals within the field. Please indicate your preference to have your name and certification level listed on our Certificant Registry.

I agree to the publication of my name and certification level

I do not want my name publicized

***IMPORTANT:** We must always have up-to-date contact information on file. Please remember to notify us if you change your email address, mailing address or employer.

2. CLINICAL LICENSURE, EXPERIENCE and PROOF OF EDUCATION

Requirements:

- 1) Licensed healthcare clinician **AND**
- 2) Minimum of 3 years clinical experience **AND**
- 3) Minimum of an Associate degree

Current Clinical Licensure

License Type _____

Expiration Date _____

Documentation to Be Provided: Copy of current clinical licensure

Clinical Experience

Current Employer & Address _____

Job Title _____ Total # of Years _____

Dates of Employment (MM/YY) _____ (MM/YY) _____

Documentation Provided (*select one*): Resume Employer Job Description

If necessary, additional clinical experience information may be entered in Section 7

Post-Secondary Education

Institution/City, State _____

Subject Area _____

Degree Obtained _____ Total # of Years Attended _____

Dates Attended (MM/YYYY) _____ (MM/YYYY) _____

Documentation to Be Provided: Copy of Diploma

3. SPHM-SPECIFIC WORK EXPERIENCE

Requirement: Two (2) years of SPHM-specific work experience where your duties include responsibilities associated with an organization’s SPHM program—may be full or part-time. ¹

Total # of Years _____

Dates of Employment (MM/YYYY) _____ (MM/YYYY) _____

Detailed Description—must include

- Percent of time dedicated to SPHM
- SPHM activities and responsibilities

Documentation Provided (*select one*): Resume Employer Job Description Letter from Supervisor ¹

¹ This information may be included in a Supervisor’s Letter of Recommendation.

If necessary, additional information may be entered in Section 7

LET US KNOW!

How did you hear about SPHM certification?[^] (*select all that apply*)

Colleague Conference Social Media Website Google Search Other: _____

Does your employer cover the cost of your certification or provide reimbursement?[^] (*select one*)

Yes No Unsure

[^] All information gathered is used for statistical purposes.

4. LETTERS OF RECOMMENDATION

Requirement: Must submit a total of three (3) letters of recommendation.¹

- 1) One letter written by a CSPHP (Certified Safe Patient Handling Professional) or Senior Leader within your organization**
- 2) Two letters written by a colleague, supervisor or client familiar with your work and involvement in SPHM**

¹ Letters must describe your SPHM activities and reflect your expertise and strengths with the nine core competencies. Letters lacking sufficient detail will be returned for resubmittal.

Letter # 1 – CSPHP or Senior Leader

Name of Writer, Credentials, Employer and Job Title _____

This letter is from a... (*select one*): CSPHP Senior Leader

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

Letter # 2

Name of Writer, Credentials, Employer and Job Title _____

Relationship to applicant (*select one*): Mentor Colleague Supervisor Client/Customer

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

Letter # 3

Name of Writer, Credentials, Employer and Job Title _____

Relationship to applicant (*select one*): Mentor Colleague Supervisor Client/Customer

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

5. EVIDENCE OF COMPETENCE

Requirement: One (1) work product as evidence of competence in the area of SPHM. ^{1,2}

Please provide information describing the work product and any evidence of authorship. A copy of the work product MUST be submitted with your application.

Examples of work products include: publications, assessments, training materials, policy and procedures, SPHM reports, etc.

¹ Vendor documents are not acceptable.

² Work products may be composed entirely by you or collaboratively with others in your organization.

Title and Description of SPHM Work Product _____

Work Product is... (*select one*): Independent Collaborative

File Name of Work Product Attached _____

6. PROFESSIONAL DEVELOPMENT

Requirement: Sixteen (16) SPHM-related professional development hours during the last two years.

Applicants are offered a variety of options to earn professional development hours (PDH). Please refer to pages 10-12 for more information.

All verification documentation must adhere to the requirements stated in the Professional Development Activities Chart. Failure to follow these guidelines will result in your application being returned for resubmittal.

- ✓ All letters must be signed by the author.
- ✓ Agendas will not be accepted as sole verification of an activity.
- ✓ Work-related activities (excluding training, education and competency) will not be accepted.

Instructions by Column:

- A.** This number can be found on the Professional Development Activities Chart (far left-hand column).
- B.** Briefly describe your activity. List your activities in chronological order.
- C.** Record the date(s) that you were involved in the activity.
- D.** Indicate the number of professional development hours (PDH) for this activity.
- E.** List the specific document you are sending in that verify completion of the activity. Refer to the Professional Development Activities Chart for what verification documentation is required.
- F.** What is the name of the electronic PDF file you are sending to us?

| (A) ID # | (B) ACTIVITY DESCRIPTION | (C) DATE (MM/YY) | (D) PDH VALUE | (E) TYPE OF VERIF. DOC | (F) NAME OF PDF FILE |
|---------------|--------------------------|------------------|---------------|------------------------|----------------------|
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| TOTAL: | | | | | |

PAYMENT INFORMATION

To pay by check, please make check payable to [ASPHP](#)

****Notate the following in the memo line: [Professional Certification](#)**

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

To pay by credit card: Visa MasterCard American Express Discover

Card Number _____ Exp Date _____

Security Code _____ Name on Card _____

Card Billing Address _____

You must select the following for your application to be processed:

I AGREE that all fees are non-refundable.

7. ADDITIONAL INFORMATION

Regarding Section _____

Regarding Section _____

8. ATTESTATION STATEMENT

By submitting this application, I certify that I have read all of the instructions and requirements as outlined by the Certification and Renewal Committee, and have completed this application in its entirety. I further acknowledge that all information contained herein, including all supporting documentation submitted with the application, is accurate to the best of my knowledge, and recognize that any misrepresentation of self is immediate grounds for denial (or revocation if certification is granted).

I understand that I am using electronic means to sign this application, and that in doing so, it is equivalent to a handwritten signature.

Applicant's Signature

Date

PROFESSIONAL DEVELOPMENT ACTIVITIES

What is the difference between a Continuing Education Unit (CEU) and a Contact Hour (CH), and how does this convert to a Professional Development Hour (PDH)?

- 1 CH = 60 mins = 1 PDH
- 1 CEU = 10 CH = 600 minutes = 10 PDH

A NOTE TO ALL CLINICIAN AND PROFESSIONAL APPLICANTS

A minimum of 25% of the total number of PDH required must come from external sources (i.e., sources not affiliated with an employer).

- CSPHCs – At least 4 PDH externally at time of application/6 PDH externally at time of renewal.
- CSPHPs – At least 9 PDH externally at time of application and renewal

| ID # | Activity | PDH Value | Max PDH | Verification Documentation |
|----------------------------|---|------------------|---|--|
| CONFERENCES/COURSES | | | | |
| 1 | Attend professional conferences, workshops, seminars or webinars specific to SPHM. Topic may be specific to any of the elements listed among the nine core competencies; refer to the <i>Certification Handbook</i> for more information. | 1 Hour = 1 PDH | Unlimited | A signed letter or certificate of attendance issued by the sponsoring organization. Must include date(s), event title, attendee name, and contact hours/CEUs. |
| 2 | Attend professional conferences, workshops, seminars or webinars on topics supporting your role in the SPHM program. | 1 Hour = 1 PDH | Unlimited | Write a one paragraph explaining how you used this information to benefit the SPHM program at your facility. AND Provide a signed letter or certificate of attendance issued by the sponsoring organization. Must include date(s), event title, attendee name, and contact hours/CEUs. |
| 3 | Attend SPHM technology in-services. ¹ Note: The same in-service may only be claimed once. | 1 Hour = 1 PDH | 3 for CSPHA 9 for CSPHC 9 for CSPHP | A signed letter or certificate of attendance issued by the sponsoring organization/employer. Must include date(s), course title, attendee name, and duration of course. Note: Sign-in sheets will not be accepted as sole proof of attendance. |
| 4 | Attend employer-provided workplace continuing education. Topic must be SPHM-related. ¹ Note: The same in-service may only be claimed once. | 1 Hour = 1 PDH | 3 for CSPHA 9 for CSPHC 9 for CSPHP | A signed letter or certificate of attendance issued by the employer. Must include date(s), course title, attendee name, and duration of course. Note: Sign-in sheets will not be accepted as sole proof of attendance. |
| 5 | Successfully complete education (e.g., certificate programs, online courses, workshops) with an assessment component at the end of the program. Topic must be specific to SPHM or SPHM-related. | 1 Hour = 1 PDH | Unlimited | A signed letter or certificate of attendance issued by the education provider. Must include date(s), course title, attendee name, contact hours/CEUs, and demonstrate successful completion of the program. *Visit www.csphp.org for a complete list of acceptable providers. |
| 6 | Successfully complete academic coursework and obtain a passing grade at an accredited school of higher learning. Course must be SPHM-related. | 1 Credit = 2 PDH | 9 for CSPHA 9 for CSPHC 9 for CSPHP | A transcript indicating date(s) of course, title of course and number of credits received. An unofficial transcript is acceptable. Must demonstrate satisfactory completion of the coursework. AND Provide a copy of the course description illustrating how the content is relevant to SPHM. |

| ID # | Activity | PDH Value | Max PDH | Verification Documentation |
|-----------------------------|--|---|--|--|
| E-MODULES | | | | |
| 7 | Author an employer-based e-module with a quiz at the end. Topic must be specific to SPHM or SPHM-related. Note: The same or similar presentation may be claimed only once. | 1 Module = 1 PDH | 2 for CSPHA 2 for CSPHC 2 for CSPHP | A signed letter from your employer. Must include the date(s), course title, and target audience (which employees will be required to complete the e-module annually). |
| INDEPENDENT LEARNING | | | | |
| 8 | Read peer-reviewed, practice-related professional journal articles and/or textbook chapters, and write a report describing the implications for improving skills in one's specific role. Topic may be specific to any of the elements listed among the nine core competencies; refer to the <i>Certification Handbook</i> for more information. | 2 Articles <u>or</u> 2 Chapters = 1 PDH | 4 for CSPHA 8 for CSPHC 10 for CSPHP | Write an annotated bibliography and a report discussing how the articles/chapters have assisted with skill improvement in your current role. Must exceed 1000 words. The Self-Directed Learning Form is available at www.csphp.org. The form must be signed and include the total number of hours spent on independent learning. |
| PRESENTING | | | | |
| 9 | Serve as the primary or co-presenter at professional conferences (state, national or international), workshops, seminars or webinars specific to SPHM. Topic may be specific to any of the elements listed among the nine core competencies; refer to the <i>Certification Handbook</i> for more information. Note: The same or similar presentation may be claimed a maximum of two times, as long as the presentation was given in two different settings. | 1 Hour = 1 PDH | Unlimited | A signed letter or official program listing from the sponsoring organization. Must include date(s), presentation title, your name as the presenter, and length of your presentation. |
| 10 | Serve as the primary or co-presenter at professional conferences (state, national or international), workshops, seminars or webinars on topics regarding your facility's SPHM program. Note: The same or similar presentation may be claimed a maximum of two times, as long as the presentation was given in two different settings. | 1 Hour = 1 PDH | Unlimited | Write a one paragraph explaining how your facility has benefitted from having a SPHM program. AND Provide a signed letter or official program listing from the sponsoring organization. Must include date(s), presentation title, your name as the presenter, and length of your presentation. |
| 11 | Present SPHM technology in-services. ¹ Note: The same presentation may only be claimed once. | 1 Hour = 1 PDH | 3 for CSPHA 9 for CSPHC 9 for CSPHP | A signed letter issued by your employer/sponsoring organization. Must include date(s), topic, your name as the presenter, and length of your presentation. Note: Sign-in sheets will not be accepted as sole proof of attendance. |
| 12 | Serve as the primary or co-presenter of a poster presentation at professional conferences (state, national or international), workshops or seminars. Topic must be SPHM-related. Note: The same presentation may only be claimed once. | 1 Poster = 1 PDH | Unlimited | A signed letter or official program listing from the sponsoring organization. Must include date(s), presentation title, your name as the presenter, and length of your presentation. |
| 13 | Serve as the primary or co-presenter for a local organization, group, or association on a SPHM practice-related area. Topic must be SPHM-related. Note: The same presentation may only be claimed once. | 1 Hour = 1 PDH | Unlimited | A signed letter or official program listing from the sponsoring organization. Must include date(s), presentation title, your name as the presenter, and length of your presentation. |
| PROFESSIONAL SERVICE | | | | |
| 14 | Peer review of a SPHM practice-related research article or textbook. | 1 Article <u>or</u> 1 Textbook = 1 PDH | Unlimited | A signed letter from the publishing organization verifying your role as a peer reviewer. |
| 15 | Write and submit an exam question that is accepted by the Certified Safe Patient Handling Professionals™ Examination Committee. Note: Only questions that are accepted and approved will receive credit. | 1 Question = 1 PDH | 3 for CSPHA 6 for CSPHC 6 for CSPHP | Acknowledgement letter issued by the Certified Safe Patient Handling Professionals™ Examination Chair and recorded by the Certified Safe Patient Handling Professionals Board (CSPHPB). |
| 16 | Serve as an active ASPHP or Certified Safe Patient Handling Professionals™ committee member and participate in committee work. | 1 Committee = 1 PDH | 2 per year | Certificate issued by the ASPHP or Certified Safe Patient Handling Professionals™ Committee Chair. |

| ID # | Activity | PDH Value | Max PDH | Verification Documentation |
|-------------------|---|----------------------|---|--|
| PUBLISHING | | | | |
| 17 | Primary or co-author of a SPHM practice-related article in a professional peer-reviewed publication. | 1 Article = 6 PDH | 3 for CSPHA 6 for CSPHC 9 for CSPHP | Copy of published article or letter from editor. Must exceed 2000 words. If there are more than 2 authors listed for the article, include an affidavit attesting that your contribution was at least 50% of the writing effort. Note: If your article was accepted for publication, but has not yet been published, please provide a copy of the letter indicating acceptance. |
| 18 | Primary or co-author of a SPHM practice-related article in a professional non-peer-reviewed publication. | 1 Article = 3 PDH | 3 for CSPHA 6 for CSPHC 9 for CSPHP | Copy of published article or letter from editor. Must exceed 2000 words. If there are more than 2 authors listed for the article, include an affidavit attesting that your contribution was at least 50% of the writing effort. Note: If your article was accepted for publication, but has not yet been published, please provide a copy of the letter indicating acceptance. |
| 19 | Primary or co-author of a chapter in a SPHM practice-related professional textbook. | 1 Chapter = 3 PDH | 3 for CSPHA 6 for CSPHC 9 for CSPHP | Copy of published chapter or letter from editor. Must exceed 2000 words. If there are more than 2 authors listed for the chapter, include an affidavit attesting that your contribution was at least 50% of the writing effort. Note: If your chapter was accepted for publication, but has not yet been published, please provide a copy of the letter indicating acceptance. |
| RESEARCH | | | | |
| 20 | Serve as the Principal Investigator (PI) or Co-Principal Investigator (Co-PI) of a <u>non-funded</u> SPHM-related research project. | 6 PDH | Unlimited | An official copy of Institutional Review Board (IRB) approval. AND A written report discussing the following: 1. What were the findings of your research? As appropriate, please include statistical data analyses. 2. Was a clinical trial involved? If yes, please detail. 3. What was the duration of your research project (launch to study termination)? 4. How has your research benefited the SPHM community? 5. Have you published your research? If yes, please include. 6. Do you intend to use the results of your research to conduct further related studies? |
| 21 | Serve as the Principal Investigator (PI) or Co-Principal Investigator (Co-PI) of a <u>funded</u> SPHM-related research project. | 12 PDH | Unlimited | An official copy of Institutional Review Board (IRB) approval. AND An official copy the grant award letter from the grant funding agency AND A written report discussing the following: 1. What were the findings of your research? As appropriate, please include statistical data analyses. 2. Was a clinical trial involved? If yes, please detail. 3. What was the duration of your research project (launch to study termination)? 4. How has your research benefited the SPHM community? 5. Have you published your research? If yes, please include. 6. Do you intend to use the results of your research to conduct further related studies? |

