



# CSPHA 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@cshp.org](mailto:info@cshp.org):**  
 \*\*subject line: **CSPHA 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 an Associate applicant is not expected to be proficient in all areas, the Certification and Renewal Committee will examine an applicant's portfolio for these skill sets upon review.

Applicants should ensure that their professional experience, letter of recommendation, and professional development 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.

## CSPHA APPLICATION CHECKLIST

The following documents must be submitted with your application portfolio:

- Current certification application—please check website
- ASPHP Membership application (*optional, but provides discounted certification fees and professional development*)
- Proof of education
  - College/university transcript (unofficial is acceptable) **OR**
  - Copy of diploma
- Proof of related professional experience
  - Resume or employer job description
- 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.
- 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. RELATED PROFESSIONAL EXPERIENCE and/or EDUCATION <sup>1,2</sup>

Select appropriate box and complete all associated information:

- 3 years of related professional experience
- 3 years of post-secondary education
- 3-year combination of related experience and education <sup>1,2</sup>

<sup>1</sup> This requirement may be met with either related experience, education or a combination of both totaling 3 years.

<sup>2</sup> The time periods do not need to be consecutive.

### Related Professional Experience

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

Job Title \_\_\_\_\_ Total # of Years \_\_\_\_\_

Dates of Employment (MM/YYYY) \_\_\_\_\_ (MM/YYYY) \_\_\_\_\_

Primary Job Duties \_\_\_\_\_

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

**If necessary, additional employer information may be entered in Section 6**

### Post-Secondary Education

**Institution/City, State** \_\_\_\_\_

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

Degree Obtained \_\_\_\_\_ Total # of Years Attended \_\_\_\_\_

Dates Attended (MM/YYYY) \_\_\_\_\_ (MM/YYYY) \_\_\_\_\_

Documentation Provided (*select one*):  Copy of Diploma  Transcript (unofficial is acceptable)

**If necessary, additional education information may be entered in Section 6**

### 3. SPHM-SPECIFIC WORK EXPERIENCE

**Requirement: One (1) year of SPHM-specific work experience where your duties include responsibilities associated with an organization's SPHM program. <sup>1</sup>**

Can your Section 1 requirement also be applied to your Section 2 requirement?

Yes (*skip to Section 4*)

No – complete all information below

<sup>1</sup> If the related professional experience you listed in Section 2 includes SPHM-specific duties, that experience may also be applied to the requirements of Section 3.

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

Job Title \_\_\_\_\_ Total # of Years \_\_\_\_\_

Dates of Employment (MM/YYYY) \_\_\_\_\_ (MM/YYYY) \_\_\_\_\_

Detailed description of SPHM activities and duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**If necessary, additional information may be entered in Section 6**

#### LET US KNOW!

**How did you hear about SPHM certification?**<sup>^</sup> (*select all that apply*)

Colleague  Conference  Social Media  Website  Google Search  Other: \_\_\_\_\_

**Does your employer cover the cost of your certification or provide reimbursement?**<sup>^</sup> (*select one*)

Yes  No  Unsure

<sup>^</sup>All information gathered is used for statistical purposes.

## 4. LETTERS OF RECOMMENDATION

Select appropriate box and complete all associated information:

Letter written by a CSPHP (Certified Safe Patient Handling Professional) – **only one letter required** <sup>1</sup>

Letters are not written by a CSPHP – **two letters are required** <sup>1</sup>

Two letters written by a supervisor, colleague or client familiar with your work and involvement in SPHM.

<sup>1</sup> 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**

**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 # 2 (if required)**

**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. PROFESSIONAL DEVELOPMENT

**Requirement: Ten (10) 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 the [CSPHA Professional Development Hours Table](#).

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
<b>TOTAL:</b>					

## 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, 10431 Perry Highway, Suite 210J, Wexford, PA 15090 **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.**

## 6. ADDITIONAL INFORMATION

Regarding Section \_\_\_\_\_

\_\_\_\_\_

Regarding Section \_\_\_\_\_

\_\_\_\_\_

## 7. 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).

By typing your name below, you are providing your electronic signature, which is equivalent to a handwritten signature, to complete this Application Form.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date