CECA Report to the Board of Directors
American Society for Bioethics and Humanities
Certification, Accreditation, and Credentialing (C/A/C) of Clinical Ethics Consultants

INTRODUCTION

ASBH formed the Clinical Ethics Consultation Affairs (CECA) standing committee in 2009 to address a growing concern that individuals who provide clinical ethics consultation (CEC) do not have sufficient qualifications to do so. CECA's charge is to improve the competency of individuals providing CEC at both basic and advanced levels, as identified in the *Core Competencies for Health Care Ethics Consultation* (2nd Ed., in press). In this Report, CECA provides a recommendation to the ASBH Board regarding how such competence should be evaluated, and what ASBH's role should be in this process.

GLOSSARY

Accreditation. Formal recognition that an educational program or institution satisfies established standards for educating and training individuals to master a set of competencies.

Certification. Formal recognition that an individual satisfies established competency standards.

Clinical ethics consultant. An individual who responds to health care ethics consultation requests, and who may provide other ethics-related services within a health care and/or educational setting (e.g., teaching ethics, mentoring students or residents, developing or reviewing ethics-related institutional policy, engaging in ethics-related scholarship and research, chairing an ethics committee, running an ethics consultation service).

Clinical ethics consultation. A set of services provided by an individual or a group in response to questions from patients, families, surrogates, health care professionals, or other involved parties who seek to resolve uncertainty or conflict regarding value-laden concerns that emerge in patient care.

Credentialing. A hospital-based procedure for assessing a candidate's task-related qualifications and achievements (Kipnis, 2009).

Formal CEC education. The process of learning CEC knowledge and skills competencies through a structured learning program in which a graduate degree or certificate is awarded.

Formal CEC training. The process of learning and applying CEC skills and knowledge through a structured program including supervision and mentorship aimed at achieving mastery of CEC competencies.

Grandparenting. A method by which expert CEC practitioners are recognized as possessing requisite CEC knowledge and skills competencies without having to demonstrate the same level of certification or accreditation credentials during a period of transition toward certification or accreditation.

Health care ethics consultation. A set of services provided by an individual or a group in response to questions from patients, families, surrogates, health care professionals, or other involved parties who seek to resolve uncertainty or conflict regarding value-laden concerns that emerge in health care (ASBH, in press). Health care ethics consultation by definition includes clinical ethics consultation, but may address other ethical questions or concerns (e.g., related to organizational ethics, business ethics, professional ethics, etc.).

Licensure. Process by which practitioners are legally authorized to perform a set of tasks by a state licensing board, and practitioners without such license are restricted from performing this set of tasks.

Training. The process of bringing a person to a standard of proficiency by practice, instruction, and mentoring.

CERTIFICATION, CREDENTIALING, & ACCREDITATION

There is agreement that individuals providing clinical ethics consultation (CEC) should be qualified to do so (Baker, 2009; Childs, 2009; Dubler et al., 2009; Fox, Myers & Pearlman, 2007; Kipnis, 2009; Landro, 2008; Smith, 2010; Spike, 2009; Tarzian, 2009). Whether individuals providing CEC do in fact possess adequate qualifications is in question. According to Fox and colleagues' national survey, only 5% of individuals currently performing CEC in U.S. hospitals have completed a fellowship or graduate degree program in bioethics. However, since no bioethics graduate or fellowship programs are currently accredited to educate and train clinical ethics consultants, there remains no demonstrable evidence that individuals providing CEC are competent to do so.

Methods by which individuals could demonstrate meeting minimum CEC competencies are at the level of the educational institution training them (accreditation), at the level of the health care facility where they provide CEC (credentialing), and at the level of the individual providing CEC (certification). One concern with the graduate program accreditation approach is that it may stifle innovation and diversity of approaches to CEC due to the need to endorse common standards. For example, it presumes that such education and training should occur at the graduate (i.e., Masters or PhD) level, but other models could include bioethics fellowship programs and short-term certificate programs. Another concern is that individuals who have not met competency benchmarks might still graduate from a program and thus be recognized as a competent clinical ethics consultant despite failing to meet minimum standards. Most importantly, the program accreditation method would not address how to recognize those currently functioning as qualified CEC practitioners. Any facility wishing to credential individuals to provide CEC would look for concrete evidence of that individual's training, knowledge and skills. In most cases, credentialing requires more than evidence of obtaining a formal degree. Given that a process for evaluating individual competency is necessary for all the methods described above, the CECA committee agreed that pursing individual CEC certification is a logical first step.

The challenge moving forward with certification, accreditation, or credentialing of clinical ethics consultants is defining the scope of competencies to be evaluated. Clinical ethics consultants often perform activities other than CEC as part of their professional role—for example, they may

chair the ethics committee, run the CEC service, develop or evaluate ethics-related policies, provide ethics mentoring to students or medical residents, and conduct research and scholarship in ethics. While efforts are underway to support the professionalization of the field of clinical ethics (e.g., via development of a Code of Ethics), it is necessary to restrict the scope of the discussion of certification and accreditation to CEC, which is just one activity that a clinical ethics consultant provides. However, as Tarzian (2009, p. 243) summarized, "given that CEC may be considered the 'highest stakes' activity of a clinical ethics consultant, and that the skills and knowledge competencies necessary to effectively provide CEC overlap to a large degree with competencies needed to engage in other activities of the clinical ethics consultant, demonstrable proficiency in CEC may serve as emblematic of the general competency of a clinical ethics consultant."

Another challenge involved in certification, accreditation, or credentialing of individuals who provide CEC is distinguishing between basic and advanced levels of knowledge and skills. The *Core Competencies* lists *basic* skills and knowledge competencies (which everyone involved in a particular CEC must have), as well as *advanced* skills and knowledge competencies (which at least one person involved in a particular CEC must have). Because certification focuses on competency of individuals to provide CEC as a solo consultant or as an expert CEC practitioner within a team, the standards for certification of a clinical ethics consultant (as well as for accrediting graduate programs that train clinical ethics consultants) should be set at the level of the advanced practitioner—that is, someone who demonstrates advanced skills and knowledge competencies identified in the *Core Competencies,* and any other recognized CEC standards of practice. A separate process may be developed to demonstrate basic knowledge and skills competencies for those individuals providing CEC as part of a team whose members pool their expertise. For example, ASBH could develop self-learning modules comparable to the Collaborative Institutional Training Initiative (CITI) modules used to educate researchers and members of institutional review boards about research ethics. Such internet-based, self-paced modules could cover basic CEC knowledge as identified in the *Core Competencies* and *Education Guide*. This would not, however, be comparable to CEC certification at the advanced level.

METHODS TO MEASURE CEC SKILLS AND KNOWLEDGE COMPETENCIES

The CECA Committee agreed that a multiple-choice test alone is insufficient to evaluate CEC knowledge and skills. The committee recommends the following as appropriate methods for evaluating CEC knowledge and skills competencies, in combination:

- Passing an examination
  - Multiple choice
  - Essay
  - Written case study analysis and example of medical record documentation
  - Oral interview
- Observation of actual or simulated ("mock") consultations
- Evidence of having performed a minimum number of consultations as "lead consultant"
- Graduate degree in applicant's field

- Evidence of CEC education and training (e.g., CEC content in a degree program, certification program, or continuing education)
- Letter of recommendation from supervisor or colleague who has provided CEC and observed applicant providing CEC

The Committee suggests the following methods, in combination, to evaluate advanced CEC competencies through a certification process:

1. Written exams
    a. One multiple choice exam
    b. One essay exam including written case study analysis
    c. CEC case study documentation for medical record
2. Portfolio with summaries of a minimum number of ethics consultations in the past year (e.g., de-identified medical record documentation of 3 case consultations in the prior year, as well as documentation for the CEC services' internal records).
3. Observation of ethics consultations (live or with simulation)
4. Reference letters with attention to 360° reviews from (c & d if available):
    a. Supervisor (e.g., director of CEC service, ethics committee chair)
    b. Colleague (who has observed applicant provide CEC)
    c. Subordinate (who has observed applicant provide CEC), if available
    d. Patient/family member involved in an ethics consultation, if available (e.g., via a form that asks for evaluation of level of performance on specific items along with open areas for narrative evaluation).
5. In-person or telephone interview by a panel of experienced clinical ethics consultants using an interview guide in order to ensure that all candidates are asked similar questions.

Appendix B lists advanced CEC knowledge and skills competencies and suggested methods of evaluating each. As Kipnis pointed out (2009), certification and accreditation will need to focus on "essential" competencies rather than "desirable" competencies. Toward this end, some of the competencies listed in the *Core Competencies* and Appendix B may not need to be built into a CEC curriculum and systematically assessed during CEC certification (e.g., familiarity with the history of professional codes, or with one's institutional policies related to CEC).

Appendix C lists certifying bodies the CECA committee believes are most closely aligned with CEC services and appropriate CEC evaluation methods.

RECOMMENDATIONS TO THE BOARD OF DIRECTORS

1) **Issue a "request for proposals" from companies that provide test development and implementation, and seek start-up funding.**

   Such companies have experience and expertise identifying start-up and maintenance costs and likely revenue, which is essential information to identify how to proceed. For example, one organization spends $100,000 annually to maintain their certification test. Another organization spent $500,000 to design and implement their testing procedures. With this type of range it was felt that obtaining proposals would be essential.

The CECA Committee recommends that ASBH pursue funding to cover start-up costs of a comprehensive and methodologically rigorous certification process. While some have expressed concerns that demand for CEC certification would be too low to create a self-funded system after start-up, the Committee believes that this demand will grow once a process is established (also, see #5, below). During the start-up process, it is important for ASBH to address critical questions, including:

- How many individuals providing CEC are likely to pursue CEC certification?

- What is the cost range that individuals will have to pay to make the certification program self-funding?

- What are the pros and cons of outsourcing certification versus having ASBH provide CEC certification?

- What are liability implications for clinical ethics consultants who do or who do not pursue CEC certification, and for the institutions where they provide CEC?

- How should CEC certification inform efforts toward graduate program CEC accreditation?

2)   Pursue certification of individuals at the advanced level, and create a self-learning program to teach and demonstrate basic CEC knowledge competencies.

The Committee determined that ASBH should pursue certification of individuals providing CEC at an advanced level of competency through a comprehensive, methodologically rigorous process using the multiple evaluation methods listed above. In addition, ASBH should consider developing a self-learning program to teach and demonstrate basic CEC knowledge for individuals providing CEC in a team model where expertise is pooled. The latter could be a self-paced, internet-based course, akin to the CITI modules, to provide basic CEC knowledge for individuals providing CEC at the basic level (ASBH's *Education Guide* could guide content to include). Completion of the course would *not* be equivalent to CEC certification. This is akin to the Certified IRB Professional exam demonstrating advanced expertise of those involved in research ethics, whereas completion of the CITI modules demonstrates basic knowledge of research ethics. However, a major difference in what the Committee proposes is that the CEC certification process would evaluate more than mere cognitive knowledge. ASBH should explore options for licensing the basic educational product to generate revenue to help fund the certification process for those providing CEC at the advanced level.

3)   Address "grandparenting" of expert clinical ethics consultants if certification becomes a mandate.

In the transition period during which a process for CEC certification is being developed, the CECA committee believes it would be premature to create a system for "grandparenting" current clinical ethics consultants. Early applicants for certification will be volunteers who wish to demonstrate their CEC expertise in the absence of a mandate to obtain CEC certification. However, if outside forces (e.g. legislation, regulatory bodies) would require certification in order for individuals to practice CEC, ASBH

should be prepared to address "grandparenting" of individuals to provide CEC, similarly to how others have addressed this issue as regards a new certification process (e.g., palliative medicine, palliative nursing).

4) **Consider developing a Council for accrediting educational programs that use the ASBH Core Competencies for teaching and evaluation of learners.**

As an intermediary step toward accrediting graduate programs that educate and train CEC practitioners, ASBH should consider establishing a Council to accredit educational programs (e.g., graduate, fellowship, or certificate programs) that use the ASBH Core Competencies as a baseline for CEC knowledge and skill development. Such a Council could also explore providing Continuing Education Units (CEUs) for educational programs targeting CEC knowledge and skills competencies (e.g., conferences, intensive workshops, etc.).

5) Generate Demand for Certified Clinical Ethics Consultants

Accrediting bodies (e.g., the Joint Commission) and professional organizations (e,g., the American Hospital Association) should be alerted to the existence of standards of practice for clinical ethics consultation. These bodies should be encouraged to motivate hospitals to require a credentialing process for persons providing CEC. Buy-in from these organizations and, in turn, from hospitals will support and advance national efforts to ensure that individuals providing CEC are competent to do so.

Appendix A
List of CECA Committee Members

Armond H. Antommaria*
Jeffrey Berger*
Nancy Berlinger*
Joseph Carrese
Art Derse*
Autumn Fiester
Ellen Fox
Colleen M. Gallagher* (Chair, C/A sub-committee; CECA Co-Chair)
John Gallagher
Paula Goodman-Crews
Tracy Koogler*
Steve Latham*
Christine Mitchell*
Nneka Mokwunye*
John Moskop
Robert Pearlman*
Kayhan Parsi*
Terry Rosell*
Millie Solomon
Martin Smith*
Jeffery Spike*
Anita Tarzian (Chair, Basic & Advanced CEC Competencies sub-committee; CECA Co-Chair)
Lucia Wocial

* = Member of the Certification/Credentialing/Accreditation [C/A] sub-committee

Appendix B
Methods to Evaluate Advanced CEC Skills & Knowledge for Certification

Core <u>Skills</u> and <u>Knowledge</u> for Clinical Ethics Consultation*	Assessment Method
SKILL AREA:	
Ethical assessment skills:	
1. Skills necessary to identify the nature of the value uncertainty or conflict that underlies the need for ethics consultation (EC):	
- discern and gather relevant data (e.g., clinical, psychosocial, decisional capacity)	CEC documentation[+]
- assess the social and interpersonal dynamics of the case (e.g., power relations, racial, ethnic, cultural, and religious differences)	Interview
- distinguish the ethical dimensions of the case from other, often overlapping, dimensions (e.g., legal, medical, psychiatric)	Written analysis[++]; interview
- clearly articulate the ethical concern and the central ethics question	CEC documentation
- identify various assumptions that involved parties bring to the case (e.g., regarding quality of life, risk taking, unarticulated agendas)	Interview
- identify relevant values of involved parties	CEC documentation
- Identify the consultant's own relevant moral values and intuitions' and how these might influence the process or analysis.	Interview
2. Skills necessary to analyze the value uncertainty or conflict:	
- access the relevant ethics knowledge (e.g., bioethics, law, institutional policy, professional codes, and religious teachings)	Written exam
- clarify relevant concepts (e.g., confidentiality, privacy, informed consent, best interest,)	Written exam
- critically evaluate and use relevant knowledge of bioethics, law (without giving legal advice), institutional policy (e.g., guidelines on withdrawing or withholding life-sustaining treatment), and professional codes in the case.	CEC documentation
To critically evaluate and use relevant knowledge, *the consultant must also have the ability to:*	
- utilize relevant moral considerations in helping to analyze the case	Written exam and/or CEC documentation
- identify and justify a range of morally acceptable options and their consequences	" "
- evaluate evidence and arguments for and against different options	" "

Core <u>Skills</u> and <u>Knowledge</u> for Clinical Ethics Consultation*	Assessment Method
- research peer-reviewed clinical and bioethics journals and books, and access relevant policies, laws and reports, using the Internet and/or libraries	Case-based written exam with 2-3 day time period.
- recognize and acknowledge personal limitations and possible areas of conflict between personal moral views and one's role in doing consultation (e.g., accepting group decisions with which one disagrees, but which are ethically acceptable)	Interview
- be familiar with diversity among patients, staff and institutions and address it in relation to an ethics consultation.	Interview
Process skills:	
3. The ability to facilitate formal and informal meetings:	Observe actual or mock EC
- Identify key decision-makers and involved parties and include them in discussions	" "
- set ground rules for formal meetings (e.g., the length, participants, purpose, and structure of such meetings)	" "
- express and stay within the limits of ethics consultants' role during the meeting	" " and CEC documentation
- create an atmosphere of trust that respects privacy and confidentiality and that allows parties to feel free to express their concerns (e.g., skill in addressing anger, suspicion, fear or resentment; skill in addressing intimidation and disruption due to power and /or role differentials).	Observe actual or mock EC
4. The ability to build moral consensus:	
- help individuals critically analyze the values underlying their assumptions, their decision, and the possible consequences of that decision	Observe actual or mock CEC
- negotiate between competing moral views	" "
- engage in creative problem solving.	CEC documentation
5. The ability to utilize institutional structures and resources to facilitate the implementation of the chosen option.	Interview
6. The ability to document consults and elicit feedback regarding the process of consultation so that the process can be evaluated.	CEC documentation; review data from CEC evaluations (if available)

Interpersonal skills:	
7. The ability to listen well and to communicate interest, respect, support, and empathy to involved parties:	Observe actual or mock EC
8. The ability to educate involved parties regarding the ethical dimensions of the case.	" and CEC documentation
9. The ability to elicit the moral views of the involved parties.	Observe actual or mock ethics consult
10. The ability to represent the views of involved parties to others.	" "
11. The ability to enable the involved parties to communicate effectively and be heard by other parties.	" "
12. The ability to recognize and attend to various relational barriers to communication.	" "
KNOWLEDGE AREA:	
1. **Moral reasoning and ethical theory** as it relates to ethics consultation:	
- consequentialist and non-consequentialist approaches, including utilitarian approaches; deontological approaches such as Kantian, natural law, rights theories; theological/religious approaches; and virtue, narrative, literary, and feminist approaches	Written exam
- principle-based reasoning and casuistic (case-based) approaches	" "
- related theories of justice, with particular attention to their relevance to resource allocation, triage, and obligations to provide health care.	" "
2. Common **Bioethical issues and concepts** that typically emerge in ethics consultation:	
- patients' rights, including rights to health care, self-determination, treatment refusal, and privacy; the concept of "positive" and "negative" rights and obligations	" "
- autonomy and informed consent and their relation to adequate information, voluntary and involuntary, competence or decision-making capacity, rationality, and paternalism	" "
- confidentiality, including the notion of the "fiduciary" relationship of provider and patient, exceptions to confidentiality, the duty to warn, and the right to privacy	" "
- disclosure and deception, and their relation to patients' rights and confidentiality	" "

- dealing with patients who are difficult to care for, and common barriers to "patient compliance"	Written exam and CEC documentation.
- social determinants of health	Written exam
- provider rights and duties, including the parameters of conscientious objection and the duty to care	" "
- understanding of how cultural and religious diversity, as well as biases based on race, gender, and disability, informs the context of an ethics case consultation	Written exam and interview
- advance care planning, including advance directives, such as a living will or durable power of attorney, and health care proxy appointments	Written exam
- surrogate decision making, including decision making involving children, adolescents, or incapacitated/incompetent adults	" "
- end-of-life decision making, including an understanding of do-not-resuscitate orders, withdrawal of life support, withholding nutrition and hydration; concepts of "medical futility," "death," "person," "quality of life," euthanasia (including the concepts of "voluntary," "involuntary," "active," and "passive" euthanasia), aid in dying (sometimes also called death with dignity or physician-assisted suicide) and the principle of "double effect"	" "
- beginning-of-life decision making, including reproductive technologies, surrogate parenthood, in vitro fertilization, sterilization, and abortion; best interest considerations for critically ill newborns, the concept of "person," the right to privacy, and the application of "double effect"	" "
- decision-making and informed consent and assent involving children and adolescents, including children who have mental or physical impairments or who are chronically ill	" "
- genetic testing and counseling, including its relation to informed consent, paternalism, confidentiality, access to insurance, and reproductive issues	" "
- conflicts of interest involving health care organizations, providers, and/or patients	" "
- medical research, therapeutic innovation, or experimental treatment, and related issues of informed consent, benefit to patient, benefit to society, and social responsibility	" "
- organ donation and transplantation, including procurement, listing of candidates, and distribution	" "
- resource allocation, including triage, rationing, and social responsibility or obligations to society	" "

3. **Health care systems** as they relate to ethics consultation:	
- managed care systems	" "
- governmental systems	" "
4. **Clinical context** as it relates to ethics consultation:	
- terms for basic human anatomy and those used in diagnosis, treatment, and prognosis for common medical problems	" "
- various understandings of the terms health and disease (primarily their value-laden and socially constructed dimensions)	" "
- awareness of the natural history of common illnesses	" "
- awareness of the grieving process and psychological responses to illness	" "
- awareness of the process that health care providers employ to evaluate and identify illnesses	" "
- familiarity with current and emerging technologies that affect health care decisions	" "
- knowledge of different health care providers, their roles, relationships, codes of ethics, and expertise	" ", CEC documentation, and interview
- basic understanding of how care is provided on various services such as intensive care, rehabilitation, long-term care, palliative and hospice care, primary care, and emergency trauma care.	Written exam
5. The local **health care institution** in which the consultants work, as it relates to ethics consultation:	
- mission statement	Interview
- structure, including departmental, organizational, governance and committee structure	Written materials or interview*
- range of services and sites of delivery, such as outpatient clinic sites	" "
- ethics consultation resources, including financial, legal, risk management, human resources, chaplain and patient representatives	" "
- medical research, including the role of the institutional review board, and distinctions between medical research and therapeutic innovation	" "
- medical records system, including location and access to patient records.	" "
6. **Local health care institution's policies** relevant for ethics consultation:	These could be covered during an interview or requested in written materials (*e.g.* list of relevant institutional policies)

	submitted by applicant*	
- informed consent	"	"
- withholding and withdrawing life-sustaining treatment	"	"
- pain management and palliative care	"	"
- euthanasia (and assisted suicide, if relevant)	"	"
- advance directives, surrogate decision making, health care agents, durable power of attorney, and guardianship	"	"
- do-not-resuscitate orders	"	"
- brain death/determining death	"	"
- medical futility	"	"
- confidentiality and privacy	"	"
- HIV testing and disclosure	"	"
- organ donation and procurement	"	"
- human experimentation	"	"
- conflicts of interest	"	"
- error disclosure	"	"
- admissions, discharge and transfer	"	"
- impaired providers	"	"
- conscientious objection	"	"
- reproductive technology.	"	"
7. **Beliefs and perspectives of patient and staff population** where one does ethics consultation:		
- important beliefs and perspectives that bear on the health care of racial, ethnic, cultural and religious groups served by the facility - resource persons for understanding and interpreting cultural and faith communities - perspectives of those who are physically or mentally challenged and their loved ones.	Written exam	
8. **Relevant codes of ethics, professional conduct and guidelines of accrediting organizations** as they relate to ethics consultation:		
- codes of conduct from relevant professional organizations (e.g., medicine, nursing)	Written exam	
- local health care facility's code of professional conduct	"	"
- other important professional and consensus ethics guidelines and statements (e.g., presidential commission statements)	"	"
- patients' bill of rights and responsibilities	"	"
- relevant standards of the Joint Commission and other accrediting bodies (e.g., patient rights and organizational ethics standards).	"	"
9. **Relevant health law relevant**:		
- end-of-life issues such as advance directives (including	Written exam	

living wills and proxy appointment documents such as durable powers of attorney), nutrition and hydration, determination of death		
- surrogate decision making, including determination of incompetence, appointment of surrogates, and use of proxy appointment documents	"	"
- decision making for incompetent patients without family, intimates, or other identifiable surrogates, including medical guardianship and other mechanisms	"	"
- decision making for minors, including the need for minors' assent, minors' capacity to consent, and decision making when minors cannot consent	"	"
- informed consent	"	"
- reproductive issues	"	"
- organ donation and procurement	"	"
- confidentiality, privacy, and release of information	"	"
- reporting requirements, including child, spouse, or elder abuse and communicable diseases.	"	"

*Some knowledge and skills competencies identified here may not be deemed as "essential" competencies that need to be demonstrated via CEC certification or accreditation. Examples may include familiarity with professional codes of ethics or with local CEC-related institutional policies.

[+]CEC documentation = written documentation of an ethics consultation (e.g., the documentation of a case consultation that would be placed in the patient's medical record, or summary of a "non-case" consultation that would be given to the party requesting the consultation).

[++]Written analysis = a written analysis of how this particular component of a case study or hypothetical ethics consultation request would be addressed.

Appendix C

Certifying Bodies of Relevance to CEC Certification

Certifying Body Contact Information:

American College of Healthcare Executives

1 North Franklin, Suite 1700, Chicago, Illinois 60606-3529.
Phone: (312) 424-2800
Fax: (312) 424-0023
www.ache.org

Title of the Certification:	**Fellow Of The American College Of Healthcare Executives (FACHE)**
Designations that can be obtained through Certification (if applicable):	N/A
Process to enroll:	• Submit the FACHE Application. *Include the following:* - Academic background (schools/degrees) - Current job description, organizational chart and resume - Names of three Fellow references *(The completed reference forms can be provided after application submittal.)*
Practicum requirements:	• Master's or other post-baccalaureate degree. (Submit a copy of a degree.) • Current healthcare management position and at least two years of healthcare management experience: a) Submit organizational chart, job description and resume. b) If you are currently unemployed, you may be eligible to apply.
Process for obtaining certification:	• Acceptance of application and requirements • Pass the Board of Governors Examination in Healthcare Management
Fees:	• Application - $250 • Exam - $200 • Membership annual dues: - $150 for the first two years, - $250 in years three through five, and - $325 after five years
Timeframe:	• Few months - up to 3 years
Certification	• Recertify every three years.

Certifying Body Contact Information:

> **American College of Healthcare Executives**
>
> 1 North Franklin, Suite 1700, Chicago, Illinois 60606-3529.
> Phone: (312) 424-2800
> Fax: (312) 424-0023
> www.ache.org

Maintenance:	• Have three years' tenure as an ACHE Member • Have five years' healthcare management experience • Complete 40 hours of continuing education credit in the previous five years, 12 hours of which must be Category I (ACHE education) credit • Participate in at least two healthcare and community/civic activities

OTHER CERTIFICATION PREREQUISITES:

Advance to FACHE	You may be eligible to advance to an ACHE Fellow *if you are a former Diplomate*. In order to qualify, you must: • Have three years' tenure as an ACHE Member, Faculty or International Associate. • Have a minimum of five years healthcare management experience. • Complete 40 hours of continuing education credit in the prior five years, 12 of which must be Category I (ACHE education). The remaining 28 credits can be Category I or Category II education (non-ACHE education). • Participate in two healthcare and two community/civic activities in the prior three years. If you meet these requirements, then submit the *Fellow Advancement Final Form.*

Certifying Body Contact Information:

Family Mediation Canada/Médiation Familiale Canada

55 Northfield Dr. E, Suite 180
Waterloo, Ontario N2K 3T6
Phone: 1-877-FMC-2005 / 519-585-3118
Fax: 416-849-0643
www.fmc.ca

Title of the Certification:	**FAMILY MEDIATOR NATIONAL CERTIFICATION (FMC)**
Designations that can be obtained through Certification (if applicable):	• **Family Relations Mediator, FMC Cert. FRM** • **Family Financial Mediator, FMC Cert. FFM** • **Comprehensive Family Mediator, FMC Cert. CFM**
Process to enroll:	• Become a member of FMC • Complete the Certification Application Form
Practicum requirements:	• 30 hour supervised practicum • 2 positive peer evaluations from references, who have mediation experience and knowledge of the candidate's mediation practices for at least 2 years • Curriculum Vitae • 3 Letters of References • Liability insurance in the amount of no less than $1 million aggregate
Process for obtaining certification:	• Acceptance of application and prerequisites • Completion and submission of a role-play video • Personal skills assessment of the video • Final written examination • FMC Board of Directors ratification of the candidate
Fees:	• Application Form is available for $10.00 by mail, or can be downloaded from www.fmc.ca at no cost. • Application Fee - $50.00 (nonrefundable) • Tuition Fee - $400.00, are to be submitted with the application • Annual Maintenance Fee $100
Timeframe:	• Few months - up to 1 year
Certification Maintenance:	• Renew FMC membership annually ($100) • Maintain a minimum number of hours of continuing education

- in family mediation
- Maintain insurance coverage in the amount of $1 million aggregate

CERTIFICATION PREREQUISITES:

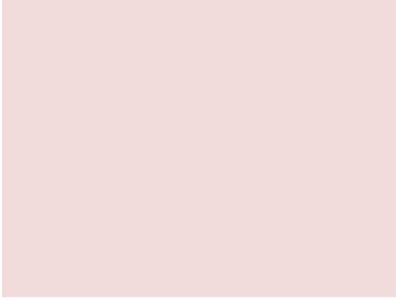|	
1) *Family Relations Mediator, FMC Cert. FRM*	- At least 80 hours of basic conflict resolution and mediation theory education and skills training, including intercultural training, AND at least 100 hours of further related education and training including: - At least 35 hours of training on the family dynamics of separation and divorce - At least 14 hours relating to family and child law - At least 21 hours of training including instruction on power imbalances and the dynamics and effects of family abuse on family members - At least 7 hours training on financial issues relating to separation, divorce and family reorganization - At least 7 hours of training on ethical issues relating to the mediation process - At least 3 hours on drafting memoranda of understanding
2) *Certified Family Financial Mediator, FMC Cert. FFM*	- At least 80 hours of basic conflict resolution and mediation theory education and skills training, including intercultural training, AND at least 100 hours of further related education and training including: - At least 14 hours of training on the family dynamics of separation and divorce - At least 7 hours on child support law - At least 21 hours of training including instruction on power imbalances and the dynamics and effects f family abuse on family members - At least 42 hours training on legal and financial issues relating to separation, divorce and family reorganization - At least 7 hours of training on ethical issues relating to the mediation process - At least 3 hours on drafting memoranda of understanding
3) *Certified Comprehensive Family Mediator, FMC Cert. CFM*	- At least 80 hours of basic conflict resolution and mediation theory education and skills training, including intercultural training AND at least 150 hours of further related education and training including: - At least 35 hours of training on the family dynamics of separation and divorce - At least 21 hours on child law: custody, access, guardianship, support, child protection and abduction law

- At least 21 hours of training including instruction on power imbalances and the dynamics and effects of family abuse on family members
- At least 42 hours training on legal and financial issues relating to separation, divorce and family reorganization
- At least 7 hours of training on ethical issues relating to the mediation process
- At least 3 hours on drafting memoranda of understanding

Certifying Body Contact Information:

National Board for Certification of Hospice and Palliative Nurses

NBCHPN®
One Penn Center West, Suite 229
Pittsburgh, PA 15276-0100
Telephone: 412-787-1057
FAX: 412-787-9305
www.nbchpn.org

Title of the Certification:	**CERTIFICATION OF HOSPICE AND PALLIATIVE NURSES**
Designations that can be obtained through Certification (if applicable):	1. **Advanced Certified Hospice and Palliative Nurse exam (ACHPN®)** 2. **Certified Hospice and Palliative Nurse exam (CHPN®)** 3. **Certified Hospice and Palliative Licensed Nurse exam (CHPLN®)** 4. **Certified Hospice and Palliative Nursing Assistant (CHPNA™)** 5. **Certified Hospice and Palliative Care Administrator (CHPCA)**
Process to enroll:	• Application • Transcript • Necessary documents to verify license and palliative practice hours • Fee made payable to NBCHPN
Process for obtaining certification:	• Acceptance of Application • Pass the Examination
Fees:	• Initial Certification: $130 – $445 • Renewal: $105-$310
Timeframe:	• 2 weeks to receive confirmation notice • Exams available in March, June, September, December.
Certification Maintenance:	• Certification is valid for a period of four (4) years at which time the candidate must retake and pass the current Certification Examination for the Hospice and Palliative Licensed Practical/Vocational Nurse.
NBCHPN® accredited by:	• The ACHPN® and CHPN® exams are accredited by the American Board Specialty Nursing Certification (ABSNC).

	• The CHPLN® and CHPNA™ exams are accredited by the National Commission for Certifying Agencies (NCCA).

CERTIFICATION PREREQUISITES:

	• Hold a current, unrestricted active registered nurse license in the United States, its territories or the equivalent in Canada;
	• Have graduated from a nursing program: a. Offered by an accredited institution granting graduate level academic credit for all of the course work, and b. Which includes both didactic and clinical components
4) Advanced Certified Hospice and Palliative Nurse exam (ACHPN®)	• Hold one of the following: a) Master's or higher degree in nursing from an Advanced Practice Palliative Care accredited education program providing both a didactic component and a minimum of 500 hours of supervised advanced practice specifically in palliative care in the year prior to applying to take the examination, or b) Post-master's certificate in nursing with a minimum of 500 hours of supervised advanced clinical practice specifically in palliative care in the year prior to applying to take the examination, or c. Master's, post-master's, or higher degree in nursing from an advanced practice program (APRN) as a Clinical Nurse
	• Specialist (CNS) or Nurse Practitioner (NP) with 500 hours of post-master's advanced practice in providing palliative care (direct and/or indirect) in the year prior to applying to take the examination.
	• Is functioning or will be functioning as a Clinical Nurse Specialist (CNS) or Nurse Practitioner (NP)
	• An official academic record/transcript and practice verification form(s) are required as part of the application process. Transcripts must demonstrate the key elements of APN preparation which includes completion of the three core courses (advanced health assessment, advanced pathophysiology, and advanced pharmacology) as well as a clinical practicum.
5) Certified Hospice and Palliative Nurse exam (CHPN®)	• Hold a current, unrestricted **registered nurse** license in the United States, its territories or the equivalent in Canada. • *2 years of experience in hospice and palliative nursing*

	practice to consider themselves eligible for certification as a CHPN® *(recommended).*
6) Certified Hospice and Palliative Licensed Nurse exam (CHPLN®)	• Hold a current, unrestricted registered nurse license in the United States, its territories or the equivalent in Canada. • 2 years of experience in hospice and palliative nursing practice to consider themselves eligible for certification as a CHPLN® (recommended).
7) Certified Hospice and Palliative Nursing Assistant (CHPNA™)	• Complete necessary documentation to prove achievement of 2000 practice hours under the supervision of a registered nurse in the past two years. • *2 years of experience in hospice and palliative nursing* assistant *to consider themselves eligible for certification as a* CHPNA® *(recommended).*
8) Certified Hospice and Palliative Care Administrator (CHPCA)	• 2 years of full time experience in the past three years in an administrative role that covers the content in the test content outline. Verification of experience is documented on the application form by the provision of the name and contact information for the candidate's immediate supervisor with the exception of a CEO who self-verifies their experience.

Certifying Body Contact Information:

National Board for Professional Teaching Standards®

NBPTS Processing Center
11827 Tech Com, Suite 200
San Antonio, TX 78233
www.nbpts.org

Title of the Certification:	**NATIONAL BOARD CERTIFIED TEACHERS (NBCTS)**
Designations that can be obtained through Certification (if applicable):	N/A
• *Process to enroll:*	• Submit application, NBCTS forms and fees • Develop portfolio entries and submit them to NBPTS • Schedule your assessment center exercises
Practicum requirements:	• Hold a bachelor's degree from an accredited institution • Have completed three full years of teaching/counseling experience • Possess a valid state teaching/counseling license for that period of time, or, if teaching where a license is not required, have taught in schools recognized and approved to operate by the state Administrative/Adult Learner Teaching Positions • If you are a teacher in an administrative position or a teacher who is teaching in the adult learner community, you must be able to provide evidence of three years of classroom teaching (or the equivalent) at the pre-K through 12 level in order to pursue National Board Certification in any certificate area except ECYA/School Counseling. Part-Time or Substitute Teaching • You are eligible in any certificate area except ECYA/School Counseling, provided your teaching employment is equivalent to three years of full-time teaching. (For example, if your teaching assignment is 50% of a full-time assignment at your school/district, you must have taught for at least six years.) • If you are a substitute teacher, you may count teaching time spent in long-term assignments toward the three years, but not short-term or on-call assignments, provided you did so under a valid state teaching license. Part-Time School Counseling

	• If you serve as a school counselor part time, you are eligible to be an ECYA/School Counseling candidate, provided your counseling employment is equivalent to three years of full-time counseling. (For example, if your school counseling assignment is 50% of a full-time assignment at your school/district, you must have served as a school counselor for at least six years.)
The following do not count toward the employment requirement:	• Administrators. • Student teaching or teaching internships (or student practical or school counseling internships). • Teacher's assistants. • Postsecondary teaching at a community college or university/college. • Employment under an intern or similar teaching license.
Process for obtaining certification:	Submit a complete portfolio containing four different entries: • 3 of these entries are classroom based. • 2 of these require that applicant provides video recordings of classroom interactions between you and your students. • Each portfolio entry requires some direct evidence of teaching (*for example*, student work samples or video recorded excerpts from an instructional session) as well as a commentary describing, analyzing, and reflecting on this evidence. • Detailed analysis of the instruction reflected in the student work or video recording for each case. • Video recordings may include brief expressions or phrases in a language other than English or Spanish.
Fees:	• Nonrefundable initial fee: $500 • Full fee: totaling $2,500 • Renewal fee: $1,150 • Retake Application Processing Charge: $15 • Retake Fee: $350
Timeframe:	• 2-3 years
Certification Maintenance:	• Must be an NBCT member for certification renewal • National Board Certification is awarded for a period of 10 years • Apply for certification renewal in the 8th year of certification • Must complete a Profile of Professional Growth® (PPG) during renewal.

Certifying Body Contact Information:

	The National Commission for Certifying Agencies (NCCA)

2025 M Street, NW
Suite 800
Washington, DC 20036
www.credentialingexcellence.org

Title of the Certification:	**CERTIFICATION OF PROGRAMS**
Process to enroll:	• Letter of intent 90 days <u>prior to</u> submitting the application. • Application. Deadlines occur three times throughout the year: - January 31 - April 30 - September 30 • Application consists of: 1) Application Form: Responses to the Required Documentation by Standards, 2) Appendix: Exhibits, and 3) Required Forms. • 3 hard copies of the application and ALL exhibits and 10 CD's containing the application and appendices in a single, bookmarked pdf. • 5-year Accreditation renewal application.
Practicum requirements:	• Any certification program may apply for accreditation after 1 year of assessment, or administration to at least 500 candidates, whichever comes first.
Process for obtaining certification:	• Acceptance of application and adherence to NCCA requirements

Fees:

Application fee:

ICE Member, organization with no currently accredited programs	$1,500/submission
Non-member, organization with no currently accredited programs	$2,000/submission
Organization with accredited programs submitting an application for a new program(s)	$500/submission
Accreditation renewal application	$1,200 for first program $750 for each additional accredited program up to maximum fee of 10 programs

Application fees are non-refundable.

Annual Accreditation Fee:

Organization with up to two accredited programs	$3,650/year
Each additional accredited program	$750/year
Maximum accreditation fee	$9.650/year

The accreditation fee includes membership in the Institute for Credentialing Excellence.

Timeframe:	• 1-3 months to review the applications. • Applicants receive official notification letter approximately 45 days following the meeting at which their application was discussed.
Certification Maintenance:	• Renewal application every 5 years. The renewal is the same as the initial application. • Annual report form each year. The annual report forms are sent in April and are due back to the NCCA by June 1st.
Suggested/Required documents to be submitted:	• Title/Description • Mission Statement/Purpose • Bylaws • Articles of Incorporation • Policies and Procedures Document • Candidate Brochure/Handbook/Information/ Application • Strategic/Business Plan • Advisory Committee Chart/Description • Organizational Chart • Financial Statement • Resumes of Key Staff • Resumes of Consultants • Procedures for ADA Compliance • Directory of Certified Individuals • Other Public Documents • Renewal/Recertification Publication • Job/Practice Analysis Report • Assessment Instrument Specifications • Assessment Training Manuals: examiners, proctors, raters • Procedures for Test Construction • Technical Report with Statistics • Item Development Report/Procedures • Cut Score Study Report • Quality Control Procedures • Equating or Other Procedures

- Security Procedures
- Sample Score Reports – Pass and Fail
- Examiner's/Proctor's Materials
- Disciplinary Policy
- Appeals Policy
- Organization/Program's annual report to stakeholders
- Recertification Policies and Procedures
- Confidentiality Policy
- Records Retention Policy
- Other

APPENDIX D
REFERENCES

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