

The HEC-C examination is administered via computer throughout the one-month testing window, November 1–30, 2018. The examination application deadline is September 10, 2018. Late applications with a late fee will be accepted by September 25, 2018. Applications for the November testing window will not be accepted after September 25, 2018.

COMPLETING THE APPLICATION

1. Review the *candidate handbook* prior to completing the application. Follow the instructions given, and address any questions to the Healthcare Ethics Consultation (HCEC) Certification Commission at 847.375.4745 or cert@asbh.org. Failure to follow the instructions can lead to the denial of an application.
2. Review the *eligibility requirements*. DO NOT submit an application before you have satisfied all eligibility requirements.
3. Download the application. The application is available in a pdf format at www.asbh.org. Please download the application, complete it electronically, and save it.
4. Upload the application and complete the payment.
 - a. Once you have completed the application, go to www.asbh.org and access your account (“My Account”) from the membership menu. Note: If you are a current or former ASBH member, have attended a meeting, or have purchased a product, you already have an ASBH online account. If you do not recall your user name or password, please call 847.375.4745 or e-mail info@asbh.org for assistance. If you do not have an account associated with ASBH, you will be asked to set up a free account.
 - b. Once you have accessed your account, click on “HEC-C Application” (left-side menu), then click on the button “Add a New Document” to upload the application.
 - c. Click on “Pay Now” to complete the payment.
 - d. Your application is not considered complete until it has been uploaded and payment has been received by ASBH.

PERSONAL INFORMATION

First name: _____ Middle Initial: _____ Last name: _____

Credentials: _____

EDUCATION

Candidates must have a minimum of a Bachelor’s degree. Please indicate your highest degree below and the institution you received it from.

Institution: _____

Degree Awarded: _____

Date Awarded: _____

ASBH CODE OF ETHICS AND PROFESSIONAL RESPONSIBILITIES

- Checking this box and typing my name below indicates my pledge to adhere to the [ASBH Code of Ethics and Professional Responsibilities](#).

APPLICATION ATTESTATION

1. In submitting this application, I fully understand that it is an application only and does not guarantee certification.
2. I agree to comply with all HEC-C Program policies as outlined in the HCEC Certification Commission Policies and the HEC-C Candidate Handbook.
3. I agree to sit for a multiple-choice examination and supply further information as determined by the HCEC Certification Commission.

4. I understand that any false statement or misrepresentation that I may make in this application will nullify it and will result in revocation of certification if granted under the misrepresentations.
 5. I understand that I am obligated to inform the HCEC Certification Commission of changed circumstances that may materially affect my application.
- Checking this box and typing my name below indicates my agreement to the attestation statements above.

Applicant Name: _____ Date: _____

CLINICAL HEALTHCARE ETHICS CONSULTING EXPERIENCE

Candidates must have at least 400 hours of demonstrated clinical ethics experience related to the major domain areas of the HEC-C program content outline within the previous 4 years. In this application you will first document your accumulated experience by selecting the HEC-C content outline domain(s) and task(s) that best describe the healthcare ethics consultation work you have performed during the previous 4 years. Then you must provide the requested information for each professional position you have held during the previous 4 years involving your experience related to the HEC-C content outline.

HEC-C CONTENT OUTLINE

Your 400 hours should relate to Assessment, Analysis, Process, or Evaluation/Quality Improvement activities. Visit www.asbh.org/certification/content-outline for information on the development of the content outline and examples of the types of activities that can be counted toward the 400 hours of clinical healthcare ethics consulting. Please select the HEC-C content outline domain(s) and task(s) that best describe the healthcare ethics consultation work you have performed **during the previous 4 years.**

Note: Candidates do not need to demonstrate experience in all domains and tasks to be eligible. Please indicate all that apply across each clinical ethics position listed below in the Professional Position(s) section:

Assessment

- Gather and discern factual information relevant to the case (e.g., clinical, psychosocial, spiritual, institutional, legal)
- Assess the social and interpersonal dynamics of those involved in the consultation (e.g., power relations, racial, ethnic, cultural)
- Distinguish the ethical dimensions of the consultation from other dimensions (e.g., legal, institutional, medical)
- Elicit the moral views of those involved in the consultation
- Identify relevant assumptions, beliefs, values, and interests of those involved
- Identify the ethical concerns and the central ethical questions
- Identify your own relevant experiences, values, and intuitions and how these might influence the consultation

Analysis

- Evaluate and apply relevant healthcare ethics information (e.g., law, institutional policy, professional codes, and formal guidance)
- Clarify relevant ethical issues (e.g., confidentiality, privacy, informed consent, best interest, professional duties)
- Identify a range of ethically acceptable options and their consequences
- Evaluate evidence and arguments for and against different options
- Offer recommendations

Process

- Create a respectful and trusting environment
- Promote respect for diversity
- Establish realistic expectations about the consultation process
- Determine whether a particular request will involve only the healthcare ethics consultant service or is appropriate for joint effort
- Facilitate effective communication among all parties
- Identify who should be involved in a consultation (e.g., patient, healthcare professionals, family members)
- Collaborate with other responsible persons, departments, or divisions within the institution
- Facilitate formal meetings (e.g., clarifying participants' roles, identifying the goal, establishing expectations and confidentiality)
- Educate involved parties about the ethical dimensions of the consultation

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- Recognize and attend to relational barriers to communication (e.g., suffering, moral distress, strong emotions)
- Represent the views of the involved parties to others
- Identify underlying systems issues and bring them to the attention of the appropriate institutional resource for handling such concerns at the appropriate level
- Document consultations in internal healthcare ethics consultation service records
- Document consultations in patient health records
- Summarize and communicate documentation to relevant parties
- Identify the need for and establish the timeline for and complete follow-up activities
- Provide informal guidance or sounding-board (e.g., “curbside” consultation)
- Use institutional structures and resources to facilitate implementation of recommendations

Evaluation and Quality Improvement

- Obtain feedback from persons involved in ethics consultations
- Use criteria to evaluate ethics consultation outcomes (e.g., satisfaction, conflict resolution, knowledge acquisition)
- Ensure systematic recording of ethics consultation data
- Use data to analyze structural or systemic barriers to effective consultation process
- Use data to analyze structural or systemic obstacles to excellent care that may have contributed to the need for the consultation
- Identify patterns (e.g., frequently repeated consultations about the same issue, or from the same unit or department)
- Consider the implications of outcomes of consultations for the wider organization, including its mission and ethical standards
- Recommend policy and practice changes within the organization

PROFESSIONAL POSITION(S)

Please provide the requested information for each professional position you have held **during the previous 4 years** involving your experience related to the HEC-C content outline. In the event your application is selected for audit, the individuals listed in the verification sections below will be contacted by ASBH staff.

Position #1

Organization/Institution: _____

City & state: _____

Professional Title/Role: _____

From: ____/____/____ To: ____/____/____ Present

of months at this position _____
Average # of HEC hours per month _____
Total hours = _____

Verification

Please provide the name, e-mail address, and phone number for a supervisor or peer who can generally attest to your experience at this position.

Name: _____

E-mail address: _____ Phone number: _____

Please provide a brief position description.

Position #2

Organization/Institution: _____

City & state: _____

Professional Title/Role: _____

From: ____/____ To: ____/____ Present

of months at this position _____

Average # of HEC hours per month _____

Total hours = _____

Verification

Please provide the name, e-mail address, and phone number for a supervisor or peer who can generally attest to your experience at this position.

Name: _____

E-mail address: _____ Phone number: _____

Please provide a brief position description.

Position #3

Organization/Institution: _____

City & state: _____

Professional Title/Role: _____

From: ____/____ To: ____/____ Present

of months at this position _____

Average # of HEC hours per month _____

Total hours = _____

Verification

Please provide the name, e-mail address, and phone number for a supervisor or peer who can generally attest to your experience at this position.

Name: _____

E-mail address: _____ Phone number: _____

Please provide a brief position description.

Position #4

Organization/Institution: _____

City & state: _____

Professional Title/Role: _____

From: ____/____ To: ____/____ Present

of months at this position _____

Average # of HEC hours per month _____

Total hours = _____

Verification

Please provide the name, e-mail address, and phone number for a supervisor or peer who can generally attest to your experience at this position.

Name: _____

E-mail address: _____ Phone number: _____

Please provide a brief position description.

Position #5

Organization/Institution: _____

City & state: _____

Professional Title/Role: _____

From: ____ / ____ To: ____ / ____ Present

of months at this position _____
Average # of HEC hours per month _____
Total hours = _____

Verification

Please provide the name, e-mail address, and phone number for a supervisor or peer who can generally attest to your experience at this position.

Name: _____

E-mail address: _____ Phone number: _____

Please provide a brief position description.

