



National Board for Certification
of Hospice and Palliative Nurses

One Penn Center West
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Pittsburgh, PA 15276-0100
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Dear Certified Hospice and Palliative Nurse:

The RN HPAR (Registered Nurse Hospice and Palliative Alternative Recertification) process is available to eligible CHPNs. The process and instructions are contained in this 2011 RN HPAR Packet, which includes the following:

- RN HPAR Timeline Grid
- RN HPAR Policy and Instructions
- RN HPAR Content Outline – All items submitted on the log forms must correspond to the outline
- RN HPAR Application Instructions and Application Form
- RN HPAR Category Logs for each different categories
- RN HPAR Summary Log

All categories of professional development activity require documents which support your participation. Since the process of collecting and organizing these documents takes time, you are wise to begin the process immediately. The application and logs require information taken from these documents. Please note you must retain all supporting documentation for the entire certification period as the information may be needed should your application be randomly audited. **Supporting documentation is only to be submitted if you are audited.** RN HPAR can only be done at the beginning of the year that your certification expires.

RN HPAR can be completed for **EACH** renewal cycle.

It is your responsibility before finalizing your RN HPAR application to assure that you are using the most current policy, application and log forms dated (in the bottom left corner) for the year in which your applying for RN HPAR. Please visit our website, www.nbchpn.org or call the National Office at 412-787-1057 to confirm that the date on your packet is the most current.

Complete the application, summary log, and category logs and submit them along with your fee (check or credit card information on the application form) and a copy of your current license to be received in the National Office between January 1st and March 1st of the year in which you are certifying. **No exceptions will be made for applications RECEIVED after March 1st. All applications received by the due date will be processed.** The mailing address is:

NBCHPN®
One Penn Center West, Suite 229
Pittsburgh, PA 15276 - 0100

If you have any questions, please contact the National Office at 412-787-1057 or via email to Dawn Zwibel, Assistant Director of Certification, at dawnz@hpna.org. Monitor our website at www.nbchpn.org, for updates/revisions relative to RN HPAR.

Sincerely,

Virginia Marshall, ACNP-BC, ACHPN®
President, NBCHPN®



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**REGISTERED NURSE
HOSPICE AND PALLIATIVE
ALTERNATIVE RECERTIFICATION
(RN HPAR)
2011 PACKET**

**Certified Hospice and Palliative Nurse
CHPN®**

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For questions, please contact Dawn Zwibel at 412-787-1057
or via e-mail dawnz@hpna.org.

**RN HOSPICE AND PALLIATIVE ALTERNATIVE RECERTIFICATION
(RN HPAR)**

TIMELINE

DATE OF LAST CERTIFICATION	2007	2008	2009	2010
CERTIFICATION EXPIRES	December 31, 2011	December 31, 2011	December 31, 2013	December 31, 2014
HPAR ELIGIBLE YEAR	2011 and every 4 years thereafter	2012 and every 4 years thereafter	2013 and every 4 years thereafter	2014 and every 4 years thereafter
POINT ACCRUAL PERIOD	January 2007–December 31, 2010	January 2008–December 31, 2011	January 2009–December 31, 2012	January 2010–December 31, 2013
APPLICATION AND FEES TO NBCHPN® TO BE RECEIVED BY:	March 1, 2011	March 1, 2012	March 1, 2013	March 1, 2014
ALL APPLICATIONS REVIEWED BY:	April 15, 2011	April 15, 2012	April 15, 2013	April 15, 2014
CANDIDATES NOTIFIED OF APPROVAL/DENIAL	May 1, 2011	May 1, 2012	May 1, 2013	May 1, 2014
APPLICANTS SELECTED FOR AUDIT NOTIFIED BY	May 1, 2011	May 1, 2012	May 1, 2013	May 1, 2014
AUDITS DUE IN NATIONAL OFFICE	June 1, 2011	June 1, 2012	June 1, 2013	June 1, 2014
AUDIT OUTCOMES NOTIFICATION	July 1, 2011	July 1, 2012	July 1, 2013	July 1, 2014
LETTER OF INTENT FOR WRITTEN EXAM DUE IN NATIONAL OFFICE	July 15, 2011	July 15, 2012	July 15, 2013	July 15, 2014

March 1	RN HPAR Application due in National Office
March 15	Receipt notification forwarded to candidates
May 1	Notice of Approval/Audit/Disapproval
June 1	Audit returns due to National Office
July 1	Audit outcome notification
July 15	Written letter of intent to take examination due in National Office for RN HPAR disapproved candidates
Fall testing windows	Examination application deadline

NBCHPN®

RN Hospice and Palliative Nurses Alternative Recertification (RN HPAR) Policy and Instructions

Underlying Assumptions of Alternative Renewal of Certification Method

All activities undertaken in the process of renewal of certification by the alternative method should extend knowledge of and improve the candidate's practice of hospice and palliative nursing. These activities may also provide an opportunity to demonstrate remediation in competency areas where previous test scores were low. These activities should be consistent with the scope of hospice and palliative nursing practice as stated in the ANA/HPNA *Statement of the Scope and Standards of Hospice and Palliative Nursing Practice* and the vision and mission of NBCHPN®.

RN HPAR policy, application and log forms are reviewed each Spring by the NBCHPN® Board of Directors. There may be revisions to the documents. It is your responsibility before finalizing your RN HPAR application to assure that you are using the most current policy, application and log forms dated (in the bottom left corner) for the year in which you are applying for RN HPAR. Please visit our website, www.nbchpn.org or call the National Office at 412-787-1057 to confirm that the date on your packet is the most current.

Renewal Options

1. After becoming certified by taking the examination, renewal of certification is by taking the examination or by RN HPAR each time a candidate is due for recertification.
2. The fee for renewal of certification will be the same regardless of method chosen for renewal.

Alternative Method

1. Each candidate must earn a total of 100 points during the certification period, by completing activities in the categories of professional development specified by NBCHPN®. Candidates are **not** required to submit points in **every** category. All 100 points must be earned through activities that provide content specific to or with direct application to hospice and palliative care. Exceptions may be made for activities in the category of Academic Education in the pursuit of further formal nursing education.
2. Exposure to new knowledge is critical to life-long-learning. Activities should be selected in order to enhance expertise in hospice and palliative nursing. These activities may also provide an opportunity to demonstrate remediation in competency areas where previous test scores were low. (Refer to *Hospice and Palliative Nurses Test Content Outline* on page 10). **Activities relevant to general nursing (i.e., CPR, ACLS, OSHA, HIPAA, workplace mandatory competencies) will not be accepted.**

3. Accrued points may be distributed across all categories of professional activities, with the exception of Continuing Nursing Education. All 100 points may be earned in this category alone. Some limitations are imposed on the number of points that may be accrued through certain activities in all of the other categories.
4. Candidates are required to submit with their application, the category logs that delineate their participation in activities for point accrual. **Each** activity **must** correspond to the **Hospice and Palliative Nurses Test Content Outline** (by domain Number and Letter). Refer to page 10 under “Test Content Outline.”
5. **A percentage of applications will be selected each year for audit. Candidates whose applications are selected will be required to submit additional documentation regarding point accrual activities. Refer to the “Documentation” section of each category.**
6. Point accrual is four (4) complete years. It begins in JANUARY of the year of certification, regardless of which month the exam was successfully completed. Accrual ends in DECEMBER of the year PRIOR to the year of expiration.

Point Accrual Categories

1. **Continuing Nursing Education**

- A. Through attendance at **interactive programs** that award contact hours offered by **accredited or approved providers or have been approved by an accredited approver** of nursing continuing education.

A program in which the presenter(s) is available for comments/questions “at the time of the presentation”, (i.e., audio teleconference or website teleconference) is considered a program of “attendance”.

Audiotapes, CD-ROMs or online programs completed “after” the live presentation are considered **self-study**.

- B. Through **self-study** educational activities, either in print or online, that award contact hours offered by accredited or approved providers or have been approved by an accredited approver of nursing continuing education.

- Points accrued through self-study are limited to 50% (maximum 50 points) of total accrued points.

Interactive or self-study continuing nursing education activities can be provided by a variety of organizations. However, all continuing education activities must have been provided or formally approved for contact hours by an accredited provider or approver of nursing continuing education (see page 6). One of the most common accreditors is the American Nurses Credentialing Center Commission on Accreditation (ANCC COA). Some state boards of nursing have a system for the formal approval of continuing education providers.

Several state boards of nursing require continuing education for renewal of licensure. However, not all state boards require that the continuing education must be offered by accredited or approved providers or have been approved by an accredited approver. Therefore, some continuing education programs may be acceptable for candidate re-licensure in their state but NOT acceptable for renewal of certification through RN HPAR by NBCHPN®.

The following organizations are acceptable to NBCHPN® to grant **approval** to providers of continuing education contact hours:

Approval Bodies

- Association of Pediatric Hematology/Oncology Nurses (APHON)
 - Any agency, organization, or educational institution accredited by the American Nurses Credentialing Center (ANCC)
 - American Nurses Association (ANA)
 - American Association of Critical Care Nurses (AACN)
 - Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN)
 - American Association of Nurse Anesthetists (AANA)
 - American Academy of Nurse Practitioners (AANP)
 - European Oncology Nursing Society (EONS)
 - International Association for Continuing Education and Training (IACET)
 - Korean Oncology Nursing Society
 - National Association of Neonatal Nurses (NANN)
 - National Association of Nurse Practitioners in Women’s Health (NPWH)
 - National Association of Pediatric Nurse Associates and Practitioners (NAPNAP)
 - National League for Nursing (NLN)
 - Oncology Nursing Society (ONS)
 - Royal College of Nursing
 - State Nurses Associations
 - State Boards of Nursing in: Alabama, California, Florida, Iowa, Kansas, Kentucky, Louisiana, Nevada, Ohio, West Virginia
 - Wisconsin Society for Health Education and Training (WISHET)
- **Points awarded:**
One 60 minute contact hour = 1 point

Definition of terminology for continuing nursing education:

Provider: An agency that offers a continuing education activity. Examples of providers are hospitals, pharmaceutical companies, journals, or professional organizations.

Approver: An organization that reviews continuing education programs to determine if they meet predetermined standards. Approvers may also be providers of continuing education.

Accreditor: An agency that, based on defined standards, reviews another agency and gives it the authority to provide and/or approve continuing education and award contact hours

Contact Hour: Continuing education credits awarded based on the length of organized instructional activity. For renewal by HPAR, the number of contact hours equals the number of HPAR points.

Documentation: (Records kept by certificant unless audited)
Certificate awarded by the provider, which states the participant name, the title of the activity that has been approved for contact hours, the date of the activity, and the number of hours awarded. **The certificate MUST have an accreditation statement and/or provider number.**
 * An attendance log from employer/agency will NOT be accepted.

2. Continuing Medical Education

Continuing medical education (CME) and Continuing Education (CE) awarded through participation (attendance or self-study in programs offered by other disciplines (e.g. physicians, social workers), which have been approved for an attendance certificate, will be accepted. However, points earned through CMEs and CEs from other disciplines is limited to 10% (maximum 10 points) of total accrued points.

One 60 minute CME hour = 1 point

One point will be awarded for each hour regardless of the source.

Documentation: (Records kept by certificant unless audited)

Certificate awarded by the provider, which states the participant name, the title of the activity that has been approved for contact hours, the date of the activity, and the number of hours awarded. **The certificate MUST have an accreditation statement and/or provider number.**

* An attendance log from employer/agency will NOT be accepted.

3. Academic Education

- Through completion of courses that are required for a nursing major **OR** other courses that address the biopsychosocial knowledge base of professional human service.
- **You must call National Office at 412-787-1057 for pre-approval of completed course BEFORE submission of the RN HPAR packet.**
- Enrollment in a degree program is not required
- Courses must be provided by accredited colleges or universities
- A grade of “C” or higher must be achieved for a course
- **Points awarded:**
One academic credit = 15 points
- Limited to a maximum of 45% (45 points) of total accrued points

Documentation: (Records kept by certificant unless audited)

Grade reports and course descriptions

4. Professional Publications

- Through items published in books, peer reviewed journals, professional newsletters, or electronic media (e.g., CD-ROM, video) that are original and require review and synthesis of current literature. Except for publications aimed at patient and family education, published items must be directed at a professional audience.
- Publications done as part of **fulfillment of job expectations** are NOT acceptable (e.g., learning modules for staff, policy/procedure manuals, community outreach brochures)
- Must be the author, co-author, editor, or co-editor
- Item must have been accepted for publication during renewal period even if actual publication date is past renewal period.
- Completion of a doctoral dissertation or master’s thesis within the specialty area may be used. However, academic hours awarded for the dissertation or the thesis that are used in this category may NOT be used in the Academic Education category also.

- **Points awarded:**

PUBLICATION POINT VALUES	
Type of Publication	Points Awarded
<i>Doctoral dissertation</i>	<i>75 points</i>
<i>Authored textbook (>300 pages)</i>	<i>60 points</i>
<i>Authored textbook (<300 pages)</i>	<i>40 points</i>
<i>Master's thesis</i>	<i>25 points</i>
<i>Textbook editor</i>	<i>20 points</i>
<i>Chapter in a book</i>	<i>15 points</i>
<i>Written review of book or media</i>	<i>5 points</i>
<i>Educational pamphlet</i>	<i>5 points</i>
<i>Editorial in professional journal</i>	<i>2 points</i>
<i>Column in a professional journal</i>	<i>2 points (maximum 8 points)</i>
<i>Article in professional organization newsletter</i>	<i>2 points</i>
<i>Research abstract</i>	<i>2 points</i>
<i>Original research article in a peer reviewed journal</i>	<i>15 points</i>
<i>Original journal article in a peer reviewed journal</i>	<i>10 points</i>

- Limited to 75% (maximum 75 points) of total accrued points.

<p>Documentation: (Records to be kept by certificant unless audited) Copies of articles, editorial, abstracts, and book reviews. For other publications – title page and table of contents where the candidate name is given as author. Copy of the publisher notification of acceptance if publication date occurs after submission of renewal application. Evidence of <u>peer review process</u> from journal or via specific URL address (link).</p>
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5. Professional Presentations

- Through formal structured educational presentations made to nurses, other healthcare providers, or the public (e.g., seminars, conferences, in-services, public education)
- Content of the presentation must be related to the field of hospice and palliative care.
- Presentations given as part of **fulfillment of routine job expectations** are not acceptable.
- **Points awarded based on presentation time:**
Length of the presentation must be at least 60 minutes
One 60 minute = 6 points
 - *One point awarded for each 10 minutes thereafter the initial 60 minute presentation*
- *Poster presentation = 2 points*
- Limitations:
 - Points can be earned for only **ONE** presentation of the same material
 - Points are limited to 20% (maximum 20 points) of total points accrued

Documentation: (Records kept by certificant unless audited)
Copy of program which lists information about presentation, including date and time, name of candidate, title of presentation, and content

6. Item Writers Workshop Participation

- Through attendance and participation at an **NBCHPN[®]** Item Writers Workshop.
- Candidates must attend the entire workshop and participate in the creation and refinement of items for submission to NBCHPN[®] for future use on certification examinations
- **Points awarded:**
Completion of one three session workshop = 10 points
- Limitations:
Points awarded for participation in no more than two complete item writers workshops during the renewal period of certification.
If the workshop is used under the CE category, it may not be used in this category.

Documentation: (Records kept by certificant unless audited)
Certificate of participation

7. Self Assessment Examination Completion

- Through completion of the Certification Hospice and Palliative Nurse (CHPN[®]) Self Assessment Examination (RN SAE)
- Candidates must achieve a score of at least 40 correct answers out of a possible 50 to receive RN HPAR points.
- **Points awarded:**
Completion of one RN SAE = 3 points
- Limitations:
Points awarded for participation in no more than one (1) RN SAE during the candidate renewal period

Documentation: (Record report kept by certificant unless audited)
Score report from RN SAE

8. Precepting Students

- Through precepting students of ANY discipline enrolled in a formal education program. The precepting should be in a one-on one relationship with specific goals to learn information about the specialty of hospice and palliative care. Nursing students must be enrolled in an accredited nursing education program. Orientation of new employees is not precepting.
- **Points awarded:**
25 hours of precepting = 5 points
Precepting points in increments other than 5 **WILL NOT BE ACCEPTED.**

- Limited to 10% (maximum 10 points) of total points accrued in combination with the Volunteer Service in Professional Organizations category.

Documentation: (Records kept by certificant unless audited)
 Complete Precepting Audit Form signed by the faculty member supervising the student(s). The Precepting Audit Form is required only if audited. The form includes the student(s) educational program documenting number of students, dates of preceptorship, number of combined hours and goals. One form is required for each entry on the Preceptor Log. The form is included in this packet for your reference and use in the event that you are selected for audit. See page 29.

9. Volunteer Service in Professional Organizations

- Volunteer service to a professional health care organization related to hospice and palliative care. Examples:
 - Leadership position in a national or local hospice and palliative-related organization such as board of directors, committees, editorial and review boards, councils, task forces, project teams. Participation within your employer organization is NOT accepted (i.e., Ethics Committee, IRB, Pharmacy & Therapeutics, Community Outreach, etc.)
 - Leadership position in a health-related national, state, or local organization such as boards, committees, councils, task forces and project teams.
- **Points awarded:**
One year of service = 5 points
- Limited to 10% (maximum 10 points) of total accrued in combination with the Precepting Students category.

Documentation: (Records kept by certificant unless audited)
 Letter from professional organization with listing date(s) of volunteer service

HOSPICE AND PALLIATIVE NURSES DETAILED TEST CONTENT OUTLINE

- | | |
|--|--|
| <p>1. Patient Care: Life-Limiting Conditions in Adult Patients 14%</p> <p>A. Identify and respond to indicators of imminent death</p> <p>B. Identify specific patterns of progression, complications, and treatment for:</p> <ol style="list-style-type: none"> 1. hematologic, oncologic, and paraneoplastic conditions (e.g., cancer and associated complications) 2. neurological conditions 3. cardiac conditions 4. pulmonary conditions | <ol style="list-style-type: none"> 5. renal conditions 6. gastrointestinal and hepatic conditions 7. general debility 8. dementia <p>2. Patient Care: Pain Management 25%</p> <p>A. Assessment</p> <ol style="list-style-type: none"> 1. Perform comprehensive assessment of pain 2. Identify etiology of pain 3. Identify types of pain or pain syndromes |
|--|--|

4. Identify factors that may influence the patient's experience of pain (e.g., fear, depression, cultural issues)
- B. Pharmacologic Interventions
1. Identify medications appropriate to severity and specific type of pain (e.g., routes, initiation, scheduling)
 2. Titrate medication to effect using baseline and breakthrough doses
 3. Administer analgesic medications
 4. Identify dosage equivalents when changing analgesics or route of administration
 5. Administer adjuvant medications (e.g., NSAIDs, corticosteroids, anticonvulsants, tricyclic antidepressants)
 6. Respond to medication side effects, interactions, or complications
 7. Perform or manage palliative sedation
- C. Nonpharmacologic and Complementary Interventions
1. Respond to psychosocial, cultural, and spiritual issues related to pain
 2. Implement nonpharmacologic interventions (e.g., ice, heat)
 3. Facilitate complementary therapies (e.g., Reiki, hypnosis, acupressure, music therapy)
- D. Evaluation
1. Assess for side effects, interactions or complications of pain management
 2. Evaluate efficacy of pain relief interventions

3. Patient Care: Symptom Management 27%

A. Neurological

Apply the nursing process to the following actual or potential symptoms or conditions

1. aphasia
2. dysphagia (difficulty swallowing)
3. level of consciousness
4. myoclonus (spasms of a muscle or group of muscles)
5. paresthesia or neuropathies
6. seizures
7. extrapyramidal symptoms
8. paralysis
9. spinal cord compression

B. Cardiovascular

Apply the nursing process to the following actual or potential symptoms or conditions

1. coagulation problems (e.g., DIC)

2. edema
3. syncope
4. angina
5. superior vena cava syndrome
6. hemorrhage
7. cardiac tamponade

C. Respiratory

Apply the nursing process to the following actual or potential symptoms or conditions

1. congestion
2. cough
3. dyspnea
4. pleural effusions
5. pneumothorax

D. Gastrointestinal

Apply the nursing process to the following actual or potential symptoms or conditions

1. constipation
2. diarrhea
3. bowel incontinence
4. ascites
5. hiccoughs
6. nausea or vomiting
7. bowel obstruction
8. bleeding

E. Genitourinary

Apply the nursing process to the following actual or potential symptoms or conditions

1. bladder spasms
2. urinary incontinence
3. urinary retention
4. bleeding

F. Musculoskeletal

Apply the nursing process to the following actual or potential symptoms or conditions

1. impaired mobility or complications of immobility
2. pathological fractures
3. deconditioning or activity intolerance

G. Skin and Mucous Membrane

Apply the nursing process to the following actual or potential symptoms or conditions

1. dry mouth
2. oral and esophageal lesions
3. pruritis
4. wounds, including pressure ulcers

H. Psychosocial, Emotional, and Spiritual

Apply the nursing process to the following actual or potential symptoms or conditions

1. anger or hostility
2. anxiety
3. denial
4. depression
5. fear
6. grief

7. guilt
8. loss of hope or meaning
9. near death awareness
10. sleep disturbances
11. suicidal or homicidal ideation

I. Nutritional and Metabolic

Apply the nursing process to the following actual or potential symptoms or conditions

1. anorexia
2. cachexia or wasting
3. dehydration
4. electrolyte imbalance (e.g., hypercalcemia, hyperkalemia)
5. fatigue

J. Immune System/Lymphatic System

Apply the nursing process to the following actual or potential symptoms or conditions

1. infection or fever
2. myelosuppression (i.e., anemia, neutropenia, thrombocytopenia)
3. lymphedema

K. Mental Status Changes

Apply the nursing process to the following actual or potential symptoms or conditions

1. agitation or terminal restlessness
2. confusion
3. delirium
4. dementia
5. hallucinations

4. Care of Patient and Family 11%

A. Resource Management

1. Explain Medicare and Medicaid hospice benefits
2. Explain care options possible under private insurance benefit plans
3. Inform patient/family how to access services, medications, equipment, supplies, and durable medical equipment (DME)
4. Modify the plan of care to accommodate socioeconomic factors
5. Assess and respond to environmental and safety risks
6. Advise on adaptation of the patient's environment for safety
7. Monitor controlled substances (e.g., use, abuse, destroy at time of death)
8. Identify available community resources

B. Psychosocial, Spiritual, and Cultural

1. Assess and respond to psychosocial, spiritual, and cultural needs

2. Assess and respond to family systems and dynamics
3. Identify unresolved interpersonal matters
4. Facilitate effective communication

C. Grief and Loss

1. Encourage life review
2. Counsel or provide emotional support regarding grief and loss for adults
3. Counsel or provide emotional support regarding grief and loss for children
4. Provide information regarding funeral practices/preparation
5. Provide death vigil support
6. Provide comfort and dignity at time of death
7. Visit at time of death to facilitate pronouncement, notification and transportation
8. Facilitate transition into bereavement services
9. Participate in formal closure activity (e.g., visit, call, send card)

5. Education and Advocacy 9%

A. Caregiver Support

1. Monitor primary caregiver's ability and confidence to provide care
2. Monitor care for neglect and abuse
3. Promote family self-care activities

B. Education

1. Assess knowledge base and learning style
2. Identify and respond to barriers to ability to learn
3. Teach and evaluate primary caregivers' specific skills for patient care (e.g., colostomy)
4. Teach the signs and symptoms of imminent death
5. Teach end-stage disease process
6. Teach pain and symptom management
7. Discuss benefit versus burden of treatment options
8. Teach medication management
9. Educate patients and caregivers regarding disposal of supplies/equipment (e.g., syringes, needles)

C. Advocacy

1. Monitor needs for changes in levels of care
2. Identify barriers to communication

3. Facilitate effective communication between patient, family, and care providers
4. Make referrals for interdisciplinary team (IDT)
5. Support advance care planning (e.g., advance directives, life support, DNR status)
6. Assist the patient to maintain optimal function and quality of life within the limits of the disease process
7. Facilitate self-determined life closure

6. Interdisciplinary/Collaborative Practice 8%

- A. Coordinate and Supervision
 1. Coordinate patient care with other health care providers
 2. Supervise assistive personnel (e.g., home health aide, CNA)
 3. Coordinate transfer to a different level of care within the Medicare of Medicaid (State) Hospice Benefit
 4. Coordinate transfer to a different care setting
- B. Collaboration
 1. Collaborate with patient's attending/primary care provider
 2. Utilize effective techniques of group process
 3. Evaluate appropriateness for hospice/palliative care admission and hospice recertification
 4. Encourage patient/family participation in IDT discussions
 5. Participate in development of an individualized, interdisciplinary plan of care for patient/family

7. Professional Issues 6%

- A. Practice Issues
 1. Incorporate standards into practice (e.g., HPNA Standards of Nursing, NHPCO, ANA)
 2. Incorporate guidelines into practice (e.g., National Consensus Project, AHRQ, NHPCO)
 3. Incorporate legal regulations into practice (e.g., OSHA, CMS)
 4. Educate the public on end-of-life issues and palliative care
 5. Evaluate educational materials for patients and family
 6. Access educational resources from multimedia sources (e.g., Internet)

7. Identify techniques of conflict management
 8. Utilize principles of evidence-based practice
 9. Educate health care providers regarding hospice benefits under Medicare/Medicaid
 10. Participate in quality assurance and performance improvement activities
- B. Professional Development
 1. Contribute to professional development of peers, colleagues, students, and others as preceptor, educator, or mentor
 2. Identify strategies to resolve ethical concerns related to the end-of-life
 3. Participate in peer review
 4. Maintain professional boundaries between patient/family and staff
 5. Participate in self-care (e.g., stress management)
 6. Read medical or nursing journals to remain current
 7. Participate in professional nursing organization activities
 8. Maintain personal continuing education plan to update knowledge

Keywords (which may be used to classify items) include:
 central venous access device
 peripherally inserted central catheter (PICC) care
 respiratory therapy
 urinary drainage systems

Hospice and Palliative Nurses Alternative Recertification (RN HPAR)

Instructions on completing the RN HPAR Application

Read the RN HPAR Policy and Instructions before completing application. Retain all required forms of documentation for the four-year period.

1. Sign application form – signature is required for application to be processed.
2. Complete information as requested on all pages. Please write out the **full name** of an organization, facility, journal etc. before using an abbreviation or acronym.
All information must be completed for application to be processed.
3. Complete all applicable category logs (you may make as many copies as are needed.) Follow the sample entry as shown on each form. If incomplete, application will NOT be processed. Remember: **All items listed must correspond to the TEST Content Outline to be applicable. All CE contact hours must be offered by accredited or approved providers or have been approved by an accredited approver of nursing continuing education.**
4. **DO NOT** submit CE certificates and other documentation materials with your application. These are only to be submitted if you are audited.
5. Submit only those **Category Logs** for categories in which you are claiming points. Do not submit blank logs.
6. Complete **RN HPAR SUMMARY LOG**. If incomplete, application will NOT be processed.
7. **Please remember to retain your own copy of your submission packet.**
8. **There will be no refunds for RN HPAR.** Those candidates who are unsuccessful completing the RN HPAR may apply 50% of their application fee to the Fall testing “window” of the same year only if a written request is received in the National Office by July 15th of the testing year.
9. Utilize the checklist on the summary log to assure you have completed all required items – **mail** items as indicated to be **RECEIVED** by **March 1st** to:

NBCHPN®
One Penn Center West
Suite 229
Pittsburgh, PA 15276-0100

DEMOGRAPHIC INFORMATION

Please complete the following questions, checking only one response for each question, unless directed otherwise.

Professional Information:

Type of Primary Practice (please check one):

- Clinical Educational Administrative Research

What is the highest academic level you have attained?

- Associate degree in nursing Diploma in nursing Bachelor's degree (non-nursing) Bachelor's degree in nursing
 Master's degree (non-nursing) Master's degree in nursing Doctoral degree

Which of these best describes the nature of your nursing practice?

- Hospice Palliative care

Total number of years of nursing care:

- 0-2 yrs. 3-5 yrs. 6-10 yrs. 11-15 yrs. 16-20 yrs. 21-25 yrs. 26-30 yrs. >30 yrs.

Total number of years in hospice/palliative nursing care:

- 0-2 yrs. 3-5 yrs. 6-10 yrs. 11-15 yrs. 16-20 yrs. 21-25 yrs. 26-30 yrs. >30 yrs.

Location of primary practice facility (please check one):

- Urban Rural Suburban

Primary Role (please check one)

- Staff nurse **without** case management responsibilities Staff nurse **with** case management responsibilities
 Clinical supervisor/patient care coordinator Manager/Administrator
 Clinical educator (including staff development) Advanced practitioner (i.e. CNS, NP)
 Consultant for hospice/palliative care team Faculty/researcher

Primary employer (please check one):

- Hospice Agency Home Health Agency Hospital or Healthcare System Long-term Facility College/University
 Self (private practice) Private Physician Practice Correctional Facility Ambulatory Care Facility

Primary practice setting (please check one):

- Private home Nursing home, assisted living or extended care facility Hospital: Palliative care unit
 Hospital: Hospice unit Hospital: Other unit or scattered beds Freestanding residence or inpatient hospice
 Any setting in which patient resides Clinic Prison I do not routinely see patients

Primary Age Group Served (please check one): Adult Pediatric

Optional Information:

Age: <25 yrs. 25-29 yrs. 30-39 yrs. 40-49 yrs. 50-59 yrs. 60-65 yrs. 66-69 yrs. >70 yrs

Gender: Female Male

Ethnic Origin: African American/Black Asian/Asian American/Pacific Islander Caucasian
 Hispanic Native American/Alaskan Native Multiracial Other: _____

Processing Agreement – Mandatory Section

NBCHPN[®] agrees to process your application subject to your agreement to the following terms and conditions

1. To be bound by and comply with NBCHPN[®] rules relating to eligibility, certification, renewal and recertification, including, but not limited to, payment of applicable fees, demonstration of educational and experiential requirements, satisfaction of annual maintenance and recertification requirements, compliance with the NBCHPN[®] Grounds for Sanctions and other standards, and compliance with all NBCHPN[®] documentation and reporting requirements, as may be revised from time to time.
2. To hold NBCHPN[®] harmless and to waive, release and exonerate NBCHPN[®] its officers, directors, employees, committee members, and agents from any claims that you may have against NBCHPN[®] arising out of NBCHPN[®]'s review of your application, or eligibility for certification, renewal, recertification or reinstatement, conduct of the examination, or issuance of a sanction or other decision.
3. To authorize NBCHPN[®] to publish and/or release your contact information for NBCHPN[®] approved activities and to provide your certification or recertification status and any final or pending disciplinary decisions to state licensing boards or agencies, other healthcare organizations, professional associations, employers or the public.
4. To only provide information in your application to NBCHPN[®] that is true and accurate to the best of your knowledge. You agree to revocation or other limitation of your certification, if granted, should any statement made on this application or hereafter supplied to NBCHPN[®] is found to be false or inaccurate or if you violate any of the standards, rules or regulations of NBCHPN[®].

NBCHPN[®]
RN HPAR Category LOG

Name: _____

Academic Education (maximum 45 points)

Dates	Title of Class	College / University	Number of Credits	Points*	Test Content No./Letter**
Example Fall, 2008	Bioethics	University of Pittsburgh	3.0	45	2B, 2C, 4A, 4B, 5C
			TOTAL:		

You must call National Office at 412-787-1057 for **PRE-APPROVAL** of completed course **BEFORE** submission of RN HPAR packet

Approved by: _____

Date: _____

* One (1) Academic Credit Equals fifteen (15) points

** **Test Number/Letter – Must correspond this item to related test content via test outline number and letter.**
(Refer to pages 10-13)

NBCHPN[®]
RN HPAR Category LOG

Name: _____

Professional Publications (maximum 75 points)

Dates	Type of Items published*	Title of Journal or Book	Title	Indicate author or editor	Points	Test Content No./Letter**
Example 5/07	Original Journal Article	Journal of Hospice & Palliative Nursing	Spirituality as a part of nursing	Single Author	10	4B
				TOTAL:		

***Item Types as Listed Below:**

- Doctoral dissertation = 75 points
- Authored Textbook > 300 pages = 60 points
- Authored Textbook < 300 pages = 40 points
- Master's Thesis = 25 points
- Textbook Editor = 20 points
- Chapter in a book = 15 points
- Written review of book or media = 5 points
- Educational pamphlet = 5 points

- Research abstract = 2 points
- Editorial in professional journal = 2 points
- Column in a professional journal = 2 points (maximum of 8 points)
- Article in professional organization newsletter = 2 points
- Original Research Article, **peer reviewed journal** = 15 points
- Original Journal Article, **peer reviewed journal** = 10 points

****Test Number/Letter – Must correspond this item to related test content via test outline number and letter. (Refer to pages 10-13)**

NBCHPN[®]
RN HPAR Category LOG

Name: _____

Professional Presentations (maximum 20 points)

Date	Title of Presentation- Title of Conference	Length of Presentation	Points*	Test Content No./Letter**
Example 3/22/09	End-of-life care across the ages. Third Joint Clinical Conference	90 minutes	9	1A, 1B, 3A-K, 4A, 4B, 4C, 5A, 5B, 5C
		TOTAL:		

*** Points awarded based on presentation time**

Length of the presentation must be at least 60 minutes

One 60 minute = 6 points

One point awarded for each 10 minutes thereafter the initial 60 minute presentation

Poster presentation = 2 points

****Test Number/Letter – Must correspond this item to related test content via test outline number and letter. (Refer to pages 10-13)**

NBCHPN[®]
RN HPAR Category LOG

Name: _____

NBCHPN[®] Item Writers Workshop (maximum 20 points)

Dates	Name of Sponsor	Name of Presenter	Points*
Example 1/14/10, 1/21/10, 2/4/10	NBCHPN[®]	Larry Fabrey	10
	NBCHPN[®]	Larry Fabrey	10
	NBCHPN[®]	Larry Fabrey	10

* Participation in one three session workshop equals ten (10) points

**Test Number/Letter – Must correspond this item to related test content via test outline number and letter.
(Refer to pages 10-13)

NBCHPN[®]
RN HPAR Category LOG

Name: _____

Registered Nurse Self Assessment Examination (RN SAE) (maximum 3 points)

Date	Total Score on the SAE	Name of Sponsor	Name of Presenter	Points*	Test Content No./Letter**
		The Alliance for Excellence in Hospice and Palliative Nursing	Applied Measurement Professionals	3	Entire Test Content Outline

NOTE: Candidate needs only to complete date and score column

* RN SAE score must be at least 40 correct answers out of a possible 50 to receive RN HPAR points.

* Completion of one (1) RN SAE equals three (3) points

**Test Number/Letter –This activity is formatted to the entire test content outline (Refer to pages 10-13)

NBCHPN[®]
RN HPAR Category LOG

Name: _____

Precepting Students (maximum 10 points in combination with *Volunteer Service in Professional Organizations* category)

Dates	Instructor/ Faculty Name	Program Student(s) Represents/ City & State	Number of Students	Combined Number of Hours	Points*	Test Content No./Letter**
Example Jan-May, 2007	Sue Smith	University of Florida, School of Nursing/ Gainesville, FL	5	35		1A, 2B, 5C, 7B
			TOTALS:			

*Twenty-five (25) hours of precepting = 5 points
Precepting points in increments other than 5 **WILL NOT BE ACCEPTED.**

**Test Number/Letter – Must correspond this item to related test content via test outline number and letter. (Refer to pages 10-13)

NBCHPN[®]
RN HPAR Precepting Audit Form

Complete one form for each entry indicated on your Precepting Log for auditing purposes.
Submit only if audited.

Preceptor Name: _____

Level/Type Program Student(s) Represents: _____

Faculty/Instructor Name: _____

School: _____

Address: _____

Telephone No.: _____

Course Title: _____

Course Objectives: _____

Location of preceptorship: _____

Student(s) name(s):

Dates of Preceptorship:

Total number of hours: _____

List students' goals for preceptorship (submit additional pages as needed):

My signature on this form attests to the fact that the above named candidate has completed the number of precepting hours listed above under my supervision and that I have reviewed the information provided here and verify that it is accurate.

Faculty/Instructor Signature

Date

Copy this form as needed

NBCHPN®
RN HPAR Category LOG

Name: _____

Volunteer Service in Professional Organizations
(maximum 10 points in combination *with Precepting Students* category)

Dates	Organization	Name of Board/Committee/Task Force	Capacity in which you served (e.g., member, vice president)	Points	Test Content No./Letter**
Example 1/1/2007- 12/31/2008	Hospice and Palliative Nurses Association	Board of Directors	Member	5	5C, 6B, 7A, 7B
			TOTAL:		

* One year of service = 5 points

**Test Number/Letter – Must correspond this item to related test content via test outline number and letter. (Refer to pages 10-13)

NBCHPN® RN HPAR SUMMARY LOG

Name: _____

For CHPN® renewal, you must earn a minimum of 100 points, all of which must be related to hospice and palliative care. You may submit more than 100 points in the event some points are disallowed. Return packet anytime **after** January 1st, but it **must** be **RECEIVED** in the National Office by March 1st.

CATEGORIES	TOTAL POINTS
Continuing Nursing Education (maximum of 100 points)	
Self Study Continuing Nursing Education (maximum of 50 points)	
Continuing Medical Education (maximum of 10 points)	
Academic Education (maximum of 45 points)	
Professional Publications (maximum 75 points)	
Professional Presentations (maximum of 20 points)	
Item Writers Workshop (maximum of 20 points)	
RN Self Assessment Examination (SAE) (maximum 3 points)	
Precepting Students (maximum of 10 points combined with <i>Volunteer Service in Professional Organizations</i> category)	Maximum: 10 points combined
Volunteer Service in Professional Organizations (maximum of 10 points combined with <i>Precepting Students</i> category)	
GRAND TOTAL	

Packet checklist: Have you enclosed:

- _____ a. Completed signed application
- _____ b. Copy of your license
- _____ c. Method of payment (Check or credit card as instructed on application – page 15)
- _____ d. All Category Logs completed according to instructions. (Do NOT include blank logs)
- _____ e. This completed Summary Log
- _____ f. Mail all of the above to:

NBCHPN®
One Penn Center West, Suite 229
Pittsburgh, PA 15276 - 0100