



National Board for Certification  
of Hospice and Palliative Nurses

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Pittsburgh, PA 15276-0100  
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Dear Advanced Certified Hospice and Palliative Nurse:

All APNs, Nurse Practitioners and Clinical Nurse Specialists, must fulfill the obligation of the APRN HPAR (Advanced Practice Registered Nurse Hospice and Palliative Accrual for Recertification). The process and instructions are contained in this 2011 APRN HPAR Packet, which includes the following:

- APRN HPAR Timeline Grid
- APRN HPAR Policy and Instructions
- APRN HPAR Content Outline
- APRN HPAR Application Instructions and Application Form
- APRN HPAR Category Logs for each different categories
- APRN 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 to be submitted ONLY if you are audited.** APRN HPAR can only be done at the beginning of the year that your certification expires.

***It is your responsibility before finalizing your APRN 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 APRN HPAR. Please visit our website, [www.nbchpn.org](http://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, category logs and summary log 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 1<sup>st</sup> and March 1<sup>st</sup>** of the year in which you are recertifying. ***No exceptions will be made for applications RECEIVED after March 1<sup>st</sup>. 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 Sandra Lee Schafer, Director of Certification, at [sandralees@hpna.org](mailto:sandralees@hpna.org). Monitor our website at [www.nbchpn.org](http://www.nbchpn.org) for updates/revisions relative to APRN HPAR.

Sincerely,

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



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**ADVANCED PRACTICE HOSPICE AND PALLIATIVE  
ACCRUAL for RECERTIFICATION  
(APRN HPAR)  
2011 PACKET**

**Advanced Practice Certified Hospice and Palliative Nurses**

**ACHPN<sup>®</sup>**

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For questions, please contact Sandra Lee Schafer at 412-787-1057  
or via e-mail [sandralees@hpna.org](mailto:sandralees@hpna.org).

**ADVANCED PRACTICE HOSPICE AND PALLIATIVE ACCRUAL for  
RECERTIFICATION  
(APRN HPAR)**

**TIMELINE**

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

March 1	APRN 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

\*Candidates choosing PATHWAY B (refer to page 4) must sit for the certification exam and are responsible for submission of the paper exam application according to the deadlines posted in the Candidate Handbook. It is recommended that you take the exam in the 1<sup>st</sup> or 2<sup>nd</sup> window in case you would need to retest.

# **APRN Hospice and Palliative Nurses Accrual for Recertification (APRN HPAR) Policy and Instructions**

## **Underlying Assumptions of Accrual for Recertification**

All activities undertaken in the process of renewal of certification by the accrual method should extend knowledge and improve the candidate's advanced 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 advanced 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®.

**APRN 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 APRN 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 APRN HPAR. Please visit our website, [www.nbchpn.org](http://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 Outcomes**

#### **Pathway A: Professional development and practice hours**

- Hold a current ACHPN® certification
- Hold a current, unrestricted registered nurse license in the United States, its territories or the equivalent in Canada
- Complete the professional development point accrual
- Complete the required practice hours in the specialty
- Pay the renewal fee

#### **Pathway B: Professional development and testing if the practice hour requirement cannot be fulfilled**

- Hold a current ACHPN® certification
- Hold a current, unrestricted registered nurse license in the United States, its territories or the equivalent in Canada
- Complete the professional development point accrual
- Pay the renewal fee
- Pass the certification exam during one of the four testing windows. The exam can be taken EVERY OTHER testing window. It is recommended that you take the exam in the 1<sup>st</sup> or 2<sup>nd</sup> window in case you would need to retest.

#### **Pathway C: Reactivation for lapsed certification**

- Certification has been expired for less than 2 years
- Hold a current, unrestricted registered nurse license in the United States, its territories or the equivalent in Canada
- Complete the professional development point accrual during the 4 years PRIOR to reactivation.

- Complete the required practice hours in the specialty during the 4 years PRIOR to reactivation.
- Pay the renewal fee plus a \$125 reactivation fee

### **Practice Hours**

1. Work in advanced practice nursing as a Clinical Nurse Specialist (CNS) or Nurse Practitioner (NP) for 1000 hours during the four years (48 months) prior to application.

Note: practice hours must be:

- At the advanced practice level
- In the area of hospice and palliative nursing

Practice can be direct or indirect, including, but not limited to:

- Direct patient care
- Administration
- Education
- Research
- Consultation

**\* Note:** Reactivation practice hours (Pathway C) must be completed during the **4 years prior** to the year of application

### **Professional Development**

1. The point accrual period is four (4) complete years for the ACHPN<sup>®</sup> credential. The point accrual period 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.

**\* Note:** Reactivation point accrual (Pathway C) must be completed during the **4 years PRIOR** to the year of application.

2. **As of December 31, 2009, the APRN, BC-PCM credential was retired and is no longer used. Practitioners who reactivate will be granted the ACHPN<sup>®</sup> credential.**
3. Each candidate must earn a total of 125 points during the certification period of four years. Points are accrued by completing activities in the categories of professional development specified by NBCHPN<sup>®</sup>. Candidates are **not** required to submit points in **every** category. All points must be earned through activities that provide content specific to or with direct application to hospice and palliative care.
4. Exposure to new knowledge is critical to life-long-learning. Activities should be selected in order to enhance expertise in advanced practice 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 *Advanced Practice Hospice and Palliative Nursing Test Content Outline* on page 12) Activities relevant to general nursing (i.e., CPR, ACLS, OSHA, HIPAA, workplace annual mandatory competencies) will not be accepted.

5. Accrued points may be distributed across all categories of professional activities, with the exception of Continuing Nursing Education. All 125 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.
6. Category logs that delineate their participation in activities for point accrual must be submitted with the application
7. **A percentage of applications are selected each year for audit. Candidates whose applications are selected for audit and are required to submit additional documentation regarding point accrual activities, such as certificates of attendance. Refer to the “Documentation” section of each category.**

## Point Accrual Categories

### 1. Situational Judgment Exam

Completion of the Situational Judgment Exam (SJE). This is an open book online exam which uses a series of case based scenarios to test critical reasoning and clinical application of content beyond the level of the initial certification exam. The SJE provides an in-depth assessment of the approach taken by the ACHPN<sup>®</sup> to handle the complexity of real life clinical situations. In addition to assessment and treatment decision making, it also tests on ethical and professional topics including team building, communication, public policy and research.

The SJE is a **required** component of the recertification process for all ACHPNs renewing their credential in 2011 and thereafter.

- Points accrued through completion will count for 15 points toward the APRN HPAR. Completion prior to September 31, 2010 awards 10 additional points toward APRN HPAR (total 25 points).

Detailed information regarding the SJE is mailed under a separate cover and information is available on the website under the ACHPN<sup>®</sup>.

### 2. 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 62.5 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 below). 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 APRN 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 Pediatric Nurse Associates and Practitioners (NAPNAP)
- National Association of Neonatal Nurses (NANN)
- National Association of Nurse Practitioners in Women’s Health (NPWH)
- National League for Nursing (NLN)
- Oncology Nursing Society (ONS)
- Royal College of Nursing
- State Nurses Associations (all)
- 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.

### 3. 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 must be limited to 50% (maximum 62.5 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.

### 4. Academic Education

- Through completion of courses that are required for a graduate degree **OR** other courses that are relevant to advanced practice hospice and palliative nursing.
- **You must call National Office at 412-787-1057 for pre-approval of COMPLETED course BEFORE submission of the APRN 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 points of total accrued points

**Documentation:** (Records kept by certificant unless audited)

Grade reports and course descriptions

### 5. 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 (&gt;300 pages)</i>	<i>60 points</i>
<i>Authored textbook (&lt;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 <b>peer reviewed journal</b></i>	<i>15 points</i>
<i>Original journal article in a <b>peer reviewed journal</b></i>	<i>10 points</i>

- Limited to 75% (maximum 94 points) of total accrued points.

<p><b>Documentation:</b> (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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## 6. 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. Educators that teach courses as part of employment responsibilities would count this activity as required hours in the profession, but not as formal presentations.
- **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 25 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

### 7. 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:**  
*Attendance at one three session workshop = 10 points*
- Limitations:  
Points awarded for participation in no more than one item writers workshop 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

### 8. HPNA Advanced Practice Mentoring Program

- Participants in the HPNA Advanced Practice Mentoring Program which involves a one-on-one relationship with specific goals focused on the development of the mentee in the role of an advanced practice palliative nurse.
- **Points awarded:**  
*Participation in one mentorship=10 points*
- Limited to 16% (maximum 20 points) of total points  
Points awarded for participation in no more than two HPNA advanced practice mentoring programs during the renewal period of certification.  
CE contact hours obtained from the teleconferences, case studies or on-line modules associated with this program may **not** be used in the Continuing Nursing Education category.

**Documentation:** (Records kept by certificant unless audited)

Certificate of participation from HPNA

### 9. Precepting Advanced Practice Nursing Students

- Direct supervision provided to the advanced practice level student (NP or CNS) in hospice and palliative care. The precepting should be in a one-on-one relationship with specific goals to learn information about the role of the NP or CNS and the specialty of advanced practice hospice and palliative care. Nursing students must be enrolled in an accredited graduate nursing education program.
- **Points awarded:**  
*25 hours of precepting = 5 points*  
Precepting points in increments other than 5 **WILL NOT BE ACCEPTED.**

- Limited to 20% (maximum 25 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 34.

#### **10. 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 20% (maximum 25 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

# ADVANCED PRACTICE HOSPICE AND PALLIATIVE NURSING TEST CONTENT OUTLINE

## (Domain Number and Letter)

### 1. Clinical Judgment 54%

#### A. Assessment

1. Prioritize data collection based on the patient's/family's immediate condition or needs
2. Collect data in collaboration with the patient/family from health care providers, and other sources
3. Use various assessment techniques and standardized instruments, as appropriate in data collection
4. Obtain a history of chief complaint, present illnesses, medical/surgical history, family history, social history, allergies and drug interactions, pharmacologic and non-pharmacologic therapies, and non-traditional therapies (e.g., complementary, alternative)
5. Conduct a comprehensive, problem focused review of systems
6. Perform a comprehensive and/or focused physical examination, including a mental status evaluation
7. Determine patient/family functional status
8. Identify past and present goals of care as stated by patient, surrogate, or health care proxy, or documented through advance care planning
9. Identify health beliefs, values, and practices
10. Assess nutritional issues of patient within the context of advanced illness
11. Assess patient/family knowledge of and response to advanced illness
12. Assess emotional status of patients and families
13. Identify patient/family past/present coping patterns
14. Assess patient/family support systems
15. Assess environmental factors
16. Analyze risks/benefits/burdens related to treatment within the context of goals and care

17. Determine patient/family financial resources/needs

18. Determine patient/family expectations

19. Determine prognosis

#### B. Order and Interpret Common Diagnostic Tests and Procedures

1. Perform screening tests that are based on goals of care and risk/benefit/burden ratio

2. Obtain laboratory tests and diagnostic studies or procedure results

3. Interpret common diagnostic tests and procedures

4. Apply test findings in developing the plan of care

#### C. Differential Diagnoses – Formulate and prioritize differential diagnoses based on analyses of multidimensional assessment data, actual or potential responses to alterations in health, or problems that may be resolved, diminished or prevented in relation to the following disease patterns and progression:

1. Altered Immune Diseases (e.g., AIDS)

2. Neoplastic conditions

3. Neurological conditions (e.g., ALS, CVA)

4. Dementia

5. Cardiac conditions (e.g., CHF)

6. Pulmonary conditions (e.g., COPD)

7. Renal conditions

8. Hepatic conditions (e.g., hepatic failure, cirrhosis)

9. Gastrointestinal conditions (e.g., Crohn's disease)

10. Endocrine conditions

11. Hematologic conditions (e.g., neutropenia, disseminated intravascular coagulopathy)

12. Symptoms related to pain (e.g., nociceptive, neuropathic, acute, chronic, breakthrough)

Formulate and prioritize differential diagnoses based on analyses of

multidimensional assessment data, actual or potential responses to alterations in health, or problems that may be resolved, diminished or prevented in relation to the following hospice and palliative care emergencies:

13. Spinal cord compression
14. Hemorrhage
15. Seizures

Formulate and prioritize differential diagnoses based on analyses of multidimensional assessment data, actual or potential responses to alterations in health, or problems that may be resolved, diminished or prevented in relation to the following non-pain symptoms:

16. Cardiac (e.g., angina, edema, dysrhythmias)
17. Respiratory (e.g., dyspnea, cough, secretions, sleep apnea)
18. Gastrointestinal (e.g., constipation, diarrhea, ascites, hiccups, bowel obstruction, nausea, taste changes)
19. Genitourinary (e.g., bladder spasm, urinary retention, incontinence)
20. Musculoskeletal (e.g., pathological fractures, spasms)
21. Skin and mucus membranes (e.g., pruritis, mucositis, stomas, fistulas, fungating wounds, pressure ulcers, edema)
22. Neurological (e.g., seizure, myoclonus encephalopathy, impaired communication, dysphagia)
23. Psychiatric/psychological (e.g., anxiety, depression, delirium, fear, suicidal ideation, agitation/restlessness)
24. Spiritual/existential (e.g., distress, hopelessness, death anxiety, grief, suffering)
25. Nutrition and metabolic (e.g., anorexia/cachexia, dehydration, electrolyte imbalance)
26. Fatigue/asthenia
27. Insomnia
28. Lymphedema
29. Complications of therapy (e.g., drug reactions, radiation, chemotherapy, surgery)

#### D. Planning

1. Communicate diagnoses with patient/family, team members, or other consultants

2. Discuss progression of the disease and communicate expected prognosis
3. Identify expected outcomes that are realistic in relation to patient/family goals of care, life expectancy, and the improvement of quality of life
4. Identify expected outcomes and resources that promote continuity of care across all care settings
5. Identify a time-estimate for the attainment of expected outcomes
6. Participate in the development of the interdisciplinary plan of care to achieve expected patient/family outcomes

#### E. Interventions

1. Select interventions based on values, preferences, available resources and goals of the patient/family
2. Collaborate with other members of the interdisciplinary team to implement interventions
3. Determine interventions within the framework of evidence-based practice
4. Modify interventions based on continued assessment of patient/family response
5. Document diagnoses, plans and interventions using a format that is accessible to the interdisciplinary health care team
6. Maximize functional status to promote activities of daily living for patients and families
7. Facilitate self-care, health promotion and maintenance through health teaching within the context of the patient's illness trajectory
8. Recommend strategies to address emotional and spiritual health
9. Provide counseling and psychological support
10. Coordinate care through case management or other mechanisms
11. Negotiate health-related services and additional specialized care with patient/family, and appropriate systems, agencies, and providers
12. Provide interventions either directly or indirectly to minimize care giver burden (i.e., families and professionals)

13. Pharmacologic therapies
  14. Non-pharmacologic therapies
  15. Interventional analgesic techniques (e.g., epidural, intrathecal, nerve block)
  16. Sedation at the end of life
  17. Discontinuation of life support devices/treatments (e.g., ventilator, dialysis, ICD, vasopressors, LVAD)
  18. Discontinuation of medically administered nutrition and hydration
- F. Evaluation and Revision of the Care Plan
1. Evaluate and modify the plan of care based on changing patient status, patient outcomes, family issues, and expected outcomes
  2. Use standardized measures (e.g., pain scales, quality of life instruments, functional assessment scales) to evaluate expected outcomes
  3. Assist patient/family in evaluating appropriate and available resources
- G. Special Populations
1. Perform additional assessments based on patient/family unique needs (e.g., substance abuse, homelessness, cognitive impairment, elderly)
  2. Consider the unique needs of special populations in developing the plan of care
  3. Identify the care of special populations that is beyond the scope of practice, the level or experience/expertise, and refer and consult appropriately
  4. Select teaching methods tailored to the needs of the patient/family within special populations
  5. Evaluate available and appropriate resources for special populations
- 2. Advocacy and Ethics & Systems Thinking**  
13%
- A. Ethical Principles- Promote ethical principles
1. Autonomy
  2. Beneficence
  3. Veracity
  4. Nonmaleficence
  5. Confidentiality
- B. Ethical Issues/Conflicts Related to Progressive Illness, Dying and Death
1. Informed consent
  2. Truth telling
  3. Withholding or withdrawing treatment
  4. Suicide, assisted suicide, or euthanasia
  5. Sedation
  6. Decision making (e.g., capacity, surrogate, advance directives)
  7. Non-beneficial treatments
- C. Advance Care Planning
1. Facilitate advance care planning
  2. Address issues related to patient/family care goals and treatment preferences
- D. Vulnerability of the Population
1. Address issues related to patient/family vulnerability
- E. Resource Access and Utilization
1. Advocate for access to palliative, hospice, or other appropriate care and/or treatments
  2. Refer patient/family for assistance with financial matters and other resources
  3. Address issues related to organ and tissue donation
- F. Settings for Care
1. Identify resources and potential barriers across health care settings
  2. Implement strategies to initiate, develop, and foster hospice and palliative care services
  3. Use appropriate business strategies to provide effective hospice and palliative care
  4. Identify resources that lessen the burden of care for the public, communities, and health care systems
- G. Quality Improvement
1. Participate in continuous quality improvement
  2. Consistently provide cost-effective, quality care
- H. Financing
1. Maintain current knowledge of trends in health care delivery and reimbursement as it impacts hospice and palliative care.
  2. Identify lapses in health care coverage related to hospice and palliative care
  - 3.

- 3. Professionalism and Research 10%**
- A. Palliative and Hospice Care (History, Philosophy, Precepts)
    - 1. Incorporate the precepts of hospice and palliative care into practice
    - 2. Define palliative care and differentiate palliative care from hospice care
  - B. Standards and Guidelines Relevant to Hospice and Palliative Care
    - 1. Incorporate standards into practice (e.g., NHPCO, Scope and Standards of Hospice and Palliative Nursing Practice, ANA standards)
    - 2. Incorporate guidelines into practice (e.g., American Pain Society, National Consensus Project)
  - C. Roles of Advanced practice Nurse- Incorporate the following role of advanced practice nursing into own practice:
    - 1. Practice
    - 2. Education
    - 3. Consultation
    - 4. Research
    - 5. Leadership
  - D. Evidence-Based Practice
    - 1. Use evidence-based practice and research-based guidelines
    - 2. Formulate standards of care
  - E. Self-Care and Collegial Support
    - 1. Participate in evaluation of others
    - 2. Create a climate of trust and partnership with patient/family and interdisciplinary team members
    - 3. Incorporate strategies for self-care and stress management into daily practice
  - F. Public Policy Involvement
    - 1. Evaluate implications of public policy (e.g., governmental health policies and insurance benefits) as it relates to hospice and palliative care
  - G. Professional Boundaries
    - 1. Develop a relationship with the patient and family, which includes the recognition and maintenance of professional boundaries
  - H. Leadership and Self-Development
    - 1. Develop educational and research initiatives to advance hospice and palliative care

- 2. Participate in educational and research initiatives to advance hospice and palliative care
- 3. Actively participate in professional nursing organizational activities
- 4. Share knowledge through publications, presentations, precepting, and mentoring
- 5. Create own professional development plan
- I. Process
  - 1. Evaluate hospice and palliative care research
  - 2. Use research to identify, examine, validate, and evaluate current practice
  - 3. Identify areas that warrant further inquiry and research
  - 4. Participate in hospice and palliative care research
- J. Human Subject Considerations
  - 1. Incorporate ethical principles, advanced practice professional standards, and codes of ethics in hospice and palliative care research
  - 2. Advocate for and protect patient/family rights
  - 3. Identify the role of the Institutional Review Board (IRB)

**4. Collaboration, Facilitation of Learning, and Communication 17%**

- A. Care Team Models
  - 1. Distinguish among varying models of care (e.g., interdisciplinary, multi-disciplinary, transdisciplinary)
  - 2. Facilitate team building
  - 3. Lead a team
  - 4. Identify sources for referral
  - 5. Facilitate collaborative relationships
  - 6. Develop collaborative agreements and practice protocols
- B. Scope of Advanced Practice Nursing
  - 1. Define scope of practice
  - 2. Identify limits to scope of practice
  - 3. Resolve issues related to scope of practice
- C. Principles of Adult Learning and Teaching Methodologies
  - 1. Apply adult learning principles when providing hospice and palliative care education
- D. Patient /Family Education

1. Establish a therapeutic environment for effective learning
  2. Develop, implement, and evaluate formal and informal education
- E. Community and Health Professional Education
1. Educate local, state, and national organizations and institutions about hospice and palliative care
  2. Provide hospice and palliative care education to health care providers and students
- F. Theory and Principles
1. Demonstrate knowledge of communication theory and principles within the context of hospice and palliative care
  2. Create an environment for effective communication
  3. Use appropriate principles and techniques to break bad news
  4. Develop strategies to overcome communication barriers
- G. Processes Related to Therapeutic Communication
1. Elicit questions, concerns, or suggestions from patients/family, and health care team members
  2. initiate and facilitate patient/family conferences
  3. Assist in having appropriate team members available for input/consultation
  4. Communicate information across disciplines and/or settings of care
  5. Facilitate conflict resolution for the patient/family and/or health team members
  6. Identify barriers (real or potential) to communication
  7. Demonstrate therapeutic presence and communication
  8. Facilitate discussions related to resuscitation status
- 5. Cultural and Spiritual Competence 7%**
- A. Influence of Personal Values and Biases on Practice
1. Assess and set aside values, biases, ideas, and attitudes that are judgmental and may affect care
  2. Respect diversity
  3. Analyze own communication (verbal and nonverbal) and possible interpretations
- B. Responses to Illness within Cultural, Spiritual, Racial, Ethnic, Age and Gender Groups
1. Demonstrate sensitivity to beliefs and practices of others
  2. Distinguish between culture, ethnicity, and race
  3. Comprehend the basic tenets of major religions in relation to death and dying
  4. Recognize the characteristics of different cultural groups
  5. Distinguish between spirituality and religion
- C. Response to Loss, Grief, Bereavement
1. Define loss, grief, bereavement, and mourning
  2. Identify characteristics and recognize behaviors or symptoms of grief
  3. Identify individuals at risk for complicated grief
  4. Identify tasks of grief and bereavement
  5. Identify benefits of funeral rituals
4. Identify factors that influence the bereavement process
- D. Communication
1. Evaluate family interaction and communication within a cultural context
  2. Respect cultural differences when discussing hospice and palliative care
  3. Establish a therapeutic presence with dying patients and their families
  4. Initiate and facilitate dignity therapy
- E. Assessment
1. Perform a spiritual assessment
  2. Consider culture and/or ethnicity in assessment
  3. Evaluate need for spiritual/pastoral care
- F. Interventions
1. Assist patient/family in their search for meaning and hope.
  2. Implement a culturally and spiritually respectful plan of care
  3. Serve as a role model in providing culturally and spiritually respectful care.
  4. Use culturally appropriate verbal and non-verbal communication

**Advanced Practice Hospice and Palliative Nurses Accrual for Recertification  
(APRN HPAR)**

**Instructions on completing the APRN HPAR Application**

Read the APRN 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 CE contact hours must be offered by accredited or approved providers or have been approved by an accredited approver of 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 **APRN 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 APRN HPAR.**
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 1<sup>st</sup>** to:

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

**NBCHPN<sup>®</sup> ADVANCED PRACTICE HOSPICE AND PALLIATIVE  
ACCRUAL for RECERTIFICATION APPLICATION (APRN HPAR)**  
(Application must be **received** by National Office between **January 1<sup>st</sup>** and **March 1<sup>st</sup>**)

Please read the instructions before completing this application. *Please print.* Illegible, incomplete or unsigned applications will not be processed.

Full Name: \_\_\_\_\_  
Last First Middle Initial Credentials

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Home Information:**

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip Code  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Fax: (\_\_\_\_) \_\_\_\_\_

**Work Information:**

Workplace: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip Code  
Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Work Fax: (\_\_\_\_) \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

Your NBCHPN<sup>®</sup> certification number \_\_\_\_\_  
Year you were last certified \_\_\_\_\_ Expiration date \_\_\_\_\_

1. Did you certify under a different last name?  No  Yes If yes, what was the name? \_\_\_\_\_
2. **See next page for renewal outcomes and fee information.**
3. Number of APRN HPAR points earned and recorded on the enclosed **SUMMARY LOG PAGE (page 36)** \_\_\_\_\_ (Minimum of **125 POINTS** required)

**APRN RENEWAL PATHWAYS AND FEES (Please select one pathway and select appropriate fee box)**

In order to obtain HPNA member fee, you must be a current HPNA member **PRIOR** to submission of your APRN HPAR application.  
HPNA Member Number: \_\_\_\_\_

**Note:** The Situational Judgment Exam (SJE) is a required component of the APRN HPAR and the fee is \$60. The APRN HPAR total fee remains unchanged. The fees below have been adjusted to reflect payment of the \$60 online fee for the SJE.

**Pathway A: Professional development and practice hours**

- HPNA Member fee due with this packet is **\$250** (\$250 plus \$60 previously paid online for SJE equals \$310 total fee)
- Non-HPNA Members fee due with this packet is **\$350** (\$350 plus \$60 previously paid online for SJE equals \$410 total fee)

**Pathway B: Professional development and testing since practice hour requirement can not be fulfilled**

- HPNA Member fee due with this packet is **\$250** (\$250 plus \$60 previously paid online for SJE equals \$310 total fee)
- Non-HPNA Member fee due with this packet is **\$350** (\$350 plus \$60 previously paid online for SJE equals \$410 total fee)

I will be taking the computer based certification exam in 2011:  March  June  September  December

**Note:** Candidate must mail their paper application to Applied Measurement Professionals (AMP) to be received by the paper application deadline (See Candidate Handbook for application and deadlines, available at [www.nbchpn.org](http://www.nbchpn.org))

**Pathway C: Reactivation for lapsed certification**

- HPNA Member fee due with this packet is **\$375** (\$250 plus \$60 previously paid online for the SJE plus \$125 reactivation fee equals \$435)
- Non-HPNA Member fee due with this packet is **\$475** (\$350 plus \$60 previously paid online for the SJE plus \$125 reactivation fee equals \$535)

**Payment Options:**

- Check enclosed: (Payable to NBCHPN®)
- Visa  MasterCard  Discover

Card Number: \_\_\_\_\_  
Print name as it appears on credit card

Expiration Date: \_\_\_\_\_ 3 Digit Security Code (on back of card): \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

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

### Professional Information:

#### Primary Role

- Clinical Nurse Specialist     Nurse Practitioner

#### Type of Primary Practice (please check one):

- Clinical     Educational     Administrative     Research

#### What is the highest academic level you have attained?

- Master's degree (nursing)     Master's degree (non-nursing)  
 Doctoral degree (nursing)     Doctoral degree (non-nursing)

#### 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 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<sup>®</sup> agrees to process your application subject to your agreement to the following terms and conditions

1. To be bound by and comply with NBCHPN<sup>®</sup> 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<sup>®</sup> Grounds for Sanctions and other standards, and compliance with all NBCHPN<sup>®</sup> documentation and reporting requirements, as may be revised from time to time.
2. To hold NBCHPN<sup>®</sup> harmless and to waive, release and exonerate NBCHPN<sup>®</sup> its officers, directors, employees, committee members, and agents from any claims that you may have against NBCHPN<sup>®</sup> arising out of NBCHPN<sup>®</sup>'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<sup>®</sup> to publish and/or release your contact information for NBCHPN<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> is found to be false or inaccurate or if you violate any of the standards, rules or regulations of NBCHPN<sup>®</sup>.

Nursing Experience at the Advanced Practice Level (**required**). List below, starting with current practice, your APRN experience for the past four (4) years for ACHPN<sup>®</sup> certification renewal. Include the start and end dates for each position, name and address of your employers, position descriptions, number of hours worked per week and the percent (%) of time spent in hospice and palliative care. Failure to fulfill practice hours requires successful passing of the ACHPN<sup>®</sup> Exam.

From (Mo/date/yr)	To (mo/date/yr)	Name and City/State of Employer	Position	# Hours per week	% of Time spent in hospice/palliative care



# NBCHPN®

## APRN HPAR Category LOG

Name: \_\_\_\_\_

### **Situational Judgment Exam (SJE)** (maximum 25 points)

<b>Completion Date</b>	<b>Name of Sponsor</b>	<b>Points*</b>
	<b>National Board for Certification of Hospice and Palliative Nurses</b>	

- \* Candidate receives fifteen (15) points if SJE is completed prior to September 30, 2010
- \* Candidate receives ten (10) points if SJE is completed between September 30 and December 31, 2010

# NBCHPN<sup>®</sup>

## APRN HPAR Category LOG

Name: \_\_\_\_\_

### Attendance at Programs for Continuing Nursing Education (maximum 125 points)

Program Dates	Title of Program and Type	Provided by	Accrediting or Approval Body	Contact Hours	Points*
<b>Example 3/3-3/6/10</b>	<b>Annual Assembly AAHPM/HPNA</b>	<b>HPNA</b>	<b>California Board of Registered Nursing</b>	<b>19.2</b>	<b>19.2</b>
<b>4/26/07</b>	<b>Breakthrough Pain Management/ web seminar</b>	<b>Texas State Nurses Association</b>	<b>American Nurses Credentialing Center (ANCC)</b>	<b>1</b>	<b>1</b>
<b>TOTAL:</b>					

\* One (1) Contact hour equals One (1) point



# NBCHPN®

## APRN HPAR Category LOG

Name: \_\_\_\_\_

### Continuing Medical Education (Attendance and Self Study) (maximum 62.5 points)

Program Dates	Title of Program and Type	Attended or Self Study	Provided by	Accrediting or Approval Body	Contact Hours	Points*
5/18/08	“Breaking Bad News”	Self Study	Post Graduate Institute for Medicine	Accreditation Council for Continuing Medical Education (ACCME)	1	1
2/19/07	Palliative Medicine in the 21 <sup>st</sup> Century	Attended	National Hospice and Palliative Care Organization (NHPCO)	AMA PRA FL #12345	4.5	4.5
<b>TOTAL:</b>						

\* One (1) Contact hour equals One (1) point

# NBCHPN®

## APRN HPAR Category LOG

Name: \_\_\_\_\_

### Academic Education (maximum 45 points)

Dates	Title of Class	College / University	Number of Credits	Points*
<b>Example Fall, 2007</b>	<b>Bioethics</b>	<b>Ohio State University</b>	<b>3.0</b>	<b>45</b>
			TOTAL:	

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

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

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

# NBCHPN®

## APRN HPAR Category LOG

Name: \_\_\_\_\_

### Professional Publications (maximum 94 points)

Dates	Type of Items published*	Title of Journal or Book	Title	Indicate author or editor	Points
Example 9/09	Original Journal Article	Journal of Hospice & Palliative Nursing	Cultural Competence Among Hospice Nurses	Single author	10
				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



# NBCHPN®

## APRN HPAR Category LOG

Name: \_\_\_\_\_

### NBCHPN® Item Writers Workshop (maximum 10 points)

Dates	Name of Sponsor	Name of Presenter	Points*
	NBCHPN®	Larry Fabrey	10

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

# NBCHPN®

## APRN HPAR Category LOG

Name: \_\_\_\_\_

### HPNA Advanced Practice Mentoring Program (maximum 20 points)

Dates	Name of Mentee	Points
Example 2009 - 2010	Nancy Nurse	10
	<b>Total:</b>	

\* Participation in one program equals ten (10) points

# NBCHPN®

## APRN HPAR Category LOG

Name: \_\_\_\_\_

### Precepting Advanced Practice Nursing Students

(maximum 25 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*
<b>Example Jan-May, 2007</b>	<b>Sue Smith</b>	<b>University of Florida, School of Nursing/ Gainesville, FL</b>	<b>5</b>	<b>25</b>	
			<b>Total:</b>		

\*Twenty-five (25) hours of precepting = 5 points

Precepting points must be in multiples of 5

Precepting points in increments other than 5 **WILL NOT BE ACCEPTED.**



# NBCHPN®

## APRN HPAR Category LOG

Name: \_\_\_\_\_

### Volunteer Service in Professional Organizations

(maximum 25 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
<b>Example 1/1/2006- 12/31/2007</b>	<b>Hospice and Palliative Nurses Association</b>	<b>Board of Directors</b>	<b>Member</b>	<b>10</b>
			<b>Total:</b>	

\* One year of service = 5 points

**NBCHPN®**  
**APRN HPAR SUMMARY LOG**

Name: \_\_\_\_\_

For ACHPN® renewal, you must earn a minimum of 125 points, all of which must be related to hospice and palliative care. You may submit more than 125 points in the event some points are disallowed. Return packet anytime **after** January 1<sup>st</sup>, but it **must** be **RECEIVED** in the National Office by **March 1<sup>st</sup>**.

CATEGORIES	TOTAL POINTS
Situational Judgment Exam (maximum of 25 points)	
Continuing <u>Nursing</u> Education (maximum of 125 points)	
Self Study Continuing <u>Nursing</u> Education (maximum of 62.5 points)	
Continuing Medical Education (attendance and self study) (maximum 62.5 points)	
Academic Education (maximum of 45 points)	
Professional Publications (maximum 94 points)	
Professional Presentations (maximum of 25 points)	
Item Writers Workshop (maximum of 10 points)	
HPNA Advanced Practice Mentoring Program ( maximum of 20 points)	
Precepting Advanced Practice Nursing Students (maximum of 25 points <u>combined with <i>Volunteer Service in Professional Organizations</i> category</u> )	Maximum 25 points combined
Volunteer Service in Professional Organizations (maximum of 25 points <u>combined with <i>Precepting Students</i> category</u> )	
<b>GRAND TOTAL</b>	

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 19)
- \_\_\_\_\_ 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**