



Advanced Palliative Hospice Social Worker Certified

**2018-2019**  
**CANDIDATE HANDBOOK**  
November 30, 2018

Advanced Palliative Hospice Social Worker Certification (APHSW) Board  
1521 Second Avenue, #609  
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# Introduction

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## About the Advanced Palliative Hospice Social Worker Certification (APHSW) Board

The APHSW Board was formed in 2016 with the support of the Social Work Hospice & Palliative Care Network (SWHPN) leadership and grant funding from the Gordon and Betty Moore Foundation. The Advanced Palliative Hospice Social Worker Certification (APHSW-C) program was developed as leaders in the field recognized the special skills and knowledge that social workers bring to the practice of hospice and palliative care. Led by Dr. Barbara Head, the initial committee explored funding opportunities and developed a proposal for an evidence-based certification for social workers in hospice and palliative care, the first of its kind.

The APHSW Certification Board was established as a separate non-profit organization. The APHSW Board functions independently and is responsible for the governance and oversight of the APHSW-C program.

The APHSW Board has sole decision-making authority for all APHSW-C program policies regarding certification eligibility requirements; recertification requirements; examination development, administration, and scoring; grievance and disciplinary policies; and, the appointment and oversight of subject matter expert (SME) task groups. The APHSW Board ensures that eligibility and recertification requirements, examination development and administration processes, and all certification program policies are related to and support the purpose of the APHSW-C program.

## Certification Scope

Social workers are essential to the practice of hospice and palliative care. The APHSW-C credential recognizes bachelor's and master's level social workers with experience, specialized skills, and competency in hospice and palliative social work. The APHSW-C assures the public that certified practitioners have the knowledge and skills to provide safe, high-quality care at an advanced level. Individuals eligible for certification include experienced hospice and palliative care social workers that practice in clinical, academic, and macro settings in the United States and Canada.

Holding the APHSW-C credential demonstrates to patients, their families and caregivers, employers, colleagues, and the public at large that a practitioner has met the highest standards of professional practice and has obtained objective validation of their expertise in providing advanced palliative and hospice social work services by:

- Having earned a Bachelor's or Master's degree in Social Work;
- Completing a minimum of post-degree experience in hospice and/or palliative social work determined by the degree earned;
- Attesting to practice in accordance to the National Association of Social Workers (NASW) Code of Ethics;
- Holding state licensure in good standing to practice, if required for employment;

- Successfully passing a certification exam; and,
- Committing to ongoing professional development.

Individuals who are certified may use the letters APHSW-C after their name and highest university degree. While the APHSW-C designation signifies the highest standard of education and experience in the field of palliative and hospice social work, it does not designate the individual as a licensed social worker. Requirements for providing licensed services are determined by individual state licensing boards.

## **What is Certification?**

Professional certification is different than a training or educational program. Training programs may offer a certificate of attendance when an individual completes the coursework, but they do not generally award a credential or require ongoing recertification. The APHSW-C program was developed using a nationally recognized, research and evidenced-based process to define job tasks, roles, and responsibilities within advanced palliative and hospice social work practice. Individuals who meet the eligibility requirements and pass the exam are granted use of the APHSW-C credential. Renewal is required every four years.

## **Benefits of APHSW-C Certification**

Benefits of holding the evidence-based APHSW-C credential include:

- Improving patient/family care
- Mastering a defined body of knowledge
- Receiving recognition by employers and colleagues
- Meeting standards of accreditation bodies
- Assuring the public that a practitioner has the knowledge and skills to provide high-quality care

# Section One: How to Apply for Certification

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## Eligibility

The APHSW Board has developed eligibility requirements to ensure that the application process is fair and impartial for all applicants. Each eligibility requirement has been established to ensure that individuals certified by the APHSW Board have an acceptable level of knowledge and skill needed to provide advanced palliative and hospice social work services as defined in the scope of the certification program. In establishing these requirements, the APHSW Board acknowledges that a combination of degreed education in social work, post-degree experience in hospice and palliative care social work, adherence to the NASW Code of Ethics, licensure in good standing (if required by the applicant's state), and demonstrated knowledge via the certification exam are essential for individuals seeking the APHSW-C credential.

All candidates for certification must meet all eligibility requirements established by the APHSW Board that are in effect at the time of application for certification. Candidates cannot earn certification without passing the certification exam.

## Eligibility Criteria

All candidates must meet the following criteria to earn the APHSW-C credential:

### 1. Education

Applicants must hold either a Bachelor's degree in Social Work (BSW) or a Master's degree in Social Work (MSW) from an institution accredited by the Council on Social Work Education (CSWE) or equivalent accreditation for degrees earned outside of the United States.

### 2. Experience

- For BSWs: Applicants must have at least three (3) years of post-degree *supervised* experience in hospice and palliative social work and have at least (3) years of post-degree experience in hospice and/or palliative social work within the previous five (5) years. Supervision must be provided by a MSW or licensed professional experienced in hospice and/or palliative care.
- For MSWs: Applicants must have at least two (2) years of post-degree experience in hospice and/or palliative social work within the previous five (5) years.
- One year of experience is defined as working 2,000 hours.

### 3. Ethics

Applicants must attest to practicing in accordance with the [National Association of Social Workers](#) (NASW) Code of Ethics.

### 4. Licensure

If the applicant's state requires licensure to practice based upon the applicant's educational level and type of practice, licensure in good standing is required.

## 5. **Application and Fees**

Applicants are eligible to take the exam: (A) following approval of the certification application that documents satisfactory completion of all eligibility requirements; and, (B) payment of the application fee.

## 6. **Exam**

Applicants must obtain a passing score on the APHSW-C Certification Exam.

## **Eligibility Rationale**

The eligibility requirements have been established to support the purpose of the credential and ensure that individuals who earn the APHSW-C credential have an acceptable level of knowledge and skill needed to demonstrate sufficient competency to provide safe, high quality care.

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### *Education*

Educational requirements are consistent with the requirements to practice social work in the majority of states. Social work education is necessary for specialty practice as a hospice and palliative care social worker.

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### *Experience*

Work experience is required to develop the judgment and practice skills necessary for specialty practice in this field. Experience requirements support a clear career path in hospice and/or palliative care.

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### *Ethics*

A practice based on sound ethical principles is required for specialty certification in this field. Hospice and/or Palliative Social Workers must be held to the same ethical standards as all social workers as established in the NASW Code of Ethics.

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### *Licensure*

Social workers are expected to practice in accordance with applicable state laws and licensure requirements.

## **Membership**

Membership in SWPHN, or any other organization, is not required for certification.

## **Application Fees and Refunds**

SWHPN Member Application fee      \$275

Non-Member Application fee          \$450

Certification application fees are non-refundable. Applicants are solely responsible for ensuring that they are eligible to sit for the APHSW-C examination prior to submitting the application.

## How to Apply

Candidates must submit the following via the online application system, managed by PSI\*, under the Candidates tab at <http://www.goamp.com/>:

- Completed application
- Work experience form
- Agreement to adhere to the NASW Code of Ethics
- Proof of licensure (if applicable)
- Application payment

Applications will be reviewed for completeness and conformance with the eligibility requirements. Additional information may be requested as needed. It is the applicant's responsibility to submit complete information by the established deadlines.

Applicants must attest through the online application process that the information on the application and any supporting documentation is complete and accurate. The APHSW Board or its representatives reserve the right to verify any information submitted by an applicant and may contact education providers, employers, etc. to obtain verification as needed.

*\* PSI is the authorized testing agency managing the certification application and test administration processes on behalf of APHSW.*

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### Application Deadlines

In 2019, the exam will be administered during two testing windows – one in January and another in June. Registration for each testing window will open two months before the exam. Please see the chart below for details.

Applications must be submitted by December 15 for the January testing window and by June 15 for the July testing window.

Testing Window	Application Acceptance Window
January 15 – February 16, 2019	November 1 – December 15, 2018
July 16 – August 20, 2019	May 1 – June 15, 2019

## Notification of Application Decisions

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### Eligible Applicants

If an applicant is determined to be eligible to sit for the exam, the candidate will be provided with instructions for scheduling an exam appointment at a PSI testing center.



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### *Ineligible Applicants*

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Applicants who fail to demonstrate that they meet all the eligibility requirements will not be permitted to take the exam. An applicant may be determined ineligible for the following reasons:

- Insufficient, incomplete, or late required documentation
- Documentation provided does not meet eligibility requirements
- Conduct or disciplinary violation or pending disciplinary decisions associated with applicant's professional license
- Nonpayment of exam fee

In the event that an applicant is determined ineligible due to any of these reasons, the applicant will be notified and given 15 calendar days to respond with revised documentation or additional information. If documents are not received by the deadline, the application will be denied.

### **Verification**

All applications will be reviewed for completeness and compliance with the eligibility requirements.

Applicants selected for audit will be required to submit official transcript(s) which will be reviewed to ensure a BSW or MSW was granted from a CSWE-accredited school (or international equivalent).

Applicants must attest to practicing according to the NASW Code of Ethics before completing the online application. Applicants who do not complete the attestation will not be permitted to sit for the exam. The attestation provides assurance that applicants have read, understood, and agree to abide by the Code of Ethics.

If applicable, applicants must provide the license number and state of their professional license. The license will be verified through the state of issuance's license verification system. Any licenses found to carry disciplinary actions or not to be in good standing will be forwarded to the APHSW Board for further review. Any license with pending disciplinary decisions must be cleared prior to applicant approval.

### **Scheduling an Exam**

The exam is delivered two times each year during approximately month-long exam windows at PSI test sites throughout the US and its territories. Once an applicant's examination application has been reviewed and approved, the candidate will be eligible to schedule an exam session during the next available exam window at an available date and location of his/her choosing.

## Section Two: Preparing for the Examination

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### How the Exam Was Developed

The APHSW Board participates in, and provides oversight for, the development and ongoing maintenance of the APHSW-C examination. The APHSW Board and certification program staff work in partnership with a qualified psychometric consultant/vendor to ensure the examination is developed and maintained in a manner consistent with generally accepted psychometric principles, educational testing practices, and national accreditation standards for certification programs. The exam was developed following the process outlined in the chart below:

#### Job Analysis & Content Outline

- The job analysis study includes a survey developed by a group of subject matter experts and validated by a national survey. It is conducted every five years. Results of the job analysis define the content and provide the foundation for the exam.
- Developed using the job analysis study data, the content outline lists the content domains for the exam, the relative weight of each domain, and the tasks associated with each content area.

#### Item Development & Test Assembly

- Test "items," or questions, are written and reviewed by a team of trained and qualified practitioners under the guidance of a test development expert. All test items undergo multiple levels of review and editing before being placed on the exam.
- Once test items are finalized, they are assembled into a test using the specifications in the content outline. The test is reviewed by subject matter experts before being finalized.

#### Setting the Passing Point & Analyzing Data

- The passing score for the exam is established using a panel of experts who carefully review each item to determine the level of knowledge or skill that is expected. The passing score is based on the panel's established difficulty ratings for each exam question.
- After the exam is administered, a statistical analysis is performed to identify quality improvement opportunities and any adjustments needed before the exam results are finalized.

#### Ongoing Development & Maintenance

- Content of the exam is reviewed regularly to ensure that items remain accurate and relevant.
- New versions of the exam are developed to ensure security.
- Job analysis studies are conducted to ensure the content outline remains up-to-date.

### Studying for the Exam

As the certification program governing body, it is within the APHSW Board's role to develop and administer the certification examination to determine the qualifications of candidates for certification. The APHSW Board does not require, provide, approve, accredit, or endorse any specific study guides, review courses, or other examination preparation products.

The APHSW Board will not approve, endorse, or recommend any education or training programs or products designed or intended to prepare candidates for earning the APHSW-C credential. The APHSW Board has no involvement in the development or delivery of such programs or products.

## Examination Outline

The APHSW-C examination is a 150-item, multiple-choice examination delivered via computer-based test administration at US test sites provided by the contracted test administration vendor, PSI. Candidates are allowed 3 hours to complete the exam. The exam is offered in English only.

Topics covered by the exam are:

Content Domain	Percentage of Exam
Assessment and Reevaluation	31%
Planning and Intervention	32%
Death, Grief and Bereavement	21%
Professionalism	15%

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### *Assessment and Reevaluation (31%)*

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#### **A. Assessment:**

1. Use clinical interviewing and behavioral observation.
2. Use clinical knowledge of psychosocial dynamics to gather biopsychosocial history.
3. Administer validated assessment tools.
4. Interpret results from validated assessment tools.
5. Perform psychosocial assessment from a patient/family-centered care perspective.
6. Provide comprehensive psychosocial assessment for seriously ill patients which includes assessment of:
  - a. Healthcare literacy
  - b. Safety, abuse and neglect
  - c. Socioeconomic status
  - d. Veteran status and eligibility for benefits
  - e. Spirituality
  - f. Spiritual dynamics as they impact the illness or treatment
  - g. Family functioning
  - h. Cultural dynamics as they impact the illness or treatment
  - i. Communication patterns and challenges
  - j. Patient's understanding of illness and medical treatment plan
  - k. Patient's decision-making capacity
  - l. Patient's current and desired quality of life
  - m. Patient's coping skills
  - n. Suicide risk
  - o. Appropriateness for palliative care referral
  - p. Hospice eligibility
  - q. Need for volunteer services
  - r. Cognitive ability
  - s. Mental health symptoms that impact functioning as related to coping with illness
7. Provide assessment of family/caregiver including assessment of:
  - a. Family/caregiver coping
  - b. Family/caregiver understanding of illness and medical treatment plan
  - c. Quality of caregiving

- d. Family/caregiver cognitive ability
8. Identify support systems.
9. Identify barriers that may impede biopsychosocial symptom management.
10. Identify physical, behavioral, and emotional characteristics typical for the developmental stage.
11. Identify the strengths of the:
  - a. Patient
  - b. Family
  - c. Caregivers
12. Integrate the diagnoses and treatment findings into psychosocial assessment.
13. Evaluate the psychosocial response to:
  - a. Treatment
  - b. Prognosis

**B. Reevaluation:**

1. Provide ongoing assessment of patient/family/caregiver:
  - a. Communicate changes in assessment to team
  - b. Document changes in assessment
  - c. Update care plan in accordance with reevaluation of patient/family/caregiver
2. Assess hospice eligibility for recertification.

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*Planning and Intervention (32%)*

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**A. Planning:**

1. Use therapeutic techniques to help patients and families understand options and participate in healthcare decision-making.
2. Use assessment data to plan, coordinate, and follow-up with patient care.
3. Use problem-solving skills to assist patient/family/caregiver in setting goals.
4. Develop psychosocial, patient-centered plan of care.
5. Ensure continuity of care across practice settings working with changing medical teams.
6. Apply psychosocial theory to practice situations.
7. Integrate the findings and recommendations concerning diagnoses and treatment into a care plan.
8. Facilitate patient/family meetings for goal setting and care planning.
9. Establish measurable goals.

**B. Intervention:**

1. Provide psychosocial interventions based on evidence-based practice and clinical assessments/diagnoses including:
  - a. Crisis intervention
  - b. Emotional support
  - c. Case management
  - d. Interventions that facilitate coping
  - e. Follow-up
  - f. Interventions that promote dignity
  - g. Non-pharmacological interventions to enhance quality of life
  - h. Activities that enhance the patient's desired quality of life

- i. Legacy building and memory making
  - j. Funeral pre-planning
- 2. Refer to other services:
  - a. Community programs
  - b. Specialty services (e.g., chaplain, art therapy, massage therapy)
  - c. Volunteer services
- 3. Order and arrange for transportation, meals, medical supplies and/or equipment, etc.
- 4. Assure patient understanding of medical language.
- 5. Assist patient to navigate insurance, entitlement, and financial programs.
- 6. Facilitate completion of advance healthcare directives.
- 7. Assist with transfer, discharge, or other care transitions.
- 8. Address barriers and risk factors identified in assessment.
- 9. Facilitate communication among patient/family/caregivers and team members.
- 10. Advocate for patient-centered care within interdisciplinary team.
- 11. Facilitate processing and integration of information.
- 12. Provide individual and family counseling to:
  - a. Assist the patient/family/caregiver to cope with suffering
  - b. Help manage existential issues and find meaning
- 13. Collaborate with the care team in patient/family meetings.
- 14. Monitor patient progress according to measurable goals described in treatment and care plan.
- 15. Tailor information about treatment and side-effects to patients and families.
- 16. Support patient's transition and identification of the "new normal" after surviving serious illness.
- 17. Prepare patient/family/caregivers for discharge from hospice or palliative services.
- 18. Educate patient/family/caregivers regarding:
  - a. Disease trajectory
  - b. Hospice benefits
  - c. Reinforcement of education provided by medical/nursing staff about treatment and side effects
  - d. Advance healthcare directives
- 19. Modify interventions and plans based on:
  - a. Patient age-specific needs and responses to treatment
  - b. Changes in the patient's status
  - c. Family dynamics
- 20. Identify ethical dilemmas in patient care and refer as appropriate.
- 21. Conduct visits to:
  - a. Home
  - b. Assisted-living facility
  - c. Skilled nursing facility
  - d. Hospital
  - e. Outpatient facilities
- 22. Ensure plan of care is communicated clearly with patient/family/caregivers, staff, and supporting agencies.
- 23. Report suspected abuse and neglect as mandated by law.

24. Identify suspected intimate partner abuse cases and refer to appropriate resources.

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### *Death, Grief and Bereavement (21%)*

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#### **A. Death Preparation and Death:**

1. Assess patient for preparatory grief.
2. Assess family/caregiver for anticipatory grief.
3. Support patient/family through preparatory grief process.
4. Support family/caregiver through anticipatory grief process.
5. Support family and caregivers at time-of-death.
6. Provide patient/family/caregiver education about:
  - a. Options for care of the body after death
  - b. Signs and symptoms of impending death
7. Advocate for patient's after-death preferences (e.g., rituals, care of the body).
8. Identify and respect cultural and spiritual customs/practices related to death.
9. Balance patient and family's preferences for place-of-death.
10. Facilitate dignified death.

#### **B. Grief and Bereavement (post-death):**

1. Provide bereavement follow-up after death as determined by the social work assessment.
2. Support family/caregivers through ambiguous and/or disenfranchised loss.
3. Provide family/caregiver education about healthy and unhealthy grief and bereavement.
4. Assist with coping related to grief, loss and bereavement.
5. Apply grief and bereavement theories and best practices.
6. Assess family/caregiver for:
  - a. Risk factors for complicated grief
  - b. Ambiguous loss and disenfranchised grief
  - c. Somatic and/or emotional manifestations of grief
7. Provide grief counseling.
8. Screen and/or refer families for bereavement counseling.
9. Identify survivor benefits.
10. Identify and respect cultural and spiritual customs/practices related to grief and bereavement.

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### *Professionalism (15%)*

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#### **A. Quality improvement:**

1. Use quality improvement process to identify improvement opportunities.
2. Participate in quality improvement activities.
3. Communicate social work assessments, goals, and plan of intervention with team and other staff to improve patient quality of care.

#### **B. Collaboration:**

1. Serve as liaison to community health, welfare, and social agencies.
2. Cultivate and maintain community partnerships and relationships.
3. Collaborate with other professionals as part of interdisciplinary team.

#### **C. Provide debriefings for end-of-life and death issues to physicians, residents, interns, nurses and**

**other providers.**

**D. Personal/professional issues:**

1. Develop self-awareness and acknowledge signs of compassion fatigue, burnout, vicarious trauma, and moral distress.
2. Practice self-care.
3. Maintain professional boundaries.
4. Pursue ongoing professional development activities.
5. Identify ethical dilemmas and conflicts of interest.
6. Participate in activities that promote team wellness.
7. Develop cultural awareness in self and others.

**E. Inform policy regarding social work best practices (e.g., caseload, patient volume).**

**F. Knowledge of laws, regulations, and standards:**

1. Maintain knowledge of state laws and regulations related to end-of-life care.
2. Ensure compliance with NASW standards and code of ethics.
3. Identify and report abuse and neglect as mandated by law.
4. Adhere to requirements regarding confidentiality and release of information.

**G. Provide training and education in hospice and palliative care at the organizational, local, state, or national level.**

1. Train social work students, interns, and allied professions.
2. Educate team members about social work role.

**H. Document ongoing patient/family/caregiver assessments, progress, and response to treatment.**

## Optional Resources

A list of optional resources that may be helpful in preparing for the exam is available on the web site. Purchase or use of these resources is not required and is not considered the best or only means of preparing for the exam. The list is not intended to be all-inclusive.

## Section Three: Taking the Exam

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### What to Expect on Exam Day

Candidates are eligible to take the APHSW-C exam after their application has been approved.

To provide a fair and consistent environment for all candidates, the exam is delivered using standardized procedures that follow strict security protocols. Candidates are required to follow all exam site rules at all times. Failure to follow these rules may result in termination of a candidate's testing session, invalidation of the candidate's exam score, and/or disciplinary action.

### Taking the Exam

Candidates must follow the outlined exam administration procedures on the day of the exam.

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#### *Exam Admission*

All candidates are required to present 1 form of valid, government issued photo ID with a signature (such as a valid driver's license or passport) with candidate's name as printed on the certification application. The name on the identification must match the name on the candidate's application form. The signature must match the signature on the sign-in form at the test site.

Candidates without a photo ID with a matching signature, or who arrive late, are NOT permitted to enter the exam administration and their examination fees are forfeited.

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#### *Exam Locations and Proctors*

All examination administrations will be monitored by qualified proctors at authorized test sites.

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#### *Rescheduling and Cancellations*

If a candidate is unable to attend or chooses not to attend a scheduled examination appointment, a request for change of date must be made by contacting PSI at least 48 hours prior to the scheduled exam appointment. Candidates will be permitted to reschedule the examination once at no additional charge as long as the request for change of date is submitted 48 hours in advance of the prior appointment. Rescheduled appointments must be made within the same testing window as the candidate's initial test date.

Candidates who fail to appear for an examination for any reason, without providing notice prior to the scheduled examination as required, forfeit the application fee and must reapply and pay the application fee for a subsequent examination attempt.

Candidates who wish to indefinitely cancel their exam session are required to complete a new application, pay a new application fee, and meet all the eligibility requirements in effect at the time of reapplication.

Under extreme circumstances (medical emergency, inclement weather, court appearance or jury duty, military duty, or death of an immediate family member) late cancellations may be accepted. In extreme



circumstances which either immediately precede or coincide with the exam, documentation must be provided in writing to PSI within 2 calendar days of the scheduled exam. Approvals to reschedule the exam session with no additional fee will be made on a case-by-case basis by the certification program with consultation from the test administration vendor (PSI).

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### *Exam Site Rules*

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In addition to the admission procedures, the following exam site rules are enforced:

- No guests are permitted in the examination room.
- No reference material, books, papers, or personal items are allowed in the examination room.
- All electronic devices, including cell phones, must be turned off and placed out of view.
- No weapons or instruments that may reasonably be used as weapons will be brought into the examination room.
- No exam materials, documents, or memoranda of any sort are to be taken from the examination room.
- Candidates are not to communicate with other candidates during the examination.
- Proctors are authorized to maintain secure and proper exam administration procedures, including relocation of candidates.
- No questions concerning the content of the examination can be asked during the exam period.
- Food and beverages are not permitted in the examination room.
- Tobacco products and gum are not permitted during the examination.
- Breaks are not scheduled during the exam. Candidates will be permitted breaks on an individual basis, but no additional time will be given to candidates who take breaks.
- Candidates who leave the exam room must receive permission from the proctor and may be escorted while outside the exam room.
- Candidates are not permitted to talk during breaks. Those who talk will be denied re-admittance to the exam room, forfeit all fees, and their exams will not be scored.

### **Cheating and Exam Security**

Proctors are authorized to take immediate, appropriate measures against candidates who violate exam site rules. Any candidate who is observed engaging in any misconduct is subject to dismissal from the examination, may be barred from future examinations for a period ranging from one year to permanent dismissal, and may be required to forfeit his/her current examination fee and/or period of eligibility. The candidate is entitled to appeal the dismissal determination.

All proprietary rights to the APHSW-C exam are held by the APHSW Board. In order to protect the validity of the scores reported, candidates must adhere to strict guidelines regarding proper conduct in handling these proprietary exam materials. Reproduction of all or part of the APHSW-C exam is strictly

prohibited. Such attempts may include, but are not limited to: removing materials from the testing room; aiding others by any means in reconstructing any portion of the exam; posting content on any discussion forum or website; and selling, distributing, receiving, or having unauthorized possession of any portion of the exam. The APHSW Board reserves the right to investigate any incident of suspected misconduct or irregularity. Alleged violations will be investigated and, if warranted, disciplinary actions will ensue. It should be noted that examination scores might become invalid in the event of this type of suspected breach. Permanent revocation of certification may occur if allegations are substantiated. Individuals suspected of cheating will be subject to the disciplinary policies and procedures in Section 5 of this Candidate Handbook.

## Section Four: After the Exam

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### Exam Reports

Exam result reports will be issued directly to candidates via email approximately 8 weeks following the end of the testing window. Result reports will include a “pass” or “fail” result. Reports for failing candidates will also include the test score, information on individual performance in each content domain area, and the retesting policy.

Candidate exam results are confidential and will be released only to the candidate, unless an authorized signed release is provided in writing by the individual or release is required by law.

### Understanding Your Scores

A criterion-referenced standard setting process is used to establish the passing point for the exam. This means that each candidate’s performance on the exam is measured against a predetermined standard. Candidates are not graded on a curve and do not compete against each other or against a quota.

This passing score for the exam is established using a panel of subject matter experts who carefully review each exam question to determine the basic level of knowledge or skill that is expected. The passing score is based on the panel’s established difficulty ratings for each exam question. Under the guidance of the psychometrician, the panel develops and recommends the passing point which is reviewed and approved by the APHSW Board. The passing point for the exam is established to identify individuals with an acceptable level of knowledge and skill. Receiving a score higher than the passing score is not an indication of more advanced knowledge or a predictor of better job performance. All individuals who pass the exam, regardless of their score, have demonstrated an acceptable level of knowledge.

### Re-Examination

Candidates who fail the exam may re-test during the next testing window, for a maximum of two attempts per year. A new application and exam fee must be submitted for each exam attempt.

## Section Five: Complaints and Disciplinary Actions

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### Introduction

In order to maintain and enhance the credibility of the APHSW-C program, the APHSW Board has adopted the following procedures to allow individuals to bring complaints concerning the conduct of APHSW-C certificants or candidates to the APHSW Board. Complaints that may concern conduct that is potentially harmful to the public or inappropriate for practice as a social worker (e.g. fraud, incompetence, unethical behavior, or physical/mental impairment affecting performance, misrepresentation of the credential, conviction of a felony or other crime of moral turpitude related to professional practice, gross negligence, or willful misconduct in the performance of the profession, license suspension) are processed. Appropriate treatment of sensitive information and fair decision-making is ensured.

In the event a certificant violates the NASW Code of Ethics, APHSW-C certification rules, requirements, and/or policies, the APHSW Board may reprimand or suspend the individual or revoke certification.

### Grounds for Sanctions

The grounds for sanctions under these procedures may include, but are not necessarily limited to:

- Any restrictions such as revocation, suspension, probation or other sanctions of the professional's license, where applicable.
- Violation of the established NASW Code of Ethics, APHSW Board rules, requirements, and/or policies.
- Conviction of a felony or other crime of moral turpitude under federal or state law in a matter related to the practice of, or qualifications for, services provided by a social worker.
- Gross negligence, willful misconduct, or other unethical conduct in the performance of services for which the individual has achieved APHSW-C certification.
- Fraud, falsification, or misrepresentation in an initial application or renewal application for certification.
- Falsification of any material information requested by the APHSW Board.
- Misrepresentation of APHSW-C certification status, including abuse of the logo.
- Cheating on any certification examination.

Actions taken under this policy do not constitute enforcement of the law, although referral to appropriate federal, state, or local government agencies may be made about the conduct of the certificant in appropriate situations. Individuals initially bringing complaints are not entitled to any relief or damages by virtue of this process, although they will receive notice of the actions taken.

## Complaints

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### *Complaint Submission*

Complaints may be submitted by any individual or entity. Complaints should be reported to the APHSW Board in writing and should include the name of the person submitting the complaint, the name of the person the complaint is regarding along with other relevant identifying information, a detailed description of factual allegations supporting the charges, and any relevant supporting documentation. Information submitted during the complaint and investigation process is considered confidential and will be handled in accordance with APHSW Board's Confidentiality policy. Anonymous complaints are accepted.

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### *Preliminary Review*

Upon receipt and preliminary review of a complaint, the certification program Executive Director, in consultation with the APHSW Board Chair, may conclude, with sole discretion, that the submission:

- contains unreliable or insufficient information, or
- is patently frivolous or inconsequential.

In such cases, the Executive Director and APHSW Board Chair may determine that the submission does not constitute a valid and actionable complaint that would justify bringing it before the Board for investigation and a determination of whether there has been a violation of substantive requirements of the certification process. If so, the submission is disposed of by notice from the Executive Director and APHSW Board Chair to its submitter, if the submitter is identified. All such preliminary dispositions by the APHSW Board Chair are reported to the APHSW Board at its next meeting.

Preliminary review will be conducted within 15 business days of receipt of the complaint.

If a submission is deemed by Executive Director and APHSW Board Chair to be a valid and actionable complaint, the APHSW Board Chair will see that written notice is provided to the certificant whose conduct has been called into question. The certificant whose conduct is at issue also will be given the opportunity to respond to the complaint. The Chair also will ensure that the individual submitting the complaint receives notice that the complaint is being reviewed by the APHSW Board.

## Complaint Review

For each complaint that the Executive Director and/or APHSW Board Chair concludes is a valid and actionable complaint, the APHSW Board will authorize an investigation into its specific facts or circumstances to whatever extent is necessary in order to clarify, expand, or corroborate the information provided by the submitter.

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### *Review Committee Appointment and Responsibilities*

The APHSW Board Chair appoints a Review Committee of three or more APHSW-C certified individuals, who are not members of the APHSW Board, to investigate and make an appropriate determination with respect to each such valid and actionable complaint; the Review Committee may review one or more such complaints as determined by the Chair.

The Review Committee initially determines whether it is appropriate to review the complaint under these Procedures or whether the matter should be referred to another entity engaged in the administration of law.

The timeline for responses and for providing any additional information shall be established by the Review Committee. The Review Committee may be assisted in the conduct of its investigation by APHSW Board staff and/or legal counsel. The APHSW Board Chair will exercise general supervision over all investigations.

Both the individual submitting the complaint and the certificant who is the subject of the investigation (or his or her employer) may be contacted for additional information with respect to the complaint. The Review Committee, or the Executive Director on its behalf, may at its discretion contact such other individuals who may have knowledge of the facts and circumstances surrounding the complaint.

All investigations and deliberations of the Review Committee and the Board will be conducted in confidence, with all written communications sealed and marked "Personal and Confidential," and they will be conducted objectively, without any indication of prejudgment. An investigation may be directed toward any aspect of a complaint which is relevant or potentially relevant. Formal hearings will not be held and the parties are not expected to be represented by counsel, although the Review Committee and APHSW Board may consult their own counsel.

## **Determination of Violation**

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### *Review Committee Recommendation*

Upon completion of an investigation, the Review Committee will communicate its recommendation of a determination as to whether a violation has occurred to the APHSW Board which makes the final determination and informs all parties involved by written notice within 90 days. If the APHSW Board determines that the nature of the situation warrants, the determination may also be communicated by written notice to a candidate's / certificate holder's employer or other relevant agencies or regulatory boards.

When the Review Committee recommends that the APHSW Board declare a violation, the Review Committee also recommends imposition of an appropriate sanction. If the Review Committee so recommends, a proposed determination with a proposed sanction will be prepared and presented by a representative of the Review Committee to the APHSW Board along with the record of the Review Committee's investigation.

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### *APHSW Board Determination*

#### *Complaint Dismissal*

If the Review Committee recommends against a determination that a violation has occurred, the complaint will be dismissed with notice to the certificant, the certificant's employer (if involved in the investigation), and the individual or entity who submitted the complaint.

### *Determination of Violation*

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The APHSW Board reviews the recommendation of the Review Committee based upon the record of the investigation. The APHSW Board may accept, reject, or modify the Review Committee's recommendation, either with respect to the determination of a violation or the recommended sanction to be imposed. If the APHSW Board makes a determination that a violation has occurred, this determination and the imposition of a sanction will be promulgated by written notice to the certificant, and to the individual submitting the complaint, if the submitter agrees in advance and in writing to maintain in confidence whatever portion of the information is not made public by the APHSW Board.

In certain circumstances, the APHSW Board may consider a recommendation from the Review Committee that the certificant who has violated the certification program policies or rules should be offered an opportunity to submit a written assurance that the conduct in question has been terminated and will not recur. The decision of the Review Committee to make such a recommendation, and of the APHSW Board to accept it, are within their respective discretionary powers. If such an offer is extended, the certificant at issue must submit the required written assurance within 30 days of receipt of the offer, and the assurance must be submitted in terms that are acceptable to the APHSW Board. If the APHSW Board accepts the assurance, notice will be given to the certificant's employer, as appropriate, and to the submitter of the complaint, so long as the submitter agrees in advance and in writing to maintain the information in confidence.

### **Sanctions**

Any of the following sanctions may be imposed by the APHSW Board upon an individual whom the APHSW Board has determined to have violated the policies and rules of its certification program(s), although the sanction applied must reasonably relate to the nature and severity of the violation, focusing on reformation of the conduct of the member and deterrence of similar conduct by others:

- Deny a candidate's application for examination or certification, or a certificate holder's application for re-certification;
- Require a candidate to retake the certification exam;
- Invalidate the examination score(s) of a candidate; require a candidate to wait a specified period of time before re-applying to take the examination; and/or revoke a candidate's eligibility to sit for future examinations;
- Require the individual to engage in remedial education and/or training;
- Written reprimand to the certificant;
- Suspension of the certificant for a designated period; or,
- Termination of the certificant's certification.

Reprimand in the form of a written notice from the Chair normally is sent to a certificant who has received his or her first substantiated complaint. Suspension normally is imposed on a certificant who has received two substantiated complaints. Termination normally is imposed on a certificant who has received two substantiated complaints within a two-year period, or three or more substantiated

complaints. The APHSW Board may at its discretion, however, impose any of the sanctions, if warranted, in specific cases.

Certificants who have been terminated will have their certification revoked and may not be considered for APHSW Board certification in the future. If certification is revoked, any and all certificates or other materials requested by the APHSW Board must be returned promptly to the APHSW Board.

## Appeal

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### *Request for Appeal*

Within 30 days from receipt of notice of a determination by the APHSW Board that a certificant violated the certification program policies and/or rules, the affected certificant may submit to the APHSW Board in writing a request for an appeal.

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### *Appeals Committee*

Upon receipt of a request for appeal, the Chair of the APHSW Board will establish an appellate body consisting of at least three, but not more than five, individuals who are APHSW-C certificants in good standing. This Appeals Committee may review one or more appeals upon request by the Chair. No current members of the Review Committee or the APHSW Board may serve on the Appeals Committee; further, no one with any personal involvement or conflict of interest may serve on the Appeals Committee. Members of the Appeals Committee may be reimbursed for reasonable expenses incurred in connection with the activities of the Committee.

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### *Basis for Appeal*

The Appeals Committee may only review whether the determination by the APHSW Board of a violation of the certification program policies and/or rules was inappropriate because of:

- material errors of fact, or
- failure of the Review Committee or the APHSW Board to conform to published criteria, policies, or procedures.

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### *Appeal Procedure*

Only facts and conditions up to and including the time of the APHSW Board's determination as represented by facts known to the APHSW Board will be considered during an appeal. The appeal will not include a hearing or any similar trial-type proceeding. Legal counsel is not expected to participate in the appeal process, unless requested by the appellant and approved by the APHSW Board and the Appeals Committee. The APHSW Board and Appeals Committee may consult legal counsel.

The Appeals Committee will conduct and complete the appeal process within 30 days after receipt of the request for an appeal. Written appeal submissions and any reply submissions may be made by authorized representatives of the individual filing the appeal and of the APHSW Board. Submissions will be made according to whatever schedule is reasonably established by the Appeals Committee. The decision of the Appeals Committee either affirms or overrules the determination of the APHSW Board,



but does not address a sanction imposed by the APHSW Board. The decision of the Appeals Committee, including a statement of the reasons for the decision, will be reported to the APHSW Board of Directors. The APHSW Board will notify the appellant in writing of the final determination within 30 days of the Appeals Committee's decision. The Appeals Committee decision is binding upon the APHSW Board, the certificant who is subject to the termination, and all other persons, and no further appeals will be accepted.

## **Resignation**

If a certificant who is the subject of a complaint voluntarily surrenders his or her certification(s) at any time during the pendency of a complaint under these Procedures, the complaint will be dismissed without any further action by the Review Committee, the APHSW Board, or an Appeals Committee established after an appeal. The entire record is sealed, and the individual may not reapply for certification. However, the APHSW Board may authorize the Chair to communicate the fact and date of resignation, and the fact and general nature of the complaint which was pending at the time of the resignation, to, or at the request of, a government entity engaged in the administration of law. Similarly, in the event of such resignation, the person or entity who submitted the complaint will be notified of the fact and date of resignation and that the APHSW Board has subsequently dismissed the complaint.

## Section Six: Maintaining Your Certification

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### Recertification Purpose and Rationale

The APHSW Board supports the ongoing professional development of its certificants and recognizes that hospice and palliative care social workers must maintain professional competency based on new information and knowledge affecting their practices. The mandatory recertification process provides certificants with the opportunity to demonstrate continued competence through the retention, reinforcement, and expansion of their knowledge and skills relevant to the field of practice. Recertification also provides encouragement to, and acknowledgement for, participation in ongoing professional development activities and continued learning.

To support the purpose, recertification requires continuing education activities that enhance professional development, an attestation to continue to uphold and practice according to the NASW Code of Ethics, and proof of current, active licensure, when required by the certificant's state.

Continuing Education Credits (CECs) are required to ensure professional development is relevant and enhances the certificant's expertise in hospice and palliative care social work. All CECs must correspond to content on the exam content outline defined by the most recent job analysis. The amount of required CECs was determined by the APHSW Board as adequate for advanced hospice and palliative care social workers to maintain current professional standards of knowledge and skills in the delivery of services. Because adult learning and professional development occur through a variety of learning experiences, continuing education credits may be earned through a variety of activities, as outlined in this policy.

NASW Code of Ethics attestation and adherence is required because practice based on sound ethical principles is necessary for specialty certification in this field. Hospice and/or Palliative Social Workers must be held to the same ethical standards as all social workers as established in the NASW Code of Ethics.

Licensure is required, when applicable, because social workers are expected to practice in accordance with applicable state laws and licensure requirements.

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### *Recertification Time Period*

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To maintain use of the credential, certification must be renewed every 4 years. The 4-year recertification cycle was selected by the APHSW Board based on the rate of change and growth of the specialty and related practice, skill and knowledge required for continued competency.

### Recertification Application

A complete recertification application includes:

1. A completed Continuing Education Credit Log documenting all CEC credits and related professional activities accrued during the 4-year period.

- Certificants are required to retain proof of completion for each activity in case of an audit.
  - Each CEC activity must be listed separately on the form.
2. Attestation to continue to uphold and practice in accordance with the NASW Code of Ethics
  3. Proof of current, active licensure, when licensure is required to practice by the certificant's state of work.
  4. Payment of the recertification fee.

Recertification applications are considered incomplete if any of the required information is missing and/or illegible, or the appropriate fee is not included. Recertification applications must be complete before they are processed and approved. APHSW Board will let applicants know if their applications are incomplete, and provide a deadline for resubmission of the missing materials or payment.

Certified individuals are responsible for notifying APHSW Board program staff in writing of any changes in address, including email address. Certification renewal is the responsibility of each certified individual. The APHSW Board is not responsible for notices that fail to reach certificants.

## **Recertification Requirements**

### **1. Continuing Education Credits**

To maintain active APHSW-C status, individuals are required to obtain 60 continuing education credits (CECs) within the 4-year certification period. Certificants are not required to submit credits in each category; however, some CEC categories have a maximum number of allowed credits. Candidates may choose to submit more than 60 credits in case some credits are not approved during the application review process.

At least 30 CECs must be earned in the live and self-study course attendance category, and certificants may earn all of their credits in this category.

The content of eligible CECs must correspond to at least one of the exam content domains as identified by the most recent Job Analysis.

No credit is awarded for repeated activities or activities that are required as part of an individual's job description or required job duties (for example, credit is not awarded for writing a workplace newsletter article, or teaching a course developed by others). A candidate can receive credit for development of a new patient educational materials and/or a lecture/in-service for staff.

The following table summarizes the CEC categories and minimum/maximum requirements:

CEC Categories	Description	Credit	Minimum/Maximum CECs per Category per 4 year period
<b>Live and self-study course attendance</b>	Attendance at an educational program, including instructor-led online courses Courses offered through NHPCO, CAPC, SWHPN, AAHPM, HPNA or through state hospice and palliative care organizations will be accepted. Other providers offering content directly related to the exam content outline may also be submitted for review.	1 hour = 1 CEC	<u>Minimum:</u> At least 30 CECs Self-study courses are limited to 10 CECs
<b>Academic, professional education and development</b>	Completion of academic courses at accredited colleges and universities with a grade of 'C' or higher	1 semester credit = 5 CECs	Limited to 30 CECs
	Formal, structured professional presentations developed and presented to hospice and palliative care professionals, healthcare providers, or the public (e.g., seminars, conferences, in-services, public education) Must have primary responsibility for the development of content presented	1 hour = 1 CEC	Limited to 10 CECs No credit for repeat presentations
	Development of patient education pamphlet or flyer focused on social work issues Must be primary author and material must be used with patients	1 document = 2 CECs	Limited to 6 CECs
	Articles published in professional publications including books, journals, and professional newsletters intended for a professional audience Listing as the author, co-author, editor, or co-editor is required	1 article or book chapter = 5 CECs	Limited to 10 CECs
	Long-term supervising and precepting students/interns/new employees, providing direct supervision to a student enrolled in a formal, accredited academic healthcare education program and/or LCSW/Licensing supervision. Precepting must be in a one-on-one relationship with specific goals related to hospice and palliative care learning. One-day shadowing experiences will not be accepted.	Each student/ intern/ employee = 5 CECs per semester/ term	Limited to 10 CECs
<b>Volunteering</b>	Volunteering in a hospice and/or palliative care related setting, including positions held with local, state, or national healthcare related or hospice and palliative care organizations.	1 volunteer assignment = 5 CEC	Limited to 10 CECs

	Employer-related activities such as serving on the ethics committee, institutional review board, professional practice council or community outreach task force are accepted. Committee memberships required as part of a job description are not acceptable.		
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## 2. **NASW Code of Ethics**

Individuals must attest to continue to practice in accordance with the NASW Code of Ethics. Should a candidate violate the attestation to practice according to the NASW Code of Ethics, the APHSW Board will follow the procedures outlined in the Disciplinary Policy.

## 3. **Licensure**

If the applicant's state requires licensure to practice based upon the applicant's educational level and type of practice, licensure in good standing is required.

## **Application Deadline and Fees**

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### *Deadlines*

The completed application, supporting documentation, and fee must be submitted by December 31 or June 30, depending on when certification is due to expire.

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### *Fees*

Recertification fees will be posted on the web site at [www.swhpn.org/aphsw-certification](http://www.swhpn.org/aphsw-certification).

## **Failure to Recertify**

Recertification is mandatory for all certificants. If certification is not renewed, it will expire automatically on the last day of the month four years after the certification was last earned.

Individuals whose certification has expired, been suspended, or revoked may not represent themselves as a certificant and may not use the credential until official notice is received that the recertification requirements have been satisfied or that certification status has been reinstated.

If an individual does not renew within the lapse period allowance (see Reinstatement of Certification), the credential is expired, and the individual must submit an application, meeting all eligibility requirements in place at the time, and successfully pass the exam in order to regain certification.

## **Reinstatement of Certification**

If certification has been expired for 90 days or less, an individual may reinstate their certification by meeting all of the recertification requirements, submitting a complete recertification application, and paying the recertification fee and reinstatement fee. If the application is approved, the individual's

expiration date for the reinstated credential will be the same as if the certification had been renewed on time.

If certification has been expired for more than 90 days, an individual must reapply for certification, meet all eligibility requirements in effect at the time of re-application, and pass the examination. A new certification date will be established for reinstated credentials.

### **Audit and Verification Process**

In order to maintain the credibility and integrity of the certification process, the APHSW Board reserves the right to verify any information provided on renewal applications. Requests for verification may be made prior to recertification or at a future time; therefore certificants are required to retain all renewal documentation for at least one year after their renewal deadline.

All recertification applications and supporting documentation will be reviewed for completeness. Some applications will be randomly selected for audit to confirm compliance with the recertification criteria.

If any areas of non-compliance are identified during the review, the applicant will have 15 days to submit the required additional information. If the required information is not provided, the individual's certification will expire at the end of the allowed time or on the normal expiration date (whichever comes last). If expiration occurs, the individual loses certified status and the right to use any certification designation associated with the credential. Should that occur, the social worker can no longer use the APHSW-C designation orally or in writing.

### **Recertification Acceptance**

The APHSW Board will issue a renewal letter and new certificate to each certificant once all renewal requirements have been met. Renewal applications will not be accepted from individuals whose certification is in a state of suspension or has been revoked.

## Section Seven: Code of Ethics

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The National Association of Social Workers Code of Ethics (Code) applies to all individuals holding the APHSW-C credential, as well as individuals seeking certification (applicants or candidates). All applicants will agree to adhere to practice in accordance with the Code as a condition of certification as part of the application process. Adherence to the Code requires individuals to adhere to strict ethical principles and standards. Violation of any portion of the Code may result in disciplinary action as outlined in the Disciplinary Policy.

The Code is publicly available on the [NASW web site](#).

## Section Eight: Program Policies

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### Accommodations for Candidates with Disabilities

The APHSW Board and its contracted testing vendor, PSI, will provide a fair and equal opportunity for candidates to demonstrate their knowledge and skill in the essential content being measured by the examination. The Board will adhere to the nondiscrimination policy and provide reasonable and appropriate accommodations for candidates with documented disabilities who request and document the need for accommodation as defined by the Americans with Disabilities Act (ADA). ADA regulations define a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities.

Reasonable accommodations are determined based on:

- the individual's specific request;
- the individual's specific disability;
- documentation submitted; and,
- the appropriateness of the request.

Reasonable accommodations do not include steps that fundamentally alter the purpose or nature of the examination.

Reasonable accommodations are provided at no cost to candidates and generally are provided for candidates who:

- have a physical or mental impairment that substantially limits that person in one or more major life activities (e.g. walking, talking, hearing, performing manual tasks)
- have a record of such physical or mental impairment
- are regarded as having a physical or mental impairment

To apply for accommodation(s), the candidate must:

- Indicate on the exam application that a testing accommodation is being requested;
- Submit the Request for Testing Accommodation form on the APHSW web site;
- Submit documentation of disability-related needs provided by an appropriate, licensed professional on the professional's letterhead that includes a diagnosis of the disability and specific recommendations for accommodations; and,
- Submit documentation at least 30 calendar days prior to the testing date.

### Confidentiality

The APHSW Board is committed to protecting confidential and/or proprietary information related to applicants, candidates, certificants, and the examination development, maintenance, and administration process.



To ensure the security of the examination, all test materials are confidential and will not be released to any person or agency.

Confidential information about an applicant/candidate/certificant will only be released to that applicant/candidate/certificant unless release of the information is authorized in writing by the individual or is required by law. Personal information submitted by an applicant/candidate/certificant with an application or recertification application is considered confidential. Personal information retained within the database will be kept confidential.

All application information is confidential and will not be shared with any party other than examination development or administration vendors for certification processing purposes.

Examination scores are released only to the examination candidate unless a signed release is provided in writing by the individual or release is required by law.

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### *Confidentiality Agreements*

Applicants for certification will be required to read and acknowledge a confidentiality statement as part of the application process.

### **Use of the Certification Mark**

The APHSW-C credential may be used by individuals who have earned the designation as long as certification remains valid and in good standing (i.e. certification is active, fee payment is current, and the credential has not been suspended or revoked, etc.). Individuals may not use the credential until they have received specific written notification that they have successfully completed all requirements, including passing the exam. Use of the mark and logo by individuals who have not been granted or have not maintained certification in good standing is expressly prohibited. Permission to use the certification mark is limited to the certified person, and cannot be transferred to, assigned to, or otherwise used by any other individual, organization, or entity.

Those granted permission to use the certification mark and logo must do so pursuant to the rules and guidelines established by the APHSW Board. Persons granted permission to use the certification mark and logo are expected to familiarize themselves with the established rules and guidelines. Certificants must comply with all recertification requirements to maintain use of the credential. The mark or logo may not be used in any manner that could bring the APHSW Board into disrepute or in any way that is considered misleading or unauthorized.

The APHSW Board marks and logo may not be revised or altered in any way. They must be displayed in the same form as produced by the APHSW Board and cannot be reproduced unless such reproduction is identical to the mark provided by APHSW Board.

The APHSW Board maintains ownership of all certificates, certification marks and logos.

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### *Proper Use of Credentials*

After meeting all eligibility requirements and passing the examination, individuals may use their credential in all correspondence and professional relations and on promotional materials, such as

stationary, websites, business cards, etc. The mark or logo may be used only on business cards, stationary, letterhead, and similar documents on which the name of the individual certified is prominently displayed.

The credential is typically used after the certificant's name following any academic degrees and licensure (e.g. Mary Smith, MSW, APHSW-C or Gary Price, APHSW-C).

The credential may be used as:

APHSW-C

or

Advanced Palliative Hospice Social Worker – Certified

The certification mark(s) may be used only as long as certification is valid. Should the certification be suspended or withdrawn for any reason, the individual must immediately cease the use of the certification designation and acronym on stationary, websites, business cards, and any and all promotional materials.

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### *Certificates*

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All certificates are the sole property of the APHSW Board and must be returned upon request. When disciplinary actions result in the revocation of an individual's certification the APHSW Board will require the return of any certificates issued.

### **Reconsideration Requests**

Candidates may request reconsideration of adverse decisions related to: eligibility for initial certification, recertification, or a breach of policy during exam administration.

The request for reconsideration must be submitted in writing to the APHSW Board within 30 days of the Board's official decision. The request should clearly articulate the stated appeal, reasons the candidate thinks he/she is eligible for certification/recertification and complies with the published requirements (including relevant supporting materials), and the individual's contact information.

Reconsideration requests based solely on receiving a failing exam score, exam content, or the examination content outline (e.g., specific questions and the domain weights/specifications/blueprint that results from the Job Task Analysis) will not be accepted. However, feedback from candidates regarding the content of the exam or specific questions may be submitted via the comment screen during the exam administration, and this feedback will be reviewed and considered by the APHSW Board as part of the ongoing item review and test development process. Comments also can be directed to certification program staff, in writing, immediately following the exam administration.

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### *Review Process*

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The reconsideration request will be addressed by the APHSW Board, or its representatives, within 45 days of receipt. Reviewers of the request will recuse themselves from consideration if there is any reason impartiality might reasonably be questioned or there is a perceived or apparent conflict of interest.

Review only includes whether the determination was inappropriate because of (1) material errors of fact or (2) failure of the APHSW Board, certification program staff, or test administration vendor to conform to the published criteria or policies and procedures. Only facts leading up to and including the time of determination are considered. The reconsideration does not include a hearing or any similar trial-type proceeding. The APHSW Board's determination is final.

The appellant will be informed of the decision, in writing, within 14 days from the determination by the APHSW Board Chair or Executive Director.

### **Certification Status Verification**

An individual's certification status is not considered confidential. The names of certified individuals are not considered confidential and may be published by the APHSW Board.

The APHSW Board will provide confirmation of certification status to anyone who requests the information, and verification will be accessible via its web site. Certificants may opt-out of inclusion in the online verification by logging into their online account; however, verification of certification will be provided by phone or written request. Verification of certification status will include the individual's name and current certification status (i.e. currently certified or not currently certified).

Application status, information about whether or not an individual has taken the exam, and score information will not be released.

### **Aggregate Data**

Aggregate exam statistics (including the number of exam candidates, pass/fail rates, and total number of certificants) will be publicly available and updated annually. Aggregate exam statistics, studies, and reports concerning applicants/candidates/certificants will contain no information identifiable with any applicant/candidate/certificant.

### **Statement of Nondiscrimination**

The APHSW Board endorses the principles of equal opportunity and does not discriminate against any applicant/candidate for certification on the basis of race, color, creed, age, gender, gender expression, national origin, religion, disability, marital status, parental status, ancestry, sexual orientation, military discharge status, or any other status protected by law.

All applicants/candidates for certification will be judged solely on the criteria determined by the APHSW Board.

### **Change of Contact Information**

Certificants are encouraged to visit the APHSW Board web site to verify their current information. Failure to keep the APHSW Board informed of current email address and current contact information may result in non-receipt of important information, such as status of an application, program changes, or renewal notices.

## Section Nine: Forms

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### Special Accommodations Request Form

Candidates with disabilities covered by the Americans with Disabilities Act must complete this form and have an appropriate licensed professional complete the Documentation of Disability-Related Needs Form in order for their accommodations request to be processed.

#### Applicant Information

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

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### Special Testing Accommodations

Exam Date and Location (test center) for which you are requesting accommodation:

\_\_\_\_\_

I would like to request the following testing accommodation(s):

- Extended testing time (time and a half)
- Large print test. Point size: \_\_\_\_\_
- Reader
- Separate testing area
- Special seating, please describe: \_\_\_\_\_
- Wheelchair accessible testing site
- Other special accommodations (please specify): \_\_\_\_\_

## Documentation of Disability-Related Needs by Qualified Provider

This form must be completed by a licensed health care provider or an educational / testing professional. The nature of the disability, identification of the test(s) used to confirm the diagnosis, a description of past accommodations made for the disability, and the specific testing accommodations requested must be included.

### Professional Documentation

I have known \_\_\_\_\_ since \_\_\_\_\_ in my capacity as  
(Name of Applicant) (Date)

\_\_\_\_\_  
(Professional Title)

The applicant discussed with me the nature of the test being administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements listed on the Special Testing Accommodation Request Form.

Comments on Disability:

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

License # (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Candidate Instructions: Return this form with a copy of the Special Testing Accommodation Request Form to the APHSW Board.

Email: [swcert@louisville.edu](mailto:swcert@louisville.edu)