

December 2022



# Candidate Handbook

## Advanced Certified Hospice & Palliative Nurse



The Hospice and Palliative Credentialing Center  
400 Lydia Street, Suite 103, Carnegie, PA 15106  
412.787.1057 | [advancingexpertcare.org/certification](http://advancingexpertcare.org/certification)

The Hospice and Palliative Credentialing Center (HPCC) provides specialty certification examinations for health care professionals: advanced practice registered nurses, registered nurses, pediatric registered nurses, licensed practical/vocational nurses, nursing assistants, and social workers. Information regarding the hospice and palliative advanced practice registered nurse examination, testing policies and procedures and an application form can be found in this Candidate Handbook. Candidate Handbooks for other HPCC certification examinations are also available. HPCC certification exams are computer-based and offered at PSI Test Center locations and by live remote proctoring. Deadlines are firm and strictly enforced.

All inquiries regarding the certification program should be addressed to HPCC.

HPCC  
400 Lydia Street, Suite 103  
Carnegie, PA 15106  
Telephone: 412-787-1057  
Fax: 412-787-9305  
Email: [hpcc@goHPCC.org](mailto:hpcc@goHPCC.org)  
Website: [advancingexpertcare.org/certification](http://advancingexpertcare.org/certification)

PSI is the professional testing company contracted by HPCC to assist in the development, administration, scoring and analysis of the HPCC certification examinations.

All inquiries regarding the application process, test administration and the reporting of scores should be addressed to PSI.

PSI  
18000 W. 105th St.  
Olathe, KS 66061-7543  
Telephone: (Toll free) 833-256-1422  
Fax: 913-895-4651  
Email: [info@psionline.com](mailto:info@psionline.com)  
Website: <http://schedule.psiexams.com>

Your signature on the application certifies that you have read all portions of this Candidate Handbook and application.

## **HPCC MISSION STATEMENT**

HPCC is the premier national credentialing organization that advances expert care in serious illness through state-of-the-art certification of continuing competency in hospice and palliative care.

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## SECTION 1: GENERAL INFORMATION

### ABOUT THE HPCC

The Hospice and Palliative Credentialing Center (HPCC) was incorporated in 1993 as the National Board for Certification of Hospice Nurses (NBCHN) to develop a program of certification for the specialty practice of hospice and palliative nursing. The HPCC has been affiliated with the Hospice Nurses Association (HNA), now Hospice and Palliative Nurses Association (HPNA), since its inception. The first certification examination for Hospice Nurses was given in 1994, and in 1998, initial certificants were required to renew their credential for the first time. HPCC has expanded its mission and now provides specialty Exams for several members of the interdisciplinary team: advanced practice registered nurses, registered nurses, pediatric registered nurses, licensed practical/vocational nurses, nursing assistants, and social workers. Currently there are nearly 15,000 individuals certified by HPCC.

The HPCC Board of Directors is a competency-based Board that oversees all aspects of the certification program. The composition of the Board includes certified representatives from HPCC certification programs and may include a certified nurse in a nursing specialty other than hospice and palliative care, and a public Board member. HPCC has the responsibility for development, administration and maintenance of the examinations in conjunction with a testing agency, PSI.

### STATEMENT OF NON-DISCRIMINATION POLICY

The HPCC does not discriminate among applicants on the basis of age, gender identity, race, ethnicity, religion, national origin, disability, sexual orientation or marital status.

### CERTIFICATION

The HPCC endorses the concept of voluntary, periodic certification for all hospice and palliative advanced practice registered nurses, registered nurses, pediatric registered nurses, licensed practical/vocational nurses, nursing assistants, and social workers. It focuses specifically on the individual and is an indication of current competence in a specialized area of practice. Certification in hospice and palliative care is highly valued and provides formal recognition of competence.

The purpose of certification is to *promote delivery of comprehensive hospice and palliative care through the certification of qualified hospice and palliative professionals by:*

1. Recognizing formally those individuals who meet the eligibility requirements for and pass an HPCC certification examination or complete the recertification process.
2. Encouraging continuing personal and professional growth in the practice of hospice and palliative care.

3. Establishing and measuring the level of knowledge required for certification in hospice and palliative care.
4. Providing a national standard of requisite knowledge required for certification; thereby assisting the employer, public and members of the health professions in the assessment of hospice and palliative care.

### TESTING AGENCY

PSI Services is the professional testing agency contracted by the HPCC to assist in the development, administration, scoring and analysis of the HPCC certification examinations. PSI services also include the processing of examination applications and the reporting of scores to candidates who take the examinations. PSI is a leader in the testing industry, offering certification, licensing, talent assessment and academic solutions worldwide.

### HPCC PROCESSING AGREEMENT

HPCC agrees to process your application subject to your agreement to the following terms and conditions:

1. To be bound by and comply with HPCC 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 HPCC Grounds for Sanctions and other standards, and compliance with all HPCC documentation and reporting requirements, as may be revised from time to time.
2. To hold HPCC harmless and to waive, release and exonerate HPCC, its officers, directors, employees, committee members, and agents from any claims that you may have against HPCC arising out of HPCC'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 HPCC to publish and/or release your certification 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 HPCC that is true and accurate to the best of your knowledge. You agree to denial of eligibility, revocation or other limitation of your certification, if granted, should any statement made on this application or hereafter supplied to HPCC is found to be false or inaccurate or if you violate any of the standards, rules or regulations of HPCC.

## EXAMINATION ADMINISTRATION

The HPCC Examination is delivered by computer at approximately 500 PSI Test Centers geographically located throughout the United States and by live remote proctoring (LRP). The examination is administered by appointment only Monday through Friday. Appointment starting times may vary by location and the availability of a remote proctor. Evening and Saturday appointments may be scheduled based on availability. Candidates are scheduled on a first-come, first-served basis. The examination is not offered on holidays during the four offered windows – Labor Day and the Christmas Holiday (December 24-26).

## LIVE REMOTE PROCTORING (LRP)

HPCC offers candidates the option to take an examination through live remote proctoring. LRP is a secure way for a candidate to take an examination outside of a test center utilizing technology to connect with a live professional proctor. All exam windows and application deadlines remain the same for exams administered at a testing center or via live remote proctoring. For additional information and specifications for LRP, visit [advancingexpertcare.org/LRP](http://advancingexpertcare.org/LRP).

## EXAMINATION WINDOWS AND APPLICATION DEADLINES

Applications that are received before the application “Start Date” or after the application “Deadlines” as posted below will be returned to the applicant **unprocessed**.

Applications are processed for the corresponding testing window **ONLY** as indicated in the chart below.

TESTING WINDOW	Application Start Date	Paper Application Deadline	Online Application Deadline
March 1 – March 31	December 1	January 15	February 15
June 1 – June 30	March 1	April 15	May 15
September 1 – September 30	June 1	July 15	August 15
December 1 – December 31	September 1	October 15	November 15

To apply for an HPCC examination, complete the application online or mail the application included with this handbook to PSI. All applications must be **RECEIVED** at PSI by the application deadline. HPCC cannot accept applications. PSI only accepts online or mailed applications. Faxed applications will not be reviewed.

Advanced Practice Registered Nurses applying for initial certification **MUST** submit transcripts, Practice Hours Verification Form (PHV), and a copy of their current APRN license as part of the application process.

Incomplete applications will result in a delay of an applicant’s eligibility to test. PSI & HPCC make every effort to notify candidates of missing or incomplete documents.

Documents not received prior to the opening of the current testing window, will decrease the time frame available to the candidate to test in that window. If a candidate does not submit the required documents for the selected testing window, they will be required to complete a transfer application and pay a \$100 transfer fee to move to the next window.

APRN candidates are strongly encouraged to submit applications at the beginning of the application start date, to ensure adequate time to approve APRN applications.

## TEST CENTER LOCATIONS

A current listing of approximately 500 Test Centers with specific address information can be viewed at [advancingexpertcare.org/certification](http://advancingexpertcare.org/certification).

## APPLYING FOR AN EXAMINATION THE APPLICATION PROCESS

There are two ways to apply for the HPCC Certification Examination. Candidates may access the application process through the HPCC at [advancingexpertcare.org/certification](http://advancingexpertcare.org/certification). **FAXED APPLICATIONS ARE NOT ACCEPTED.**

- Online Application and Scheduling:** You may complete the application and scheduling process in one online session by visiting [advancingexpertcare.org/certification](http://advancingexpertcare.org/certification). The computer screens will guide you through the application/scheduling process. After the application information and payment using a credit card (VISA, MasterCard, AMEX, Discover) have been submitted, eligibility will be confirmed or denied and you will be prompted to schedule an examination appointment at a test center or for live remote proctoring, or supply additional eligibility information.

OR

- Paper Application and Scheduling:** Complete and mail to PSI the paper application included in this handbook and appropriate fee (credit card, personal check, cashier’s check or money order). A paper application is considered complete only if all information requested is complete, legible and accurate; if the candidate is eligible for the examination; and if the appropriate fee accompanies the application. **A paper application that is incomplete or late will be returned, unprocessed.**

PSI will process the paper application and within approximately two weeks will send a confirmation notice

including a website address and toll-free telephone number to contact PSI to schedule an examination appointment or live remote proctoring exam (see following table). If eligibility cannot be confirmed, notification why the application is incomplete will be sent. If a confirmation of eligibility notice is not received within 4 weeks, contact PSI at 833-256-1422.

If you contact PSI by 3:00 p.m. Central Time on...	Your examination may be scheduled as early as ...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday (Saturday if available)
Thursday	Monday
Friday	Tuesday

When contacting PSI be prepared to confirm test center location or live remote proctored and a preferred date and time. You will be asked to provide your unique identification number that was provided on your confirmation notice. When you call to schedule an appointment for examination, you will be notified of the time to report to the Test Center or to sign-on for your live remote exam. Please make a note of it because you will **NOT** receive an admission letter with appointment confirmation. If an email address is provided you will be sent an email confirmation notice.

You are allowed to take only the examination scheduled. **Unscheduled candidates (walk-ins) are not tested.**

## EXAMINATION APPOINTMENT CHANGES

You may change your test center exam to an LRP exam or change your LRP exam to a test center exam. There is not a limit to the number of times a candidate can switch their testing mode between LRP and a Test Center as long as these changes are made within the greater than 24 hours prior to the exam timeframe we have laid out in the handbook. You may reschedule an appointment for examination at no charge by calling PSI at 833-256-1422 or rescheduling online at <http://schedule.psiexams.com> greater than 24 business hours prior to the scheduled examination session. Appointments **MUST** be rescheduled within the **SAME TESTING WINDOW**.

A candidate may change the testing date and time as many times as needed if it is within the testing window AND at least 24 hours before the scheduled exam. (i.e., A candidate has a test time for LRP at 10:00 AM on 06/04. On 06/02 the candidate changes the LRP test appointment to 06/20 at 2 PM. On 06/15 the candidate decides to take the exam at a test site, the candidate is permitted to change the test appointment again.)

A candidate may NOT change the test from a June window to a September window without cancelling the exam by contacting PSI (if scheduled), completing the transfer request form and submitting a \$100 transfer fee. If a candidate misses the exam (without cancelling), they forfeit the exam application fee and must reapply as a new applicant.

If your Examination is scheduled on ...	You must contact PSI to reschedule the Examination by 3:00 p.m. Central Time by the previous ...
Monday	Saturday
Tuesday	Sunday
Wednesday	Monday
Thursday	Tuesday
Friday	Wednesday
Saturday	Thursday
Sunday	Friday

## REQUESTS FOR SPECIAL EXAMINATION ACCOMMODATIONS

The HPCC and PSI comply with the Americans with Disabilities Act (ADA) and are committed to ensuring that individuals with disabilities or impairments are not deprived of the opportunity to take the examination solely by reason of a disability or impairment, as required and defined by the relevant provisions of the law. Special testing arrangements will be considered for these individuals, provided that an appropriate written application request for accommodation is received by PSI by the application deadline and the request is approved. Please complete the online form at [https://psi-cdexp.zendesk.com/hc/en-us/requests/new?ticket\\_form\\_id=360000150872](https://psi-cdexp.zendesk.com/hc/en-us/requests/new?ticket_form_id=360000150872). Attach the Documentation of Disability-Related Needs form (which must be completed by an appropriate licensed professional) with your online request. Candidates with questions regarding exam accommodations may call PSI at 800-367-1565 ext. 6750.

## HPNA MEMBERSHIP BENEFIT

The Hospice and Palliative Nurses Association is a membership organization offering only individual memberships. Affiliated with HPCC, HPNA is a nursing membership organization whose mission is to advance nursing expertise in hospice and palliative care through education, advocacy, leadership, and research.

Persons applying for a certification Exam who are current HPNA members PRIOR to applying for the HPCC Exam are entitled to the HPNA member discounted examination fee as a membership benefit. The membership benefit must be obtained at least two business days before applying for a certification Exam. See "Exam Fees" section for the applicable Exam. Candidates **MUST** include their HPNA membership number on their exam application to receive the discounted fee.

## FORFEITURE OF FEE

A candidate who:

1. fails to cancel an examination greater than 24 hours prior to the scheduled testing session;
2. fails to report for an examination appointment;
3. arrives less than 15 minutes BEFORE the examination appointment start time;
4. fails to provide proper identification that matches your eligibility email at the Test Center or LRP; or
5. fails to submit required audit documentation if selected for audit

will forfeit the examination fee and must reapply for the examination by submitting a new application, documentation and full examination fee, or request a transfer as outlined in the Transfers section below.

## AUDITS

To ensure the integrity of eligibility requirements, HPCC will audit a percentage of randomly selected applications each year. Candidates whose applications are selected for audit will be notified and required to provide documentation of their professional license and verification of practice hours.

## TRANSFER TO THE NEXT TESTING WINDOW

Candidates who, for any reason, are unable to sit for the examination in the window for which they applied AND canceled their examination greater than 24 hours before their scheduled appointment may request a transfer. This transfer will allow the candidates to forward their application fee to the **next testing window only**. Extensions of transfers will not be permitted.

Request for this transfer must be made in writing using the Transfer of Application form at the back of this handbook and sent to PSI via mail or facsimile along with a \$100 transfer fee payable to PSI Services Inc. by credit card, personal check, cashier's check or money order. The request must be received no later than 30 days following the last day of the original testing window. Once the request is received and processed, the candidate will receive notification from PSI with instructions regarding scheduling their appointment when the next application window opens.

Telephone calls and/or electronic mail messages are not accepted as transfer requests. However, a phone call must be made to PSI (833-256-1422) to **cancel** the scheduled appointment. The call to cancel must be made greater than 24 business hours prior to the scheduled appointment.

Transfer requests made after the timeframe outlined on page 3 will not be honored.

## REFUNDS

Due to the nature of computer-based testing and the ability to reschedule your appointment within the testing window, no

refund requests will be honored. Candidate substitutions are not permitted.

## ON THE DAY OF YOUR EXAMINATION (TEST CENTER)

On the day of your examination appointment, report to the Test Center 15 minutes before your scheduled testing time. Once you enter the Test Center, look for the signs indicating PSI Test Center check-in.

To gain admission to the Test Center, you must present **two forms of identification**. The primary form must match the name on your eligibility email, be government issued, current and include your photograph. You will also be required to sign a roster for verification of identity. No temporary IDs are allowed.

Examples of valid primary forms of identification are:

1. Driver's license with photograph
2. State identification card with photograph
3. Passport with photograph
4. Military identification card with photograph

Employment ID cards, student ID cards, social security cards and any type of temporary identification are **NOT** acceptable as primary identification, but may be used as secondary identification if they include your name and signature. Candidates are prohibited from misrepresenting their identities or falsifying information to obtain admission to the Test Center.

At the testing carrel, you will be prompted on-screen to enter your unique identification number. Your photograph, taken before beginning the examination, will remain on-screen throughout your examination session. This photograph will also print on your score report.

## ON THE DAY OF YOUR EXAMINATION

### (LIVE REMOTE PROCTORING)

Before your live remote proctoring exam:

- Complete a system check prior to your scheduled exam
- Log-in from the comfort of your home, office, or testing environment at your assigned exam time
- Complete a 360-degree room scan of your testing environment and work area
- Show your government issued ID (military ID is not accepted for LRP)

If you're using a work computer, you must have administrative rights for the secure download before the exam and you must be able to disable the firewall for remote access.



## SECURITY

PSI administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Test Center and LRP is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, pagers or cellular phones are allowed in the testing room. Possession of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- No calculators are allowed.
- No guests, visitors or family members are allowed in the testing room or reception areas.

## PERSONAL BELONGINGS

No personal items, valuables, or weapons should be brought to the Test Center. Only wallets and keys are permitted. Coats must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker.

- watches
- hats
- wallets
- keys

Once you have placed everything into the soft locker, you will be asked to pull out your pockets to ensure they are empty. If all personal items will not fit in the soft locker you will not be able to test. The site will not store any personal belongings.

If any personal items are observed in the testing room after the examination is started, you will be dismissed and the administration will be forfeited.

## EXAMINATION RESTRICTIONS - TEST CENTER

- Pencils will be provided during check-in.
- You will be provided with one piece of scratch paper at a time to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive your score report.
- No documents or notes of any kind may be removed from the Test Center.
- No questions concerning the content of the examination may be asked during the examination.

- Eating, drinking or smoking will not be permitted in the Test Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

## EXAMINATION RESTRICTIONS - LRP

- You may have 1 blank sheet of paper and 1 pencil. You will be asked to show the proctor both sides of the paper.
- You will be asked to tear up the paper in view of the proctor when the exam ends.
- Electronic devices are not allowed in the testing area
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted during the exam
- No one is allowed in the testing area while the exam is in progress.
- If you take a break, you will be required to rescan the testing area and you will not be allowed additional time to make up for time lost during breaks.

## MISCONDUCT

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

- create a disturbance, are abusive, or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular phones;
- talk or participate in conversation with yourself or other examination candidates;
- give or receive help or are suspected of doing so;
- leave the Test Center during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings, or
- are observed with notes, books or other aids without it being noted on the roster.

## COPYRIGHTED EXAMINATION QUESTIONS

All examination questions are the copyrighted property of HPCC. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe

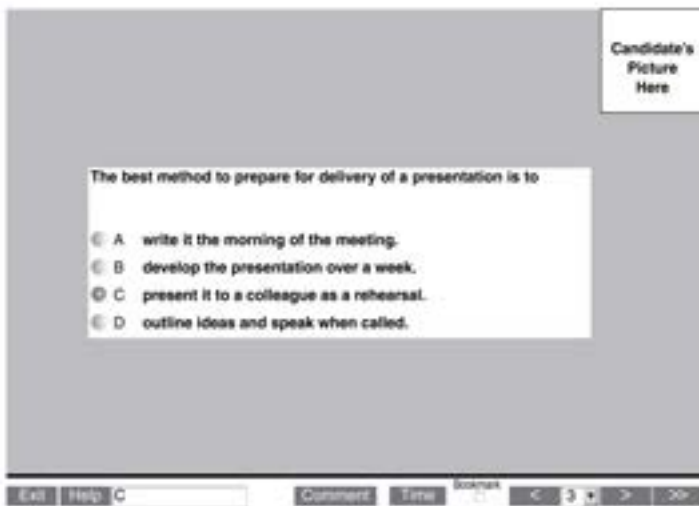
civil and criminal penalties.

## EXAM FUNCTIONALITY CHECK

Prior to attempting the timed examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is **NOT** counted as part of your examination time. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

## TIMED EXAMINATION

Following the practice examination, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen. The following is a sample of what the computer screen will look like when you are attempting the examination.



The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time limit. You may click on the Time button in the lower right portion of the screen to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The time feature may also be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right portion of the screen. The entire examination question appears on-screen (i.e., stem and four options labeled – A, B, C and D). **Indicate your choice by either entering the letter of the option you think is correct (A, B, C or D) or clicking on the option using the mouse.** To change your answer, enter a different option by entering in the letter in the response box or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen. This action will move you

forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

The computer-based test (CBT) is set up in a linear format. In a linear format the candidate answers a predetermined number of questions. The examination questions do not become increasingly more difficult based on answers to previous questions. Answer selections may be changed as many times as necessary during the allotted time.

A question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the double arrows (>>) to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the double arrows (>>). When the examination is completed, the number of questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to answer each question before ending the examination. **There is no penalty for guessing.**

## CANDIDATE COMMENTS

You may provide comments for any examination question during the computerized examination **by clicking on the Comment button** to the left of the Time button. This opens a dialogue box to enter comments. Because of test security considerations, you will not receive individual replies about the content of examination questions, nor will you be permitted to review examination questions after completing the examination. At conclusion of the examination, you will also be asked to complete a short evaluation and a survey about the examination administration conditions.

## INCLEMENT WEATHER, EMERGENCY, OR TECHNICAL PROBLEMS

In the event of inclement weather or unforeseen emergencies on the day of an examination, the HPCC and PSI will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Test Center personnel are able to open the Test Center.

You may visit the [www.psonline.com/openings](http://www.psonline.com/openings) website prior to the examination to determine if PSI has been advised that any Test Centers are closed. Every attempt is made to administer the Exam as scheduled; however, should an Exam be canceled at a Test Center, all scheduled candidates will receive notification regarding rescheduling or reapplication procedures.

If power to a Test Center is temporarily interrupted during

an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

If you experience issues during an LRP exam, contact PSI technical/customer support 833-518-7459. PSI may ask to access your computer remotely to help resolve technical problems. HPCC is unable to assist with LRP technical issues.

## REPORT OF RESULTS

After completing the examination, you are asked to complete a short survey and an evaluation of your examination experience. Then, you are instructed to report to the examination proctor to receive your score report. Scores are reported in printed form only, in person or by U.S. mail. **Scores are not reported over the telephone, by electronic mail or by facsimile.**

LRP candidates will receive an on-screen “pass” or “fail” at the end of the exam. A detailed score report will be emailed to LRP candidates within 24 hours.

Your score report will indicate a “pass” or “fail.” Additional detail is provided in the form of raw scores by major content category. Test scores are reported as raw scores and scaled scores. A raw score is the number of correctly answered questions; a scaled score is statistically derived from the raw score. Your total score determines whether you pass or fail; it is reported as a scaled score ranging between 0 and 99.

The methodology used to set the minimum passing score for each examination is the Angoff method, applied during the performance of a Passing Point Study by a panel of content experts. The experts evaluated each question on the respective examination to determine how many correct answers are necessary to demonstrate the knowledge and skills required for the designation. The candidate’s ability to pass the examination depends on the knowledge and skill displayed during the examination, not on the performance of other candidates.

The minimum scaled score needed to pass the examinations has been set at 75 scaled score units. The reason for reporting scaled scores is that different forms (or versions) of the examinations may vary in difficulty. As new forms of the examinations are introduced each year, a certain number of questions in each content area are replaced. These changes may cause one form of the examination to be slightly easier or harder than another form. To adjust for these differences in difficulty, a procedure called “equating” is used. The goal of equating is to ensure fairness to all candidates.

In the equating process, the minimum raw score (number of correctly answered questions) required to equal the scaled passing score of 75 is statistically adjusted (or equated). For instance, if an examination is determined to be more difficult than the previous form of the examination, then the minimum raw passing score required to pass will be slightly lower than the original raw passing score. If the examination is easier than the previous form of the examination, then the minimum raw score will be higher. Equating helps to assure that the scaled passing score of 75 represents the same level of competence no matter

which form of an examination the candidate takes.

In addition to the candidate’s total scaled score and scaled score required to pass, raw scores (the actual number of questions answered correctly) are reported for the major categories on the content outline. The number of questions answered correctly in each major category is compared to the total number of questions possible in that category on the score report (e.g., 15/20). Content categorical information is provided to assist candidates in identifying areas of relative strength and weakness; however, passing or failing the examination is based only on the candidate’s total scaled score.

## DUPLICATE SCORE REPORT

You may purchase additional copies of your score report at a cost of \$25 per copy. Requests must be submitted to PSI, in writing, within twelve months after the examination. The request must include your name, unique identification number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to PSI Services Inc. Duplicate score reports will be mailed within approximately five business days after receipt of the request and fee.

## CONFIDENTIALITY

Individual examination scores are released ONLY to the individual candidate. Results will not be given over the telephone, fax or email for test center candidates. Results will not be given over the phone or via fax for LRP Candidates.

## RECOGNITION OF CERTIFICATION

Eligible candidates who pass an HPCC certification examination are eligible to use the respective registered designation after their names.

- **Advanced Certified Hospice and Palliative Nurse Examination: ACHPN®**
- **Certified Hospice and Palliative Nurse Examination: CHPN®**
- **Certified Hospice and Palliative Pediatric Nurse Examination: CHPPN®**
- **Certified Hospice and Palliative Licensed Nurse Examination: CHPLN®**
- **Certified Hospice and Palliative Nursing Assistant Examination: CHPNA®**
- **Advanced Palliative Hospice Social Worker Certification Examinaton: APHSW-C**

Each certification expires after a period of four years unless it is renewed by the individual (see “Renewal of Certification” section). A registry of certified hospice and palliative certificants will be maintained by the HPCC and may be used for: 1) employer, accrediting body or public verification of an individual’s credential; 2) publication; 3) special mailings or other activities.

## RENEWAL OF CERTIFICATION

Attaining certification is an indication of a well-defined body of knowledge. Renewal of the certification is required every four years to maintain certified status. Initial certification or renewal of certification is valid for four years.

It is the certificant's responsibility to apply for renewal by the required application deadline, posted at [advancingexpertcare.org/certification](http://advancingexpertcare.org/certification). HPCC attempts to provide certificants with renewal notices, but failure to receive a notice does not relieve the certificant from the responsibility to apply for renewal by the application deadline.

**Certificants who do not renew before the expiration date of their credential will not be able to use the credential after that date.**

Please refer to Section 2 of the handbook for specific information regarding renewal of certification.

## ETHICAL CODE

HPCC has a responsibility to ensure the integrity of all processes and products of its certification programs to the public, the professionals, the employers and its certificants. Therefore, HPCC considers the Hospice and Palliative Nurses Association (HPNA) Code of Ethics and the Code of Ethics of the National Association of Social Workers as the essential ethical frameworks for honoring human dignity and professional accountability for conduct. HPCC upholds the high standards for credentialing agencies established by two national accreditation organizations, the Accreditation Board for Specialty Nursing Certification (ABSNC) and the National Commission for Certifying Agencies (NCCA).

## MISUSE OF CERTIFICATION CREDENTIALS

Please be advised that once certified, the designated credential may only be used by the certified individual during the four-year time period designated on the certificate. Failure to successfully recertify requires the individual to **stop use of the credential immediately** after the credential has expired. Any other use, or use of the HPCC Trademark without permission from the HPCC Board of Directors, is fraudulent.

HPCC will thoroughly investigate all reports of an individual or corporation fraudulently using an HPCC credential and/or any other HPCC trademarks. If proof is obtained that an unauthorized individual or corporation has used the credential or trademark, HPCC will notify the appropriate individual with documented proof and state that HPCC has no record of the individual's or corporation's authorization to use the credential or trademark. Immediate remediation will be requested of the appropriate individual. If corrective actions are not completed and fraudulent use continues after 30 days, a letter will be sent by the Director of Credentialing to the appropriate individual's employer. Continued fraudulent use after 45 days of first

notification will be reported to nursing boards and/or published for professional or consumer notification at the discretion of the HPCC Board of Directors.

Failure to meet these standards may result in revocation.

HPCC may deny, suspend or revoke any individual's certification for due cause through disciplinary action.

## GROUND FOR DISCIPLINARY ACTION

The following conditions or behaviors by applicants or certificants constitute grounds for disciplinary action by the HPCC:

1. Ineligibility for certification, regardless of when the ineligibility is discovered.
2. Any violation of an HPCC rule or procedure, as may be revised from time to time, and any failure to provide information required or requested by HPCC, or to update (within thirty days) information previously provided to HPCC, including but not limited to, any failure to report to HPCC in a timely manner an action, complaint, or charge that relates to rules 6-8 of these grounds for disciplinary action.
3. Unauthorized possession of, use of, distribution of, or access to:
  - a. HPCC examinations
  - b. Certificates
  - c. Logo of HPCC
  - d. Abbreviations related thereto
  - e. Any other HPCC documents and materials, including but not limited to, misrepresentation of self, professional practice or HPCC certification status, prior to or following the grant of certification by HPCC, if any.
4. Any examination irregularity, including but not limited to, copying answers, permitting another to copy answers, disrupting the conduct of an examination, falsifying information or identification, education or credentials, providing and/or receiving unauthorized advice about examination content before, during, or following the examination. [Note: the HPCC may refuse to release an examination score pending resolution of an examination irregularity.]
5. Obtaining or attempting to obtain certification or renewal of certification for oneself or another by a false or misleading statement or failure to make a required statement, or fraud or deceit in any communication to HPCC.
6. Gross or repeated negligence, incompetence or malpractice in professional work, including, but not limited to, habitual use of alcohol or any drug or any substance, or any physical or mental condition that currently impairs competent professional performance or poses a substantial risk to patient health and safety.
7. Limitation, sanction, revocation or suspension by a health care organization, professional organization, or other private or governmental body, relating to nursing practice, public health or safety, or nursing certification.
8. Any conviction of a felony or misdemeanor directly relating

to nursing practice and/or public health and safety. An individual convicted of a felony directly related to nursing practice and/or public health and safety shall be ineligible to apply for HPCC certification or renewal of certification for a period of three (3) years from the exhaustion of appeals.

Any disciplinary complaint must be written in a letter to the HPCC President, c/o Chief Executive Officer, HPCC, 400 Lydia Street, Suite 103, Carnegie, PA 15106.

## REVOCATION OF CERTIFICATION

Admittance to the examination will be denied or certification will be revoked for any of the following reasons:

1. Falsification of an application or documentation provided with the application.
2. Failure to pay the required fee.
3. Revocation or expiration of current nursing license.
4. Misrepresentation, misuse or fraudulent use of the HPCC credentials.
5. Unauthorized possession of, use of, distribution of, or access to HPCC exams.
6. Any examination irregularity, including but not limited to, copying answers, permitting another to copy answers, disrupting the conduct of an examination, falsifying information or identification, education or credentials, providing and/or receiving unauthorized advice about exam content before, during, or following the examination.
7. Gross repeated negligence, incompetence, or malpractice in professional work.
8. Limitation, sanction, revocation or suspension by a healthcare organization, professional organization, or other private or governmental body, relating to nursing practice, public health or safety, or nursing certification.
9. Any conviction of a felony or misdemeanor directly relating to nursing practice and/or public health and safety.

## QUESTIONS AND APPEALS

HPCC provides an opportunity for candidates to question any aspect of the certification program. HPCC will respond to any question as quickly as possible, generally within a few days.

Candidates are invited to call 412-787-1057 or send an email message to [hpcc@goHPCC.org](mailto:hpcc@goHPCC.org) for any questions. In addition, HPCC has an appeals policy to provide a review mechanism for challenging an adverse decision, such as denial of eligibility for the examination or revocation of certification. It is the responsibility of the individual to initiate the appeal process by written request to the HPCC President, c/o Chief Executive Officer, HPCC, 400 Lydia Street, Suite 103, Carnegie, PA 15106 within 30 calendar days of the circumstance leading to the appeal.

## RE-EXAMINATION

Unsuccessful candidates may repeat the certification exam provided they meet HPCC's eligibility criteria at the time they apply for re-examination.

Candidates who do not pass the HPCC certification examination may follow these steps to reapply:

1. Submit a new application and test fee to PSI (See page 2).
2. Candidates are required to wait until the next testing window to retest.
3. Unlimited testing is allowed if candidates are unsuccessful.

## RETEST ASSURED PROGRAM

Unsuccessful candidates who applied to test may repeat the certification exam provided they meet HPCC's eligibility criteria at the time they applied for re-Exam.

Candidates who do not pass the HPCC certification examination may follow these steps to reapply for the reTEST Assured program:

1. Submit a new **paper** application and select "reTEST Assured" with the \$125 test fee.
2. Candidates may retest in one of the next three test windows.
3. Candidates submit the reTEST Assured paper application for the window candidates are going to retest.
4. Candidates can use the reTEST Assured program one-time after submitting a new paper application.
5. Candidates who do not pass the Exam after using reTEST Assured must submit an initial application and fee.

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## SECTION 2: CERTIFICATION EXAMINATION FOR HOSPICE AND PALLIATIVE ADVANCED PRACTICE REGISTERED NURSES

### ACCREDITATION OF THE CERTIFICATION EXAMINATION

The HPCC Advanced Certified Hospice and Palliative Nurse (ACHPN®) exam has fulfilled the accreditation requirements of the Accreditation Board for Specialty Nursing Certification (ABSNC). ABSNC grants accreditation through a process of peer review and determination that a specialty nursing certification organization has the essential components and met the high standards established by ABSNC. More information about accreditation can be found at [advancingexpertcare.org/certification](http://advancingexpertcare.org/certification).

CMS (Centers for Medicare & Medicaid Services) has added the Hospice and Palliative Credentialing Center (HPCC) to the list of recognized national certifying bodies for NPs and CNSs at the advanced practice level.

**Note:** Because of state to state variations, we advise APRN potential applicants to check with your state board of nursing and the Centers for Medicare and Medicaid Services (CMS) to determine requirements for licensure and billing prior to exam application.

### EXAMINATION

The Certification Examination for the Hospice and Palliative Advanced Practice Registered Nurses consists of 175 multiple choice items, of which 150 have equal weight for scoring. The examination includes 25 non-scored “pretest” or “trial” items that are interspersed throughout the examination. Performance on the pretest questions does not affect your score. The examination presents each question with four response alternatives (A, B, C, D). One of those represents the best response. You will be permitted three and one-half hours to complete this examination. Candidates achieving a passing score on this examination will be awarded the **Advanced Certified Hospice and Palliative Nurse (ACHPN®)** credential.

The HPCC, with the advice and assistance of PSI, prepares the examinations. Individuals with expertise in hospice and palliative advanced nursing practice write the questions and review them for relevancy, consistency, accuracy and appropriateness.

### DEFINITION OF HOSPICE AND PALLIATIVE CARE

Hospice and palliative care is the provision of care for the patient with serious illness and their family with the emphasis on their physical, psychosocial, emotional and spiritual needs.

This is accomplished in collaboration with an interdisciplinary team in diverse settings including: inpatient, home, or residential hospice; acute care hospitals or palliative care units; long-term care facilities; rehabilitation facilities; home settings; ambulatory or outpatient palliative care primary care or specialty clinics; veterans’ facilities; correctional facilities; homeless shelters; and mental health settings.

Hospice and palliative interdisciplinary team members serve in a variety of roles including: expert clinicians, educators, researchers, administrators, consultants, case managers, program developers/coordinators, and/or policymakers. Moreover, hospice and palliative care includes holistic assessment of the patient and family, offering information to allow more informed decision-making, meticulous pain and symptom management, determination and optimization of functional status, and support of coping patterns.

### ELIGIBILITY REQUIREMENTS

To be eligible for the ACHPN® Examination, an applicant must fulfill the following requirements prior to submission of this application:

1. Hold a current, unrestricted active APRN license or APRN certification in the United States, its territories or the equivalent in Canada. Copy of APRN license must be submitted and is **required** as part of the application process.
2. Completion of an accredited graduate, postgraduate, or doctoral Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS) educational program from a U.S. school or Canadian province NP or CNS educational programs approved by the Canadian Council of Registered Nurse Regulators (CCRNRR).
3. An official or copy of the academic record/transcript showing the graduate degree and date conferred is required as part of the application process. The transcript must demonstrate the key elements of APRN preparation which includes completion of three separate comprehensive graduate-level courses in advanced pathophysiology, advanced health assessment, and advanced pharmacology as well as a clinical practicum of at least 500 hours.
4. Is functioning as a NP or CNS with hospice and palliative advanced nursing practice of 500 hours in the most recent 12 months or 1000 hours in the most recent 24 months prior to applying for the exam.

*Candidate Practice Hours Verification Form* must be completed and is **required** as part of the application process. (See page 21.)

Transcripts, copy of APRN license, and Practice Hours Verification Form for APRN applications must be mailed to be received with the paper application by the deadline date. If applying online, documents must be mailed to be received by the online application deadline date. Any application without all required documents will be considered incomplete, and you will not be able to schedule your exam.

Official or copies of transcripts and other required documents may be emailed to: [AMPExamServices@psionline.com](mailto:AMPExamServices@psionline.com) or mailed to:

HPCC Certification Examination  
PSI  
18000 W. 105th St.  
Olathe, KS 66061-7543

## EXAM FEES

All exam fees remain the same for taking an Exam at a Test Center or by live remote proctoring.

### INITIAL CERTIFICATION

Application Fee	\$465.00
HPNA members Fee	\$320.00*

### RETEST ASSURED

Both HPNA members and non-HPNA members	\$125.00
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\*See "HPNA Membership Benefit" on page 3.

A candidate may use reTEST assured to retake the exam in one of the next three testing windows if they do not initially pass the certification exam. Applicant must submit a paper application for reTEST Assured during the window the applicant is retesting. See RETEST ASSURED PROGRAM on page 8.

Application fees may be paid by credit card (MasterCard, VISA, AMEX or Discover), personal check, cashier's check or money order (payable to PSI Services Inc.) in U.S. dollars. DO NOT SUBMIT CASH. All fees must be submitted with the application to be RECEIVED by PSI by the application deadline.

Insufficient funds checks returned to PSI or declined credit card transactions will be subject to a \$15 penalty. Repayment of an insufficient funds check or declined credit card must be made with a cashier's or certified check or money order.

## RENEWAL OR REACTIVATION OF CERTIFICATION

### RENEWAL

The Advanced Certified Hospice and Palliative Nurse certificant (Nurse Practitioner or Clinical Nurse Specialist) must submit the Advanced Certified Hospice and Palliative Nurse Hospice

and Palliative Accrual for Recertification (ACHPN® HPAR) application for renewal of certification as early as one year before the certification expiration date.

The ACHPN® HPAR requires renewal of certification by fulfilling practice hour requirements and by accumulating required points through various professional development activities.

### REACTIVATION

Reactivation of credentials: Candidates who miss the deadline for recertification may reactivate their expired credentials using the HPAR process. Reactivation by testing is not an option and is not retroactive. Reactivation will be available for three years after the expiration of credential.

See the HPAR packet for details regarding submission and fees for renewal and reactivation. For more information contact the National Office at 412-787-1057 or visit the website [advancingexpertcare.org/certification](http://advancingexpertcare.org/certification) for details.

## RENEWAL/REACTIVATION FEES

HPAR application fees may be reduced if renewal is completed 2 months prior to your expiration date.

### RENEWAL FEE (Early Bird)

(Renewal through ACHPN® HPAR only)

Non-Member	\$430.00
HPNA members	\$285.00*

### RENEWAL FEE (Standard)

Non-Member	\$530.00
HPNA Members	\$385.00*

### Reactivation FEE

Non-Member	\$580.00
HPNA Members	\$435.00*

\*See "HPNA Membership Benefit" on page 3.

Application fees may be paid by credit card (MasterCard, VISA, AMEX or Discover), personal check, cashier's check or money order (payable to PSI Services Inc.) in U.S. dollars. DO NOT SUBMIT CASH. All fees must be submitted with the application to be RECEIVED by PSI by the application deadline.

Insufficient funds checks returned to PSI or declined credit card transactions will be subject to a \$15 penalty. Repayment of an insufficient funds check or declined credit card must be made with a cashier's or certified check or money order.

## RECEIPTS

Receipts for fee payments are available from PSI. Contact PSI at 833-256-1422 or email to: [AMPExamServices@psionline.com](mailto:AMPExamServices@psionline.com) to request a receipt. Candidates also may print a receipt from the <http://schedule.psiexams.com> website. After entering



your login information (either create a new user account or log in using your username/password), from your 'My Home Page' select 'Correspondence' to print off a receipt.

## **EXAM CONTENT**

To begin your preparation in an informed and organized manner, you should know what to expect from the actual examination in terms of the content. The content outline will give you a general impression of the examination and, with closer inspection, can give you specific study direction by revealing the relative importance given to each category on the examination.

The content of the examination is directly linked to a national job analysis completed in 2021 that identified the activities performed by hospice and palliative advanced practice registered nurses. Only those activities that were judged by hospice and palliative advanced practice registered nurses to be important to practice for a nurse engaged in advanced practice hospice and palliative care are included on the examination content outline. Each question on the examination is linked to the examination content outline and task statements.

The HPCC advanced practice registered nurse certification examination requires the ability to apply the nursing process (i.e., assess, plan, intervene and evaluate) at the advanced practice level in helping patients and their families (defined as including all persons identified by the patient) toward the goal of maintaining optimal functioning and quality of life within the limits of the disease process. The examination includes questions distributed across four domains of practice as shown in the detailed content outline that follows.

## **DETAILED CONTENT OUTLINE INFORMATION**

The detailed content outline and task statements provide information that *MAY* be tested. Each and every task listed is not tested on any one form of the examination. The questions that are used for the examination serve as a representative sample of critical knowledge and skills identified in the job analysis.

## **DRUG NAMES**

Generic drug names are used throughout the examination except in individual situations as determined by the examination development committee.

## DETAILED CONTENT OUTLINE

### 1. Assessment and Data Collection \_\_\_\_\_ 44 questions

- A. Medical history and review of systems
- B. Physical examination
- C. Functional assessment
- D. Psychosocial and spiritual assessment
- E. Standardized assessment and prognostic tools
- F. Signs and symptoms of serious illness
- G. Advance care planning
- H. Disease progression and prognostication
- I. Signs of imminent death
- J. Unique needs of specific populations

### 2. Intervention and Management \_\_\_\_\_ 32 questions

- A. Diagnostic tests and procedures
- B. Pharmacologic therapies
- C. Non-pharmacologic interventions
- D. Complementary and alternative interventions
- E. Disease process and plan of care
- F. Hospice and palliative care emergencies
- G. Palliative sedation
- H. Life support devices

### 3. Education and Communication \_\_\_\_\_ 36 questions

- A. Age-appropriate teaching methods
- B. Communication theory and principles within the context of hospice and palliative care
- C. Strategies to overcome communication barriers
- D. Cultural and spiritual competence
- E. Grief, loss, and bereavement

### 4. Professionalism and Practice \_\_\_\_\_ 38 questions

- A. Principles of biomedical ethics
- B. Professional boundaries
- C. Scope of practice
- D. Opioid stewardship
- E. National hospice and palliative care standards and guidelines
- F. Self-care (burnout, compassion fatigue, moral distress)
- G. Clinical decision making
- H. Continuous quality improvement
- I. Hospice criteria
- J. Professional development

## TASK STATEMENTS

### 1. Nursing Process in Caring for Patients and Families

#### A. Assessment

1. Conduct a comprehensive patient assessment in the context of serious illness including functional and nutritional status, patient/caregiver knowledge, emotions and coping strategies, support systems, resources/needs, and environmental factors
2. Collect patient information (e.g., medical & psychosocial history, spiritual & cultural preferences, comprehensive review of systems, advance care planning documents, medical decision makers)
3. Perform a systems-based physical examination
4. Identify past and present goals of care and expectations in the context of health beliefs, values, and practices

#### B. Diagnosis and Planning

1. Formulate and prioritize differential diagnoses and apply findings to develop the plan of care
2. Identify expected outcomes in relation to patient/caregiver goals of care, prognosis, and the improvement of quality of life
3. Develop interventions based on patient/caregiver values, goals, and preferences, prognosis, level of care, available resources, and expected risks and benefits
4. Establish safe, multimodal pain management plans

#### C. Intervention and Evaluation

1. Collaborate with the interdisciplinary team to develop, implement, evaluate, and modify the plan of care based on changing functional status, illness trajectory, care system, and patient/caregiver goals
2. Communicate diagnoses, progression of disease, expected prognosis, and plan of care with the patient/caregiver and interdisciplinary health care team
3. Recommend strategies to address psychosocial needs (minimize caregiver burden, patient/caregiver vulnerability, coping, bereavement, emotional and spiritual health)
4. Implement pharmacologic therapies and facilitate nonpharmacologic interventions (e.g., palliative surgery, procedures, radiation, counseling, psychological therapy, complementary and alternative interventions)
5. Facilitate advance care planning and care coordination with inpatient and outpatient teams

### 2. Biomedical, Clinical, and Psychosocial-Behavioral Knowledge

#### A. Disease Process

1. Explain the disease process and understand evidence-based palliative management for serious diseases and conditions

2. Recognize hospice and palliative care emergencies (e.g., spinal cord compression, hemorrhage, seizures, superior vena cava syndrome) and provide evidence-based management
3. Identify signs and symptoms associated with serious diseases and conditions and provide evidence-based management
4. Understand psychosocial, emotional, and spiritual needs and provide evidence-based management
5. Determine prognosis using evidence-based tools and comprehensive patient assessment

#### B. Serious Illness, Loss, Dying, Grief, and Bereavement

1. Identify common tenets of major religions and cultures in relation to serious illness, dying, and death
2. Address issues related to loss, bereavement, grief, and mourning in the context of culture, ethnicity, race, and other factors

### 3. Education and Communication

#### A. Education (Patients, Caregivers, Health Care Communities)

1. Establish a therapeutic environment and apply age-appropriate teaching methods tailored to the needs of the patient, family, and other caregivers
2. Develop, implement, and evaluate formal and informal education

#### B. Communication

1. Analyze own communication (verbal and nonverbal) and possible interpretations
2. Recognize and incorporate cultural differences when discussing hospice and palliative care
3. Create an environment for effective communication and demonstrate therapeutic presence while maintaining professional boundaries
4. Use appropriate principles and techniques to communicate serious news
5. Initiate and facilitate conferences among patient, family, caregivers, medical and interdisciplinary team members, and other key stakeholders

### 4. Professionalism

#### A. Ethics

1. Promote principles of biomedical ethics
2. Address ethical issues related to withholding or withdrawing treatment, and non-beneficial treatment
3. Address ethical issues related to palliative sedation, medical aid in dying, and suicide

#### B. Scope, Standards and Guidelines

1. Identify and resolve issues related to scope of practice and practice protocols
2. Incorporate national hospice and palliative standards and guidelines into advanced nursing practice

C. Leadership and Self-Development

1. Share knowledge through publications, presentations, precepting, and mentoring
2. Educate local, state, and national organizations, institutions, and individuals about hospice and palliative care (e.g., differentiate palliative care from hospice care)
3. Develop practice guidelines to advance hospice and palliative care
4. Identify and address burnout, compassion fatigue, and moral distress in self and others

**5. Systems Issues**

A. Resource Access, Utilization, and Continuum of Care

1. Advocate for timely access to palliative care and hospice services
2. Develop hospice and palliative care programs and services
3. Identify potential barriers and resources to promote continuity of care across all settings
4. Maintain current knowledge of trends in legislation, policy, health care delivery, and reimbursement as they impact hospice and palliative care

B. Quality Improvement

1. Participate in continuous quality improvement
2. Provide value-based, quality care

## SAMPLE QUESTIONS

1. A patient has lung cancer with multiple sites of bone metastases. He has decided not to have any more treatment. He is not yet eligible for hospice but is seen by the palliative care service. He presents to the clinic today reporting that he has been hearing voices in the last twenty-four hours. An irregular heart rate is noticed during the physical exam that was not present at his clinic visit two weeks ago. Which lab test does the advanced practice nurse order?
  - A. albumin level
  - B. calcium level
  - C. phosphorus
  - D. platelet count
2. A patient's son tells the advanced practice registered nurse that he does not wish his mother to die in his home because of his 11-year-old daughter, who is very attached to her grandmother. The son tells the nurse that if his mother must come to his home he will have to send his young daughter to live with relatives so she won't be traumatized by the death. What is the nurse's best initial response to the son?
  - A. Explore what the granddaughter knows about the patient's condition and their fears about home death.
  - B. Encourage the son to get grief counseling for his daughter.
  - C. Counsel the son about children and grief behaviors.
  - D. Talk with the patient about where she would like to go and follow her wishes.
3. A patient with a history of small cell lung cancer reports inability to move his right arm without experiencing deep, aching, shooting pain. The patient could not tolerate a physical examination of his neck, right supraclavicular area, right shoulder, or right axilla. His right hand showed muscle atrophy typical of the C7-T1 distribution. The diagnosis is
  - A. vertebral lesions.
  - B. radiation fibrosis.
  - C. post-thoracotomy pain syndrome.
  - D. brachial plexus infiltration of tumor.
4. According to the SPIKES communication tool, the FIRST step when breaking bad news to a patient is
  - A. reviewing the current situation.
  - B. exploring what the patient already knows.
  - C. creating a comfortable and private environment.
  - D. asking how much information the patient wants to hear.
5. What symptom complex needs to be present for a patient with Alzheimer's disease to be considered to have a life expectancy of less than 6 months?
  - A. new onset of fever
  - B. needs help with dressing
  - C. disoriented to time, place and person
  - D. bedbound and incontinent
6. An APRN is using the Karnofsky Performance Scale (KPS) to assess a hospice patient with lung cancer. Death is not imminent, but the patient is dependent in all ADLs, is completely bedbound, and lives in a nursing home. The KPS score is
  - A. 10.
  - B. 30.
  - C. 70.
  - D. 90.
7. A patient with Acquired Immune Deficiency Syndrome (AIDS) is requesting hospice care. Which diagnostic test result supports the appropriateness of hospice care?
  - A. CD4 count below 25 cells/mcL during a period free of acute illness
  - B. Human Immunodeficiency Virus (HIV) viral load of <10,000 copies/ml
  - C. persistent serum albumin <5.0 gm/dL
  - D. serum creatinine level of 1.5 mg/dL
8. An APRN is asked to attend a family meeting at which discontinuation of life-prolonging therapies is being discussed. The patient is non-responsive and, therefore, cannot participate. There is disagreement among the patient's children as to the best plan of care. There is no written advance directive. The APRN should FIRST
  - A. consult the hospital ethics committee.
  - B. help the family reach a consensus on the plan of care.
  - C. ascertain whether an oral advance directive was ever stated.
  - D. acknowledge the patient's preferences cannot be considered because they were not written down.
9. A patient whose pain is well controlled with sustained release oxycodone 20 mg by mouth every 12 hours presents with new onset confusion. The advanced practice registered nurse recognizes that
  - A. an intraspinal infusion of opioids is warranted.
  - B. confusion attributable to opioids alone is uncommon.
  - C. the opioid dosage should be lowered.
  - D. opioid rotation is recommended.
10. A 65-year-old patient with endstage gastric cancer repeatedly verbalizes her desire to stop her tube feedings. Her physician's refusal to comply with her decision is
  - A. a violation of the patient's autonomy.
  - B. an example of beneficence.
  - C. mandated by the law.
  - D. surrogate decision-making.

ANSWER KEY		
Question	Answer	Content Area
1.	B	1B
2.	A	1C
3.	D	1A
4.	C	3B
5.	D	2A
6.	B	2A
7.	A	2A
8.	C	4A
9.	B	1B
10.	A	4A

## SUGGESTED REFERENCES

The HPCC has prepared a list of references that may be helpful in preparing for the Certification Examination for Hospice and Palliative Advanced Practice Registered Nurses. The reference lists contain textbooks that include information of significance to hospice and palliative nursing practice. Inclusion of certain textbooks on the lists does not constitute an endorsement by the HPCC of specific professional literature which, if used, will guarantee candidates successful passing of the certification examination. Test candidates are not required to purchase or review these resources. HPCC does not endorse specific resources, and does not receive compensation from the sale or use of any resources.

To prepare for the examination, review the Detailed Content Outline and develop a study plan based on your individual knowledge strengths and weaknesses. It is good practice to use a current, general resource for overall review, and supplement with resources on specific topics to address your individual needs.

### Primary Reference List

(Used for ACHPN exam item validation)

Dahlin, CM., Moreines, LT., and Root, MC. (Eds.) (2020). *Core Curriculum for the Hospice and Palliative APRN* (3rd Ed.) Pittsburgh, PA: Hospice and Palliative Nurses Association.

*Fast Facts and Concepts*. <https://www.mypcnow.org/fast-facts/>

Ferrell, BR., and Paice, J. (Eds.) (2019). *Oxford Textbook of Palliative Nursing* (5th Ed.). New York: Oxford University Press.

Paniagua, M. and Shega, JW. (Eds.) (2017). Essentials (formerly known as UNIPAC) *Essential Practices in Hospice and Palliative Medicine* (5th Ed.) U1 Medical Care of People with Serious Illness; U2 Psychiatric, Psychological, and Spiritual Care; U3 Pain Assessment and Management; U4 Nonpain Symptom Management; U5 Communication and Teamwork; U6 Ethical and Legal Practice; U8 COPD, Heart Failure, and Renal Disease; U9 HIV, Dementia, and Neurological Conditions.

Chicago, IL: American Academy of Hospice and Palliative Medicine.

Quill, TE. et al. (2019). *Primer of Palliative Care* (7th Ed.).

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### Secondary Reference List

Coyne, PJ., Bobb, B. and Plakovic, K. (Eds.) (2017). *Conversations in Palliative Care: Questions and Answers with the Experts*. Pittsburgh, PA: Hospice and Palliative Nurses Association.

Dahlin, CM., Coyne, PJ., and Ferrell, BR. (Eds.) (2016). *Advanced Practice Palliative Nursing*. New York: Oxford University Press.

Matzo, M. and Sherman, DW. (Eds.) (2019). *Palliative Care Nursing: Quality Care to the End of Life* (5th Ed.). New York: Springer Publishing Company, LLC.

*Palliative Nursing: Scope and Standards of Practice* (6th Ed.). (2021). Pittsburgh, PA: Hospice and Palliative Nurses Association.

Whitehead, P., and Dahlin, CM. (Eds.) (2019). *Compendium of Nursing Care for Common Serious Illnesses* (3rd Ed.). Pittsburgh, PA: Hospice and Palliative Nurses Association.

Wittenberg, E., Ferrell, BR., Goldsmith, J., Smith, T., Ragan, SL., Glajchen, M., and Handzo, G. (Eds.) (2016). *Textbook of Palliative Care Communication*. New York: Oxford University Press.

# 2023 HPCC EXAMINATION APPLICATION

To apply online, visit [advancingexpertcare.org/certification](http://advancingexpertcare.org/certification).

To apply using this form, provide the requested information and mail it to be **RECEIVED** by PSI by the paper application deadline. Applications received after the deadline or postmarked on the deadline will be returned unprocessed. **FAXED APPLICATIONS ARE NOT ACCEPTED.** Read the Candidate Handbook before completing this application. Mail the completed application and payment made by credit card, personal check, cashier's check or money order payable to PSI Services Inc. to: HPCC Certification Examination, PSI, 18000 W. 105th St., Olathe, KS 66061-7543.

## 1. Personal Information (please print using blue or black ink)

**ALL REQUIRED FIELDS**

Last Name:

First Name:  Middle Initial:

Former Name (if applicable):

Date of Birth (xx/xx/xxxx):

Applicant Email Address:

### Your HOME Information

Address Line 1:

Address Line 2:

City:

State/Province:  Zip/Postal Code:

Country:

Home Phone:  Cell Phone:

## 2. I am a:

- New Applicant (not currently certified at this level)
- Reapplicant (previously attempted this examination and have not previously held this certification)
- Applicant for Renewal (currently certified at this level) **Renewal by exam is available for only CHPLN and CHPNA.**
- reTEST Assured Applicant must retest in one of the next three windows and submit a completed a paper application to PSI. Candidates can use the reTEST Assured program one-time after non-passing score. Do not submit the reTEST Assured application until you are ready to test.
- I am including a Special Examination Accommodations Request. Please include completed form at end of handbook.

## 3. Eligibility and Examination Fees

Persons applying for a certification examination who are current HPNA members **PRIOR** to applying for the Certification Examination are entitled to the HPNA member discounted examination fee as a membership benefit. Must include HPNA membership to receive discount.

HPNA membership number \_\_\_\_\_

HPCC certification number (for renewal) \_\_\_\_\_

	Initial Certification		Renewal of Certification		reTEST Assured
	HPNA Member	Non-HPNA Member	HPNA Member	Non-HPNA Member	All Applicants
Advanced Practice Registered Nurse Examination	<input type="checkbox"/> \$320	<input type="checkbox"/> \$465	Refer to Page 12	Refer to Page 12	<input type="checkbox"/> \$125
Registered Nurse Examination	<input type="checkbox"/> \$285	<input type="checkbox"/> \$415	Refer to Page 12	Refer to Page 12	<input type="checkbox"/> \$125
Pediatric Registered Nurse Examination	<input type="checkbox"/> \$285	<input type="checkbox"/> \$415	Refer to Page 12	Refer to Page 12	<input type="checkbox"/> \$125
Licensed Practical/Vocational Nurse Examination	<input type="checkbox"/> \$240	<input type="checkbox"/> \$345	<input type="checkbox"/> \$205	<input type="checkbox"/> \$320	<input type="checkbox"/> \$125
Nursing Assistant Examination	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$125

### Payment Information: Please indicate your method of payment.

- Check or money order (personal or cashier's check payable to PSI Services Inc.)
- Credit card: If payment is made by credit card, please provide the following information.
- MasterCard     VISA     AMEX     Discover

Account Number \_\_\_\_\_ Expiration Date (MO/YR) \_\_\_\_\_ Security Code \_\_\_\_\_

Name as it Appears on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Demographic Information** – Please complete the following demographic questions. Select only one response for each question, unless directed otherwise.

1. Which best describes the nature of your practice?
  - 1 Hospice
  - 2 Palliative
  - 3 Both
2. Total number of years in your profession:
  - 1 0-2 years
  - 2 3-5 years
  - 3 6-10 years
  - 4 11-15 years
  - 5 16-20 years
  - 6 21-25 years
  - 7 26-30 years
  - 8 More than 30 years
3. Total number of years in hospice and palliative care:
  - 1 0-2 years
  - 2 3-5 years
  - 3 6-10 years
  - 4 11-15 years
  - 5 16-20 years
  - 6 21-25 years
  - 7 26-30 years
  - 8 More than 30 years
4. Which of the following is your primary employer? (check one)
  - 1 Hospice facility
  - 2 Home healthcare agency
  - 3 Hospital or acute care facility
  - 4 Long-term care facility
  - 5 Academic institution
  - 6 Self (private practice)
  - 7 Private physician practice
  - 8 Correctional facility
  - 9 Ambulatory care/out patient care facility
  - 10 Government (fed, state, military, VA, NIH, etc.)
  - 11 Association/non-profit
  - 12 Private or public company
5. What is your practice setting?
  - 1 Non-hospice – community-based clinical
  - 2 Non-hospice – acute care facility
  - 3 Palliative – acute care facility
  - 4 Palliative – community-based clinical
  - 5 Hospice – acute care facility
  - 6 Hospice – community-based clinical
  - 7 Academic or research setting
  - 8 I do not see patients
6. What best describes your practice?
  - 1 Administrative
  - 2 Clinical
  - 3 Education
  - 4 Research
7. What best describes your current occupation?
  - 1 Allied Therapist
  - 2 Chaplain
  - 3 Child Life Specialist
  - 4 Clinical Nurse Specialist
  - 5 Counselor
  - 6 LPN/LVN
  - 7 Nurse Practitioner
  - 8 Nursing Assistant
  - 9 Physician
  - 10 Psychologist
  - 11 Registered Nurse
  - 12 Social worker
8. What is the highest academic level you have attained?
  - 1 High school
  - 2 Nursing assistant education program
  - 3 Nursing diploma from an accredited nursing school/program
  - 4 Associate degree in nursing
  - 5 Bachelor's degree (nursing)
  - 6 Bachelor's degree (non-nursing)
  - 7 Master's degree (nursing)
  - 8 Master's degree (non-nursing)
  - 9 Doctoral degree (nursing)
  - 10 Doctoral degree (non-nursing)
9. Primary age group served:
  - 1 Adult
  - 2 Pediatric
  - 3 Both
10. Gender:
  - M Male
  - F Female
  - T Transgender
  - O Other
  - N Prefer not to disclose
11. Your Race:
  - 1 Black or African American
  - 2 American Indian or Alaska Native
  - 3 White or Caucasian
  - 4 Asian
  - 5 Native Hawaiian or other Pacific Islander
  - 6 Other
  - 7 Choose not to identify
12. Your Ethnicity:
  - 1 Hispanic or Latino
  - 2 Not Hispanic or Latino
13. Credentials: \_\_\_\_\_  
\_\_\_\_\_
14. Employer Name (required): *If you are not currently employed, please enter 'none.'* \_\_\_\_\_  
\_\_\_\_\_
15. Employer Street Address: \_\_\_\_\_  
\_\_\_\_\_
16. City: \_\_\_\_\_
17. State: \_\_\_\_\_
18. Zip Code: \_\_\_\_\_
19. Employment Status:
  - 1 Full time employee
  - 2 Part time employee
  - 3 Self employed
  - 4 Not employed/seeking
20. Primary facility location?
  - 1 Rural
  - 2 Suburban
  - 3 Urban
21. What is your primary license?
  - 1 Certified nursing assistant
  - 2 Licensed practical/vocational nurse
  - 3 Physician
  - 4 Affiliated profession (Social Worker, Counselor, Child Life Specialist, Chaplain)
  - 5 Advanced Practice Registered Nurse (CNM, CNS, CRNA, CNP)
  - 6 Registered nurse
  - 7 Psychologist
  - 8 Not licensed/does not apply
22. If you selected Advanced Practice Registered Nurse, please indicate the type:
  - 1 Certified Nurse Midwife (CNM)
  - 2 Clinical nurse specialist (CNS)
  - 3 Certified registered nurse anesthetist (CRNA)
  - 4 Certified nurse practitioner (CNP)



**Attestation and Signature (Check each box to attest to your agreement to the statements below.)**

- I certify that I have read all portions of the Candidate Handbook and application, and I agree to all terms of the HPCC processing agreement. I certify that the information I have submitted in this application and the documents I have enclosed are complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed or voided, not released or invalidated by HPCC.

**Non-disclosure of Exam Content**

- Submission of this application indicates my agreement to keep the contents of the exam confidential and not disclose or discuss specific exam content with anyone except HPCC. Per HPCC policy, sharing of exam content is cause for revocation of certification. I certify that I have read that all examination questions are the copyrighted property of HPCC and it is forbidden under federal copyright law to copy, reproduce, record, distribute, or display the examination questions by any means, in whole or in part. Doing so may subject me to severe civil and criminal penalties.

**Ethics**

- I understand the importance of ethical standards and agree to act in a manner congruent with the HPNA Code of Ethics for Nurses.

**Attestation and Signature (Your signature in ink attests to your agreement to the above statements.)**

Name (Please Print)

Signature

Date

**Audits of HPCC Applications** – To ensure the integrity of eligibility requirements, HPCC will audit a percentage of randomly selected applications each year. Candidates whose applications are selected for audit will be notified and required to provide documentation of their professional license and verification of practice hours.

Please check below to confirm you currently meet the eligibility requirements for the examination you are registering for:

**Advanced Practice Registered Nurse Examination**

- I am currently licensed as an APRN in the United States, its territories or the equivalent in Canada.
  - Nurse Practitioner     Clinical Nurse Specialist
 Mail a copy of your APRN license to: HPCC Certification Examination APRN License, PSI, 18000 W. 105th St., Olathe, KS 66061-7543.
- Licensure: State \_\_\_\_\_ APRN License Number \_\_\_\_\_ APRN License Expiration \_\_\_\_\_
- I have worked as an advanced practice registered nurse in hospice and palliative care for at least 500 hours in the most recent 12 months or 1000 hours in the most recent 24 months prior to submission of this application.
- Completion of an accredited graduate, postgraduate, or doctoral Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS) educational program from a U.S. school or Canadian province NP or CNS educational programs approved by the Canadian Council of Registered Nurse Regulators (CCRNRR).
- Completion of three separate comprehensive graduate-level courses in advanced pathophysiology, advanced health assessment, and advanced pharmacology.

**Registered Nurse Examination**

- I am currently licensed as a registered nurse in the United States, its territories or the equivalent in Canada.
- Licensure: State \_\_\_\_\_ RN License Number \_\_\_\_\_ RN License Expiration \_\_\_\_\_
- I have worked as a registered nurse in hospice and palliative care for at least 500 hours in the most recent 12 months or 1000 hours in the most recent 24 months prior to submission of this application.

**Pediatric Registered Nurse Examination**

- I am currently licensed as a registered nurse in the United States, its territories or the equivalent in Canada.
- Licensure: State \_\_\_\_\_ RN License Number \_\_\_\_\_ RN License Expiration \_\_\_\_\_
- I have worked as a pediatric registered nurse in hospice and palliative care for at least 500 hours in the most recent 12 months or 1000 hours in the most recent 24 months prior to submission of this application.

**Licensed Practical/Vocational Nurse Examination**

- I am currently licensed as a licensed practical/vocational nurse in the United States or its territories.
- Licensure: State \_\_\_\_\_ LPN/LVN License Number \_\_\_\_\_ LPN/LVN License Expiration \_\_\_\_\_
- I have worked as a licensed practical/vocational nurse under the supervision of a registered nurse in hospice and palliative care for at least 500 hours in the most recent 12 months or 1000 hours in the most recent 24 months prior to submission of this application.

**Nursing Assistant Examination**

- I have worked as a nursing assistant under the supervision of a registered nurse in hospice and palliative care for at least 500 hours in the most recent 12 months or 1000 hours in the most recent 24 months prior to submission of this application.

Within the last five (5) years:

Yes No

- Have you ever been sued by a patient?
- Have you ever been found to have committed negligence or malpractice in your professional work?
- Have you ever had a complaint filed against you before a governmental regulatory board or professional organization?
- Have you ever been subject to discipline, certificate or license revocation, or other sanction by a governmental regulatory board or professional organization?
- Have you ever been the subject of an investigation by law enforcement?
- Have you ever been convicted of, pled guilty to, or pled nolo contendere to a felony or misdemeanor, or are any such charges pending against you?

I further affirm that no licensing authority has taken any disciplinary action in relation to my license to practice in the aforementioned or any other state, and that my license to practice has not been suspended or revoked by any state or jurisdiction.

I understand that no refunds will be issued once payment is processed.

---

Name (Please Print) Signature Date

**Practice Verification:** Following is the contact information for my clinical supervisor or a professional colleague (RN or physician) who can verify that I have met the clinical hour eligibility requirements:

---

Verifier's Name (Last) (First) Facility Name

---

Verifier's Phone Number Verifier's Email Address

**You may not list yourself or a relative as your verifier.**

HPCC reserves the right to contact you for further information as deemed necessary.

# ADVANCED CERTIFIED HOSPICE AND PALLIATIVE NURSE (ACHPN) CANDIDATE PRACTICE HOURS VERIFICATION FORM

- If applying for the initial ACHPN exam this form must be submitted for verification of a minimum of **500 hours in the most recent 12 months or 1000 hours in the most recent 24 months** of supervised advanced practice palliative nursing (complete Part A or Part B or both).
- Individuals providing verification of supervised practice may be contacted during a random application audit.
- Photocopy this form if verification is needed from more than one individual in either section.
- If the form is not completed correctly, it will be sent back to you for revision and will need to be resigned by your supervisor.

\_\_\_\_\_  
 Last Name (Applicant) First Name MI  
 Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART A: SUPERVISED PALLIATIVE CARE PRACTICE HOURS WITHIN AN ADVANCED PRACTICE PALLIATIVE NURSING EDUCATION PROGRAM

I, the undersigned, verify that the individual named above has completed \_\_\_\_\_ hours of supervised clinical practice in advanced practice palliative nursing within the educational program.  
 \_\_\_ Nursing Master’s Program    \_\_\_ Nursing Post-Master’s Program    \_\_\_ Doctor of Nursing Practice

The supervised practice was completed between \_\_\_\_\_ - \_\_\_\_\_ (insert start and end dates of supervised practice.)  
 Please indicate your role:  
 \_\_\_ Physician Preceptor    \_\_\_ Clinical Nurse Specialist Preceptor    \_\_\_ Other \_\_\_\_\_  
 \_\_\_ Nurse Practitioner Preceptor    \_\_\_ Faculty Member

### PART B: OBSERVED PALLIATIVE CARE PRACTICE HOURS AFTER GRADUATION FROM AN ADVANCED PRACTICE NURSING EDUCATION PROGRAM IN THE MOST RECENT 12 OR 24 MONTHS

I, the undersigned, verify that the individual named above has completed \_\_\_\_\_ hours of practice in advanced practice palliative nursing as a \_\_\_ Clinical Nurse Specialist (CNS) or a \_\_\_ Nurse Practitioner (NP) that I have observed and/or supervised.

The supervised practice was completed between the dates of \_\_\_\_\_ - \_\_\_\_\_ (insert the start and end dates of supervised practice.) **Example: 500 hours in the most recent 12 months is entered as 500 hours 06/15/2022-06/15/2023 and 1000 hours in the most recent 24 months is entered as 06/15/2021-06/15/2023.**

*Note: Hours must be listed as a number, the actual number of hours MUST be listed for your application to be processed. Entering an approximate number of hours will result in your application being returned. Dates must be entered, listing present or current as your end date will result in your application being returned.*

Please indicate your role:  
 \_\_\_ Supervisor    \_\_\_ Collaborating Advanced Practice Nurse    \_\_\_ Other \_\_\_\_\_  
 \_\_\_ Collaborating Physician    \_\_\_ Collaborating Clinical Nurse Specialist

#### REQUIRED for Part A and Part B (Completed by individual verifying practice hours)

Name (print name) \_\_\_\_\_  
 Title and Credentials \_\_\_\_\_  
 Address \_\_\_\_\_  
 Daytime Phone Number (with area code) \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Email \_\_\_\_\_  
 Name of Facility or Organization \_\_\_\_\_  
 (where supervised practice took place)  
 Clinical Setting (clinic, inpatient unit, etc.) \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

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# TRANSFER OF APPLICATION

**Directions:** Use this form to transfer your application to the next testing window (**one-time transfer**). Complete all requested information. This form and \$100 fee must be received by PSI no later than thirty (30) days following the last day of the original testing window. Note: Refer to Transfers section, page 3, for the details.

---

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

---

Home Street Address or PO Box \_\_\_\_\_

---

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

---

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

---

Email Address (required) \_\_\_\_\_

Is your employer a member of the Employer Partner Program with HPNA?

Yes       No       I don't know

Fee: \$100

**Payment Method:** Acceptable forms of payment include personal check, money order, cashier check or credit card made payable to PSI Services Inc. Please check appropriate box and complete credit card information if necessary:

personal check       money order       cashier check

Payment Information: If payment is made by credit card, please provide the following information.

Credit card:

MasterCard       VISA       AMEX       Discover

Account Number \_\_\_\_\_

Expiration Date (MO/YR) \_\_\_\_\_ Security Code \_\_\_\_\_

Name as it Appears on Card \_\_\_\_\_

Signature \_\_\_\_\_

I agree to pay above amount according to card issuer agreement.

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail form with payment to:**

HPCC Certification Examination  
PSI  
18000 W. 105<sup>th</sup> St.  
Olathe, KS 66061-7543

Or fax to: 913-895-4650

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# REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, **please complete this form and provide the Documentation of Disability-Related Needs on the next page at least 45 days prior to your requested examination date.** The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

## Candidate Information

Candidate ID # \_\_\_\_\_ Requested Test Center or LRP: \_\_\_\_\_

\_\_\_\_\_  
Name (Last, First, Middle Initial, Former Name)

\_\_\_\_\_  
Mailing Address

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

\_\_\_\_\_  
Daytime Telephone Number Email Address

## Special Accommodations

I request special accommodations for the examination below:

- |   |  |
|---|--|
| <input type="checkbox"/> Advanced Practice Registered Nurse | <input type="checkbox"/> Licensed Practical/Vocational Nurse |
| <input type="checkbox"/> Registered Nurse                   | <input type="checkbox"/> Nursing Assistant                   |
| <input type="checkbox"/> Pediatric Registered Nurse         | <input type="checkbox"/> Social Worker                       |

Please provide (check all that apply):

- \_\_\_\_\_ Reader
- \_\_\_\_\_ Extended testing time (time and a half)
- \_\_\_\_\_ Reduced distraction environment
- \_\_\_\_\_ Please specify below if other special accommodations are needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with PSI staff my records and history as they relate to the requested accommodation.

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

**Return this form with your examination application and fee to:**

PSI, 18000 W. 105th St., Olathe, KS 66061-7543

or submit your accommodations request online at

[https://psi-cdexp.zendesk.com/hc/en-us/requests/new?ticket\\_form\\_id=360000150872](https://psi-cdexp.zendesk.com/hc/en-us/requests/new?ticket_form_id=360000150872).

If you have questions, call Candidate Services at 800-367-1565 ext. 6750.



# DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional who is qualified to diagnose the condition (education professional, physician, psychologist, psychiatrist) to ensure that our testing administrator, PSI, is able to provide the required accommodations.

## Professional Documentation

I have known \_\_\_\_\_ since \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in my capacity as a  
Candidate Name Date

\_\_\_\_\_  
My Professional Title

The candidate discussed with me the nature of the test to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the Request for Special Examination Accommodations form.

Description of Disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Return this form with your examination application and fee to:

PSI, 18000 W. 105th St., Olathe, KS 66061-7543

or submit this form with your online request at

[https://psi-cdexp.zendesk.com/hc/en-us/requests/new?ticket\\_form\\_id=360000150872](https://psi-cdexp.zendesk.com/hc/en-us/requests/new?ticket_form_id=360000150872).

If you have questions, call Candidate Services at 800-367-1565 ext. 6750.





