

December 2020



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

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 perinatal loss care professionals. 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. 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
Website: 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@goAMP.com
Website: <http://schedule.psiexams.com>

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

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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 examinations for several members of the nursing team: advanced practice registered nurses, registered nurses, pediatric registered nurses, licensed practical/vocational nurses, nursing assistants and perinatal loss care professionals. Currently there are over 16,500 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, race, 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 professionals in perinatal loss care. 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 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 contact information for HPCC approved activities and to provide your certification or recertification status and any final or pending disciplinary decisions to state licensing boards or agencies, other healthcare organizations, professional associations, employers or the public.
4. To only provide information in your application to 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. The examination is administered by appointment only Monday through Friday. Appointment starting times may vary by location. 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).

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.

Advanced Practice Registered Nurses applying for initial certification **MUST** submit transcripts and a copy of current APRN license as part of the application process.

TEST CENTER LOCATIONS

A current listing of approximately 500 Test Centers with specific address information can be viewed at 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.

FAXED APPLICATIONS ARE NOT ACCEPTED.

1. **Online Application and Scheduling:** You may complete the application and scheduling process in one online session by visiting 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 or supply additional eligibility information.

OR

2. **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 (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 |

Be prepared to confirm a location and a preferred date and time for testing. 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. 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 reschedule an appointment for examination at no charge **once** by calling PSI at 833-256-1422 or rescheduling

online at <http://schedule.psiexams.com> **AT LEAST TWO BUSINESS DAYS** prior to the scheduled examination session (see following table). Appointments **MUST** be rescheduled within the **SAME TESTING WINDOW**.

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

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 two-page Request for Special Examination Accommodations form included in this handbook. This form must be signed by an appropriate professional and submitted to PSI with this application.

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 expert care in serious illness.

Persons applying for a certification examination who are current HPNA members **PRIOR** to applying for the HPCC examination 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 examination. See "Examination Fees" section for the applicable examination. Candidates **MUST** include their HPNA membership number on their exam application in order to receive the discounted fee.

FORFEITURE OF FEE

A candidate who:

1. does not schedule an examination appointment within the selected testing window;

2. fails to reschedule an examination within two business days prior to the scheduled testing session;
3. fails to report for an examination appointment;
4. arrives more than 15 minutes late for the examination appointment;
5. fails to provide proper identification at the Test Center; or
6. 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.

TRANSFERS

Candidates who, for any reason, are unable to sit for the examination in the window for which they applied, 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. 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 should be made to PSI (833-256-1422) to **cancel** 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

On the day of your examination appointment, report to the Test Center no later than your scheduled testing time. Once you enter the Test Center, look for the signs indicating PSI Test Center check-in. **IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME YOU WILL NOT BE ADMITTED.**

To gain admission to the Test Center, you must present **two forms of identification**. The primary form must 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.

SECURITY

PSI administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Test Center 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

- 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.

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 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

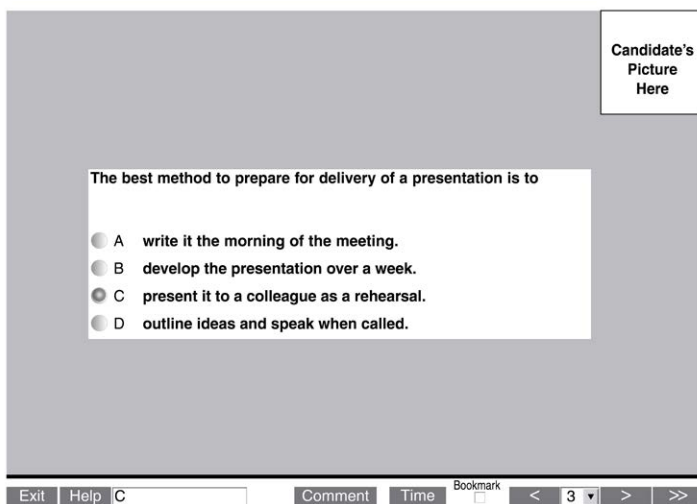
All examination questions are the copyrighted property of HPCC. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

PRACTICE EXAMINATION

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 brief survey about the examination administration conditions.

INCLEMENT WEATHER OR EMERGENCY

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 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 examination as scheduled; however, should an examination be canceled at a Test Center, all scheduled candidates will receive notification following the examination 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.

REPORT OF RESULTS

After completing the examination, you are asked to complete a short 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.**

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.

RECOGNITION OF CERTIFICATION

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

- **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®**
- **Certified in Perinatal Loss Care Examination: CPLC®**

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. 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.

Individuals 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 as the essential ethical framework 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.

REVOCAION 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 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.

STUDY ADVICE

Determine how you study best. Some individuals seem to learn faster by hearing the information, while others need to see it written or illustrated, and still others prefer to discuss material with colleagues. A combination of these alternatives can often produce the most effective study pattern. If you had success in lecture courses with little outside review, it may be that you need to hear information for best retention. You may wish to organize a study group or find a study partner. Once you decide on the method most effective and comfortable for you, focus on that preference and use the other techniques to complement it.

Plan your study schedule well in advance. Use learning techniques, such as reading or audio-visual aids. Be sure you find a quiet place to study where you will not be interrupted.

For study tips, please see the [Prepare to Take an HPCC Examination](#) document.

TEST-TAKING ADVICE

The advice offered here is presented primarily to familiarize you with the examination directions.

1. Read all instructions carefully.
2. The actual examination will be timed. For best results, pace yourself by periodically checking your progress. This will allow you to make any necessary adjustments. Remember, the more questions you answer, the better your chances of achieving a passing score.
3. Book mark unanswered questions for return and review.

A list of suggested references is provided at the end of Section 2 in this candidate handbook.

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.

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 or APRN certification 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 academic record/transcript showing graduate degree and date conferred is **required** as part of the application process. 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 or APRN certification, 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.

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

RENEWAL OF CERTIFICATION

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.

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

See 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 for details.

EXAMINATION FEES

Applicants Applying for INITIAL Certification

| | |
|--|--------|
| HPNA members prior to submitting application | \$345* |
| Non-HPNA members | \$465 |

Applicants Applying for RENEWAL of Certification (Renewal through ACHPN® HPAR only)

| | |
|--|-------|
| HPNA members prior to submitting application | \$310 |
| Non-HPNA members | \$430 |

*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 HPCC) 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 HPCC 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 for fee payments are available from PSI. Contact PSI at 833-256-1422 or email AMPEXAMSERVICES@GOAMP.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.

EXAMINATION 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 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 palliative care are included on the examination content outline. Each question on the examination is linked to the examination content outline, and is also categorized according to the level of complexity, or the cognitive level that a candidate would likely use to respond.

1. Recall (RE): The ability to recall or recognize specific information is required. Approximately 20 percent of the examination requires recall on the part of the candidate.
2. Application (AP): The ability to comprehend, relate or apply knowledge to new or changing situations is required. Approximately 60 percent of the examination requires the candidate to apply knowledge.
3. Analysis (AN): The ability to analyze and synthesize information, determine solutions and/or to evaluate the usefulness of a solution is required. Approximately 20 percent of the examination requires analysis on the part of the candidate.

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, while considering factors such as fear, communication barriers, economic issues and cultural issues. The examination includes questions distributed across five domains of practice as shown in the detailed content outline that follows.

DETAILED CONTENT OUTLINE INFORMATION

The Detailed Content Outline lists each task that **MAY** be tested by content area and performance level. Each and every task listed for a given content area is not tested on any one form of the examination. Rather, these tasks are representatively sampled such that the test specifications for performance levels are met (i.e., appropriate number of recall, application and analysis performance level items).

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. Nursing Process in Caring for Adult Patients and Families (Recall 7; Application 28; Analysis 11 – 46 Total Items)

A. Assessment

(Recall 4; Application 10; Analysis 4 – 18 Total Items)

1. Prioritize data collection based on the patient/family immediate condition, needs or chief complaint
2. Collect data from relevant sources (e.g., significant others, other health care providers, patient record)
3. Use various assessment techniques and standardized tools (e.g., pain scales, quality of life instruments, functional assessment scales)
4. Obtain patient's history (e.g., family, social, spiritual, cultural)
5. Obtain a history of previous therapies (e.g., allergies, pharmacologic, nonpharmacologic, complementary and alternative)
6. Conduct a review of systems
7. Perform a systems-based physical examination
8. Identify past and present goals of care and expectations
9. Identify health beliefs, values, and practices
10. Assess nutritional issues within the context of advanced illness
11. Assess patient/family knowledge of and response to advanced illness
12. Assess emotional status of patients and families
13. Assess patient/family for bereavement needs
14. Identify patient/family past/present coping patterns
15. Assess patient/family support systems
16. Assess environmental factors
17. Analyze risks/benefits/burdens related to treatment within the context of goals and care
18. Explore patient/family financial resources/needs
19. Perform additional assessments based on unique needs of specific populations (e.g., substance abusers, homeless, cognitively impaired, elderly, Veterans)

B. Diagnosis and Planning

(Recall 1; Application 8; Analysis 3 – 12 Total Items)

1. Formulate and prioritize differential diagnoses based on analyses of multidimensional assessment data
2. Apply findings to develop the plan of care
3. Identify expected outcomes that are realistic in relation to patient/family goals of care, life expectancy, and the improvement of quality of life
4. Select interventions based on values, preferences, available resources and goals of the patient/family
5. Assist patient/family in evaluating appropriate and available resources
6. Consider the unique needs of special populations in developing the plan of care

C. Intervention and Evaluation

(Recall 2; Application 10; Analysis 4 – 16 Total Items)

1. Participate in the development of the interdisciplinary plan of care to achieve patient/family desired outcomes
2. Facilitate self-care, health promotion and maintenance through health teaching within the context of the patient's illness trajectory
3. Recommend strategies to address emotional and spiritual health
4. Provide interventions either directly or indirectly to minimize care giver burden (e.g., families and professionals)
5. Identify the role of pharmacologic therapies
6. Implement nonpharmacologic therapies (e.g., opioid conversion, adjuvant)
7. Identify the potential benefit of the following nonpharmacologic interventions (e.g., palliative surgery, procedures, radiation, counseling, or psychological therapy)
8. Identify the potential benefit of complementary and alternative interventions (e.g., alternative medical systems, mind-body interventions, biologically based therapies, nutrition/special diets, energy-based therapies, and manipulative/body-based therapies)
9. Identify the need for interventional analgesic techniques (e.g., epidural, intrathecal, nerve block)
10. Implement palliative sedation at the end of life
11. Discontinue life support devices/treatments (e.g., ventilator, dialysis, ICD, vasopressors, LVAD)
12. Discontinue medically administered nutrition and hydration
13. Address issues related to patient/family vulnerability
14. Assist patient/family in their search for meaning and hope
15. Implement a culturally and spiritually respectful plan of care
16. Evaluate and modify the plan of care based on changing patient status, patient outcomes, family issues, goals, and expected outcomes

2. Scientific Knowledge (biomedical, clinical, and psychosocial-behavioral)

(Recall 10; Application 24; Analysis 10 – 44 Total Items)

A. Disease Processes

(Recall 6; Application 14; Analysis 6 – 26 Total Items)

Explain the disease process and provide evidence-based palliative management for the following disease patterns and progression:

1. Altered Immune Diseases (e.g., AIDS, lupus, rheumatoid arthritis)
2. Neoplastic conditions
3. Neurological conditions (e.g., ALS, CVA)

4. Dementia
5. Cardiac conditions (e.g., CHF)
6. Pulmonary conditions (e.g., COPD)
7. Renal conditions
8. Hepatic conditions (e.g., hepatic failure, cirrhosis)
9. Gastrointestinal conditions
10. Endocrine conditions (e.g., diabetic neuropathy)
11. Hematologic conditions (e.g., neutropenia, disseminated intravascular coagulopathy)
12. Acute injuries (e.g., traumatic brain injury, burns)

Provide evidence-based palliative management for the following hospice and palliative care emergencies:

13. Spinal cord compression
 14. Hemorrhage
 15. Seizures
 16. Superior vena cava syndrome
- Provide evidence-based palliative management for the following signs and symptoms:*
17. Pain (e.g., nociceptive, neuropathic, acute/crisis, chronic, breakthrough)
 18. Cardiac (e.g., angina, edema, dysrhythmias)
 19. Respiratory (e.g., dyspnea, cough, secretions, sleep apnea)
 20. Gastrointestinal (e.g., constipation, diarrhea, ascites, hiccups, bowel obstruction, nausea, taste changes)
 21. Genitourinary (e.g., bladder spasm, urinary retention, incontinence)
 22. Musculoskeletal (e.g., pathological fractures, spasms)
 23. Skin and mucus membranes (e.g., pruritus, mucositis, stomas, fistulas, fungating wounds, pressure ulcers, edema)
 24. Neurological (e.g., myoclonus encephalopathy, impaired communication, dysphagia)
 25. Psychiatric/psychological (e.g., anxiety, depression, delirium, fear, suicidal/homicidal ideation, agitation/restlessness)
 26. Spiritual/existential (e.g., distress, hopelessness, death anxiety, grief, suffering)
 27. Nutrition and metabolic (e.g., anorexia/cachexia, dehydration, electrolyte imbalance)
 28. Fatigue/asthenia
 29. Insomnia
 30. Lymphedema
 31. Complications of therapy (e.g., related to drugs, radiation, chemotherapy, surgery)

B. Diagnostic Tests and Procedures

(Recall 1; Application 3; Analysis 1 – 5 Total Items)

1. Recommend screening or diagnostic tests that are based on goals of care and risk/benefit/burden ratio
2. Interpret common diagnostic tests and procedures

C. Prognosis

(Recall 1; Application 3; Analysis 3 – 7 Total Items)

1. Use results of evidence and holistic assessment to determine prognosis

D. Responses to Illness, Loss, Grief, Bereavement

(Recall 2; Application 4; Analysis 0 – 6 Total Items)

1. Distinguish among culture, ethnicity, and race
2. Identify the basic tenets of major religions and cultures in relation to death and dying
3. Address issues related to loss, bereavement, grief and mourning
4. Identify factors that influence the bereavement process

3. Education and Communication

(Recall 3; Application 15; Analysis 8 – 26 Total Items)

A. Education (Patients, Families, Health Care Communities)

(Recall 2; Application 6; Analysis 0 – 8 Total Items)

1. Apply age-appropriate learning principles when providing hospice and palliative care education
2. Establish a therapeutic environment for effective learning
3. Develop, implement, and evaluate formal and informal education
4. Select teaching methods tailored to the needs of the patient/family within special populations
5. Educate local, state, and national organizations, institutions, and individuals about hospice and palliative care (e.g., differentiate palliative care from hospice care)

B. Communication

(Recall 1; Application 9; Analysis 8 – 18 Total Items)

1. Communicate diagnoses with patient/family, team members, and/or other consultants
2. Discuss progression of the disease and communicate expected prognosis
3. Collaborate with other members of the interdisciplinary team to implement interventions
4. Document diagnoses, plans and interventions using a format that is accessible to the interdisciplinary health care team
5. Facilitate advance care planning
6. Address issues related to patient/family goals of care and treatment preferences
7. Facilitate discussions related to resuscitation status
8. Analyze own communication (verbal and nonverbal) and possible interpretations
9. Respect cultural differences when discussing hospice and palliative care
10. Demonstrate knowledge of communication theory and principles within the context of hospice and palliative care
11. Create an environment for effective communication and demonstrate therapeutic presence while maintaining professional boundaries
12. Use appropriate principles and techniques to break bad news
13. Develop strategies to overcome communication barriers
14. Elicit questions, concerns, or suggestions from patients/family, and health care team members
15. Initiate and facilitate patient/family conferences
16. Assist in having appropriate team members available for input/consultation
17. Facilitate conflict resolution for the patient/family and/or health team members

4. Professionalism

(Recall 6; Application 9; Analysis 4 – 19 Total Items)

A. Ethics

(Recall 3; Application 2; Analysis 2 – 7 Total Items)

1. Promote autonomy (e.g., decision making)
2. Promote beneficence
3. Promote veracity (e.g., truth telling)
4. Promote non-maleficence
5. Promote confidentiality
6. Promote justice
7. Address issues related to withholding or withdrawing treatment, and non-beneficial treatment
8. Address issues related to suicide, assisted suicide, or euthanasia
9. Address issues related to sedation

B. Scope, Standards and Guidelines

(Recall 1; Application 3; Analysis 1 – 5 Total Items)

1. Identify and resolve issues related to scope of practice
2. Incorporate national hospice and palliative standards into nursing practice
3. Incorporate guidelines into practice (e.g., American Pain Society, National Consensus Project)
4. Develop collaborative agreements and practice protocols

C. Self-Care and Collegial Support

(Recall 1; Application 2; Analysis 0 – 3 Total Items)

1. Incorporate strategies for self-care and stress management into practice
2. Identify and address burnout and compassion fatigue in self and other
3. Facilitate team building activities

D. Leadership and Self-Development

(Recall 1; Application 2; Analysis 1 – 4 Total Items)

1. Actively participate in professional nursing activities
2. Share knowledge through publications, presentations, precepting, and mentoring
3. Develop initiatives and standards of care to advance hospice and palliative care
4. Create own professional development plan

5. Systems Issues

(Recall 4; Application 10; Analysis 1 – 15 Total Items)

A. Resource Access, Utilization, and Continuum of Care

(Recall 2; Application 7; Analysis 1 – 10 Total Items)

1. Advocate for access to palliative, hospice, or other appropriate care and/or treatments
2. Refer patient/family for assistance with financial matters and other resources
3. Identify resources and potential barriers across health care settings
4. Implement strategies to initiate, develop, and foster hospice and palliative care services
5. Use appropriate business strategies to provide effective hospice and palliative care
6. Identify expected outcomes and resources that promote continuity of care across all care settings
7. Maintain current knowledge of trends in legislation, policy, health care delivery, and reimbursement as they impact hospice and palliative care
8. Identify lapses in health care coverage related to hospice and palliative care

B. Quality Improvement

(Recall 2; Application 3; Analysis 0 – 5 Total Items)

1. Participate in continuous quality improvement
2. Consistently provide cost-effective, 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. A Mexican American patient has a prognosis of less than 6 months to live. The staff nurse seeks help from the advanced practice registered nurse because the family is refusing to allow the staff to tell the patient his prognosis. The advanced practice registered nurse's most appropriate action is to
 - A. conduct a patient and family conference to explore the patient's preferences.
 - B. consult a social worker to help the family come to terms with sharing the news with the patient.
 - C. encourage the nursing staff to honor the family's wishes not to tell the patient his prognosis.
 - D. recognize the ethical principle of autonomy and tell the patient his prognosis.
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. Which of the following is the most frequent source of situational anxiety in a patient with a life-threatening illness?
 - A. concerns about pain, isolation, shortness of breath or dependence
 - B. functional decline and imminent death
 - C. phobias or panic disorders
 - D. thoughts of the future or a wasted past
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

| <u>Question</u> | <u>Answer</u> | <u>Content Area</u> | <u>Cognitive Level</u> |
|-----------------|---------------|---------------------|------------------------|
| 1. | B | 2B1 | AN |
| 2. | A | 3B14 | AN |
| 3. | D | 2A17 | AP |
| 4. | A | 3B9 | AP |
| 5. | D | 2A4 | RE |
| 6. | B | 1A3 | RE |
| 7. | A | 2B2 | AP |
| 8. | A | 2A25 | RE |
| 9. | B | 1C6 | AP |
| 10. | A | 4A1 | AP |

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

Dahlin, CM. and Lynch, MT. (Eds.) (2013). *Core Curriculum for the Advanced Practice Hospice and Palliative Registered Nurse* (2nd Ed.) Pittsburgh, PA: Hospice and Palliative Nurses Association.

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

Ferrell, BR., Coyle, N. 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; U7 Pediatric Palliative Care and Hospice; U8 COPD, Heart Failure, and Renal Disease; U9 HIV, Dementia, and Neurological Conditions. Glenview, IL: American Academy of Hospice and Palliative Medicine.

Quill, T. et al. (2014). *Primer of Palliative Care* (6th Ed.). Glenview, IL: American Academy of Hospice and Palliative Medicine.

Secondary Reference List

Competencies for the Hospice and Palliative Advanced Practice Nurse (2nd Ed.) (2014). Pittsburgh, PA: Hospice and Palliative Nurses Association.

Nursing 2020 Drug Handbook (40th Ed.) (2020). Ambler, PA: Lippincott Williams and Wilkins.

Palliative Nursing: Scope and Standards of Practice: An Essential Resource for Hospice and Palliative Nurses. (2014). American Nurses Association/Hospice and Palliative Nurses Association. Silver Spring, MD: Nursesbooks.org.

Wittenberg, E., Ferrell, BR., Goldsmith, J., Smith, T., Ragan, SL., Glajchen, M., and Handzo, G. (Eds.) (2015). *Textbook of Palliative Care Communication*. New York: Oxford University Press.

2021 HPCC EXAMINATION APPLICATION

To apply online, visit 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 HPCC 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, CHPNA, and CPLC. ACHPN, CHPN, AND CHPPN must renew by HPAR.

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 | |
|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| | HPNA Member | Non-HPNA Member | HPNA Member | Non-HPNA Member |
| Advanced Practice Registered Nurse Examination | <input type="checkbox"/> \$345 | <input type="checkbox"/> \$465 | Refer to Page 10 | Refer to Page 10 |
| Registered Nurse Examination | <input type="checkbox"/> \$295 | <input type="checkbox"/> \$415 | Refer to Page 9 | Refer to Page 9 |
| Pediatric Registered Nurse Examination | <input type="checkbox"/> \$295 | <input type="checkbox"/> \$415 | Refer to Page 9 | Refer to Page 9 |
| Licensed Practical/Vocational Nurse Examination | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$345 | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$320 |
| Nursing Assistant Examination | <input type="checkbox"/> \$185 | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$170 | <input type="checkbox"/> \$200 |
| Perinatal Loss Care Examination | <input type="checkbox"/> \$295 | <input type="checkbox"/> \$415 | <input type="checkbox"/> \$260 | <input type="checkbox"/> \$380 |

Payment Information: Please indicate your method of payment.

Check or money order (personal or cashier's check payable to HPCC)

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 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 fulfilled the eligibility requirement of 500 hours in the most recent 12 months or 1000 hours in the most recent 24 months prior to submission of this application in hospice and palliative nursing assistant practice under the supervision of a registered nurse.

Perinatal Loss Care Examination

- I hold a professional degree and I am currently licensed in the United States or its territories as
 - Registered Nurse
 - Physician
 - Psychologist
 - Counselor
 - Child Life Specialist
 - Social Worker
 - Chaplain
- I have fulfilled the eligibility requirement working in my profession and the area of perinatal loss and/or bereavement support for a minimum of two years in the past three years 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.

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 start and end dates of supervised practice.)* **Example: 500 hours in the most recent 12 months is entered as 1/1/2020-1/1/2021 and 1000 hours in the most recent 24 months is entered as 1/1/2019-1/1/2021.**

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 only**). 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. 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. 105th 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 and submit it with your application 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: _____

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:

- Advanced Practice Registered Nurse
- Registered Nurse
- Pediatric Registered Nurse
- Licensed Practical/Vocational Nurse
- Nursing Assistant
- Perinatal Loss Care

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 to:
PSI, 18000 W. 105th St., Olathe, KS 66061-7543, Fax 913-895-4650.
If you have questions, call Candidate Services at 833-256-1422.



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 to:
PSI, 18000 W. 105th St., Olathe, KS 66061-7543, Fax 913-895-4650.
If you have questions, call Candidate Services at 833-256-1422.

