

December 2024



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/hpcc

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
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: 913-895-4650
Email: ampExamServices@psionline.com
Website: <https://test-takers.psiexams.com/hpcc>

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 over 14,000 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.

INCLUSIVE LANGUAGE IN EXAMINATIONS

Members of the HPCC Examination Development Committees (EDCs) regularly review pretest and exam questions for inclusive language to ensure they are free from stereotypes, overt and subtle discrimination, and negative messages.

The Exam Development Committee members use the [HPCC DEIB Style Guide](#), for inclusive language, which includes avoiding the use of gender-specific pronouns and other non-inclusive language. Ongoing review of language included in exam items enables HPCC to offer examinations that are culturally aware and inclusive.

HPCC remains committed to allowing all stakeholders to participate fully in the certification process and develop a strong sense of community within its portfolio of certification programs.

CERTIFICATION

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 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. The examination is administered by appointment only. Candidates are scheduled on a first-come, first-served basis. The examination is not offered on the first Monday of September or December 24-26.

LIVE REMOTE PROCTORING (LRP)

HPCC offers candidates the option to take an examination through Live Remote Proctoring (LRP). 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 <https://www.advancingexpertcare.org/hpcc/live-remote-proctoring>. It is the tester's responsibility to ensure their computer meets the specified requirements to take the exam and that they can access their HPCC account.

If you are unable to take the LRP exam due to an account lockout that occurred outside of HPCC business hours, you must complete a transfer form which will allow you to reschedule within the same testing window (if testing seats are available). If no seats are available, you will be transferred to the next testing window.

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	Online Application Deadline
March 1 – March 31	December 1	February 15
June 1 – June 30	March 1	May 15
September 1 – September 30	June 1	August 15
December 1 – December 31	September 1	November 15

To apply for an HPCC examination, complete the application online. All applications must be **RECEIVED** at PSI by the application deadline.

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 \$110 transfer fee to move to the next window.

TEST CENTER LOCATIONS

A current listing of approximately 500 Test Centers with specific address information can be viewed at <https://test-takers.psiexams.com/hpcc>. From this page, click Check for Available Dates, then select the exam you wish to register form and click Continue. On the next screen it will allow you to see the test center locations.

APPLYING FOR AN EXAMINATION

THE APPLICATION PROCESS

Candidates may access the application process through the HPCC at <https://www.advancingexpertcare.org/hpcc>. **PAPER AND FAXED APPLICATIONS ARE NOT ACCEPTED.**

1. Online Application and Scheduling: You may complete the application and scheduling process in one online session by visiting <https://www.advancingexpertcare.org/hpcc>. The computer screens will guide you through the application/scheduling process. You may click [here](#) for application instructions. After the application information has been submitted, eligibility will be confirmed or denied. If additional eligibility information is needed, you will be notified via email by PSI.
2. When eligible an email will be sent with a link to schedule your exam. You will have the option to choose to test via a Test Center or LRP and the day and time. Your selected day/time is not confirmed until you submit payment.

If eligibility cannot be confirmed, notification on 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.**

NAME CHANGES & DISCREPANCIES

It's the candidate's responsibility to ensure the name on the confirmation email is the same as what's on your legal Identification. If the name on your legal identification does not match the name on your registration email, you must contact HPCC via email hpcc@gohpcc.org **at least 5 business days before** the scheduled exam date. Once HPCC processes the updated information a new confirmation email will be sent to the candidate. Candidates must confirm the name on the confirmation email matches their legal identification.

If you are attempting a name change **less than 5 days before** your scheduled exam, you must call HPCC immediately at 412-787-1057 for further instructions. Name change requests made less than 24 hours before an exam will not be processed in time for the candidate to sit for the scheduled exam. Candidates may request a transfer to the next testing window if unable to sit for their initial exam. Refer to the Transfers section for more information.

Failure to notify HPCC of an edit or change to your name may result in being unable to sit for an exam and a forfeiture of the exam and fees.

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 no 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 24 hours before the start of the exam.

You may reschedule an appointment for an examination in the same testing window at no charge by calling PSI at 833-256-1422 or rescheduling online at <https://test-takers.psiexams.com/hpcc>. You must cancel your current exam and reschedule at least 24 hours before the start of the 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, and the candidate is permitted to change the test appointment again.

You may transfer your registration to the next testing window by completing a Transfer Application and submitting it to PSI at

ampexamservices@psionline.com. It may take up to 10 business days for PSI to process and approve transfer applications. If approved, you will receive an email from PSI with instructions on how to schedule your exam. Please refer to the Transfers section for further information.

If you miss your scheduled exam and do not cancel it at least 24 business hours before the start of the exam you will forfeit your exam fees and will have to submit a new application to test.

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

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 because 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.

To request accommodations, you must complete the online form at [Test Accommodations Request](#) and attach the Documentation of Disability-Related Needs form. This form must be completed by an appropriate licensed professional. It may take up to 10 business days for the accommodation request to be reviewed and approved. Upon approval, you will receive a confirmation email and/or call from PSI with further information on how to schedule your exam. If you have questions regarding exam accommodations, you must call the Accommodations Department at PSI at 800-367-1565 ext. 6750.

HPCC does not review or approve accommodation requests. All questions must be directed to PSI at the number above.

HPNA, ALLIANCE, SWHPN MEMBERSHIP BENEFIT

Persons applying for a certification Exam who are current HPNA, ALLIANCE, or SWHPN members PRIOR to applying for the HPCC Exam are entitled to the member discounted examination fee as a membership benefit.

If applying for HPNA membership, 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 membership number on their exam application to receive the discounted fee.

Members of the Social Work Hospice and Palliative Care Network (SWHPN), and National Alliance for Care at Home are eligible to receive member pricing for the APHSW-C certification exam. If you are member of one of these partnering organizations, please utilize the following directions to secure member pricing within the APHSW-C online application.

Members of SWHPN: Find your member discount code within SWHPN’s online member portal, <https://www.swhpn.org/membership>, contact info@swphn.org if you need assistance. Enter the code in the cart area of the online exam application.

Members of ALLIANCE: Please utilize the following link: <https://www.nhpco.org/sw-cert/> to log into the ALLIANCE website and obtain the corresponding discount code to enter within the *Cart Area* of the online application.

Members of HPNA: Member pricing is automatically confirmed via membership number/candidate ID and calculated within the online application.

Please note: Special pricing codes and numbers are only valid for the APHSW-C certification program and not redeemable for other HPCC certifications. Additionally, special pricing cannot be combined with other membership related pricing offers. All special pricing is subject to administrative review.

FORFEITURE OF FEE

Examination fees will be forfeited for any candidate that:

1. Fails to cancel an examination greater than 24 hours before 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 the eligibility email;
5. Fails to submit required audit documentation if selected for audit;
6. Tries to take the LRP exam on an unsupported device;
7. Did not run the compatibility check and/or did not run the secure browser check before attempting to test via LRP;
8. Does not launch the LRP exam within 30 minutes of the appointed testing time;

9. Fails to submit a transfer request for a missed exam within 30 days after the test window closes.

Candidates who have forfeited their exam fees and did not submit a transfer application to PSI within 30 days of the original testing window, must submit a new application and pay the required fees to test again. Refer to the Transfer section for further information.

AUDITS

To ensure the integrity of eligibility requirements, HPCC audits a percentage of randomly selected applications each year. The audit letter from PSI will indicate the date the documentation must be received. Candidates selected for audit may return the required documents to PSI via email at ampexamservices@psionline.com or mail the requirements to PSI at 18000 W. 105th Street, Olathe, KS 66061.

CHPLN, CHPN, CHPNA, and CHPPN candidates must provide the following information:

1. If applicable, provide a copy of your current, unrestricted nursing license issued in the United States, its territories, or the equivalent in Canada.
2. A completed Practice Hours Verification Form (the form is included in the audit email sent from PSI)

ACHPN Candidates must provide the following information:

1. A current, active copy of their professional license (license must have an expiration date after the selected testing window)
2. A completed Practice Hours Verification form
3. A completed Candidate Checklist form
4. A copy of their academic transcript (transcripts may be unofficial copies)

APHSW-C Candidates must provide the following information:

1. If applicable, a copy of their academic transcript that shows you were granted a BSW or MSW degree by a CSWE-accredited school or international equivalent (transcripts may be unofficial copies)
2. A completed Practice Hours Verification Form (the form is included in the audit email sent from PSI)

For questions about the status of an audited application, contact PSI at 833-256-1422. Once the audit is approved, you will receive an email from PSI with instructions on how to schedule your exam. The audit process may take up to 14 business days.

TRANSFERS

HPCC allows the transfer of Scheduled and Registered exams. PSI processes Transfer applications and HPCC processes Transfer Eligibility applications. To be eligible to transfer a Scheduled exam, candidates must cancel their exam at least 24 hours before the exam time. To cancel the exam, call PSI at 833-256-

1422. Transfer applications are only accepted during open application windows. Transfer applications are in the back of the candidate handbook.

It may take up to 10 business days for an application to be processed and approved. Once approved, the candidate will receive a new scheduling email to pay the transfer fee (if applicable).

Candidates who would like to transfer beyond the next current window must complete a Transfer Eligibility application. If you transfer your application to a different window and miss your scheduled exam, you forfeit your exam fees and must register to test again and pay the initial application fees.

SCHEDULED EXAMS

Candidates who scheduled an HPCC exam in the current testing window paid the initial application fee and canceled the exam 24 hours before the scheduled test will be allowed to transfer their application to the next testing window. Candidates must complete the transfer application, select the box indicating they are transferring a Scheduled Exam, and email the completed form to PSI at ampexamservices@psionline.com. Once PSI processes the transfer application, the candidate will receive a new scheduling email to pay the \$110 transfer fee.

Transfer requests must be received no later than 30 days after the test window closes for which the candidate initially registered. Transfer applications are only accepted during open application windows. Transfer applications are in the back of the candidate handbook.

LRP TESTERS-LOCKED OUT OF YOUR ACCOUNT

If you are scheduled to take an LRP exam outside of HPCC's regular office hours and cannot access your exam due to the inability to log in, you will be permitted to reschedule your exam for the current test window (if dates are available) or transfer to the next test window (only) at no charge. Candidates must complete the Transfer application, select the box indicating they are rescheduling due to being Locked Out of their exam on the day of testing, and email the completed form to PSI at ampexamservices@psionline.com. Once PSI processes the transfer application, the candidate will receive a new scheduling email.

Testers are responsible for ensuring they have access to their HPCC account before the day of the exam. Testers who must reschedule due to a lockout will only be allowed to reschedule **ONCE**. If the tester is locked out for a second time and unable to test, exam fees will be forfeited, and the tester must submit a new application and fee to sit for the exam. Please note, HPCC is open Monday-Friday from 8:00 am to 4:00 pm ET.

REGISTERED FOR AN EXAM - TRANSFER TO THE NEXT TESTING WINDOW

Candidates who registered for an HPCC exam in the current testing window but have not scheduled or paid the exam fee may transfer their registration to a future testing window (within the next 3 available exam windows) by completing a Transfer Eligibility application. Completed applications must be sent to HPCC at hpc@gohpcc.org. Once HPCC processes the transfer eligibility application, the candidate will receive an updated candidate ID and login credentials to reapply for their certification exam. This will also include a new scheduling email from PSI after submitting a new exam eligibility application.

CERTIFICATION SCHEDULE

- **March Testing Window:** Applications open December 1 and are due February 15
- **June Testing Window:** Applications open March 1 and are due May 15
- **September Testing Window:** Applications open June 1 and are due August 15
- **December Testing Window:** Applications open September 1 and are due November 15

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 (**cannot be used for LRP testing**)
5. Green card
6. Alien registration
7. Permanent resident card
8. National identification card

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)

When testing via Live Remote Proctoring (LRP), you have the option to test in the comfort of your home, office, or testing environment at your assigned exam time. The following requirements must be met for your computer and testing environment to be eligible for the exam. You must run all required pre-checks on your computer before the assigned exam time and meet the check-in requirements to launch your exam. Failure to complete or meet the following requirements will result in a forfeited exam and fees. Click [PSI - Online Proctoring Experience](#) to watch a video regarding the LRP experience.

LRP PRE-CHECK

Before your live remote proctoring exam, you must complete the following steps. Failure to pass any of the requirements below will result in a forfeiture of your exam and fees.

1. Testers must be able to access their HPCC account. If unable to access their HPCC account, testers must contact HPCC during regular business hours at 412-787-1057 or email hpcc@gohpcc.org and request a password reset. If a tester is locked out of their account and unable to reset their password within 30 minutes of the start of their exam, the exam will not launch, and they must complete a Transfer application. See the Transfers section for more details.
2. Testers must ensure the computer they are using meets the system requirements. Click [System Requirements](#).
3. Testers must run a Compatibility check on the computer they are using to take the exam. Click [Online Proctoring Compatibility](#) to check that your computer is compatible to test via LRP.
4. Testers must run the Exam Tutorial Secure Browser check by clicking on the link in the Schedule Confirmation or Schedule Reminder email they receive from PSI. Testers will have three opportunities to complete the exam tutorial and run the secure browser system check. **If unable to download the secure browser you will be unable to use that computer for the LRP exam.**
5. Testers using an employer or organization-issued device

must have administrative access to the computer and/or the ability to turn off restricted programs and firewalls to allow for remote access.

6. Testers must have a camera that is capable of completing a 360-degree room scan of your testing environment and work area.

LRP CHECK-IN

1. Testers may log in to their account at <https://test-takers.psiexams.com/hpcc> and launch the exam up to 30 minutes before the assigned start time to begin the check-in process.
2. The exam is available for launch up to 30 minutes after the scheduled appointment time. If testers are unable to launch and complete the check-in process successfully within that time frame, they will be unable to test that day which will result in a forfeiture of their exam and fees.
Note: If you are locked out of your exam due to a username or password issue and unable to contact HPCC to reset your account, refer to the LRP - Locked Out section under Transfers
3. Once logged into the secure browser, testers will be required to show their government-issued ID (see the full list of acceptable identification under the On the Day of your Examination - Test Center section).
Note: Your ID must match the name on your registration. If there is a discrepancy between the name on your registration and your legal ID, you will be unable to test, and this may result in a forfeited exam and fees. Refer to the Name Change section for more information.
4. You will be required to complete a room scan to ensure your environment meets the requirements to launch the exam. Refer to the Examination Restrictions section for a list of prohibited items.

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 are 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.
- Test takers will be asked to undergo a metal detection wand inspection as part of the security check.

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/Headwear*
- Wallets
- Keys
- Bracelets
- Oversized hoodies

**Religious apparel is described as articles of clothing or headwear, worn as part of the doctrinal or traditional observance of the religious faith. Examples of religious apparel may include, but are not limited to, some of the following items:*

1) *Habit: a garment worn by members of Christian religious orders (normally a tunic worn with scapular and cowl, hood or veil).*

2) *Hijab: a head, face or body covering worn by Muslim women, which may range from a head covering or scarf to a full burqa (burka) covering the entire body.*

3) *Kippah (or Yarmulke): a rounded skullcap worn by Jewish men and women.*

4) *Kufi (or Doppa): a rounded skullcap worn by Muslim men.*

5) *Turban: a headdress consisting of a long scarf wound round the head worn by peoples of various cultures, often commonly worn by Muslims and Sikh.*

While this certainly is not a comprehensive list of religious apparel and headwear, please keep in mind, it may not always be immediately clear whether an item of clothing is considered religious apparel. There may be types of religious apparel that do not appear on this list.

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.
- You may request disposable ear plugs from the test center staff, if needed. You may not bring your own ear plugs or ear buds to the test center.

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

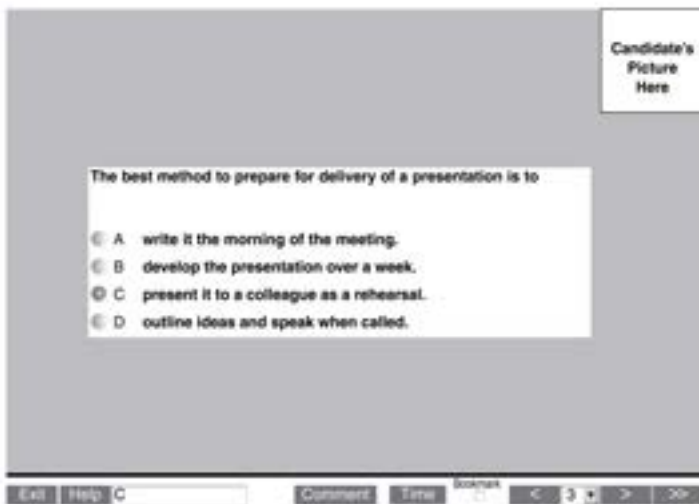
All examination questions are the copyrighted property of HPCC. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

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 all questions have not 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 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 844-267-1017. 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 only reported in printed form at the testing facility or emailed.**

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. If you do not receive your score report within 24 hours, you may access it by clicking <https://test-takers.psiexams.com/hpcc/auth/loginlogging> and logging into your PSI account. Once logged in, click on the “Manage” tab, and then “Check for Score Report”. You can also contact PSI at 833-256-1422 and request your score report to be emailed to you.

Your score report will indicate a “pass” or “fail.” Additional detail is provided as the percent correct in each major content category. Your overall test score is reported as a scaled score, which 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 200 and 800.

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 500 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 500 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 500 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, percent correct are reported for the major categories on the content outline. 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

For exams completed prior to March 2024, 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 12 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. Testing results will not be given over the phone or via facsimile.

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

Each certification expires after a period of four years unless it is renewed by the individual. 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.

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 that 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.

HPCC employs its vendor to conduct data forensic on HPCC examinations. In addition, PSI conducts additional security measures including web crawling to secure HPCC examinations.

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 hpc@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

Candidates who are unsuccessful on their initial exam may retake the same HPCC exam at a discounted rate of \$135.00. Candidates have the next three test windows to retake the exam under the reTEST Assured program, the reTEST form must be submitted for the testing window the candidate would like to test in. Please refer to the certification exam schedule below to determine when to apply. To apply for the reTEST program, select and complete the applicable form, and follow the application instructions.

HPCC [Nurse reTEST Assured Program Form](#)

HPCC [APHSW-C reTEST Assured Program Form](#)

APPLICATION INSTRUCTIONS:

- Complete the applicable reTEST Assured Program Registration Form and email the form to ampexamservices@psionline.com.
- reTEST applications received after the testing window deadline will be returned unprocessed.
- You will receive a notification from PSI with instructions on how to submit payment and schedule your exam when the form has been processed.

Note: It may take up to 10 business days for PSI to process reTEST applications.

CERTIFICATION EXAM SCHEDULE:

- **March Testing Window:** Applications open December 1 and are due February 15
- **June Testing Window:** Applications open March 1 and are due May 15
- **September Testing Window:** Applications open June 1 and are due August 15
- **December Testing Window:** Applications open September 1 and are due November 15

Candidates may only use the reTEST program one time after an unsuccessful attempt. Candidates who do not pass the exam after using the reTEST program must submit an initial application and fee to test again. Candidates may not apply for the reTEST program before the initial examination.

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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.

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 meet the following requirements before submission of an application:

- Hold a current, unrestricted active APRN license or APRN certification in the United States, its territories, or the equivalent in Canada.
- 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 (CCRNR).
- Is functioning as an 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 before applying for the exam.

APPLICATION SUBMISSION REQUIREMENTS

All ACHPN applications are audited by PSI and HPCC. Failure to provide the following documents or submitting incomplete forms will result in a delay in your application.

1. A current copy of the state APRN license that clearly shows the expiration date (*certificates are not accepted as proof of certification*).
2. Practice Hours Verification Form.
3. Audit Checklist
4. A copy (official or unofficial) 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.

Candidates may upload the required documents during the registration process or may email them to PSI at ampexamservices@psionline.com. Applications that do not include the submission requirements will be considered incomplete and will not be approved for scheduling.

Note: It may take 10-14 business days for ACHPN applications to be reviewed and approved.

EXAMINATION FEES

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

INITIAL CERTIFICATION

Application Fee	\$515.00
HPNA members Fee	\$355.00*

RETEST ASSURED

Both HPNA members and non-HPNA members \$135.00

*See "HPNA, ALLIANCE, SWHPN Membership Benefit"

Candidates have the **next three test windows** after the initial exam to retake the exam under the reTEST Assured program. The reTEST form must be submitted for the testing window the candidate would like to test in. Please refer to the certification exam schedule below to determine when to apply. To apply for the reTEST program, candidates must complete the HPCC Nurse reTEST Assured Program form and follow the application instructions listed.

APPLICATION INSTRUCTIONS

- Complete the applicable reTEST Assured Program Registration Form and email the form to ampexamservices@psionline.com.
- reTEST applications received after the testing window deadline will be returned unprocessed.
- You will receive a notification from PSI with instructions on how to submit payment and schedule your exam when the form has been processed.

Note: It may take up to 10 business days for PSI to process reTEST applications.

CERTIFICATION EXAM SCHEDULE

- March Testing Window:** Applications open December 1 and are due February 15
- June Testing Window:** Applications open March 1 and are due May 15

- September Testing Window:** Applications open June 1 and are due August 15
- December Testing Window:** Applications open September 1 and are due November 15

Candidates may only use the reTEST Assured Program one time after an unsuccessful attempt. Candidates who do not pass the exam after using the reTEST Assured program must submit an initial application and fee to test again. Candidates may not apply for the reTEST Assured program before the initial examination.

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. The ACHPN® HPAR may be submitted at any time during the final year of certification. The ACHPN® HPAR requires renewal of certification by completion of the Situational Judgment Exercise, fulfilling practice hour requirements, and accumulating the required points through various professional development activities.

REACTIVATION

Candidates who miss the deadline for recertification and are within 3 years of the expiration date must reactivate their expired credential using the ACHPN® HPAR process. Testing to reactivate within three years of expiration is not allowed. To reactivate, you must contact the National Office at 412-787-1057 or send an email to hpcc@gohpcc.org with a notification of your intent to reactivate.

To reactivate a certification that has been expired for three years or more, candidates must sit for the exam. Refer to the ACHPN® HPAR packet found at <https://www.advancingexpertcare.org/hpcc/recertification/how-to-recertify/> for more information.

RENEWAL/REACTIVATION FEES

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

RENEWAL FEE (Early Bird)

(Renewal through ACHPN® HPAR only)

Non-Member	\$480.00
HPNA members	\$320.00*

RENEWAL FEE (Standard)

Non-Member	\$590.00
HPNA Members	\$430.00*

REACTIVATION FEE

Non-Member	\$750.00
HPNA Members	\$590.00*

*See "HPNA, ALLIANCE, SWHPN Membership Benefit" for more information.

To secure the selected testing date, fees must be paid at the time of scheduling. Only online payments using the following credit cards are accepted: Visa, MasterCard, Discover, or American Express.

RECEIPTS

Exam receipts come from the testing company, PSI. You may click <https://test-takers.psiexams.com/hpcc/auth/login> to access your account to print a receipt. After entering your login information, select "manage print confirmation" to print off the order summary. You may request a receipt by emailing PSI at ampexamservices@psionline.com, or calling 833-256-1422.

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 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. They have decided not to have any more treatment. They are not yet eligible for hospice but is seen by the palliative care service. They present to the clinic today reporting that they have been hearing voices in the last twenty-four hours. An irregular heart rate is noticed during the physical exam that was not present at their 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 adult child tells the advanced practice registered nurse that they do not wish their parent to die in their home because of their 11-year-old child, who is very attached to their grandparent. The adult child tells the nurse that if their parent must come to their home, they will have to send their young child to live with relatives so they won't be traumatized by the death. What is the nurse's best initial response to the adult child?
 - A. Explore what the grandchild knows about the patient's condition and their fears about home death.
 - B. Encourage the adult child to get grief counseling for their child.
 - C. Counsel the adult child about children and grief behaviors.
 - D. Talk with the patient about where they would like to go and follow their wishes.
3. A patient with a history of small cell lung cancer reports inability to move their right arm without experiencing deep, aching, shooting pain. The patient could not tolerate a physical examination of their neck, right supraclavicular area, right shoulder, or right axilla. Their 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 their desire to stop tube feedings. Their physician's refusal to comply with their 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	1E
6.	B	1E
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.

CONVERSION ITEMS

Conversion items use the Equianalgesic Opioid Dosing conversion table (Table 1-1) from the book McPherson, M. L. (2018) *Demystifying Opioid Conversion Calculations: A Guide for Effective Dosing*, (2nd Ed.). Bethesda, MD: American Society of Health-Systems Pharmacists.

The table is included in the items.

Primary Reference List

(Used for ACHPN exam item validation)

Dahlin, CM., and Coyne, PJ. (Eds.) (2023). *Advanced Practice Palliative Nursing* (2nd Ed.). New York, NY: Oxford University Press.

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

Secondary Reference List

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

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

Tracy, MF., O'Grady ET., and Phillips, SJ. (2023). *Advanced Practice Nursing: An Integrative Approach*. (7th Ed.). St. Louis, MO: Elsevier.

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

HPCC NURSE reTEST ASSURED PROGRAM

Candidates who are unsuccessful in their initial exam may retake the same HPCC exam at a reduced rate of \$135.00. You must sit for the exam in one of the next three test windows to use the reTEST Assured program. Candidates must also meet the eligibility requirements at the time of submission.

Directions: Complete each section below and **email** the reTEST Assured form to PSI at ampexamservices@psionline.com. Applications are only accepted during open testing windows. Once processed, PSI will send an email with instructions on how to schedule your exam and pay the \$135.00 reTEST fee. Refer to the reTEST Assured Program section of the handbook for more information.

Note: It may take up to 7-10 business days for PSI to process the reTEST application.

Section I:

Select the statement below that applies to you.

☐ I am a reTEST Assured program candidate who was unsuccessful on my first attempt to sit for the exam and must retest in one of the next three windows.

Note: Candidates can use the reTEST Assured program once after a non-passing score. Do not submit the reTEST Assured registration form until you are ready to take the test.

☐ I am a reTEST Assured program candidate who has already submitted and has been approved for **Special Examination Accommodations**. I understand that once eligible I will only be able to schedule the exam by contacting PSI exam accommodation at 800.367.1565 ext. 6750.

Section II:

Candidate ID #

Last Name

First Name

MI

Home Street Address or PO Box

City

State

Zip Code

Home Phone

Work Phone

Cell Phone

Email Address (required)

Audits of HPCC Applications: To ensure the integrity of eligibility requirements, HPCC audits 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. The audit letter from PSI will indicate the date the documentation must be received. You will be notified by PSI when the audit is approved, and you are eligible to schedule the exam.

HPCC NURSE reTEST ASSURED PROGRAM

Section III:

Attestation and Signature (check each box to attest to your agreement with 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 attests to your agreement with the above statements)

Name (Please Print)

Signature

Date

Section IV

Check below to confirm that you currently meet the eligibility requirements for the examination you are registering for:

Advanced Practice Registered Nurse Examination

- ☐ I am currently licensed as an advanced practice registered nurse in the United States, its territories, or the equivalent in Canada.
☐ Nurse Practitioner ☐ Clinical Nurse Specialist
- ☐ 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 before submission of this application.
- ☐ Licensure: State _____ APRN License Number _____ License Expiration _____
- ☐ 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 (CCRNR).
- ☐ 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.
- ☐ 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 before submission of this application.
- ☐ Licensure: State _____ RN License Number _____ License Expiration _____

Pediatric Registered Nurse Examination

- ☐ I am currently licensed as a registered nurse in the United States, its territories, or the equivalent in Canada.
- ☐ 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 before submission of this application.
- ☐ Licensure: State _____ RN License Number _____ License Expiration _____

HPCC NURSE reTEST ASSURED PROGRAM

Licensed Practical/Vocational Nurse Examination

- ☐ I am currently licensed as a licensed practical/vocational nurse in the United States, its territories, or the equivalent in Canada
- ☐ 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 before submission of this application.
- ☐ Licensure: State _____ LPN/LVN License Number _____ License Expiration _____

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 before 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 subjected to discipline, certificate or license revocation, or other sanctions 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

Nursing 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:

Verifiers Name (Last)

First

Facility Name

Verifiers Phone Number

Verifiers 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

APPLICANT INFORMATION

 Last Name

 First Name

 MI

Please note the following:

- If applying or reapplying 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.
- Individuals providing verification of supervised practice may be contacted during audit.
- You must provide multiple forms if verification is needed from more than one individual.
- Returned forms must be re-signed by the collaborating individual.
- Returned forms or incomplete applications may result in a delay of approval to test. Applicants will not be moved to the next testing window due to returned forms.

By signing below, I verify I have read, understand, and will comply with the information provided in this application.

 Applicant Signature

 Date

PART A: SUPERVISED PALLIATIVE CARE PRACTICE HOURS WITHIN AN ADVANCED HOSPICE AND/OR PRACTICE PALLIATIVE NURSING EDUCATION PROGRAM

Use this section to certify that the applicant has completed supervised clinical practice in advanced practice hospice and/or palliative care nursing within an education program.

- ☐ I, the undersigned verify the applicant completed a minimum of 500 practice hours in the most recent 12 months.
- ☐ I, the undersigned verify the applicant completed a minimum of 1000 practice hours in the most recent 24 months.

Select which program the applicant used to complete the practice hours above.

- ☐ Nursing Master's Program ☐ Nursing Post-Master's Program ☐ Doctor of Nursing Practice

Please indicate your role:

- ☐ Physician Preceptor ☐ Clinical Nurse Specialist Preceptor ☐ Nurse Practitioner Preceptor ☐ Faculty Member
- ☐ Other _____

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

Use this section to certify that the applicant has completed clinical practice in advanced practice hospice and/or palliative care nursing.

- ☐ I, the undersigned verify the applicant completed a minimum of 500 practice hours in the most recent 12 months.
- ☐ I, the undersigned verify the applicant completed a minimum of 1000 practice hours in the most recent 24 months.

Select the applicant's role in which you have observed and/or supervised them to complete the practice hours above.

- ☐ Clinical Nurse Specialist (CNS) ☐ Nurse Practitioner (NP)

Please indicate your role:

- ☐ Supervisor ☐ Collaborating Advanced Practice Nurse ☐ Collaborating Physician ☐ Collaborating Clinical Nurse Specialist
- ☐ Other _____

REQUIRED for Part A and Part B (to be completed by individual verifying practice hours)

 Name (print name)

 Title and Credentials

 Address

 Daytime Phone Number (with area code)

 Email Address

 Name of Facility or Organization (where supervised practice took place)

 Clinical Setting (Clinic, Inpatient Unit, etc.)

 Verifiers Signature

 Date

Revised September 2023

ADVANCED CERTIFIED HOSPICE AND PALLIATIVE NURSE (ACHPN) CANDIDATE CHECKLIST

APPLICANT INFORMATION

Last Name

First Name

MI

Please note the following:

- This form must be filled out in its entirety. Failure to do so will result in a delay in processing your application.
- Copies of advanced practice education (transcripts) will be accepted.
- Required documents must be uploaded to your ACHPN application before submission
- APRN licenses or verification documents must list an expiration date and the level of certification.

By signing below, I verify I have read, understand, and will comply with the information provided in this application.

Applicant's Signature

Date

ADVANCED PRACTICE NURSING LICENSE

To be eligible to sit for the ACHPN exam, you must hold a current, unrestricted active APRN license or APRN certification in the United States, its territories or the equivalent in Canada. A copy of your APRN license must be submitted and is required as part of the application process.

Advanced Practice Credential (NP, CNS, etc.): _____

State(s) you are licensed to practice in: _____

Advanced Practice License Number: _____

ADVANCED PRACTICE DEGREE

To be eligible to sit for the ACHPN exam you must have proof of 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).

Advanced Practice Degree Awarded: _____

Name of the College or University that awarded the above degree: _____

Year Degree Awarded: _____

ADVANCED PRACTICE EDUCATION

A copy of your academic record/transcript showing the graduate degree and date conferred is required. The transcript must demonstrate the key elements of APRN preparation, including 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.

☐ By checking this box, I certify that I completed 500 hours of clinical practicum as part of my APRN degree.

Use the chart below to list where you completed the required courses', completion year, course number, and name.

- If your educational institution did not offer the course(s) below but was incorporated across the curriculum, please note this in the "Other" column.

Required Course	School	Year	Course #	Course Name	Other
Advanced Pathophysiology					
Advanced Health Assessment					
Advanced Pharmacology					

February 2024

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HPCC TRANSFER ELIGIBILITY APPLICATION

Transfer to the Next Testing Window

Directions: This form is to be used to transfer scheduled, registered, or locked-out exams. Select which type of transfer you are applying and email the completed form to ampexamservices@psionline.com. Please refer to the Transfers section for more details.

Note: It may take 7-10 business days for PSI to process the transfer application. Once processed you will receive an email with instructions on how to schedule your exam and pay the transfer fee (if applicable).

Scheduled Exam

☐ I scheduled an HPCC exam in the current testing window and paid the initial application fee. I understand I must complete this application and pay a \$110 transfer fee for a (one-time) transfer to the next testing window.

Registered for Exam

☐ I registered for an HPCC exam in the current testing window but have not scheduled or paid the exam fee. I am applying to transfer my application to the next testing window. I understand that my application will only move to the next testing window, and I will still be responsible for paying the initial examination fee.

LRP Testers- Locked Out of Account

☐ I was scheduled to take an LRP exam outside of HPCC's regular office hours (8:00 am – 4:00 pm EST) and cannot access my exam due to the inability to log in. I would like to reschedule my exam for the current testing window (if dates are available) or transfer to the next test window. I understand that my application will only move to the next testing window, and I may only transfer my scheduled exam once. Further, I understand I am responsible for ensuring I have access to my HPCC account before the day of the exam, and if I have a second lockout on the day of my exam resulting in my inability to test, my exam and fees will be forfeited.

Candidate ID #

Last Name

First Name

MI

Home Street Address or PO Box

City

State

Zip Code

Home Phone

Work Phone

Cell Phone

Email Address (required)

Please note: The \$110 transfer fee will be reflected on the "payment" screen as the last step when scheduling the exam. If the incorrect exam fee is applied, please clear the browser's cache and cookies or contact PSI Customer Service at (833) 256-1422.

HPCC TRANSFER ELIGIBILITY APPLICATION

Transfer Beyond the Next Testing Window

Directions: This form is to be used to transfer a registered exam beyond the next testing window. Select that you acknowledge the statement below, complete the form, and email it to hpcc@gohpcc.org. Once your application is processed you will receive an email with new login credentials. You must use these credentials to log in to your account and submit a new registration for your exam. You may only submit the transfer eligibility application for the window in which you will be testing. Please refer to the Transfers section for more details.

Note: *It may take up to 7-10 business days for HPCC to process the transfer eligibility application. For ACHPN applications all supporting documentation must be resubmitted.*

Registered for Exam

☐ I registered for an HPCC exam but have not scheduled or paid the exam fee. I understand that I am applying to transfer my application beyond the next available testing window. I understand that submitting my application at this time will not allow me to test in the current testing window and that I am responsible for paying the initial examination fee.

☐ I also acknowledge that a new candidate ID and login will be assigned to my account after the submission and processing of the transfer eligibility application is complete and that I must use this information to log into my account and register for the exam.

Current Candidate ID #

Last Name

First Name

MI

Home Street Address or PO Box

City

State

Zip Code

Home Phone

Work Phone

Cell Phone

Email Address (required)

Please note: Any questions regarding the transfer eligibility application must be directed to HPCC at hpcc@gohpcc.org or by calling 412.787.1057.

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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 before 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 #

Last Name

First Name

MI

Home Street Address or PO Box

City

State

Zip Code

Home Phone

Work Phone

Cell Phone

Email Address (required)

Special Accommodations

I request special accommodation for the examination below:

☐

ACHPN: Advanced Practice Registered Nurse

☐

CHPN: Registered Nurse

☐

APHSW-C: Social Worker

☐

CHPNA: Nursing Assistant

☐

CHPLN: Licensed Practical/Vocational Nurse

☐

CHPPN: Pediatric Registered Nurse

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 by mail at: PSI, 18000 W. 105th St., Olathe, KS 66061-7543

or submit your accommodation request online at 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 conditions (education professional, physician, psychologist, psychiatrist) to ensure that our testing administrator, PSI, can 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 by mail at: PSI, 18000 W. 105th St., Olathe, KS 66061-7543

or submit your accommodation request online at 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.

