

2024 HPCC APHSW-C RETEST ASSURED PROGRAM REGISTRATION

Directions: Unsuccessful candidates may use this form to register for the reTEST Assured Program, provided they meet HPCC's eligibility criteria at the time of submission.

Complete the requested information and email it to be RECEIVED by PSI by the online application deadline. Registrations received after the deadline will be returned unprocessed. MAILED OR FAXED REGISTRATIONS ARE NOT ACCEPTED. Read the Candidate Handbook before completing, refer to reTEST Assured Program section, page 9 for details. Email the completed form to ampexamservices@psionline.com.

Once received, candidates will be notified via email informing them the registration has been approved with instructions on how to pay the \$125 reTEST fee and schedule the exam.

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

ALL REQUIRED FIELDS

Last Name:			
First Name:		Middle Initial:	
Former Name (if applicable):			
Date of Birth (xx/xx/xxxx):			
Applicant Email Address:			
Home Phone:		Cell Phone:	

2. I am a:

- ☐ reTEST Assured program candidate who must retest in one of the next three windows and submit a new completed application to PSI. Candidates can use the reTEST Assured program one-time after non-passing score. Do not submit the reTEST Assured registration form until you are ready to test.
- ☐ reTEST Assured program candidate who already submitted and has been approved for **Special ExaminationAccommodations**. I understand once eligible I will ONLY be able to schedule the exam by contacting PSI exam accommodations at 800-367-1565 ext. 6750.

3. Examination Fee: \$125 fee

- a. Payment Information will be entered by you on your online account prior to scheduling the exam.

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

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

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

Non-disclosure of Exam Content

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

Ethics

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

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

Name (Please Print)

Signature

Date

Audits of HPCC Applications – To ensure the integrity of eligibility requirements, HPCC will audit a percentage of randomly selected applications each year. Candidates whose applications are selected for audit will be notified and required to provide documentation of their academic transcript, professional license (if applicable) 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. This process can take three weeks or longer.

Check each box below confirming you currently meet the eligibility requirements for the examination you are registering for:**Eligibility requirements for applicants with a state license as a social worker, with a bachelor's degree in social work (BSW) or a master's degree in social work (MSW)**

- ☐ If the applicant's state requires licensure to practice based on the applicant's educational level and type of practice, licensure in good standing is required.
- ☐ BSW applicants must have at least three years of post-degree supervised experience in hospice and palliative social work and have at least three years of post-degree experience in hospice and/or palliative social work within the previous five years. Supervision must be provided by an MSW or licensed professional experienced in hospice and/or palliative care. *(One year of experience is defined as working 2,000 hours)*
- ☐ MSW applicants must have at least two years of post-degree experience in hospice and/or palliative social work within the previous five years. *(One year of experience is defined as working 2,000 hours)*
- ☐ Applicants must attest to practicing in accordance with the [National Association of Social Workers \(NASW\) Code of Ethics](#).

Eligibility requirements for applicants with a state license as a social worker, but without a bachelor's degree in social work (BSW) or a master's degree in social work (MSW)

- ☐ If the applicant's state requires licensure to practice based on the applicant's educational level and type of practice, licensure in good standing is required.
- ☐ Applicants must hold either a bachelor's or a master's degree in a related field (e.g., sociology, psychology, gerontology, social science, public health).
- ☐ Applicants must have at least three years of supervised experience in hospice and/or palliative social work within the previous five years. Supervision must be provided by an MSW or licensed professional experienced in hospice and/or palliative care. *(One year of experience is defined as working 2,000 hours)*
- ☐ Applicants must attest to practicing in accordance with the [National Association of Social Workers \(NASW\) Code of Ethics](#).

Within the last five (5) years:

Yes No

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

If applicable, 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

Advanced Palliative Hospice Social Worker Certified Examination

Verification Statement:

To the best of my knowledge, the individual listed above has completed the minimum required experience for this examination. Please select the requirements met below:

☐ If applicable, is a state licensed social worker and has a bachelor's degree in social work (BSW), plus three (3) years of post-degree supervised experience in hospice and/or palliative social work within the previous five (5) years. Supervision must be provided by a MSW or licensed professional experienced in hospice and/or palliative care or a master's degree in social work (MSW) plus two (2) years of post-degree experience in hospice and/or palliative social work within the previous five (5) years.

☐ If applicable, is a state licensed social worker and holds either a bachelor's or master's degree in a related field (e.g., sociology, psychology, gerontology, social science, public health), plus three (3) years of supervised experience in hospice and/or palliative social work within the previous five (5) years. Supervision must be provided by an MSW or licensed professional experienced in hospice and/or palliative care.

Verifier's Name (Last)

(First)

Title

Verifier's Phone Number

Verifier's Email Address

Facility Name

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

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