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# CERTIFICATION RENEWAL HANDBOOK



**NBHHC**<sup>®</sup>

National Board for Home Care  
and Hospice Certification

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## OVERVIEW OF THE NBHHC

The National Board for Home Care and Hospice Certification (NBHHC®) was founded by the California Association for Health Services at Home (CAHSAH®), a trade association representing home care and hospice providers in collaboration with other state associations. The National Board for Home Care and Hospice Certification (NBHHC®) is responsible for overseeing all aspects of the certification programs. The composition of the Board includes managers, administrators, and executives from home care and hospice provider agencies. Board members represent a wide variety of geographic areas, auspices and educational backgrounds. The board is also responsible for the development and updating of the examinations in conjunction with a professional testing agency.

The mission of the National Board for Home Care and Hospice Certification (NBHHC®) is to establish, assess, and promote standards for home care and hospice professionals in a continued effort to being the preeminent source of advocacy, education and information fostering professional competency and ethical standards across the full diversity of the home care and hospice industry.



## CONTACT INFORMATION

All inquiries regarding the certification exams should be addressed to the National Board for Home Care and Hospice Certification (NBHHC®).

NBHHC  
3780 Rosin Court, Suite 190  
Sacramento, CA 95834

Telephone: 916-641-5795  
Fax: 916-641-5881  
Email: [certification@nbhhc.org](mailto:certification@nbhhc.org)  
Website: [www.nbhhc.org](http://www.nbhhc.org)

All information regarding the examinations, testing policies and procedures and application form can be found in this Certification Renewal Handbook. Your signature on the application certifies that you have read and understand all portions of this Certification Renewal Handbook and will act in accordance with these policies and procedures.

# RENEWAL PROCESS

The purpose of periodic renewal is to measure continued competence through identification of the individual's dedication to enhance their professional development through continued education. The professional development must demonstrate that the education obtained covers the scope identified in the original content outline of the certification exam.

In order to maintain your certification, you must be renew certification every four years. Renewal can be obtained by paying the renewal fee, **and** by the following:

- Renewing certification based on meeting all of the following requirements:
  - Certified professional must have been employed in a management or leadership position in a home care or hospice organization or related field for a minimum of 12 months of the last 48 months. Please note that the experience must be in the auspice of certification.
  - Certified professional must acquire at minimum 50 points total in the following two sections:
    - Section 1: Continuing Education (CE)
      - Provide evidence of a **minimum of 36 continuing education hours (36 points)** obtained within the last four years. One contact hour (50 minutes) = 1 CE/point. All 50 points can be obtained through CE hours but a minimum of 36 hours is required through CE. All CE obtained through courses must be relevant to the certification content. Other remaining points may be obtained through participation in other activities.
      - A portion of the required points may be acquired in the other activities section. **A maximum of 14 points can be acquired in the other activities section.**
    - Section 2: Other Support Activities
      - Membership in an industry trade association
      - Voluntary leadership position in an industry trade association
      - Author of published industry related articles
      - Teaching education courses relevant to the industry
      - Participation in certification examination activities.

*For more information regarding these specific sections of the renewal requirements, please see the application form.*

It is the responsibility of the candidate to turn in the completed application and renewal fee within the timeframe required. Candidates are responsible to track their renewal date. Application for renewal and all applicable fees should be sent in prior to the certification expiration date.

PLEASE NOTE: Do not submit proof of CEUs to NBHHC as you earn them. Your CEUs and supporting documentation should be submitted to NBHHC **together** prior to the certification expiration date.

Renewal applications and payments should be sent to:

NBHHC Certification Renewal  
3780 Rosin Court, Suite 190  
Sacramento, CA 95834

## HOW TO EARN POINTS TOWARDS RENEWAL

There are several ways you can obtain points towards your renewal. You can earn them by attending educational events from accredited providers or by participating in other supporting activities.

### EDUCATIONAL EVENTS (SEMINARS, CONFERENCES, WORKSHOPS, AUDIO SEMINARS, ETC.)

One way of earning points is to attend educational events covering topics identified under the examination blueprint. Qualifying CEUs are awarded for educational content only, not for social/networking events, meals or non-educational general sessions. To submit CEUs, simply include them in the Continuing Education Record portion of the Application for Certification Renewal AND you must include a copy of your Certificate of Completion with your Renewal Application.

PLEASE NOTE: Videos, audio CDs, online education and similar formats are considered to be events for purposes of CEU calculation and documentation requirements.

### OTHER SUPPORT ACTIVITIES

Another way of earning points is to participate in other support activities such as membership in an industry organization/association, voluntary leadership roles in a state trade association, authoring published industry related articles, teaching continuing education courses and certification examination activities. For more information regarding certification renewal activities, please refer to the Certification Renewal Application (see appendix).

## RENEWAL FEES

### CERTIFICATION FEES AND REFUND POLICIES

Fees must be prepaid by credit card or check. If paying by credit card, form must be filled out completely including cardholder signature.

RENEWAL FEES	FEE RATE
Renewal Application Submission Fee:	\$99
Renewal Fee:	\$299
Renewal Late Fee: (Certifications expired under one (1) year upon receipt of renewal application by NBHHC are subject to a late fee.)	\$99

\* Certifications expired for more than one (1) year are not eligible for renewal.

\* All fees are subject to change at any time. Fees are non-refundable and non-transferable.

*Fee Payment Policy: All returned checks will be subject to a \$25.00 service charge per item. If the check does not clear, NBHHC will only accept a money order or credit card. All outstanding balances must be paid upon submission of application.*

- Payment of **Renewal Late Fee** is required if the renewal application is received by NBHHC post expiration date through one (1) year after certification expiration.
- After one (1) year from certification expiration, the certification is ineligible for renewal. To obtain a new certification the candidate must follow the initial certification process. (See page 5 of Candidate Handbook for eligibility requirements and applying for examination.)

## ATTAINMENT OF CERTIFICATION

### DISPLAYING THE CERTIFICATION CREDENTIALS

Individuals who earn and maintain their certification in good standing are permitted to use the credentials after their name. In addition, NBHHC will provide an official certificate bearing the credential.

## REVOKING CERTIFICATION

Certification may be revoked if any of the following scenarios are met:

- The certified individual had supplied false information or supporting documentation
- The certified individual has engaged in inappropriate conduct during the exam administration or after.
- The certified individual fails to comply with NBHHC's Code of Ethics and/or Standards of Practice.
- The certified individual breaches the Certification and Confidentiality Agreement
- The certified individual is excluded from participating in Medicare

## NBHHC WEBSITE

The NBHHC website is a valuable tool for everyone. It contains useful information, downloadable forms, and a wide-variety of resources for certified professionals and those seeking certification. Candidates are encouraged to utilize the website to find out more about the certification process. The official NBHHC website is located at:

[www.nbhhc.org](http://www.nbhhc.org)

## APPENDIX A - NBHHC POLICIES

APPLICATION APPEALS PROCESS

CERTIFICATION APPEALS

CONFIDENTIALITY POLICY

CODE OF ETHICS

DISCIPLINARY POLICY

## APPENDIX B - APPLICATION

APPLICATION FOR NBHHC CERTIFICATION RENEWAL

# NBHHC POLICIES

## APPLICATION APPEALS PROCESS

An applicant who receives notice they are ineligible to take the certification examination due to insufficient experience may (within fourteen (14) calendar days of the notice) appeal the results in writing to the NBHHC. An appeal is a letter addressed to the Chair of the NBHHC c/o the Education Director at the NBHHC address. Appeals can also be accepted via email: [certification@nbhhc.org](mailto:certification@nbhhc.org) or fax (916) 641-5881. The appeals process allows the applicant an opportunity to provide an explanation of areas where the reviewer indicated insufficient experience. It is also an opportunity for the applicant to submit any missing documentation that was previously omitted or to submit new items for consideration. The appeals process is not allowed for applicants who are ineligible because their application had missing pages or if information was misrepresented in the application.

## CERTIFICATION APPEALS

The National Board for Home Care & Hospice Certification (NBHHC®) will receive and hear appeals of adverse certification decisions from NBHHC certified individuals (“certificants”) and applicants for NBHHC certification (“applicants”).

### A. Appealable issue

An adverse certification decision of the NBHHC may be appealed on the grounds that the NBHHC did not properly apply specified certification eligibility criteria or the decision was based on a factual error that affected the outcome. Adverse certification decisions include: denial of eligibility for initial certification, denial of renewal, suspension of certification or revocation of certification.

### B. No appeal permitted

Individuals cannot appeal (1) the passing score or actions taken in setting a passing score; (2) actions taken against an individual’s certification status as a result of a lack of valid registered nurse license or other professional license, unless proof of current, unencumbered licensure is submitted with the appeal; (3) establishment of eligibility criteria; (4) the examination or other measurement tool or individual test items; and (5) test content validity.

## APPEAL PROCEDURE

### 1. Initiating the Appeal

An individual wishing to appeal an adverse decision (Appellant) of the NBHHC will submit a Notice of Appeal to the NBHHC Director of Education within fourteen (14) calendar days of receipt of the adverse decision. The Notice of Appeal will include:

- a. The grounds for appeal;
- b. The envelope from NBHHC showing the postmark date of the adverse decision or copy of email stating same;
- c. Any new or additional information to be considered; and
- d. Mailing address and email address where Appellant can receive communication regarding the appeal.
- e. **FAILURE TO FILE THE NOTICE OF APPEAL WITHIN THE FOURTEEN (14) CALENDAR DAY PERIOD WILL RESULT IN DISMISSAL OF THE APPEAL.**

### 2. Certification Pending Appeal

An individual who appeals from a decision to suspend certification, revoke certification or deny renewal will retain the certification held at the time the appeal was filed.

### 3. The Board will review and consider a properly filed appeal during its next most convenient regularly scheduled meeting.

### 4. Review of Appeal

The appeal will not include a hearing or any similar trial-type proceeding. Legal counsel is not expected to participate in the appeal process, unless requested in writing by the Appellant and approved by the Board in advance. The Board may consult legal counsel.

The Board will only review the appeal on the grounds for appeal identified by Appellant in the Notice of Appeal. At any time after receiving the Notice of Appeal and before deciding the appeal, the Board may, in its discretion, request that Appellant provide additional information or request information or an opinion from the appropriate Content Expert Board members regarding any aspect of the appeal.

# NBHHC POLICIES

## APPEAL PROCEDURE (CONT.)

Only that information submitted with the Notice of Appeal or in response to a request by the Board will be considered in deciding the appeal. Written appellate submissions and reply submissions may be made by authorized representatives of the Appellant. Reply submissions must be made according to whatever schedule is reasonably established by the Board.

The Board will conduct and complete the appeal within ninety (90) days after receipt of the Notice of Appeal. The Board, in its discretion, may extend the time for completing the appeal.

The Board will either affirm or overrule the decision from which Appellant appeals. The written decision of the Board, including a statement of the reasons for its decision, is reported to Appellant. The decision of the Board is final and binding upon Appellant, and all other persons.

## COMMUNICATION

Written communication to the NBHHC must be sent in a manner that confirms receipt (e.g. certified mail with return receipt requested or express mail with signature or delivery confirmation required), and addressed to:

Chair of NBHHC c/o Education Director  
3780 Rosin Court, Suite 190  
Sacramento, CA 95834  
certification@nbhhc.org

Written communication to Appellant may be sent by email, regular U.S. mail or in a manner that confirms receipt (e.g., e-mail, certified mail, express mail with signature required) at the address indicated on the Notice of Appeal.

## PRIVACY NOTICE & CONFIDENTIALITY POLICY

NBHHC is committed to the privacy and confidentiality of existing and prospective certificants. To conduct business, NBHHC collects and processes personal data according to applicable laws. The collected information, which includes fields such as name, company name, address, email address and phone number, is necessary for the purpose of registering you for the NBHHC Certification programs for which you are submitting your information (the 'application').

Your personal information will be stored by NBHHC and kept in accordance with this Privacy and confidentiality policy. NBHHC may send you marketing materials related to these programs as well as share your email with our partners. You can alter your e-mail notification preferences at [www.nbhhc.org](http://www.nbhhc.org). NBHHC is not responsible for the privacy practices of third parties.

### CONFIDENTIALITY OF PARTICIPANT INFORMATION

Participant names and contact information is confidential. Release of participant information will be permitted only with written consent of the participant.

### CONFIDENTIALITY OF EXAM APPLICATION STATUS

Information regarding the status of an exam application submitted to the National Board for Home Care and Hospice Certification (NBHHC®) will not be released to anyone without the exam candidate's written authorization.

### CONFIDENTIALITY OF EXAM SCORES

Examination results are reported by U.S. mail. NBHHC will not release test results to any institution or employer without your written consent.

### CONFIDENTIALITY OF EXAM CONTENT

By completing and submitting an application for examination, you agree not to release any details regarding the exam questions, including giving written or verbal information about the test questions to colleagues, faculty, etc. Violation of that agreement can result in loss of certification and liability for civil penalties and damages.

### NONDISCRIMINATION

The NBHHC Certification Programs do not discriminate on the basis of age, gender, race, color, religion, national origin, sex, disability, marital status, sexual orientation, or other status or condition that is protected by applicable law.



# NBHHC POLICIES

## CODE OF ETHICS

The National Board for Home Care and Hospice Certification (NBHHC<sup>®</sup>) is a voluntary, non-profit, professional association. The NBHHC<sup>®</sup> Certification Program certifies qualified practitioners in the field of home care and hospice, who have met the professional knowledge standards established by the NBHHC Certification Board.

Regardless of any other professional affiliation, this NBHHC<sup>®</sup> Code of Ethics applies to those individuals seeking NBHHC certification (candidates), and all individuals certified by the NBHHC. The NBHHC Code of Ethics establishes appropriate and enforceable professional conduct standards, and explains the minimal ethical behavior requirements for NBHHC certificants and candidates.

### I. RESPONSIBILITIES TO NBHHC, THE PROFESSION AND THE PUBLIC.

A. Certified Manager, Administrator, or Executive is compliant with all organizational rules, policies and legal requirements. Certificants and candidates must:

1. Comply with all applicable laws, regulations, policies and ethical standards governing professional practice of home care and hospice.
2. Comply with all accepted professional standards related to clinical and management practices, including national practice standards and policies.
3. Provide accurate, complete, and truthful representations concerning all certification and renewal information.
4. Maintain the security of NBHHC examination information and materials, including the prevention of unauthorized disclosures of test information.
5. Cooperate with NBHHC concerning ethics matters and the collection of information related to an ethics matter.
6. Report to the NBHHC Certification Program, in a timely manner, his or her own personal conduct that may violate any provision of the NBHHC Code of Ethics or the Certification Program Ethics Case Procedures.
7. Refrain from behavior or conduct that is clearly in violation of professional, ethical, or legal standards related to occupational services and/or activities.

### II. RESPONSIBILITIES TO CLIENTS, EMPLOYERS, EMPLOYEES, AND THE PUBLIC.

A. Certified managers, administrators, and executives responsibilities concerning the performance of professional services. Certificants and candidates must:

1. Deliver safe and competent services with objective and independent professional judgment in decision-making.
2. Recognize the limitations of their professional ability and provide services only when qualified. The certificant/candidate is responsible for determining the limits of his/her own professional abilities based on qualifications, education, knowledge, skills, practice experience, and other relevant considerations.
3. Make a reasonable effort to provide appropriate professional referrals when unable to provide competent professional assistance.
4. Maintain and respect the confidentiality of sensitive information obtained in the course of professional activities unless: the information is reasonably understood to pertain to unlawful activity; a court or governmental agency lawfully directs the release of the information; the client or the employer expressly authorizes the release of specific information; or, the failure to release such information would likely result in death or serious physical harm to employees and/or the public.
5. Properly use professional credentials, and provide truthful and accurate representations concerning education, experience, competency and the performance of services.
6. Provide truthful and accurate representations to the public in advertising, public statements, and other representations, and in the preparation of estimates concerning costs, services and expected results.
7. Recognize and respect the intellectual property rights of others and act in an accurate, complete, and truthful manner, including activities related to professional work and research.

# NBHHC POLICIES

## CODE OF ETHICS (CONT.)

B. Certified manager, administrator, and executive responsibilities concerning conflicts of interest and appearances of impropriety. Certificants and candidates must:

1. Disclose to clients or employers significant circumstances that could be construed as a potential or real conflict of interest or an appearance of impropriety.
2. Avoid conduct that could cause a conflict of interest with a client, employer, employee, or the public.
3. Assure that a conflict of interest does not compromise legitimate interests of a client, employer, employee, or the public and does not influence or interfere with professional judgments.
4. Refrain from offering or accepting significant payments, gifts or other forms of compensation or benefits in order to secure work or that are intended to influence professional judgment.

C. Certified manager, administrator, and executive responsibilities concerning public health and safety. Certificants and candidates must:

1. Follow appropriate health and safety procedures, in the course of performing professional activities, to protect clients, employers, employees, and the public from conditions where injury and/or other harm are reasonably foreseeable.
2. Inform appropriate government representatives or agencies when aware of an activity or circumstance that may cause an unsafe condition or violate legal requirements.

## DISCIPLINARY POLICY

The NBHHC certification is offered to participants who have a history of leadership and professional experience. The expectation of the NBHHC is that recipients of this certification exhibits professional and ethical behavior. If behavior does not meet the Code of Ethics developed by the NBHHC there will be the possibility of disciplinary action.

### GROUND FOR ACTION

- Conviction of any felony or misdemeanor or pleading guilty or no-contest to any felony or misdemeanor which results in loss of licensure.
- Complaints of conduct that may be harmful to the public or inappropriate to the discipline.
- False representations of certification and renewal information.
- False representation of credentials in advertising.
- Breach of Confidentiality policy.

### COMPLAINTS

Complaints may be transmitted in writing to:

Chair of NBHHC c/o Education Director  
3780 Rosin Ct., Ste. 190  
Sacramento, CA 95834

The complaint will be reviewed by NBHHC Board at their next scheduled meeting to investigate and determine whether there are grounds for action. Investigation will include the opportunity of the certificant to answer the complaint.

### ACTION

NBHHC may take any of the following actions against certificants, applicants and non-certificants whom the NBHHC has determined to have engaged in certification misconduct. The action taken must reasonably relate to the nature and severity of the violation.

- Written assurance
- Denial of eligibility for any or all NBHHC certifications
- Suspension of certification for a designated period determine by the NBHHC
- Permanent revocation of any and all NBHHC certifications.

# APPLICATION FOR NBHHC® CERTIFICATION RENEWAL

## INSTRUCTIONS

Please complete the application for renewal by submission of CE requirements. Complete each section and provide attachments as indicated to document points earned for each section. You must earn at least 50 points in order to get renewed. This information is due no later than 30 days before your certification expires. Submit the completed application along with payment to:

NBHHC Certification Renewal Application  
3780 Rosin Court, Suite 190  
Sacramento, CA 95834.



## CERTIFICANT INFORMATION

Please provide your legal name as it appears on your drivers license, passport or other official identification.

Mr.  Ms.

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Other Certifications/Designations \_\_\_\_\_

In the space provided below, please provide information for both your work and home address. Check the box next to the address that you would like to be listed as your primary mailing address. If neither box is checked, your primary address will default to your work address.

## PRIMARY CONTACT INFORMATION

HOME  WORK

Title \_\_\_\_\_ Organization \_\_\_\_\_

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

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

## HOME ADDRESS

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

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Current Certification:

- Certified Home Care Manager (CHCM)
- Certified Home Care Administrator (CHCA)
- Certified Home Care Executive (ACHCE)

- Certified Hospice Manager (CHM)
- Certified Hospice Administrator (CHA)
- Certified Hospice Executive (ACHE)

Date Certificate Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Initials:

# APPLICATION FOR NBHHC® CERTIFICATION RENEWAL (cont.)

## SECTION I - MANAGEMENT EXPERIENCE IN THE HOME CARE/HOSPICE FIELD

Please refer to the Candidate Handbook under Renewal Information for application guidelines and policies. Certificants must have been employed in a management or leadership position in a home care or hospice organization or related organization for a minimum of 12 months out of the last 48 months. Please note that the experience must be in the auspice of certification. Please list your work history below.

### WORK HISTORY

1

Current/Recent Job Title: \_\_\_\_\_

Name of Organization/Company: \_\_\_\_\_

Type of Organization/Company: \_\_\_\_\_

Start/End Date From: \_\_\_\_\_ To: \_\_\_\_\_ Total Months: \_\_\_\_\_  
(MM/YYYY) (MM/YYYY)

Job Descriptions/Duties:

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2

Current/Recent Job Title: \_\_\_\_\_

Name of Organization/Company: \_\_\_\_\_

Type of Organization/Company: \_\_\_\_\_

Start/End Date From: \_\_\_\_\_ To: \_\_\_\_\_ Total Months: \_\_\_\_\_  
(MM/YYYY) (MM/YYYY)

Job Descriptions/Duties:

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3

Current/Recent Job Title: \_\_\_\_\_

Name of Organization/Company: \_\_\_\_\_

Type of Organization/Company: \_\_\_\_\_

Start/End Date From: \_\_\_\_\_ To: \_\_\_\_\_ Total Months: \_\_\_\_\_  
(MM/YYYY) (MM/YYYY)

Job Descriptions/Duties:

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**TOTAL MONTHS IN HOME CARE/HOSPICE MANAGEMENT** \_\_\_\_\_

Initial:

# APPLICATION FOR NBHHC® CERTIFICATION RENEWAL(cont.)

## SECTION II - CONTINUING EDUCATION

A minimum of 36 points of the required 50 points must be obtained through continuing education credits. One contact hour (50 minutes) = 1 CE/point. All 50 points can be obtained through CE hours but a minimum of 36 hours is required to fulfill this section. All courses must be relevant to the certification content. *(Feel free to make copies of this page if you need more space to report CE credits)*

1

Session/Program Title: \_\_\_\_\_

Blueprint Section: \_\_\_\_\_

Program Sponsor/Provider: \_\_\_\_\_

Location of program: \_\_\_\_\_ Date: \_\_\_\_\_ Number of Hour(s): \_\_\_\_\_  
(City/State) (MM/YYYY) 1 contact hour = 1 CE Point

2

Session/Program Title: \_\_\_\_\_

Blueprint Section: \_\_\_\_\_

Program Sponsor/Provider: \_\_\_\_\_

Location of program: \_\_\_\_\_ Date: \_\_\_\_\_ Number of Hour(s): \_\_\_\_\_  
(City/State) (MM/YYYY) 1 contact hour = 1 CE Point

3

Session/Program Title: \_\_\_\_\_

Blueprint Section: \_\_\_\_\_

Program Sponsor/Provider: \_\_\_\_\_

Location of program: \_\_\_\_\_ Date: \_\_\_\_\_ Number of Hour(s): \_\_\_\_\_  
(City/State) (MM/YYYY) 1 contact hour = 1 CE Point

4

Session/Program Title: \_\_\_\_\_

Blueprint Section: \_\_\_\_\_

Program Sponsor/Provider: \_\_\_\_\_

Location of program: \_\_\_\_\_ Date: \_\_\_\_\_ Number of Hour(s): \_\_\_\_\_  
(City/State) (MM/YYYY) 1 contact hour = 1 CE Point

5

Session/Program Title: \_\_\_\_\_

Blueprint Section: \_\_\_\_\_

Program Sponsor/Provider: \_\_\_\_\_

Location of program: \_\_\_\_\_ Date: \_\_\_\_\_ Number of Hour(s): \_\_\_\_\_  
(City/State) (MM/YYYY) 1 contact hour = 1 CE Point

6

Session/Program Title: \_\_\_\_\_

Blueprint Section: \_\_\_\_\_

Program Sponsor/Provider: \_\_\_\_\_

Location of program: \_\_\_\_\_ Date: \_\_\_\_\_ Number of Hour(s): \_\_\_\_\_  
(City/State) (MM/YYYY) 1 contact hour = 1 CE Point

**SECTION II TOTAL POINTS** \_\_\_\_\_

Initial:

# APPLICATION FOR NBHHC® CERTIFICATION RENEWAL (cont.)

## SECTION III - OTHER SUPPORT ACTIVITIES

A portion of the required points may be acquired in this section. A maximum of 14 points may be acquired from this section.

### A. MEMBERSHIP IN AN INDUSTRY ORGANIZATION /ASSOCIATION *1 Membership year = 1 Point (12 points maximum)* POINTS

1. Organization: \_\_\_\_\_

2. Organization: \_\_\_\_\_

3. Organization: \_\_\_\_\_


I have enclosed documents of my membership(s).

### B. LEADERSHIP ROLES IN AN INDUSTRY ORGANIZATION/ASSOCIATION *Includes official elected or appointed positions on a board, committee, or task force in home care/hospice industry organization. Each month served = .25 points.*

**1** Position Held: \_\_\_\_\_

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

Term of Position From: \_\_\_\_\_ To: \_\_\_\_\_ Total Months: \_\_\_\_\_ x (.25) = \_\_\_\_\_ POINTS  
(MM/YYYY) (MM/YYYY)

**2** Position Held: \_\_\_\_\_

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

Term of Position From: \_\_\_\_\_ To: \_\_\_\_\_ Total Months: \_\_\_\_\_ x (.25) = \_\_\_\_\_ POINTS  
(MM/YYYY) (MM/YYYY)

I have enclosed documents of my leadership role(s).

### C. AUTHORIZING PUBLISHED INDUSTRY RELATED ARTICLES *1 publication = 3 Points.*

Date Published	Publication	Title of Publication	POINTS
I have enclosed a letter from the publisher or a copy of the article.			<b>SUBTOTAL:</b>

### D. TEACHING CONTINUING EDUCATION COURSES RELEVANT TO THE HOME CARE/HOSPICE INDUSTRY. *1 Contact hour (50 minutes) = 1 Point.*

Date of Presentation	Sponsor/Provider	Title of Presentation	POINTS
I have enclosed documentation of my speaking engagement(s).			<b>SUBTOTAL:</b>

### E. CERTIFICATION EXAMINATION ACTIVITIES *Includes writing, reviewing and approving of test items. Each approved written question = 1 point. Each hour participated in item writing, reviewing and approving of test items = 1 point (Maximum of 10 points in this area every four years).*

Date(s) of Activity	Description (writing, review, approve)	Number of Items Approved	POINTS
I have enclosed documents for my participation.			<b>SUBTOTAL:</b>

Add A-E subtotals to get section total.

SECTION III - TOTAL POINTS \_\_\_\_\_

Initial:

# APPLICATION FOR NBHHC® CERTIFICATION RENEWAL (cont.)

## SECTION IV - AGREEMENT AND PAYMENT

### AGREEMENT

I have read and understand the contents of the “Certification Renewal Handbook” and will act in accordance with these policies and procedures.

I certify that all the information contained in this application is accurate and truthful. I understand that all the information I have provided herein may be subject to verification and I authorize such verification. I understand that falsification or misrepresentation of facts provided herein will be grounds for disqualification and/or revocation of the awarded certification designation. If certification is renewed, I agree to abide by the rules and regulations set forth by NBHHC. I also agree, to be listed in the online directory.

Name \_\_\_\_\_

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

RETURN COMPLETED APPLICATION TO:



NBHHC Certification Renewal Application  
3780 Rosin Court, Suite 190  
Sacramento, Ca 95834  
Ph: (916) 641-5795  
Fax: 916-641-5881  
Email: certification@nbhhc.org  
Website: www.nbhhc.org

## CERTIFICATION RENEWAL APPLICATION FEE PAYMENT FORM

(ALL FEES WILL BE CHARGED UPON SUBMISSION OF APPLICATION.)

<input checked="" type="checkbox"/> Application Submission Fee	\$99	REQUIRED FOR RENEWAL
<input checked="" type="checkbox"/> Renewal Fee	\$299	REQUIRED FOR RENEWAL
<input type="checkbox"/> Renewal Late Fee	\$99	Please include a late fee of \$99 if your certification has already expired, but has not been expired for more than a full calendar year.
TOTAL: \$ _____		

Method of Payment:  Mastercard  Visa  American Express  Check # \_\_\_\_\_ (payable to CAHSAH)

*If paying by credit card (please print):*

Cardholder Name \_\_\_\_\_ Card # \_\_\_\_\_  
Billing Address \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVS # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Signature \_\_\_\_\_

### NBHHC USE ONLY

Certificate Number #: \_\_\_\_\_

Total Points from Section II and III: \_\_\_\_\_ Scored by \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Renewal Approved

Renewal Denied

New Certificate Mailed