

**Information Booklet with
Application and Reference
Evaluation Forms**

A Joint Credential for Social Work Practitioners

**Certified Hospice and Palliative
Social Worker
(CHP-SW)**

Credential Applicant Materials

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Certified Hospice and Palliative Social Worker CHP-SW

Introduction

Created by the National Association of Social Workers (NASW) with the support and partnership of the National Hospice and Palliative Care Organization (NHPCO), this is the premier national credential in hospice and palliative care tailored to capture the specialized knowledge, skills, and abilities of professional social workers in hospice and palliative care settings.

Social workers in hospice and palliative care were initially recognized with a master's level credential in November 2008. BSW's and their employers, as major contributors in the end-of-life care continuum, were interested in a professional credential that would serve to enhance the role of the social work professional who provides systemic support to patients and their families.

Definition of Social Work in Hospice and Palliative Care

Hospice and Palliative Care programs are now prevalent components of the health care system and provide comprehensive medical and psychosocial services to individuals and caregivers affected by serious and life-limiting illnesses. Professional social workers fulfill an essential role in these programs, as evidenced by the Centers for Medicare and Medicaid Services (CMS) requirement that hospices employ professional social workers to address the psychosocial needs of their patients and caregivers and the requirement by the Joint Commission that program teams include social workers. The social work profession has developed a well-established body of knowledge that informs social work practice in hospice and palliative care as well as a set of complex skills that are required of social workers in this field of practice.

Social work in hospice and palliative care can be defined as the discipline that provides a professional continuum of services that address the psychosocial needs of patients and families affected by serious and life-limiting illness in order to maintain, or improve, their optimal quality of life. Social work activities are focused on the biopsychosocial components of health and mental health from a strengths-based perspective, and intervention is based on an evolving plan of care that is developed in the context of, and contributes to the interdisciplinary team's comprehensive plan of care.

In addition to providing direct services to patients and their families, social workers provide leadership in their organizations through community education and the development of resources, services, and programs to meet patient and caregiver needs. Social workers also advocate for policies that promote equal access to care for all populations and ensure high quality and state of the art social work services in all communities. In carrying out their roles and functions in this specialized arena, social workers adhere to the *NASW Code of Ethics*, meet *NASW Standards for Social Work Practice in Palliative and End of Life Care* and comply with *NASW Standards for Cultural Competence*.

Core Functions

- Identifying patient's/family's unique psychosocial needs
- Assessing patient/family risk for psychosocial distress or complicated grief
- Assessing and enhancing patient/family strengths and coping skills
- Assessing and enhancing the responsiveness of the environment and connecting the patient, family, caregiver with community resources as needed
- Identifying psychosocial interventions to be offered as part of the evolving comprehensive plan of care developed in accordance with the patient's/family's wishes and the interdisciplinary team
- Providing intervention for specific symptom relief and to reduce risk for distress
- Assessing and managing psychosocial aspects of pain
- Screening for psychopathology and abuse and educating and intervening accordingly
- Evaluating the efficacy of treatment interventions



- Advocating for legislative and organizational policies and procedures that ensure access to quality care for all patients and families facing serious and life-limiting illness.

Core knowledge and skills are reflected in the competency assessment statements completed by qualified supervisors and social work colleagues as part of this application.

Benefits to Holders of the CHP SW

As an organizational member of the Institute for Credentialing Excellence (formerly NOCA), NASW uses a standardized process to measure your knowledge, skills, and abilities in specialty social work practice.

- NASW credentials are verification that you have a renewable commitment to excellence and expertise in the practice of social work in hospice and palliative care.
- NASW credentials indicate advanced practitioners to the public.
- NASW credentials bring leadership opportunities and recognition by peers and other health care professionals.

Eligibility Requirements for Credential Applicants

Education: A bachelor's degree in social work from an accredited college or university program is required. Educational institutions that are in candidacy are not accepted. **THE DEGREE MUST BE IN SOCIAL WORK; RELATED DEGREES ARE NOT ELIGIBLE.**

Education	License	Hospice/Palliative Experience	CEU's relevant to hospice/palliative care
BSW	Yes	At least (3) years full time equivalent	20 within two (2) years prior to date of application
*BSW	Not offered	At least (4) years full time equivalent	40 within four (4) years prior to date of application

*This option is only available to social workers who practice in states that do not license BSW's.

Graduates of Foreign Schools (other than the United States or Canada) may qualify with supporting documentation from the Council on Social Work Education that your degree is equivalent to one from an accredited U.S. school. Contact CSWE at:

Council on Social Work Education
1701 Duke Street, Suite 200
Alexandria, VA 22314
Telephone: 703.683.8080 • Fax: 703.683.8099
www.cswe.org

CSWE generally completes equivalency evaluations within four weeks of receiving materials; therefore, you should start this process before moving ahead with the credential application. The acceptance letter from CSWE must be enclosed with your completed application materials.

Experience: Qualifying employment experience must be paid and amount to at least 4,500 hours. This experience must have occurred in an agency or organizational setting.

In addition, qualified candidates for the credential must be:

- Currently employed in a hospice and palliative care setting, or employed within the five years prior to date of application
- Supervised by a clinical or administrative staff social worker with an MSW at a rate of one hour for each 30 hours of professional service or the equivalent of 1-hour weekly. Group supervision is acceptable. If you use a qualified alternate supervisor (see pg. 5), you must ensure that at least 10 hours of the continuing education requirement includes training in grief and loss counseling with patients or caregivers.

If you are uncertain about experience and supervision requirements, please contact the NASW Credentialing Center at 800.638.8799, x447 or credentialing@naswdc.org.

Expertise: You must be a licensed social worker who confirms the basic knowledge requirements of the profession. NASW credentials require the rating of performance factors by at least one social work supervisor and two social work colleagues to determine the level of knowledge applied to practice and performance.



Required forms are included with the application. If you use a qualified alternate supervisor (see pg. 5), you must submit three social work colleague reference forms.

Professional Affiliations: You must be a member of NASW or NCHPP at the individual level to qualify for the member rate.

- **If you are joining NASW at the same time that you are applying for the credential, please join on-line at www.socialworkers.org**
- **If you are applying for membership in paper form** please allow at least two weeks prior to submitting your credential application forms. Doing so will allow us to process your credential application without delay.

Application Fees

The initial application fee for NASW members or for members of NCHPP is \$140. The initial application fee for non-members is \$350. Renewal is required every two (2) years. Renewal applications and applicable fees are available on-line at www.socialworkers.org

Payment must be included with the application and should be made payable to “NASW Credentialing Center.” Payment may be made by check, money order, American Express, NASW Visa, or other Visa / MasterCard.

Refund Policy: There are no refunds for application processing

Certificates

Applicants who successfully meet all criteria will receive an approval letter and certificate suitable for framing. Upon successful renewal, certificate holders will receive a seal updating the certification for each renewal period. Replacement certificates can be issued for a small fee.

Maintaining the Credential

NASW professional credentials must be renewed bi-annually on the anniversary date of certification. Email reminders will be sent prior to the expiration date.

You will be required to:

- Report at least twenty (20) hours of continuing education specifically related to the practice of social work in hospice and palliative care within the past 2 years.
- Provide a copy of a current license to practice social work at the bachelor’s level with expiration dates, if applicable.
- Submit the established renewal fee.

Although renewal requires a reporting process, be aware that random audits do occur. If selected, you will be required to submit copies of continuing education certificates.

The Application

General Directions

- A. Please take a few moments to review the entire application and note those areas where your signature indicates consent.
- B. It is recommended that because references need to be contacted and need time to fill out the evaluation forms, you should sign the release for each form and send those out immediately. It is helpful if you include an envelope with your name on it. The forms should be returned to you in a sealed envelope with the reference’s signature across the flap. Evaluation forms must be submitted in the same packet with the remainder of your application materials.
- C. Obtain a copy of your official transcript. Transcripts must be sent via mail directly from the university to the NASW Credentialing Center. Photocopies are not acceptable. You are not required to provide a transcript if you currently hold any other active NASW-issued professional social work credential and have already submitted a transcript, please indicate on page six (6) of the application.



- D. Collect and copy CEU certificates for all credits earned relevant to social work practice in hospice and palliative care. Copies must be included with the application packet.
- E. Complete all sections of the credential application indicating the required enclosures as well as confirmation and compliance with requisite standards. Make sure to sign each item where indicated.
- F. Send your application, sealed [confidential] reference evaluations, copies of CEU certificates and a photocopy of your current professional license with fee submission to the address printed below:

Credential Application is mailed to:

NASW Credentials Accounting
750 First Street NE, Suite 800
Washington, DC 20002-4241

Transcripts send directly to:

NASW Credentialing Center
750 First Street NE, Suite 800
Washington, DC 20002-4241

Please allow seven to ten business days for your application to be received in the NASW Credentialing Center.

Processing of Applications

You will receive a notification from a staff consultant when your application is received in the Credentialing Center. Subsequent notification for missing materials will be sent to the applicant. Please allow up to six (6) weeks from the date a complete application is received for processing.

Omissions or Incorrect Submissions

Applicants omitting required items or sending incorrect items will be notified and given a reasonable amount of time to complete or correct the application.

Applications Deemed Ineligible

Any application that does not meet all of the criteria outlined will be deemed ineligible. Any application for which the required materials are not received by the established deadline will be deemed ineligible. Failure to respond to a request for additional information or verification of materials within 10 working days may result in an ineligible determination.

Frequently Asked Questions

Why did NASW and NHPCO create a certification in hospice and palliative care?

Each of the allied professionals that comprise the interdisciplinary team in hospice and palliative care offer advanced certifications and credentials. There has been no other certification available exclusively for social workers in this domain. Social workers in hospice and palliative care deserve recognition for the unique skills and abilities they bring to the setting.

Since I am already licensed in my state, do I need to get the credential?

- NASW administered certifications and credentials are not a substitute for any certification or license required by the state or your employer. In fact, NASW advanced certifications generally require a current license in good standing as part of the eligibility criteria.
- NASW credentials are voluntary certifications and evidence of professional achievement of established national standards in a given specialty area. While the social work license indicates that you have met state regulatory requirements designed to protect the public, professional credentials identify specialization in a specific practice arena. In some health-related settings, salary differentials are granted to credential holders.

Why do I have to send an original transcript? Are there any exceptions?

- Periodically we receive applications from individuals who have a job title that includes the term “social worker” but who have other (non-social work) degrees. While some states may license related degrees under social work provisions, NASW adheres to national standards and will not certify candidates who have received professional orientation in a degree program other than social work.



- NASW now provides a primary verification service to employers and third party payor systems regarding membership status and credentials in good standing. Part of that responsibility includes a process that involves our having obtained and reviewed original documentation.

I don't/didn't have an MSW supervisor; can I use another supervisor I had?

Alternative supervision will be accepted with the following conditions:

- An additional colleague reference from a qualified social work professional is provided
- A letter of reference from the applicant's immediate supervisor
 - The letter must be on agency/organizational letterhead.
 - The signature should include the reference's position as well as any degrees/licenses/credentials they hold.

The application mentions compliance with the *NASW Standards for Continuing Professional Education* recommending 48 hours of continuing education over a two-year period. Elsewhere it states that 20 hours is required to apply and renew. Which is it?

They are both correct. The NASW Standards *recommend* social workers complete 48 hours of continuing education over a two-year period. However for the purposes of certification we *require* evidence that 20 of those hours are specific to your social work practice in hospice and palliative care.

How long does it take before I know my certification status?

- The entire process can take up to 42 business days (6 weeks) for the multiple steps of the review process to be completed. Most often delays occur for the following reasons:
 1. New or renewing member status has not been finalized or verified by NCHPP
 2. Official transcript from the university not received, or
 3. Application materials are incomplete.
- When your application is reviewed, NASW makes every effort to notify you if there is missing or disqualified information so that the situation can be corrected. It is important that you respond to requests for information within ten (10) business days to negotiate corrective measures. Do be aware that failure to respond to requests for information or to provide the Credentialing Center with any additional requested material within one month will result in an "ineligible" determination. As stated earlier, there are no refunds for incomplete applications.

I understand that renewal is required every two years. Does that mean I have to repeat the entire process and payment?

No. The renewal form and applicable fees can be found on-line at www.socialworkers.org

Still Have Questions?
CALL the NASW Credentialing Center at 202.408.8600 x447
EMAIL credentialing@naswdc.org

APPLICANT INFORMATION FORM
Certified Hospice and Palliative Social Worker

CHP-SW

Please make sure you have read the information and directions **before** completing this form.

NASW Membership Number (if applicable) _____
NCHPP Membership Number (if applicable) _____

I. NAME:

A. Provide your name exactly as you want it to appear on your certificate.

Last Name:
First Name:
Middle Name or Initial:
(Optional) Credentials:

B. Name under which your transcript was issued, if different from above

Last *First* *MI*

- If you have already submitted a transcript as a holder of an active NASW professional credential, please indicate: ☐ ACBSW ☐ SW-G ☐ C-SWCM ☐ C-CYFSW

II. ADDRESS and Contact Information

Name:			
Address:			
City:	State:	Zip Code:	Daytime Phone: ()
Email Address (required):	Fax:		

Demographic Information (Optional)

A. Race / Ethnicity

- | | | | |
|--|---|---------------------------------------|---|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Chicano/Mexican American | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> African-American |
| <input type="checkbox"/> Other Hispanic | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Multiracial |

B. Age ☐ Under 26 ☐ 26 – 34 ☐ 35 – 44 ☐ 45 – 59 ☐ 60 and older

C. Gender ☐ Male ☐ Female ☐ Other

D. Cumulative years of professional social work experience since receiving the BSW

- | | | | |
|--|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> < 2 Years | <input type="checkbox"/> 2-5 Years | <input type="checkbox"/> 6 – 10 Years | <input type="checkbox"/> 11 – 15 Years |
| <input type="checkbox"/> 16 – 20 Years | <input type="checkbox"/> 21-25 Years | <input type="checkbox"/> >25 Years | |

III. EDUCATION (College/University)

Degree	Date Awarded Month/Year	School of Social Work/City	State

IV. QUALIFYING EXPERIENCE Include *only* your social work experience in hospice and palliative care. List the most recent agency first. Include all full-time and part-time social work experience. One of the supervisors listed here **MUST** be the same as the individual completing the Supervisory Reference Evaluation.

From Mo/Yr	To Mo/Yr	Employer Name City/State	Immediate Supervisor's Name and Degree	Your Job Title	Hrs. per Week

V. PRACTICE CHARACTERISTICS Use the codes listed on **page 20** as they relate to your *current* position as a social worker in Hospice and Palliative Care. If you have dual roles, please indicate the one that you believe occupies the greatest percentage of your time.

- | | Category |
|------------------|-----------------------------------|
| A. Type | Governmental or Non -governmental |
| B. Setting | Location of Practice |
| C. Function | Practice Responsibility |
| D. Practice Area | Professional Field |

Please Select **ONE** of the options
from **page 20**

VI. PROFESSIONAL REFERENCES Please list the names of the individuals to whom you provided your reference evaluation forms.

Supervisor: Last Name, First Initial

Social Work Colleague: Last Name, First Initial

Social Work Colleague: Last Name, First Initial

Social Work Colleague: Last Name, First Initial

Candidate Attestations and Affirmation
Certified Hospice and Palliative Social Worker
CHP-SW

You must review and check compliance for each of the categories listed below before affixing your signature.

Formal Education

- ☐ Transcript of the BSW degree from an accredited graduate school of social work
An official transcript of your social work degree must be sent to NASW directly at:
NASW Credentialing Center
750 First St NE, Suite 800
Washington, DC 20002

Continuing Professional Development

- ☐ At least 20 hours of post-BSW continuing education relevant to work in hospice or palliative care within the past 2 years.
- ☐ Photocopy of a current state-issued BSW license in good standing with an expiration date.
- ☐ If no BSW level license is available in your state, at least 40 hours of post-degree continuing education relevant to work in hospice or palliative care within the past 5 years. AND
- ☐ Documented experience of a minimum of four years of relevant supervised employment experience.

CE's must be taken within the two years immediately preceding your submission of this application.
Copies of all continuing education certificates are required for verification purposes.

Relevant Practice Experience

- ☐ No less than three years (4,500 hours equivalent) of paid professional experience in hospice or palliative care which has occurred within the five years predating the credential application.
Four years (6,000 hours equivalent) if no BSW license is available in your state.

Professional Affiliations

- ☐ NASW membership in good standing (optional)
- ☐ NCHPP membership in good standing (optional)

Affirmation of NASW Standards for Palliative and End of Life Care © 2004

- ☐ **Standard 1. Ethics and Values.** The values, ethics, and standards of both the profession and contemporary bioethics shall guide social workers practicing in palliative and end of life care. The *NASW Code of Ethics* is one of several essential guides to ethical decision-making and practice.
- ☐ **Standard 2. Knowledge.** Social workers in palliative and end of life care shall demonstrate a working knowledge of the theoretical and biopsychosocial factors essential to effectively practice with clients and professionals.
- ☐ **Standard 3. Assessment.** Social workers shall assess clients and include comprehensive information to develop interventions and treatment planning.
- ☐ **Standard 4. Intervention/Treatment Planning.** Social workers shall incorporate assessments in developing and implementing intervention plans that enhance the clients' abilities and decisions in palliative and end of life care.

- ☐ **Standard 5. Attitude/Self-Awareness.** Social workers in palliative and end of life care shall demonstrate an attitude of compassion and sensitivity to clients, respecting clients' rights to self-determination and dignity. Social workers shall be aware of their own beliefs, values, and feelings and how their personal self may influence their practice.
- ☐ **Standard 6. Empowerment and Advocacy.** The social worker shall advocate for the needs, decisions, and rights of clients in palliative and end of life care. The social worker shall engage in social and political action that seeks to ensure that people have equal access to resources to meet their biopsychosocial needs in palliative and end of life care.
- ☐ **Standard 7. Documentation.** Social workers shall document all practice with clients in either the client record or in the medical chart. These may be written or electronic records.
- ☐ **Standard 8. Interdisciplinary Teamwork.** Social workers should be part of an interdisciplinary effort for the comprehensive delivery of palliative and end of life services. Social workers shall strive to collaborate with team members and advocate for clients' needs with objectivity and respect to reinforce relationships with providers who have cared for the patient along the continuum of illness.
- ☐ **Standard 9. Cultural Competence.** Social workers shall have, and shall continue to develop, specialized knowledge and understanding about history, traditions, values, and family systems as they relate to palliative and end of life care within different groups. Social workers shall be knowledgeable about, and act in accordance with, the *NASW Standards for Cultural Competence in Social Work Practice*.
- ☐ **Standard 10. Continuing Education.** Social workers shall assume personal responsibility for their continued professional development in accordance with the *NASW Standards for Continuing Professional Education* and state requirements.
- ☐ **Standard 11. Supervision, Leadership, and Training.** Social workers with expertise in palliative and end of life care should lead educational, supervisory, administrative, and research efforts with individuals, groups, and organizations.

Furthermore:

- ☐ In submitting this application, I fully understand that it is an application only and does not guarantee certification.
- ☐ I understand that the NASW Credentialing Center reserves the right to audit or request additional supporting documentation for the items attested to above at any time.
- ☐ I do understand that it is my responsibility to provide the NASW Credentialing Center with any requested documentation in connection with this application. Failure to do so will detract from my eligibility for the credential.

Signature

Date

Statement of Understanding

I hereby apply for the CHP-SW Credential with the full awareness that granting of the credential depends on successful completion of the NASW policies governing credential procedures and my ability to meet all the requirements and qualifications required for the application process.

I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and is made in good faith.

I further understand that if any information is later determined to be false, NASW reserves the right to revoke any credential that has been granted on the basis thereof.

I also understand that NASW reserves the right to terminate the credential of any person found to be in violation of the *NASW Code of Ethics* or state social work laws and regulations of professional practice.

I hereby release, discharge, and exonerate NASW and the National Hospice and Palliative Organization, directors, officers members, examiners, representatives, and agents including the NASW Competence Certification Commission and the National Council of Hospice and Palliative Professionals from any actions, suits, obligations, damages, claims, or demands arising out of, or in connection with any aspect of the application process including the results, or decisions, on the part of NASW and/or its agents which may include a decision to not issue the credential.

Signature

Date

Affirmation of Professional Standards, Profession Regulation, Continuing Education, and the *NASW Code of Ethics*

Before proceeding, please review the *NASW Code of Ethics* and *NASW Standards for Continuing Professional Education*. These can be found on-line at www.socialworkers.org.

Have you ever been found in violation of a state social work licensing law, profession regulation, or the *NASW Code of Ethics*, or are there any cases pending against you?

☐ No ☐ Yes – I understand that NASW credentials will not be awarded until violations are satisfactorily resolved.

Required – Attach an explanation of the corrective action taken and the current status of this matter.

I certify that my social work practice conforms to the *NASW Code of Ethics* and the *NASW Standards for Continuing Professional Education*.

I agree to adhere to the *NASW Standards for Palliative and End of Life Care*, the *NASW Standards for Continuing Professional Education*, and the *NASW Code of Ethics*, and to voluntarily participate, if requested to do so, in any NASW adjudication proceedings involving alleged violations of the *NASW Code of Ethics* and to be subject to any verification process established by NASW concerning practice and continuing education standards.

I understand that refusal or failure to participate in an adjudication proceeding or verification process may be grounds for revocation of this certification. I further understand that NASW reserves the right to revoke NASW social work certifications of any person found to have violated the *NASW Code of Ethics* or found to be non-compliant with the *NASW Standards for Palliative and End of Life Care* or the *NASW Standards for Continuing Professional Education*, or whose state license to practice has been terminated or suspended by a duly authorized state regulatory agency.

Signature

Date

Certified Hospice and Palliative Social Worker

CHP-SW

SUPERVISOR REFERENCE EVALUATION FORM

Applicant – Release

Name of Applicant: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Daytime Phone: () _____

I, the undersigned applicant for the NASW certification as a Certified Hospice and Palliative Social Worker (CHP-SW), attest that the supervisory reference, provided by, _____, is a social work professional or approved alternate and has knowledge about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that by agreeing to supply this evaluation, the reference does not thereby assume responsibility for NASW's decisions regarding my application.

Signature _____

Date _____

Stop Here – Provide pages 11-14 to your SUPERVISOR for completion.

The supervisor must return the completed reference to you in a sealed envelope with his/her signature across the flap.

Unsealed or unsigned envelopes will not be accepted and the reference will be disqualified.

Supervisor Instructions

You have been selected to complete this reference form by a social worker applying for the NASW credential Certified Hospice and Palliative Social Worker (CHP-SW). The information you provide on this form will be used to establish the score and determine eligibility. References must be able to evaluate the applicant's knowledge, skills, and abilities as a social worker in the specialized practice area of hospice and palliative care.

Please review the form before completing.

- No more than four items may be marked as "Unable to Assess" or "Not Applicable."
- If you are unable to assess at least 24 of the 28 competencies, please notify the applicant.

When you have completed the form, place in a sealed envelope with your signature across the flap and return it to the applicant for submission with application packet.

Thank you for your contribution to maintaining and supporting excellence in social work practice.

Qualified Supervisor Information

Name: _____

Current Business Address: _____

City: _____

State: _____

Zip Code: _____

Daytime Phone: () _____

E-mail Address: _____

*If different from above, please provide the name/address of the agency/organization where supervision occurred:

*Name of agency or facility where supervision occurred: _____

City: _____

State: _____

Zip Code: _____

Qualified supervisors must have an advanced social work degree or approved alternate degree; please indicate:

☐ MSW:

Name of School _____

Year Completed: _____

☐ PhD/DSW:

Name of School _____

Year Completed: _____

☐ Approved Alternate Degree: **Name of School** _____

Year Completed: _____

For PhD, please provide name of degree conferred: _____

Total number of years (post-degree) social work experience in hospice and palliative care: _____

Years of post-degree social work supervision experience: _____

Rating Scale

Not Applicable:	Not part of services in your setting or not part of applicant's role/responsibilities
Unable to Assess:	Have not had the opportunity to directly observe or discuss in supervision
Minimal:	Could use improvement in this area
Average:	Satisfactory for position
Excellent:	High level of performance – knowledge/skills/abilities

Reference Evaluation Competencies

1. Understands and articulates the goals and objectives of hospice/palliative care
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
2. Consistently models the ethical principles of the social work profession
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
3. Establishes and maintains appropriate boundaries with patients and families
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
4. Understands privacy protection legislation such as HIPPA and maintains appropriate confidentiality of all personnel and patient information in electronic and print form
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
5. Understands and adheres to Standards for Cultural Competence in hospice and palliative care practice
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
6. Develops his or her cultural competence through training that addresses the importance of valuing differences and integration of cultural diversity including attitudes, beliefs, and cultural norms
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
7. Works effectively with interpreters and consultation services when needed due to language or knowledge limitations
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
8. Participates in ongoing professional development activities related to hospice and palliative care
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
9. Understands health care policies and service systems related to hospice and palliative care and the role of social work in affecting change
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
10. Acquires and integrates knowledge of federal, state, and local laws and regulations as they relate to hospice and palliative care settings (e. g. Medicare/Medicaid, protective services, Advance Directives, etc.)
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
11. Documents in an accurate and timely manner according to professional and agency standards
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
12. Demonstrates knowledge and understanding of biopsychosocial factors and theories relevant to hospice and palliative care
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
13. Conducts comprehensive biopsychosocial assessments and ongoing reassessments of patients and families including identifying spiritual needs
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent

14. Accurately documents and verbally communicates assessment information, treatment plans, and client system interactions as required by the organizational setting.
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
15. Demonstrates knowledge of treatment decisions faced by patients through disease progression and facilitates decision-making including advance directives
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
16. Demonstrates working knowledge of medical terminology, medications, and disease processes common to hospice and palliative care
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
17. Assesses the patient's and family's environmental, social, and financial resources as they relate to the provision of patient care
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
18. Develops a comprehensive, individualized plan of care with the patient and caregivers based on the biopsychosocial assessment
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
19. Implements interventions that optimize comfort and dignity, as well as enhance the client's self-determination, abilities, and decisions in hospice and palliative care
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
20. Communicates and collaborates effectively as a member of the interdisciplinary team to develop the plan of care and facilitate ongoing revisions to address the biopsychosocial needs and goals of the patient and family/caregiver
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
21. Facilitates ongoing revisions to the plan of care to address evolving psychosocial needs and goals of the patient and family/caregiver
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
22. Understands the multidimensional factors related to pain and implements appropriate interventions to improve comfort and quality of life
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
23. Identifies patients', families', and caregivers' grief and bereavement needs and assesses risk for complicated grief
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
24. Demonstrates skill in screening for both adverse changes in emotional and mental status and/or indicators of abuse and neglect
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
25. Responds with effective professional skills in crisis situations
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
26. Seeks and uses MSW supervision appropriately
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
27. Understands the limits of his/her expertise and seeks consultation and/or refers to others as needed
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
28. Understands the concepts of vicarious trauma, compassion fatigue and burnout, and utilizes/promotes effective strategies to address these
☐ Not Applicable ☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent

Confirmation of Supervision Hours

For the first three years post-BSW, this certification requires that direct face-to-face supervision meetings with the applicant occurred at a rate of one hour for each 30 hours of direct client-level social work service. A minimum of one hundred fifty (150) total hours of supervision is required.

- **Dates you provided supervision for the applicant:** From (mo./yr.) _____ To (mo./yr.) _____
- **Number of hours per week the applicant worked under your supervision:** _____
- **Frequency of individual supervision meetings:**
 - ☐ Weekly
 - ☐ Bi-weekly (every other week or twice a month)
 - ☐ Other—specify nature, frequency and length (# of hours) of supervision: _____
- **Length of individual supervision meetings:**
 - ☐ 1 hour
 - ☐ Other: _____
- **Total number of hours of supervision you provided for the applicant:** _____

I hereby affirm that I directly supervised the applicant and that the information I have provided on this form is correct to the best of my knowledge and belief. I hereby recommend that the applicant be certified as a Certified Hospice and Palliative Social Worker specialist.

Signature: _____ Date: _____

(Optional) Additional Comments or Recommendations for Consideration:

Certified Hospice and Palliative Social Worker CHP-SW

COLLEAGUE REFERENCE EVALUATION FORM #1

Applicant – Release

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Daytime Phone: () _____

I, the undersigned applicant for the NASW certification as a Certified Hospice and Palliative Social Worker, attest that the colleague reference, provided by _____, is a social work professional and has knowledge about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that by agreeing to supply this evaluation, the reference does not thereby assume responsibility for NASW's decisions regarding my application.

Applicant Signature

Date

Stop Here – Provide the remainder of the pages 15-16 to the COLLEAGUE for completion.

The colleague must return the completed reference to you in a sealed envelope with his/her signature across the flap.

Unsealed or unsigned envelopes will not be accepted and will be returned to the applicant.

Colleague Information

Name: _____

Current Business Address: _____

City: _____ State: _____ Zip Code: _____ Daytime Phone: () _____

E-mail Address: _____

☐ MSW: _____ **Name of School** _____ **Year Completed:** _____

☐ PhD/DSW: _____ **Name of School** _____ **Year Completed:** _____

For PhD, please provide name of degree conferred: _____

Total number of years (post-degree) social work experience in hospice and palliative care: _____

Years of post-degree social work supervision experience: _____

Colleague Signature

Date

Instructions

You have been selected to complete this reference form by a social worker applying for the NASW social work credential Certified Hospice and Palliative Social Worker (CHP-SW). The information you provide on this form will be used to establish the score and determine eligibility. References must be able to evaluate the applicant's knowledge, skills, and abilities as a social worker in the specialized practice of hospice and palliative care.

Please review the form before completing

- If you are unable to assess at least 13 of the 15 competencies, please notify the applicant so s/he has the opportunity to seek an alternate reference.
- No more than two items may be marked as "Unable to Assess."

When you have completed the form, place in a sealed envelope with your signature across the flap and return it to the applicant for submission with application packet.

Thank you for your contribution to maintaining and supporting high professional standards of social work practice.

Rating Scale

Unable to Assess:	Have not had the opportunity to observe or discuss
Minimal:	Could use improvement in this area
Average:	Satisfactory for social work position
Excellent:	High level of performance – knowledge/skills/abilities

Reference Evaluation Competencies

- Incorporates an understanding of the *NASW Code of Ethics* in practice
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
- Establishes and maintains appropriate boundaries with patients and families
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
- Demonstrates understanding and integration of biological, psychological, social, and spiritual factors in assessment and treatment planning
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
- Identifies patient and family strengths and supports client self-determination
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
- Demonstrates skill in striving to enhance interprofessional, intraprofessional and interagency cooperation on behalf of patients and families
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
- Collaborates effectively with the interdisciplinary team while implementing the role of social worker in hospice and palliative care
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
- Communicates effectively and compassionately with patients, families, health care team, and community members about hospice and palliative care issues
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
- Effectively articulates the vital role and functions of social work in hospice and palliative care
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
- Identifies and utilizes community resources to meet the psychosocial needs of patients and families
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
- Critically evaluates his/her own practice in hospice and palliative care
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
- Demonstrates commitment to continuing professional development
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
- Uses peer consultation from social work colleagues when appropriate
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
- Demonstrates commitment and ability to advocate for patients and families
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
- Demonstrates culturally competent practice
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
- Demonstrates awareness of compassion fatigue and the ethical responsibility to manage this condition
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent

Certified Hospice and Palliative Social Worker

CHP-SW

COLLEAGUE REFERENCE EVALUATION FORM #2

Applicant – Release

Name of Applicant: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Daytime Phone: () _____

I, the undersigned applicant for the NASW certification as a Certified Hospice and Palliative Social Worker, attest that the colleague reference, provided by _____, is a social work professional and has knowledge about my practice and qualifications for certification. I understand and agree that the reference is providing this evaluation confidentially and has no obligation to reveal its contents to me. I further acknowledge that by agreeing to supply this evaluation, the reference does not thereby assume responsibility for NASW's decisions regarding my application.

Applicant Signature

Date

Stop Here – Provide the remainder of the pages to the COLLEAGUE for completion.

The colleague must return the completed reference to you in a sealed envelope with his/her signature across the flap.

Unsealed or unsigned envelopes will not be accepted and will be returned to the applicant.

Colleague Information

Name: _____

Current Business Address: _____

City: _____

State: _____

Zip Code: _____

Daytime Phone: () _____

E-mail Address: _____

☐ MSW:

Name of School

Year Completed:

☐ PhD/DSW:

Name of School

Year Completed:

For PhD, please provide name of degree conferred: _____

Total number of years (post-degree) social work experience in hospice and palliative care: _____

Years of post-degree social work supervision experience: _____

Colleague Signature

Date

Instructions

You have been selected to complete this reference form by a social worker applying for the NASW social work credential Certified Hospice and Palliative Social Worker (CHP-SW). The information you provide on this form will be used to establish the score and determine eligibility. References must be able to evaluate the applicant's knowledge, skills, and abilities as a social worker in the specialized practice of hospice and palliative care.

Please review the form before completing.

- If you are unable to assess at least 13 of the 15 competencies, please notify the applicant so s/he has the opportunity to seek an alternate reference.
- No more than two items may be marked as "Unable to Assess."

When you have completed the form, place in a sealed envelope with your signature across the flap and return it to the applicant for submission with application packet.

Thank you for your contribution to maintaining and supporting high professional standards of social work practice.

Rating Scale

Unable to Assess:	Have not had the opportunity to observe or discuss
Minimal:	Could use improvement in this area
Average:	Satisfactory for social work position
Excellent:	High level of performance – knowledge/skills/abilities

Reference Evaluation Competencies

1. Incorporates an understanding of the *NASW Code of Ethics* in practice
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
2. Establishes and maintains appropriate boundaries with patients and families
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
3. Demonstrates understanding and integration of biological, psychological, social, and spiritual factors in assessment and treatment planning
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
4. Identifies patient and family strengths and supports client self-determination
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
5. Demonstrates skill in striving to enhance interprofessional, intraprofessional and interagency cooperation on behalf of patients and families
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
6. Collaborates effectively with the interdisciplinary team while implementing the role of social worker in hospice and palliative care
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
7. Communicates effectively and compassionately with patients, families, health care team, and community members about hospice and palliative care issues
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
8. Effectively articulates the vital role and functions of social work in hospice and palliative care
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
9. Identifies and utilizes community resources to meet the psychosocial needs of patients and families
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
10. Critically evaluates his/her own practice in hospice and palliative care
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
11. Demonstrates commitment to continuing professional development
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
12. Uses peer consultation from social work colleagues when appropriate
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
13. Demonstrates commitment and ability to advocate for patients and families
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
14. Demonstrates culturally competent practice
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent
15. Demonstrates awareness of compassion fatigue and the ethical responsibility to manage this condition
☐ Unable to Assess ☐ Minimal ☐ Average ☐ Excellent

PAYMENT INFORMATION - Certified Hospice and Palliative Social Worker

Initial application fee for NASW and NCHPP members is \$140 and non-members is \$350.

Check made payable to “NASW Credentialing Center” Check Number: _____ ☐ Personal ☐ Business

Credit Card ☐ NASW Visa – supports our work on behalf of the profession

☐ American Express

☐ MasterCard

☐ Visa

Card Number: _____

Expiration Date: _____

CVV: _____

Cardholder Signature _____

Date of Authorization _____

PRINT OR TYPE NAME EXACTLY AS IT APPEARS ON CARD

Submission Materials Checklist

Complete candidate application form

☐ Applicant Information Form

☐ Candidate Attestation and Affirmation

Continuing Education Verification

☐ Photocopies of CEU’s earned directly relevant to practice in hospice and palliative care (minimum 20)

License Verification

☐ Photocopy of current license to practice social work

Official university-issued transcript

☐ Sent directly to NASW – university request date: _____

☐ N/A – already an active NASW credential holder

3 Reference Evaluation Forms – Confidential: Must be signed in a sealed envelope with additional signature on the flap

☐ Supervisor

☐ Colleague [#1]

☐ Colleague [#2]

☐ Colleague [#3]

Mail complete application packet to:

NASW Credentials Accounting

750 First St. NE, Suite 800

Washington, DC 20002-4241

Practice Information Codes

Please use the following numeric codes for **Type, Setting, Function, and Practice Area**. Some of the options may not be applicable to all specialty practice areas.

Current Organization TYPE

- 1 Public/Government-Military
- 2 Public/Government-Federal
- 3 Public/Government-State
- 4 Public/Government-Local
- 5 Private/Nonprofit-Other
- 6 Private/Nonprofit-Sectarian
- 7 Private for-Profit; Proprietary
- 8 Tribal Government
- 26 Elementary/Secondary School System
- 27 Employment in Non-Social Service Organization (e.g., business or manufacturing, consulting/research firm, etc.)
- 28 Home Health Care

Current Work SETTING

- 1 Assisted Living Facility
- 2 Business or Industry
- 3 Child Welfare Agency
- 4 College/University
- 5 Employee Assistance Program
- 6 Government Agency/Military
- 7 Health-Inpatient
- 8 Health-Outpatient
- 9 Hospice
- 10 Criminal Justice System-Adult
- 11 Juvenile Justice System
- 12 Managed Care Organization [Dom.]
- 13 Managed Care Organization [International]
- 14 Behavioral Health-Inpatient
- 15 Behavioral Health-Outpatient
- 16 Private Practice-Self-Employed/Solo
- 17 Private Practice-Partnership/Group
- 18 Membership Organization
- 19 Hospital
- 20 Institution (Non-Hospital)
- 21 Outpatient Facility: Clinic/Health or Mental Health Center
- 22 Group Home/Residence
- 23 Nursing Home/Hospice
- 24 Court/Criminal Justice System
- 25 College/University

Current Employment FUNCTION

- 1 Direct Service (e.g., Casework, Group Work, Clinical, Community Work)
- 2 Supervision
- 3 Management/Administration
- 4 Policy Development/Analysis
- 5 Consultation
- 6 Research
- 7 Planning
- 8 Education/Training
- 9 No Social Work Function

Current Employment PRACTICE AREA

- 1 Children & Youth
- 2 Community Organizing/Planning
- 3 Family Services
- 4 Corrections/Criminal Justice
- 5 Group Services
- 6 Medical/Health Care
- 7 Mental Health
- 8 Public Assistance/Welfare
- 9 School Social Work
- 10 Services to Older Persons
- 11 Alcohol/Drug & Substance Abuse
- 12 Developmental Disabilities/Mental Retardation
- 13 Other Disabilities
- 14 Occupational
- 15 Combined Areas