



























**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:

<input type="checkbox"/> MSW:	<b>Name of School</b>	Year Completed:
<input type="checkbox"/> PhD/DSW:	<b>Name of School</b>	Year Completed:
<input type="checkbox"/> Approved Alternate Degree:	<b>Name of School</b>	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

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

# 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: ( ) \_\_\_\_\_

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**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

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2. Establishes and maintains appropriate boundaries with patients and families  
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 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  
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 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
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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: \_\_\_\_\_

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 700  
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

### 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

- 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 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