



Dear HPCC Certificant,

Your Learning Plan submission for recertification through Hospice and Palliative Accrual for Recertification (HPAR) has been randomly selected for audit to assure quality control. You are required to submit further documentation of your HPAR activities prior to approval of your application and renewal of your certification. A copy of acceptable documentation is provided on the last page of this document.

While you are completing your audit, the status bar will remain blue and include **Submit Documentation**.



Once all your documentation has been uploaded, the status bar will change to orange in color. You will receive an email confirmation once your audit has been submitted.

To expand activities in your learning plan, please select the "+" symbol next to the Providing Documentation in the blue bar above

DOCUMENTATION REQUIREMENTS:

The following information is a summary of the document requirements for HPAR audit. This information is also available in the various categories within your Learning Plan.

If insufficient documentation is provided for any of the below categories, point totals will be adjusted accordingly.

You may enter your documentation in any order you may like; however, you will NOT be able to provide your license verification and submit your plan until you have confirmed the practice hours and provided the supporting documentation for all activities on your application that require it. Documentation only needs provided for the minimum number points required for your HPAR.

Practice Hours & Licensure Attestation – Activity Submitted. No further action required if completed during the application submission.

Practice Hours Verification (2-step process) - (Recording Hours – Step 1) Select the blue **Add Hours** button, enter the requested information in the pop-up box and select Submit. Please note, the start and end dates must be for the current 12- or 24-month period. The end date is the date you are completing the audit and the start date is 12 or 24 months prior to the end date. **Requesting Verification (Step 2)** Once the hours are recorded, a second pop up box will appear, and you will see the option to enter the contact information for your supervisor or peer who can verify your hours electronically and Submit with Reference **OR** to print and upload the *Practice Hours Verification Form* and Submit with Documentation. If you are self-employed, please have a peer attest to your practice hours.

Supervisor Email:

Upload Verification of Hours worked form:

[Choose from library](#) or

Upload

+ Add Hours

STEP 1

STEP 2

Continuing Education- Provide Documentation button will appear for each activity. Upload the certificate



Title of Program	Date	Points Requested	Accreditor	Next Step
Hospice and Palliative Care 2015 Conference	11/5/2015	4.75	National League for Nursing	<div>Provide Documentation</div>

awarded by the provider, which states your name, the title of the activity that has been approved for contact hours, the date of the activity, and the number of hours awarded and submit the activity. **The certificate must have an accreditation statement and/or provider number.** An attendance log from your employer/agency **will not** be accepted. If you provided a copy of your certificate prior to the audit, please review the details you entered and simply resubmit the activity. The button will change to **Under Audit**.

Professional Presentations- upload a copy of the program that lists information about the presentation, including date and time, your name as a presenter, title of presentation, and content. Copies of slide presentations are not accepted.

Professional Publications- for short publications (e.g. journal articles), upload a copy of the entire publication. For longer publications, upload a copy of the title page and table of contents where your name is given as author, or a copy of the publisher's notification of acceptance. Journals must be peer reviewed to be approved.

Provide Verification button will appear for Precepting, Orienting Staff, and Volunteer Service activities.

NURS.3090 Health Promotion Practicum	7/3/2017	20	Precepting - CHPN	<div>Provide Verification</div> <div> </div>
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Precepting Student(s)- submit the current contact information for the supervising faculty member you have listed who can confirm your precepting hours electronically or upload the completed *Precepting Audit Form(s)*.

Orienting Staff- submit the current contact information for your supervisor you have listed who can confirm your orienting hours electronically or upload the completed *Orienting Staff Audit Form(s)*.

Volunteer Service in Professional Organizations- submit the current contact information for the individual at the organization that can verify your volunteer service electronically or upload a letter or official document from the organization that lists the dates and position(s) of your volunteer service with the organization.

License Verification- **Once all supporting documentation is added, the Submit Documentation button will turn orange.** Please select Submit Documentation and you will be asked to upload a copy of your current valid license showing expiration date.

Note: a printout of online verification of licensure through your State Board of Nursing is acceptable if a copy of license cannot be obtained.

ADDITIONAL SUBMISSION INSTRUCTIONS:

If you need to submit additional activities for points that were not listed on the original learning plan, they **MUST** be submitted into your learning plan and **within** the first day of reporting cycle and HPAR submission date. Documentation must be provided for each activity for the points to be counted. No additional fee is required.

Should you need to submit additional activities **beyond** the date you submitted your HPAR application you may do so before your certification expiration date. Documentation must be provided for each activity for the points to be counted towards your total. A fee of \$100.00 is required.

Audit documentation is due one month following the date of the audit notification. This due date is indicated in your audit notification email and a copy of that email is kept for your reference in your LearningBuilder account. To access this email, logon to LearningBuilder and click on the "My Account" tab in the upper right-hand corner and then the 'My Communications' menu. If audit submission is beyond the due date a late fee of \$100.00 is required.

Please contact us at hpcc@goHPCC.org or 412-787-1057 if you have any questions regarding the audit process.

Sincerely,

Keisha Davidson

Keisha Davidson, MBA
Credentialing Programs Associate
HPCC

01/2023

HPAR Categories	Required Audit Documentation
Practice Hours and Licensure (form available to download in the LearningBuilder platform)	<ul style="list-style-type: none"> • Copy of current valid nursing license indicating expiration date or online verification document of licensure through state board of nursing • Completed practice hour audit form or electronic reference verification
Continuing Education	<ul style="list-style-type: none"> • Continuing education certificate awarded by provider and includes: <ul style="list-style-type: none"> ◦ Participant name ◦ Title of activity ◦ Date of activity ◦ Number of hours awarded ◦ MUST have accreditation statement and/or provider number
Professional Presentations	<ul style="list-style-type: none"> • Copy of program brochure, flyer, or email invitation that provides: <ul style="list-style-type: none"> ◦ Information about presentations ◦ Date and time ◦ Name of candidate ◦ Title of presentation and content • Copies of slide presentations ARE NOT accepted
Professional Publications	<ul style="list-style-type: none"> • Copies of publication(s) • If large publication, provide: <ul style="list-style-type: none"> ◦ Title page and table of contents where candidate name is listed as author • Copy of publisher notification of acceptance if publication date occurs after submission of renewal application • Evidence of peer review process from journal or via specific URL
Precepting Students (form available to download in the LearningBuilder platform)	<ul style="list-style-type: none"> • Completed precepting audit form <ul style="list-style-type: none"> ◦ Course title, description, goals, student names, dates of orientation, location of preceptorship OR • Electronic reference verification <ul style="list-style-type: none"> ◦ Current contact information for supervising faculty
Orienting Staff (form available to download in the LearningBuilder platform)	<ul style="list-style-type: none"> • Completed orienting audit form <ul style="list-style-type: none"> ◦ Description of services, staff names, dates of orientation OR • Electronic reference verification <ul style="list-style-type: none"> ◦ Current contact information for supervisor
Volunteer Service in Organization	<ul style="list-style-type: none"> • Letter from organization with listing date(s) of volunteer service OR • Electronic reference verification from contact person at the organization