

The HEC-C examination is administered via computer throughout the 1-month testing window, November 1-30, 2025. The examination application deadline is September 10, 2025. Late applications with a late fee will be accepted on or before September 25, 2025. Applications for the November 2025 testing window will not be accepted after September 25, 2025.

COMPLETING THE APPLICATION

1. Review the *HEC-C Examination Candidate Handbook* prior to completing the application. Follow the instructions given, and address any questions to the Healthcare Ethics Consultation (HCEC) Certification Commission at 847.375.4745 or cert@asbh.org. Failure to follow the instructions can lead to the denial of an application.
2. Review the *eligibility requirements*. DO NOT submit an application before you have satisfied all eligibility requirements.
3. Download the application. The application is available as a pdf at heccertification.org/application. Please download the application, complete it electronically, and save it.
4. Upload the application and complete the payment.
 - a. Once you have completed the application, go to <https://access.asbh.org/home>.
NOTE: You will need to use your username (email address) and password to access your ASBH account. If you are a current or former ASBH member, have attended a meeting, or have purchased a product, you already have an account. If you do not recall your password, select the option for "Click here to reset your password" or contact ASBH at 847.375.4745 or info@asbh.org. If you do not have an account, you can "Sign Up" or "Create an account."
 - b. On the left-hand navigation menu, click on Certifications and Certification Applications and select "Submit Application."
 - c. Upload your completed application by clicking on "Upload" under Document Requirements.
 - d. To save the application and return to it later, select "Save as Pending."
 - e. If the application is complete, select "Submit & Pay."
 - f. Enter payment information and select "Checkout."
NOTE: Your application is not considered complete until all forms have been uploaded and payment has been received by the ASBH. You will receive a confirmation email upon successful submission.

NAME AND CREDENTIALS

Please write your name as it appears on your state-issued ID. You will need to present your ID at the testing center on exam day, and your name on your ID must match exactly what is on file.

First name: _____ Middle Initial: _____ Last name: _____

Credentials: _____

EDUCATION

Candidates must have a minimum of a bachelor's degree. Please indicate your highest degree below and the institution you received it from.

Institution: _____

Degree Awarded: _____

Date Awarded: _____

ASBH CODE OF ETHICS AND PROFESSIONAL RESPONSIBILITIES

- ☐ Checking this box and typing my name in the application attestation below indicates my pledge to adhere to the [ASBH Code of Ethics and Professional Responsibilities](#).

APPLICATION ATTESTATION

1. In submitting this application, I fully understand that it is an application only and does not guarantee certification.
 2. I agree to comply with all HEC-C Program policies as outlined in the HCEC Certification Commission Policies and the HEC-C Examination Candidate Handbook.
 3. I agree to sit for a multiple-choice examination and supply further information as determined by the HCEC Certification Commission.
 4. I understand that any false statement or misrepresentation that I may make in this application will nullify it and will result in revocation of certification if granted under the misrepresentations.
 5. I understand that I am obligated to inform the HCEC Certification Commission of changed circumstances that may materially affect my application.
- ☐ Checking this box and typing my name below indicates my agreement with the attestation statements above.

Applicant Name: _____ Date: _____

HEALTHCARE ETHICS EXPERIENCE

Candidates must have at least 400 hours of demonstrated healthcare ethics experience related to the major domain areas of the HEC-C examination content outline within the previous 4 years. Visit <https://heccertification.org/preparation/content-outline> for information on the development of the content outline and examples of the types of activities that can be counted toward the 400 hours of healthcare ethics experience.

Although all healthcare professionals engage in ethical decision making, healthcare ethics consultation is a distinct role. For purposes of HEC-C certification, *healthcare ethics experience* is defined as healthcare ethics consultation work, the majority of which is performed in the role of a designated healthcare ethics consultant, which is related to the major domain areas of the HEC-C examination content outline.

Please select the HEC-C content outline domain(s) and task(s) that best describe the healthcare ethics work you have performed during the previous 4 years.

Note: Candidates do not need to demonstrate experience in all domains and tasks to be eligible. Please indicate all that apply across each healthcare ethics position listed in the Professional Position(s) section:

Assessment

- ☐ Gather and discern factual information relevant to the case (e.g., clinical, psychosocial, spiritual, institutional, legal).
- ☐ Assess the interpersonal, family, and social dynamics involved in the consultation (e.g., power relations, racial, ethnic, cultural).
- ☐ Identify the ethical concern(s) and the central ethical question(s).
- ☐ Elicit the views of those involved in the consultation.

Analysis

- ☐ Clarify relevant ethical issues (e.g., confidentiality, privacy, informed consent, best interest, professional duties).
- ☐ Identify a range of ethically acceptable options.

Process

- ☐ Prepare for effective ethics consultation.
- ☐ Facilitate effective and inclusive communication, ethical deliberation, and problem-solving among all parties.
- ☐ Formalize ethics recommendations.
- ☐ Complete the ethics consultation.

Evaluation and Quality Improvement

- ☐ Assess one's own performance and effectiveness in ethics consultation at regular intervals.
- ☐ Ensure systematic and comprehensive recording of ethics consultation data.
- ☐ Monitor for and address relevant trends in ethics consultation within the organization (e.g., frequently repeated consultations about the same issue or from the same unit or department).
- ☐ Recommend policy and practice changes within the organization as needed.

PROFESSIONAL POSITION(S)

Please provide the requested information for each professional position you have held **during the previous 4 years** involving your experience related to the HEC-C content outline. Even if you have been in the position for more than 4 years, the total number of months listed for each position **should not exceed 48 months**. The Commission will consider positions you held within the 4 years prior to your application date.

For purposes of HEC-C certification, *healthcare ethics experience* is defined as healthcare ethics consultation work, the majority of which is performed in the role of a designated healthcare ethics consultant, which is related to the major domain areas of the HEC-C examination content outline.

Your application will be reviewed upon receipt. If it is selected for audit, we will contact the individual(s) listed under “verification” to generally attest to your healthcare ethics experience.

Position #1

While in this position, you engaged in at least some of the activities you indicated on page 2.

Organization/Institution: _____

City and State: _____

Professional Title: _____

Healthcare Ethics Consultant Role: _____

Dates of service: From: ____/____/____ To: ____/____/____ ☐ Present

of months at this position _____

(not to exceed 48 months)

Average # of HEC hours per month _____

Total hours = _____

Please provide a description of the healthcare ethics consultation activities you performed while in this position that you marked on page 2 of the HEC-C Content Outline.

Verification

Please provide the name, e-mail address, and phone number for a supervisor or peer who can generally attest to your experience at this position.

Name: _____

E-mail address: _____ Phone number: _____

Position #2

While in this position, you engaged in at least some of the activities you indicated on page 2.

Organization/Institution: _____

City and State: _____

Professional Title: _____

Healthcare Ethics Consultant Role: _____

Dates of service: From: ____/____/____ To: ____/____/____ ☐ Present

of months at this position _____

(not to exceed 48 months)

Average # of HEC hours per month _____

Total hours = _____

Please provide a description of the healthcare ethics consultation activities you performed while in this position that you marked on page 2 of the HEC-C Content Outline.

Verification

Please provide the name, e-mail address, and phone number for a supervisor or peer who can generally attest to your experience at this position.

Name: _____

E-mail address: _____ Phone number: _____

Position #3

While in this position, you engaged in at least some of the activities you indicated on page 2.

Organization/Institution: _____

City and State: _____

Professional Title: _____

Healthcare Ethics Consultant Role: _____

Dates of service: From: ____/____/____ To: ____/____/____ ☐ Present

of months at this position _____

(not to exceed 48 months)

Average # of HEC hours per month _____

Total hours = _____

Please provide a description of the healthcare ethics consultation activities you performed while in this position that you marked on page 2 of the HEC-C Content Outline.

Verification

Please provide the name, e-mail address, and phone number for a supervisor or peer who can generally attest to your experience at this position.

Name: _____

E-mail address: _____ Phone number: _____

Position #4

While in this position, you engaged in at least some of the activities you indicated on page 2.

Organization/Institution: _____

City and State: _____

Professional Title: _____

Healthcare Ethics Consultant Role: _____

Dates of service: From: ____/____/____ To: ____/____/____ ☐ Present

of months at this position _____

(not to exceed 48 months)

Average # of HEC hours per month _____

Total hours = _____

Please provide a description of the healthcare ethics consultation activities you performed while in this position that you marked on page 2 of the HEC-C Content Outline.

Verification

Please provide the name, e-mail address, and phone number for a supervisor or peer who can generally attest to your experience at this position.

Name: _____

E-mail address: _____ Phone number: _____

Position #5

While in this position, you engaged in at least some of the activities you indicated on page 2.

Organization/Institution: _____

City and State: _____

Professional Title: _____

Healthcare Ethics Consultant Role: _____

Dates of service: From: ____/____/____ To: ____/____/____ ☐ Present

of months at this position _____

(not to exceed 48 months)

Average # of HEC hours per month _____

Total hours = _____

Please provide a description of the healthcare ethics consultation activities you performed while in this position that you marked on page 2 of the HEC-C Content Outline.

Verification

Please provide the name, e-mail address, and phone number for a supervisor or peer who can generally attest to your experience at this position.

Name: _____

E-mail address: _____ Phone number: _____