

**Application for HEC-C Renewal with Experience Tracking Form for Path 1**  
**HEC-C Expiration Date: December 31, 2025**

Please use this form if you intend to renew your certification using path 1. Be sure to review the deadlines and documents required for this path.

The examination is offered in November. The application deadlines are September 10 (or September 25 with a late fee).

Under no circumstance will an application be accepted after the final deadline for each testing window.

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

**Name:**

**Credentials:**

**Requirements for Path 1:** Complete 200 hours of healthcare ethics consultation experience within the designated certification period (January 1, 2021-September 25, 2025) and pass the recertification examination. You also need to submit the following documentation:

- Application for HEC-C Certification Renewal
- Experience Tracking Form

**How to apply**

1. 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. *DO NOT CREATE A NEW ACCOUNT. The new account will not be linked to your certification, and you will not be able to access the online renewal.* If you have forgotten your password, select the option for “Click here to reset your password” or contact ASBH at 847.375.4745 or [info@asbh.org](mailto:info@asbh.org).
2. On the left-hand navigation menu, click on **Certifications** and **Certification Applications**. Then select **Submit Application**.
3. Select the **Recertification Path** you are applying for.
4. Upload your completed application and the tracking/activity form(s) by clicking on **Upload** under Document Requirements. **NOTE:** you will need to upload each form separately.
5. To save the application and return to it later, select **Save as Pending**.
6. If the application is complete, select **Submit & Pay**.
7. 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.

### **Candidate statement of understanding**

In addition to taking and passing the HEC-C examination, I understand that I must also submit the Experience Tracking Form as part of the Examination Application for HEC-C Renewal in order to renew my HEC-C credential. Failure to pass the examination or submit the additional documentation by the deadline will result in loss of certification. I understand that if HEC-C credential is allowed to expire, I must take and pass the HEC-C examination, meeting the same criteria as for initial certification, if I wish to regain HEC-C credential.

### **By submitting this application:**

1. I fully understand that it is an application only and does not guarantee certification.
2. In the event of an audit, I agree to submit any supporting documentation requested by the Commission.
3. I agree to comply with all HEC-C Program policies as outlined in the HCEC Certification Commission Policies and the HEC-C Renewal Handbook.
4. I agree to sit for a multiple-choice examination and supply further information as determined by the HCEC Certification Commission.
5. 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.
6. I understand that I am obligated to inform the HCEC Certification Commission of changed circumstances that may materially affect my application.
7. I agree to abide by the [ASBH Code of Ethics and Professional Responsibility](#).

**E-Signature:**

**Date:**

### **Additional Information**

In the healthcare professions, individuals typically pursue certification in anticipation of experiencing certain valued benefits. Please indicate which of the following benefits you have experienced as a result of achieving certification as a healthcare ethics consultant and/or that you anticipate experiencing through your renewal of your certification. (Please check all that apply.)

- ☐ Personal sense of achievement and accomplishment
- ☐ Demonstration of competence
- ☐ Recognition of your competence and achievement by your peers (i.e., other healthcare ethics consultants)
- ☐ Recognition of your competence and achievement by individuals in other professions and disciplines
- ☐ Enhanced respect and trust from patients and their families
- ☐ Recognition by your employing organization or by your clients

☐ Other, please explain