



HEC-C Renewal Experience Tracking Form Path 1

Please review current application deadlines and pricing at <https://heccertification.org/recertification>

Use this form to document 200 hours of demonstrated healthcare ethics experience completed within the five-year certification period (prior to your renewal deadline).

Name:

Credentials:

Renewal candidates choosing path 1 must have at least 200 hours of demonstrated healthcare ethics experience related to the major domain areas of the HEC-C program content outline.

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 your current certification period.

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:

Domain 1: Assessment

- ☐ Gather and discern factual information relevant to the case (e.g., clinical, psychosocial, spiritual, institutional, legal)
- ☐ Assess the interpersonal dynamics of those 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

Domain 2: Analysis

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

Domain 3: 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

Domain 4: 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 your current certification period involving your experience related to the HEC-C content outline. In the event your application is selected for audit, the individuals listed in the verification sections below will be contacted by ASBH staff.

Position #1
Organization/Institution:
City & State:
Professional Title/Role:
From date: / To date: /
Healthcare Ethics Consultant Role:
Please provide a brief position description:
of months at this position (not to exceed 60 months):
Average # of HEC hours per month:
Total hours:
Verification
Provide information for supervisor or peer who can generally attest to your experience at this position
Name:
Title:
Relationship to HEC-C: <input type="checkbox"/> Supervisor <input type="checkbox"/> Peer
Email:
Phone:

Position #2
Organization/Institution:

City & State:
Professional Title/Role:
From date: / To date: /
Healthcare Ethics Consultant Role:
Please provide a brief position description:
of months at this position (not to exceed 60 months):
Average # of HEC hours per month:
Total hours:
Verification Provide information for supervisor or peer who can generally attest to your experience at this position
Name:
Title:
Relationship to HEC-C: <input type="checkbox"/> Supervisor <input type="checkbox"/> Peer
Email:
Phone:

Position #3
Organization/Institution:
City & State:
Professional Title/Role:
From date: / To date: /
Healthcare Ethics Consultant Role:
Please provide a brief position description:
of months at this position (not to exceed 60 months):
Average # of HEC hours per month:
Total hours:
Verification Provide information for supervisor or peer who can generally attest to your experience at this position

Name:
Title:
Relationship to HEC-C: <input type="checkbox"/> Supervisor <input type="checkbox"/> Peer
Email:
Phone:

Position #4
Organization/Institution:
City & State:
Professional Title/Role:
From date: / To date: /
Healthcare Ethics Consultant Role:
Please provide a brief position description:
of months at this position (not to exceed 60 months):
Average # of HEC hours per month:
Total hours:
Verification Provide information for supervisor or peer who can generally attest to your experience at this position
Name:
Title:
Relationship to HEC-C: <input type="checkbox"/> Supervisor <input type="checkbox"/> Peer
Email:
Phone:

Position #5
Organization/Institution:
City & State:
Professional Title/Role:
From date: / To date: /
Healthcare Ethics Consultant Role:

Please provide a brief position description:
of months at this position (not to exceed 60 months):
Average # of HEC hours per month:
Total hours:
Verification Provide information for supervisor or peer who can generally attest to your experience at this position
Name:
Title:
Relationship to HEC-C: <input type="checkbox"/> Supervisor <input type="checkbox"/> Peer
Email:
Phone:

*May supplement on additional pages if needed.