



## Application for HEC-C Renewal with Activity Tracking Form for Path 2

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

Please use this form if you intend to renew your certification by Path 2.

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 2:** Complete 40 hours of specified professional activities within your five-year certification period (prior to your renewal deadline) and pass the recertification examination. You also need to submit the following documentation:

- Application for HEC-C Certification Renewal
- Activity Tracking Form with support documentation

### 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 Activity 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 my 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 the 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 Examination Candidate 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