

*The HEC-C examination is administered via computer throughout the 1-month testing window, May 1-31, 2023. The examination application deadline is March 10, 2023. Late applications with a late fee will be accepted on or before March 24, 2023. Applications for the May 2023 testing window will not be accepted after March 24, 2023.*

## 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](mailto: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 [www.asbh.org](http://www.asbh.org). 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 [www.asbh.org](http://www.asbh.org) and access your account (“My Account”) from the membership menu. Note: If you are a current or former ASBH member, have attended a meeting, or have purchased a product, you already have an ASBH online account. If you do not recall your user name or password, please call 847.375.4745 or e-mail [info@asbh.org](mailto:info@asbh.org) for assistance. If you do not have an account associated with ASBH, you will be asked to set up a free account.
  - b. Once you have accessed your account, click on “HEC-C Application” (left-side menu), and then click on the button “Add a New Document” to upload the application.
  - c. Click on “Pay Now” to complete the payment.
  - d. Your application is not considered complete until it has been uploaded and payment has been received by ASBH.

## 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://hec certification.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 information).
- Assess the social and interpersonal dynamics of those involved in the consultation (e.g., power relations; racial, ethnic, and cultural dynamics).
- Distinguish the ethical dimensions of the consultation from other dimensions (e.g., legal, institutional, medical dimensions).
- Elicit the moral views of those involved in the consultation.
- Identify relevant assumptions, beliefs, values, and interests of those involved.
- Identify the ethical concerns and the central ethical questions.
- Identify your own relevant experiences, values, and intuitions and how these might influence the consultation.

### Analysis

- Evaluate and apply relevant healthcare ethics information (e.g., law, institutional policy, professional codes, and formal guidance).
- Clarify relevant ethical issues (e.g., confidentiality, privacy, informed consent, best interest, professional duties).
- Identify a range of ethically acceptable options and their consequences.
- Evaluate evidence and arguments for and against different options.
- Offer recommendations.

### Process

- Create a respectful and trusting environment.
- Promote respect for diversity.
- Establish realistic expectations about the consultation process.
- Determine whether a particular request will involve only the healthcare ethics consultant service or is appropriate for joint effort.
- Facilitate effective communication among all parties.
- Identify who should be involved in a consultation (e.g., patient, healthcare professionals, family members).

- Collaborate with other responsible persons, departments, or divisions within the institution.
- Facilitate formal meetings (e.g., clarifying participants' roles, identifying the goal, establishing expectations and confidentiality).
- Educate involved parties about the ethical dimensions of the consultation.
- Recognize and attend to relational barriers to communication (e.g., suffering, moral distress, strong emotions).
- Represent the views of the involved parties to others.
- Identify underlying systems issues and bring them to the attention of the appropriate institutional resource for handling such concerns at the appropriate level.
- Document consultations in internal healthcare ethics consultation service records.
- Document consultations in patient health records.
- Summarize and communicate documentation to relevant parties.
- Identify the need for, establish the timeline for, and complete follow-up activities.
- Provide informal guidance or serve as a sounding board (e.g., provide "curbside" consultation).
- Use institutional structures and resources to facilitate implementation of recommendations.

### Evaluation and Quality Improvement

- Obtain feedback from persons involved in ethics consultations.
- Use criteria to evaluate ethics consultation outcomes (e.g., satisfaction, conflict resolution, knowledge acquisition).
- Ensure systematic recording of ethics consultation data.
- Use data to analyze structural or systemic barriers to an effective consultation process.
- Use data to analyze structural or systemic obstacles to excellent care that may have contributed to the need for the consultation.
- Identify patterns (e.g., frequently repeated consultations about the same issue or from the same unit or department).
- Consider the implications of outcomes of consultations for the wider organization, including its mission and ethical standards.
- Recommend policy and practice changes within the organization.

## 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 between **December 1, 2018**, and the current 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 pages 2 and 3.

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 pages 2 and 3 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 pages 2 and 3.

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 = _____
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Please provide a description of the healthcare ethics consultation activities you performed while in this position that you marked on pages 2 and 3 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 pages 2 and 3.

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 pages 2 and 3 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 pages 2 and 3.

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 pages 2 and 3 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 pages 2 and 3.

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 pages 2 and 3 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: \_\_\_\_\_