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

HEC-C Expiration Date: December 31, 2024

Please use this form if you intend to renew your certification by Path 2. 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, with a late fee, September 25).

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 the designated certification period (January 1, 2020 – September 25, 2024) and pass the recertification examination. You also need to submit the following documentation:

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

How to apply

- Go to https://heccertification.org/recertification and select you recertification application and the experience tracking form
- Please download your application and tracking form, complete, and save both on your computer
- Go to https://apps.asbh.org/MyAccount
- You will need to use your username and password to access your ASBH account
- If you have forgotten your username and/or password, select the option for "Forgot Username" or "Forgot Password" or call 847.375.4745 or e-mail info@asbh.org for assistance
- **IMPORTANT NOTE:** DO NOT CREATE A NEW ACCOUNT. The new account will not be linked to your certification, and you will not be able to access online renewal
- Please scroll down under "Membership and Participation" to click on Re-Certification Application
- Upload your completed application for recertification and the tracking form by clicking on Add a new document (you will need to upload each form separately)
- Select the recertification path and pay the fee

Your application is not considered complete until it has been uploaded and payment has been received by the ASBH.

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:		
Additio	onal Information	
certain of achie	nealthcare professions, individuals typically pursue certification in anticipation of experiencing valued benefits. Please indicate which of the following benefits you have experienced as a resultering certification as a healthcare ethics consultant and/or that you anticipate experiencing h 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		