

Application for HEC-C Renewal for Path 3
HEC-C Expiration Date: December 31, 2024

This is the Application for HEC-C Renewal Form for path 3. Please use this form if you intend to renew your certification using path 3. Be sure to review and submit the documents required for this path.

Application deadline: November 15.

Name:

Credentials:

Requirements for Path 3: Complete 200 hours of healthcare ethics experience and complete 40 hours of specified professional activities within the designated certification period (January 1, 2020 – November 15, 2024). Submit the following documentation:

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

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

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

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.
6. 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