Candidate Handbook

And

Application Form

Canadian Certified Life Care Planner™

International Commission on Health Care Certification™
13801 Village Mill Drive • Suite 103
Midlothian, Virginia 23114
P: (804) 378-7273 • F: (804) 378-7267
Email: ICHCC1@gmail.com
www.ICHCC.org

Revised September 2026

Table of Contents

Note from ICHCC®

The **International Commission on Health Care Certification™ (ICHCC®)** welcomes you as a candidate to sit for the **Canadian Certified Life Care Planner™ (CLCP®)** credential. There are several resources that you may want to review to answer any questions you may have regarding qualification standards, practice guidelines, ethical standards, testing fees, and recertification protocols and fees. You may wish to visit our website at www.ICHCC.org where you will find the resources that are discussed below.
The material contained in this information handbook is designed to clarify for the certification candidate any questions he or she may have during their initial stages of certification inquiry. The candidate is encouraged to call the **ICHCC®** office for clarification of any matter, concerns or questions that have arisen as a result of reading the enclosed material. Please call the **ICHCC®** office at (804) 378-7273 to speak to a representative regarding your question. For the candidate's convenience, an application is included in this informational handbook. Please feel free to complete the application at your earliest convenience, which may provide some clarification regarding your questions.

The International Commission on Health Care Certification™ successfully completed the requirements of ISO/*IEC 17024:1012 General Requirements for Bodies Operating Certification of Persons* and was awarded the Accreditation Certificate from the American National Standards Institute National Accreditation Board (ANAB). Accreditation is the action or process of officially recognizing someone as having a particular status or being qualified to perform a particular activity while maintaining the standards defined by the Accreditation agency, this being ANAB. The *ISO/IEC 17024* Accreditation ensures that the **ICHCC®** has robust processes for assessing the competencies required for the life care planner's role. Being that the CLCP® is the oldest and most widely held certification in the field of life care planning service delivery systems credentialing, this accreditation has made the CLCP®/CCLCP™ credentials even stronger and takes the CLCP®/CCLCP™ certification to an even higher level.

Thank you for your interest in certification for life care planning service delivery. Best of luck to you in procuring this essential certification credential in the life care planning service delivery system.

V. Robert May III, Rh.D., CDEII, CRP
President – International Commission on Health Care Certification™

About the ICHCC®

The history of the **ICHCC®**, its various certification credentials, its certification standards and guidelines, and the specific listing of life care planning skills and tasks on which you will be tested can be found in the **International Commission on Health Care Certification™ Standards and Practice Guidelines**. This document is available to download from the **ICHCC®** web site. For convenience, a brief historical review is presented below:

The International Commission on Health Care Certification™ (ICHCC®) was established originally as the **Commission on Disability Examiner Certification (CDEC)** in 1994 in response to the health care industry's need for certified clinical examiners in impairment and disability rating practices. The CDEC expanded rapidly over its first 8 years, such that its name was updated in the spring of 2002 to that of the **International Commission on Health Care Certification™**. The name-change was necessary since CDEC was offering certifications into other specialty areas of rehabilitation by 2001, and a more generic reference was required under which each of its three certification credentials as well as future credentials could be classified. Credentialing in the specialty area of impairment rating and disability examination evolved as a result of meetings with allied health care providers around the country in the early 1990s. Issues were discussed that focused primarily on clinical examiner credentials, validity and reliability of rating protocol, and the establishment of a testing board to oversee the impairment rating and disability examining credentialing process. The resulting credential was the Certified Disability Evaluator (CDE) with three levels that allow for the inclusion of all professionals who are involved in measuring functional performance of persons reporting impairment or disability. The International Commission on Health Care Certification™ awarded the Certified Disability Examiner I, II, and/or III (CDE I, II, III) credential to persons who have satisfied the educational program requirements and training standards established by the National Association of Disability Evaluating Professionals (NADEP), with all classroom instruction offered at regional locations around the country."

The Commission has broadened its influence in the medical and rehabilitation marketplace through its research and development of a certification program in life care planning and related catastrophic case management. Currently, comprehensive training programs in life care planning have evolved to respond to this need for life care planning services as applied to catastrophic cases. Vocational/medical rehabilitation case managers and rehabilitation nurses have established themselves as consultants and case managers in these catastrophic cases and often detail the medical and rehabilitation needs of catastrophically disabled persons. Thus, the Commission developed the **Certified Life Care Planner™ (CLCP®)** credential in response to the rapid growth and influence of case management in catastrophic disabilities and managed care in today's health care insurance industry. Subsequent to the development of the CLCP® credential, the **Canadian Certified Life Care Planner™ (CCLCP™)** was established to assist in the growth of this field in Canada as more Canadian nurses, occupational therapists, and rehabilitation counselors traveled to the United States for training in this specialty health care service delivery system.

Validity and reliability research of the **Certified Life Care Planner™ (CLCP®)** and the **Canadian Certified Life Care Planner™ (CCLCP™)** credentials were completed through **Southern Illinois University** and are based specifically on the roles and functions of case managers and rehabilitation nurses who provide this service as part of their case management structure. A recent update of life care planners' roles and functions was completed at the **University of Florida** and published in the Journal of Life Care Planning, 9(3), 2010. The **ICHCC®** further explored the roles and functions in

its survey of its Test Committee members on June 2-3, 2012, who reviewed the roles and functions from both studies and determined the relevancy of all roles (submitted for publication). Currently, there is ample literature in professional journals that addresses life care planning, and the Commission's research goals of identifying and establishing the background, education, and experience criteria required to competently develop life care plans have been achieved. However, there is always more research required for a dynamic delivery system in health care, such as life care planning.

The Canadian Certified Life Care Planner™ Credential

The purpose of the **Canadian Certified Life Care Planner™** examination is to assess the knowledge and skills that are necessary for the processing, documentation, and writing of the life care plan of a disabled individual. The purpose of the examination as stated above supports our mission statement in that the **ICHCC®** is charged with "...developing and administering examinations that assess the knowledge and skills that comprise the essential functions required of life care planners..."

Why is life care planning certification important in your practice? The answer lies within the litigious nature of this specialized health care delivery service and the need to protect the consumer of services. The consumer of services can be the third-party benefit provider/defense counsel or the disabled person/plaintiff counsel, and any other referral source that may include, but not limited to, attending physicians, rehabilitation program medical directors, or family members. Consumer protection is achieved through the policy structure of the **ICHCC®** such that by obtaining the **Canadian Certified Life Care Planner™** credential, the candidate agrees to:

1. be peer reviewed.
2. adhere to a set of practice standards and ethical guidelines that are research-based.
3. be scrutinized by a governing board regarding his or her practice behaviors.
4. be disciplined in the event of a finding of fact regarding inappropriate practice behaviors and/or outcomes.

Protection for the consumer of services is safeguarded through the existence of a governing board, or a **Certified Life Care Planner™/Canadian Certified Life Care Planner™** Board of Commissioners to oversee consumer concerns/complaints as well as concerns or complaints of one's certified peer-group. Disciplinary action may be implemented on behalf of the consumer by this governing board. **Non-Certified Life Care Planners** cannot assure the consumer such safeguards or practice tenets and therefore cannot guarantee the consumers that their work will follow a set of standards governed by a higher board of authority. The primary purpose of the Board of Commissioners is to protect the consumer as well as to regulate the actions of those persons who carry the **Certified Life Care Planner™** and **Canadian Certified Life Care Planner™** credentials.

Protection for the consumer of services is safeguarded through the existence of a governing board, or a **Certified Life Care Planner™/Canadian Certified Life Care Planner™** Board of Commissioners to oversee consumer concerns/complaints as well as concerns or complaints of one's certified peer practitioner(s). Disciplinary action may be implemented on behalf of the consumer by this governing board. **Non-Certified Life Care Planners** cannot assure the

consumer of such safeguards or practice tenets and therefore cannot guarantee to the consumers that their work will follow a set of standards governed by a higher board of authority.

Information regarding eligibility is found in **the International Commission on Health Care Certification™ Practice Standards and Guidelines** manual and is presented below for the reader's convenience.

Eligibility

There is no doubt that you may have questions regarding your qualifications or whether your background, education, and experience meet the qualifying criteria. This information is found in the ***International Commission on Health Care Certification™ Standards and Practice Guidelines*** as well, and for your convenience, the following preliminary information is provided to you for clarification:

The **ICHCC®** requires the following criteria to be met by all candidates in order to qualify to sit for the **Canadian Certified Life Care Planner™** examination:

- Each non-nurse candidate must have, at a minimum, a bachelor's degree. Nurse candidates must have, at a minimum, a Diploma in nursing.

- Each candidate must have a minimum of **ICHCC®** pre-approved 120 hours of post-graduate or post-specialty degree training in life care planning or in areas that can be applied to the development of a life care plan or pertain to the service delivery applied to life care planning.

- Each candidate must also submit a sample life care plan developed from an assigned scenario to the candidate by the respective training program or by the **ICHCC®** for peer review.

- There must be 16 hours of training specific to basic orientation, methodology, and standards of practice in life care planning within the required 120 hours. The 120 hours may be obtained through online training/educational programs as well as onsite presentations and conferences.

- Applicants should have a minimum of 3 years' field experience in their designated area of formal training and expertise within the 5 years preceding application for certification. Final approval of any applications with ambiguity regarding experience will be left to the discretion of the **ICHCC®** following a thorough review of the respective applications.

- Training hours acquired over a period of 7 years from the date of application are counted as valid for consideration. Documentation of such coursework and participation verification is required in the form of attendance verification forms and/or curriculum documentation from the training agency.

- Each candidate must meet the minimum academic requirements for their designated health care related profession, and be certified, licensed, or meet the legal mandates of the candidate's respective state that allow him or her to practice service delivery within the

definition of his or her designated health care related profession. Should the candidate have a Master's Degree in a related health care field; holding a prior certification is not required. However, final approval of any applications with ambiguity regarding training and/or experience will be left to the discretion of the **ICHCC®** following a thorough review of the respective applications. The opinion of the **ICHCC®** is final.

Qualified Health Care Professional

The **ICHCC®** does not discriminate against any applicant for the **CLCP®/CCLCP™** certification because of race, color, religion, creed, age, gender, national origin, or ancestry. However, the **ICHCC®** reserves the right to reject an application based on one's documented professional misconduct, a history of licensure or certification revocation, or convictions related to criminal misdemeanors or felony charges.

The designation of a health care professional must be specific to the care, treatment, and/or rehabilitation of individuals with significant disabilities and does not include such professions as attorney, generic educators, administrators, etc., but does include such professions as counseling and special education with appropriate qualifications.

This designation of qualified health care professionals is based on a background of education, training, and practice qualifications. A background of only experience and/or designated job title is not accepted as a qualified health care professional for this credential. Completion of training in life care planning, experience developing life care plans, or being qualified in the court system would not provide credential qualification without meeting the criteria for a qualified health care professional.

Due to their unregulated status or professional status that varies among states, the following is offered as clarification for qualified status regarding the following professionals:

- Rehabilitation Counselor - CRC
- Case Manager - CCM
- Counselor - NCC, CRC, or State License or State Mandate to Practice
- Special Education - Undergraduate or Graduate Degree in Special Education
- Social Worker - MSW or State License in Social Work

Persons holding licensure designations as "technicians" or "assistants," to include but are not limited to Physical Therapy Assistants (PTA), Occupational Therapy Assistants (OTA), Dental Hygienists, Emergency Medical Technicians (EMT), Nursing Assistants or Certified Nursing Assistants, Massage Therapists, Licensed Practical Nurses (LPN's), are excluded from qualifying to sit for the **Certified Life Care Planner™** or the **Canadian Certified Life Care Planner™** credentials. However, any person meeting the above definition of a health care professional, but who also carries a "technician/assistant" title, will be eligible to sit for the examination (e.g., an EMT who is a licensed RN). This rule does not apply to Physician Assistants since a licensed or certified PA is considered a Qualified Health Care Professional.

Appeals Process

The **Canadian Certified Life Care Planner™** candidate has the right to challenge the ruling of the application review process if he or she feels they have been denied access to the **Canadian Certified Life Care Planner™** credential unfairly through a review of their credentials, education degree status, work history, or whether or not they met the criteria for the designation of a Qualified Health Care Professional. The candidate is required to notify the **ICHCC®** office in writing of his or her desire to have the application further reviewed by the **Certified Life Care Planner™** Board of Commissioners.

Examination Information

Exam Structure

The CCLCP® examination consists of 100 multiple-choice items administered online with an allotted time of 2 minutes per item for a total time period of 3 hours and 20 minutes. An additional 10 items **may be** included in addition to the 100 test items. These items are for field testing and do not count in the scoring of the exam. All test answers are referenced within current professional literature from the medical, insurance, and rehabilitation professions.

Test Cutoff Score

All tests are scored by the online test software program at the submission of the last item by the candidate. While the results are sent directly to the corporate office of the **International Commission on Health Care Certification™**, the candidate's pass/fail status is revealed to the candidate immediately. The **Canadian Certified Life Care Planner™** examination's cutoff score and item validation were derived and achieved using the Angoff Method (Modified) (Arrasmith and Hambleton, 1988; Ashby, 2001; Biddle, 1993; Bowers and Roby, 1989; Carlson and Strip, 2009; Tiratira, 2009). The **ICHCC®** Test Committee met on June 2-3, 2012, and one of the activities in which 8 subject matter experts (SME) (Test Committee members) participated was the determination of the cutoff test score for the Canadian Certified Life Care Planner™ examination using the criterion-referenced model. The specific model used was the modified Angoff method in which rating participants discussed the characteristics of a borderline certification candidate, and a consensus was reached as to the specific characteristics to consider when reviewing each individual item. The raters were asked, "Would a borderline candidate be able to answer the item correctly?" The items that the Committee felt would be answered correctly by the borderline certification candidate were assigned a 1=yes. Items that the Committee felt that the borderline candidate would more than likely mark a wrong answer were assigned a 0=no. A second meeting of the Test Committee was held on March 1 – 2, 2013, and all items were reviewed and rated a second time by 5 committee members. A total of 208 examinations administered in 2011 through March of 2012 were used in the validation and cut-score determination study. Using the Test Analysis and Validation Program (TVAP) statistical application for validity and reliability regarding test content and test-taker item responses, validity and reliability were established with a cut score of **72**.

Exam Content – Knowledge Domains

The **Certified Life Care Planner™/Canadian Certified Life Care Planner™** examinations are comprised of test items based on the more recent role and function (practice analysis) study of life care planners. **May and MoradiRekabdarkolaee (2020)** identified sixteen (16) knowledge

domains underlying the life care planning service delivery system from which item content is applied. Please note that some of the domains contain additional information addressing the application of the test items to the respective domain. Within these domains are subdomains that provide further definitions of specific areas of the referenced domain. Dr. May assembled a Subject Matter Expert committee to further evaluate the Knowledge Domains as well as the subfactors. As a result of the committee's work, the Knowledge Domains were reduced to 12, and the Committee Members reviewed all subfactors closely and eliminated 33 subfactors. The work of the SME Committee resulted in the reduction of 4 Knowledge Domains to 12, and 33 subfactors from 217 to 184 subfactors. The revised domain titles and subdomains that apply to the **CLCP®/CCLCP™** examinations include the following:

> **Added by the ICHCC® - International Commission on Health Care Certification™ Agency**: These items address specific information regarding the **Certified Life Care Planner™/Canadian Certified Life Care Planner™** credential's certifying agency, to include but not limited to qualifications to sit for the examination, duration of active certification period, recertification options and respective requirements, qualified Health Care Professional designation.
>
> a. Document qualifications requirements to sit for CCLCP™ exam.
> b. Document certification term length.
> c. Document certification renewal options.
> d. Document on how exam cut score was obtained.

Factor 1 - Care Plan Development

Subfactor 1 - Initial Interview

14 Obtain HIPAA Consent from referral source/injured person
26 Schedule Initial Interview/Home Visit
28 Perform face-to-face interview with injured person
29 During Initial Interview/Home Visit, document current medical condition
30 Document Current Medications During Initial Interview/Home Visit
31 Evaluate through observation or through test cognitive status During Initial Interview/Home Visit
34 Evaluate through observation physical limitations During Initial Interview/Home Visit
35 Assess the need for training in activities of daily living (ADLs) and instrumental activities of daily living (IADLs), such as cooking, shopping, housekeeping, and budgeting
37 Address needs/preferences of the evaluee and/or family
39 During Initial Interview/Home Visit makes notes of potential home barriers and identify some potential home modification needs
40 During Initial Interview/Home Visit, assesses presence of familial support system for the evaluee
50 Examines the relationship between the evaluee's needs and existing functional capabilities
52 Assess injured person's potential for long-term independent functioning
53 Assess independent living and adaptive equipment needs.
54 Assess the need for transportation (e.g., adapted/modified vehicle with hand controls)

62 During Initial Interview/Home Visit documents current family members living in and away from residence
205 Conduct a comprehensive interview with the evaluee, his/her family and/or significant other(s), if possible

Subfactor 2- Referral Source Contact

13 Obtain and sign retainer fee agreement from referral source
15 Upon receipt of referral, communicate with referral source regarding specific case needs, projected time for LCP completion, and projected fee for completed life care plan
16 Request specific medical records
20 Request deposition transcripts
165 Provide list and date of responses received from life care planning referral sources
207 Obtain and review day-in-the-life videos of clients when developing a life care plan.

Subfactor 3 - Cost Analysis

36 If applicable, specifies cost for independent living and adaptive equipment needs for independent function/living
51 Determines costs of needed equipment for the injured person
67 Specifies cost for physical therapy services
68 Specifies the cost of speech therapy services
69 Specifies the cost of occupational services
70 Reviews current catalogs to determine the costs of assistive devices needed by the evaluee
78 Specifies cost for and replacement of orthotics and prosthetics (e.g., braces, ankle/foot orthotics)
80 Specifies cost for projected evaluations (e.g., PT/OT, SLP, individual counseling, family counseling, group counseling, family counseling, group counseling, marital counseling, etc.)
81 Specifies cost for projected therapeutic modalities (e.g., PT, 0T, SLP, individual counseling, family counseling, group counseling, marital counseling, etc.
82 Specifies cost for case management services
83 Projects associated costs for non- medical diagnostic evaluations (e.g., recreational, nutritional) for the injured person
86 Specifies cost for architectural renovations for accessibility (e.g., widen doorways, ramp installations)
87 Specifies costs for evaluee's home furnishing needs and accessories (e.g., specialty bed, portable ramps, patient lifts)
90 Specifies cost for health/strength maintenance (e.g., adaptive sports equipment and exercise/strength training)
93 Determines costs of needed social services for the evaluee
108 Determines costs of needed medical services for the evaluee
121 Research pricing of medical recommendations
124 Research services costs and frequencies
161 Reviews current catalogs and websites to determine the costs of needs and services
162 Provide fair and representative costs relevant to the geographic area or region

Subfactor 4 - Report Writing

47 Upon return to office, summarizes assessment/home visit
48 Maintains log of time and mileage
49 Contact attending physician and medical/rehabilitation providers
109 Documents and summarizes all meetings with medical and rehabilitative providers, and extraneous facilities.
110 Write the report to include a log of all resources contacted
111 Write the report to include a complete chronology of the medical and rehabilitation histories
112 Write the report to include demographic information
114 Write the report to include recommendations based on assessment of evaluee, home visit, review of all medical and rehabilitative records, and communications with medical and rehabilitative team members and providers
115 Present various health care options (facility vs. home care).
117 Write the report to include comorbid conditions
123 Apply knowledge of family dynamics, gender, multicultural, and geographical issues
127 Clearly state the nature of the evaluee's problems for referral to service providers
128 Apply knowledge regarding the types of personal care (e.g., hospital, extended care facility, subacute facility; home, hospice) when developing the life care plan
129 Recognize psychological problems (e.g., depression, suicidal ideation) requiring consultation or referral
138 Prepare case notes and reports using applicable forms and systems in order to document case activities in compliance with standard practices and regulations
142 Total all spreadsheets and check figures for accuracy
143 Finalize the plan and proof it
144 Itemize your bill for services
163 Synthesize assessment information to prioritize care needs and develop the life care plan
164 Compile and interpret evaluee information to maintain a current case record
166 Select evaluation/assessment instruments and strategies according to their appropriateness and usefulness for a particular client
167 As appropriate, review/utilize current literature, published research, and data to provide a foundation for opinions, conclusions, and life care planning recommendations
168 Use reliable, dependable, and consistent methodologies for drawing life care planning conclusions
169 Have an adequate amount of medical and other data to form recommendation
178 Address gaps in records and/or life care plan recommendations
186 Consider the impact of aging on disability and function when developing life care planning recommendations
200 As appropriate, rely upon qualified medical and allied health professional opinions when developing the life care plan

Subfactor 5 - Standards of Practice

131 Accept referrals only in the areas of yours or your agency's competency
132 Refrain from inappropriate, distorted, or untrue comments about colleagues and/or life care planning training programs
133 Identify one's own biases, strengths, and weaknesses that may affect the development of healthy client relationships

134 Avoid dual/biased relationships, including, but not limited to, pre-existing personal relationships with clients, sexual contact with clients, accepting referrals from sources where objectivity can be challenged (such as dating or being married to the referral source, etc.)
135 Be credentialed in your area of expertise that also provides a mechanism for ethics complaint resolution
136 Abide by life care planning-related ethical and legal considerations of case communication and recording (e.g., confidentiality)
137 Consider the worth and dignity of individuals with catastrophic disabilities
139 Monitor to ensure that the life care planning work is performed and that it meets standards and accepted practices
140 Disclose to the evaluee and referral sources what role you are assuming and when or if roles shift
158 Provide progress of life care plan development to retaining party
170 Apply knowledge of clinical pathways, standards of care, practice guidelines
176 When working with pediatric cases, keep abreast of guardian issues for protecting minors or those deemed mentally incompetent
190 Educate parties (e.g., attorneys, evaluees, insurance companies, students, family members) regarding the life care planning process
193 Stay current with the relevant life care planning literature
196 Belong to an organization that reviews life care planning topics and issues, as well as offers continuing education specifically related to the industry
197 Maintain continuing education in areas associated with your life care planning practice

Subfactor 6 - Forensics

148 Serves as an expert witness in court case for an individual who sustains a catastrophic injury or a non-catastrophic injury

Subfactor 7 - Communication Skills

159 Apply interpersonal communication skills (verbal and written) when collaborating with all parties involved in a case

Subfactor 8 - Fee Schedule

187 Establish fee schedules (how much you or your practice charge) for life care planning services to be rendered

Subfactor 9 - Practice Analysis

194 Evaluate one's own practices and compare to ongoing evidence-based practice

Factor 2 - Needs Assessment

56 Determines needed medical supplies
58 Assess the need for home/attendant/facility care (e.g., personal assistance, nursing care)
59 Determines Assistive Devices needed by the evaluee
60 Determines evaluee's adaptive equipment needs
61 Provides an assessment of the evaluee's potential for self-care
63 Identifies the need for physical therapy services
64 Identifies the need for speech therapy
65 Identifies need for occupational therapy

66 Determines evaluee's need for counseling services (i.e., psychological intervention, licensed professional counselor services, licensed social worker, counseling services
72 Assess the need for wheelchair/mobility needs
73 Assess the need for wheelchair/mobility accessories and maintenance
74 Specifies cost for wheelchair/mobility needs
75 Assess the need for medications and supplies (bowel/bladder supplies, skin care supplies)

76 Assess the need for future routine medical care (e.g., annual evaluations, psychiatry, urology, etc.)
77 Assess the need for and replacement of orthotics and prosthetics (e.g., braces, ankle/foot orthotics)
85 Determines evaluee's home furnishings and accessories needs (e.g., specialty bed, portable ramps, patient lifts)
88 Assesses the evaluee's recreational equipment needs
89 Assess the need for health/strength maintenance (e.g., adaptive sports equipment and exercise/strength training)
91 Identifies the need for nutritional counseling
92 Identifies the need for audiological services
95 Assess the need for case management services
179 Assess the need for projected evaluations (e.g., PT/OT, SLP, individual counseling, family counseling, group counseling, marital counseling, etc.)
180 Assess the need for projected therapeutic modalities (e.g., PT/OT, SLP, individual counseling, family counseling, group counseling, marital counseling, etc.)
181 Assess the need for diagnostic testing/educational assessment (e.g., neuropsychological, educational, medical labs)

Subfactor 1 - Service Recommendation

94 Recommend services that maximize functional capacity and independence for persons with catastrophic disabilities through the aging process
99 Evaluate and select facilities that provide specialized care services for evaluees
130 Include recommendations that are within your area of expertise

Factor 3 - Vocational Consideration

103 Either personally or through vocational rehabilitation consult referral, identifies the evaluee's need for long-term vocational/educational services
104 Either personally or through vocational consult referral, assesses the evaluee's need for vocational services
105 Either personally or through vocational rehabilitation consult referral, determines the evaluee's ability to pursue gainful employment
106 Either personally or through vocational rehabilitation consult referral, obtains information on past occupational/educational performance for purposes of vocational planning
107 Either personally or through Research vocational rehabilitation consult referral, specifies cost for long-term vocational/educational services for the injured person
202 Assess the need for short/long-term vocational/educational services
203 Specifies cost for short/long-term vocational/educational services

Subfactor 1 - Economist Consult

152 Consults an economist for an estimate of the lifetime costs of the LCP

Factor 4 - Litigation Support

146 Add the case to your list of cases for Federal Rules of Evidence purposes, marketing, etc.
147 Assists with the development of information for settlement negotiations for legal representatives
149 Consults with a plaintiff attorney to reasonably map out what long-term care services will be needed for the evaluee
150 Consults with a defense attorney to reasonably map out what long-term care services will be needed for the evaluee
153 Advises the evaluee's attorney on the cross-examination of opposing counsel's expert witness
154 Recommends other expert witnesses to an evaluee's attorney when appropriate
155 Advises attorney on the cross-examination of opposing counsel's expert witness
156 Review the life care plan and develop a rebuttal or comparison plan when consulting with attorneys

Factor 5 - Knowledge Applications

174 Apply knowledge regarding legal rules (justification for valid entries in a life care plan may vary from state to state
175 Apply knowledge of health care/medical/rehabilitation terminology
182 Apply medical knowledge of potential complications, injury/disease process, including the expected length of recovery and the treatment options available
183 Apply knowledge regarding the interrelationship between medical, psychological, sociological, and behavioral components
184 Apply knowledge of human growth and development as it relates to life care planning
185 Apply knowledge of the existence, strengths, and weaknesses of psychological and neuropsychological assessments

Subfactor 1 - Evaluee Interactions

160 Maintain contact with life care planning recipients in an empathetic, respectful, and genuine manner, and encourage participation

Subfactor 2 - Time Management

191 Use effective time management strategies when developing the life care plan

Factor 6 – Marketing

188 Promote and market the field of life care planning
189 Provide information regarding your organization's programs to current and potential referral sources
192 Perform life care planning in multiple venues (e.g., personal injury, special needs trust, case management)
198 Obtain regular client feedback regarding the satisfaction with services recommended and suggestions for improvement in a life care plan

Subfactor 1 - Report Writing

71 Specifies costs for maintaining the evaluee's exercise equipment
97 Research and investigate the community to identify client-appropriate services for creating and coordinating agency service delivery

119 Write the report to include bibliography
145 Send your bill with the report

Factor 7 - Data Collection

125 Research literature for the standard of care for client for national, regional, and local areas and include in the report

Subfactor 1 - Expense Projection

126 Write the report to include expenses the evaluee is expected to incur one time only, monthly, annually, and remaining lifetime

Subfactor 2 - Resource Application

206 Apply risk management knowledge as it relates to life care planning

Factor 8 - Report Preparation

116 Write the report to include all graphs and tables.
118 Write the report to include category of need tables
120 Write the report to include life expectancy
122 Write the report to include coding for costs
208 Utilize medical coding when developing a life care plan (e.g., CPT, ICD-9/10, HCPIC coder)

Factor 9 - Professional Development

177 Attend conferences/workshops for continuing education to be applied to recertification and/or licensure renewal
195 Attend professional conferences

Factor 10 - Financial Resources

157 Apply knowledge regarding other funding sources as it relates to legal cases
173 Keep abreast of the laws, policies, and rulemaking affecting health care and disability-related rehabilitation service

Factor 11 - Collaboration

100 Request meeting with treatment/rehabilitation team members
101 Request meeting with medical providers
102 Request meetings with extraneous entities that may include daycare facilities, education facilities, recreational facilities, etc.

Factor 12 - Records Review

22 Review all medical records, associated summaries medical records, and all other requested documents.
24 Sorts medical records by chronological order

Subfactor 1 - Objectivity

141 Remain objective in your assessments

Examination Statistics

The **ICHCC®** is dedicated to ensuring that the CLCP®/CCLCP™ examinations are fair, current to the practice of life care planning service delivery practice, and valid in measuring the knowledge domains and subfactors of the most recent job task inventory study published by the **ICHCC®**. The ANAB accreditation requires the **ICHCC®** to periodically study the life care planning examinations in terms of identifying the essential functions of life care planning and that the examinations are based on the knowledge domains and the subfactors identified in these studies.

With the statistical analyses used in determining the strengths and weaknesses of the **CLCP®** examinations, it is important that multiple analyses are employed to answer test hypotheses. The **ICHCC®** administers two separate tests to rotate among candidates. The **ICHCC's®** most recent study involved comparing the two tests to ensure the tests are equal in difficulty and the effects of gender is statistically close in scores among the two genders.

The Welch's t-test, or unequal variances t-test, is employed to test if the male and female candidates' scores are close to being equal. Thus, we set the null hypothesis to suggest that the mean of the score between male and female candidates are equal and the alternative is that the means are not equal. The results showed that the test value was -1.3122 with degrees of freedom 25.883. The p-value was equal to be 0.201 which means there are not enough evidence to support that there is a statistically significant difference between the average score of male and female. Therefore, the null hypothesis is accepted that there is not a significant difference between male and female candidates who complete the examinations. The full result of the analysis is as follows:

```
Welch Two Sample t-test

data:  data$Score by data$Gender
t = -1.3122, df = 25.883, p-value = 0.201
alternative hypothesis: true difference in means between group 1 and group 2 is
not equal to 0
95 percent confidence interval:
-8.196338  1.809865
 sample estimates:
mean in group 1 mean in group 2
      69.11111        72.30435
```

We are also interested to test if there is a difference between the test scores for different age categories. Since there are more than two groups of candidates, an Analysis of Variance (ANOVA) was employed. ANOVA is a statistical approach to analyze the differences among means. The results of our study showed the F-value to be 1.12 and the p-value was 0.368. These values mean that there is not enough evidence to support that there is a statistically significant difference between the average of different age categories. The full result of the analysis is as follows:

```
                            Df Sum Sq  Mean Sq  F value  Pr(>F)
as.factor(unlist(data$Age))  4   273.8   68.44    1.12    0.368
Residuals                   27  1650.0   61.11
```

CLCP Test A and CLCP® Test B Comparisons

It is extremely important in test and measurement that two tests offered by the same testing agency measuring the same knowledge and skill sets in health care settings administer tests that are similar in difficulty/ease, scores are similar, and the required knowledge base being measured is consistent between the two tests. To explore these similarities, the t-test statistical analysis was applied to satisfy similarity determinations. A t-test is an inferential statistic tool aiming to test whether there exists a significant difference between the mean of two groups or population. T-test is employed when it is assumed the two populations follow a normal distribution. Welch's t-test, or unequal variances t-test, is employed for this analysis with the (null) hypothesis being that the two populations have equal means, and the alternative is that the means are not equal. We ran the t-test to compare the average scores of the A and the CLCP® B to determine if they are equal or not. The results revealed that the **test value is -0.569 with degrees of freedom 58.48. The p-value is equal to 0.572 which suggests there is not enough evidence to support that there is a statistically significant difference between the average of two populations**. Therefore, it is concluded that both tests are withing equal difficulty to one another based on the candidates' total test scores. The full result of the analysis is as follows:

Welch Two Sample t-test

data: data.a$Score and data.b$Score
t = -0.56912, df = 58.48, p-value = 0.5715
alternative hypothesis: true difference in means is not equal to 0
95 percent confidence interval:
-4.575794 2.549585
sample estimates:
mean of x mean of y
71.40625 72.41935

The resulting means of x (Test A) as compared to y (Test B) does not suggest that one test score results (Test A) are significantly different from the collateral test (Test B) and are extremely close in calculation.

Examination Testing

Administration of Exam

The **ICHCC®** administers the **Canadian Certified Life Care Planner™** examination online with proctoring being provided by the online proctoring service offered through **Pro√ Exam.** This examination method is required for all candidates except for those who wish to take the examination under a group exam administration format, which occurs once annually in the Spring of each year. The **ICHCC®** prefers the online proctoring method as a convenience to the candidate since the candidate is able to determine the location to where the test will be administered, such as his or her home, business office, or a library conference room. Specific proctor options are detailed as follows:

EXAM

Our online administration of the examination is proctored by **Pro/Exam**. Once your application is approved, you will be sent an Exam Voucher containing exam instructions as well as contact information for Pro/Exam. The Exam Voucher will be sent from the email address, "noreply@**Provexams**."

Examination Preparation

Review courses are offered during the year and are instructed by Dr. May, Executive Director of the **ICHCC®**. Review programs are recorded by the vote of the participants and offered through the ZOOM meeting application. A live Webinar presentation can be arranged for organized groups of 5 or more CLCP®/CCLCP™ candidates.

The **CCLCP® Exam Review Guide** for the **Canadian Certified Life Care Planner™** exam is available online at the **ICHCC®** website. The book is divided into 5 primary disability groups of which general instruction is based. The certification candidates are advised that while the actual guide may address some of the content of the test, the review book in and of itself by no means addresses any specific test item.

Appeals Process

Any candidate who acquires a test score below the cut-off score may appeal the failure status of his or her test score to the **ICHCC®**. The **ICHCC®** requests from the **Business Operations Administrator** re-scoring of the test through a manual procedure, comparing the answers to each question to that of an answer key. The results of the manual scoring are final and are reported directly to the **ICHCC®** Administration. It is the Administration's responsibility to inform the certification candidate of the final pass-fail status of the respective exam in question.

Fees

- Credit card payments may be processed online at **ICHCC.org.**
- Click on the shopping cart icon in the top right corner of the page.
- Under **ICHCC®** Product Categories, choose **Canadian Certified Life Care Planner™ (CCLCP™)**

Please review the ICHCC.org website for current testing, retesting, recertification, renewal extension, and the CLCP®/CCLCP™ review guide and webinar. You may pay on the ICHCC.org website by choosing the shopping cart icon in the top right corner of the opening website page. Please forward your CCLCP™ Application using email, fax, or regular mail and proof of payment to:

The International Commission on Health Care Certification™
13801 Village Mill Drive, Suite 103
Midlothian, VA 23113
Phone Number: (804) 378-7273
Fax: (804) 378-7267 Email: ichcc1@gmail.com

Certification Maintenance and Renewal

The **International Commission on Health Care Certification™** asserts that certified professionals should maintain a high level of skill and knowledge through the development of professional skills and continuing education. Requirements for renewal of certification are

designed to encourage the continuation of professional development, which will aid in the effective delivery of health care services. Goals include but are not limited to:

- Exploration of valid and reliable testing protocols.
- Enhancement of one's skills in their area of concentration and certification.
- Developing informational resources for their area of concentration.
- Enhancement of professional assessment and processing skills.
- Exploration of new strategies for problem solving in their areas of concentration.
- Acquiring knowledge in specific areas of disabilities, vocational applications, case management, technology, public and private insurance benefit programs, legislation, and legal implications.

Options for Recertification

I. **Continuing Education Units**

ICHCC® requires eighty (80) Continuing Education Units for **Canadian Certified Life Care Planner™** recertification every five (5) years; eight (8) of these 80 required hours must relate to Ethics. Documentation is required to validate that the education or training has been successfully completed in one or more of the focus areas related to life care planning.

- Preapproved: If a course was pre-approved, the **Canadian Certified Life Care Planner™** professional only needs to send the attendance verification forms and the CCLCP™ renewal application. Renewal fee is $400.
- Non-Preapproved: If the **Canadian Certified Life Care Planner™** professional attended a program which was not approved for **Canadian Certified Life Care Planner™** hours, the required documentation must be submitted and is subject to review. This includes the program agenda, program objectives, and the attendance verification/certificate of completion form. The renewal fee is $450.

The recertification fee is lower if all courses are preapproved. Should any course be non-preapproved, a recertification fee of $450 must be submitted. Please review the renewal fees on our website at www.ICHCC.org.

II. Extension

Persons who have completed 15 of the 80 hours required for continuing education of the **Canadian Certified Life Care Planner™** may request a review for extension. Each request will be reviewed individually. Documentation on the current continuing education hours must be completed. An extension is granted for up to six months.

An Extension Fee must be submitted in order for consideration of a six-month extension. Please review the **ICHCC®** website for the extension fee costs.

III. Re-examination

The fee for the examination and the certification renewal can be found on the **ICHCC®** website. If re-examination for renewal is chosen, the candidate pays the exam fee along with the renewal fee. If the renewal candidate's credential has already expired, they are not eligible for re-examination.

It is the credentialed provider's ultimate responsibility to renew the certification by the expiration date as listed on the credential certificate. Reasonable efforts will be made to send the renewal information; however, it is the credentialed provider's responsibility to renew the certification by the expiration date on the credential certificate.

Sources of Continuing Education

The **International Commission on Health Care Certification™** never recommends one training program over another. The interested candidate for any credential should review the preapproved training programs located on the **ICHCC®** website at www.ICHCC.org for a detailed review of training in this specialty field in health care.

Education and training for certification maintenance may be obtained from a number of potential sources, including in-service training programs, seminars and workshops, college and university courses, national and regional conferences, as well as professional publications and presentations related to the focus areas of each respective credential.
ICHCC® will approve continuing education activities for individuals on a post-attendance basis. Programs should be at least 60 minutes in length. They must be offered in accessible, barrier-free locations. The purpose of the program should be clearly defined in terms of objectives and expected outcomes and designed to increase the participant's knowledge in the focus areas outlined below.

Below is a list of many ways in which CEU hours can be secured and counted towards satisfying the 80 CEU hour requirement for renewal:

1. In-services, Seminars, Workshops & National/Regional Conferences

    - Submission of original documentation verifying participation.
    - Submission of program agenda.
    - Completion of Request for Approval form.

2. Relevant College or University Courses
    - Official transcript and course description.
    - Completion of Request for Approval form.

    - One quarter hour of academic credit equals 10 CEU hours
    - One semester hour equals 15 CEU hours.

3. Professional Presentation: Development & Presentation
    - Maximum Credit: 10 CEU hours for each original 1-hour presentation.
    - Reference Material/Bibliography utilized.
    - Copy of printed program listing you as presenter.
    - Copy of "Presenter Notes" from Overhead/Slide Presentation Software used in presentation.
    - Completion of Request for Approval form.

4. Professional Articles in Peer-Reviewed Journals
    - Maximum Credit: 25 CEU hours for each publication.
    - Submission of a copy of the publication, including references.
    - Completion of Request for Approval form.

5. Other Publications serving Rehabilitation Professionals
    - Maximum Credit: 15 CEU hours for each publication.
    - Submission of copy of publication, including references.

- Completion of Request for Approval form.

Note: A letter or other form of written verification from workshop, seminar, and conference providers will also be accepted, providing information concerning content, clock hours, and attendance is included.

6. **Professor/Academic Instructor

The university, college, junior college, community college instructor/professor is awarded 15 CEU hours for every one (1) applicable semester hour taught. If an instructor teaches a 3-semester hour course, they will be awarded 45 non-preapproved CEU hours. The same course can only be counted once within the 5-year credential renewal period. Documentation from the Department Chairperson must be submitted as well as course information (outline).

Appeals

An appeals process is available for any **ICHCC®** certificant who feels his or her application for renewal was processed in an inaccurate or unfair manner. Any appeals procedure is administered by the **Certified Life Care Planner™ and the Canadian Certified Life Care Planner™ Board of Commissioners**. Please see the **ICHCC®** Practice Standards and Guidelines for additional information as well as the ICHCC.org website.

Standards & Guidelines: Revocation, Ethics, Confidentiality

The applicant acknowledges that the information submitted on a signed application is accurate. **ICHCC®** retains the right to revoke or suspend certification if a certification is granted on the basis of false, misleading, or inaccurate information if such information becomes evident upon inquiry. Failure to renew your certification will result in the revocation of your certified status. The candidate must sign under the "**Disclaimer and Signature**" line as well as the candidate's **ATTESTATION AGREEMENT** in order to have a completed application.

Code of Professional Ethics

The **International Commission on Health Care Certification™** has adopted the Code of Professional Ethics with direction and input from documents from the Codes and Standards of and statements from the following professional organizations:

- Commission on Rehabilitation Counselor Certification
- National Association of Rehabilitation Professionals in the Private Sector
- National Rehabilitation Administration Association
- Virginia Board of Professional Counselors
- North Carolina Board of Professional Counselors

All certified health care professionals under the **International Commission on Health Care Certification™ (ICHCC®)** are expected to make fair and impartial assessments regarding the

functional capabilities and needs of the referred individual, whether that individual is considered to be catastrophically injured or adventitiously injured with a manageable orthopaedic or neurological diagnosis. Life care plans are required to be thorough with competent research conducted for each identified category of need, and opinions and conclusions structured without regard for personal reimbursement resources. Where the credentialed health care professional finds that a functional examination is required to complete their service delivery, administered examinations with conclusions and recommendations supported by tests or evaluation components that have established reliability and validity are expected to be utilized. Concluding opinions are based on the performance results over an entire test battery and are not based on the results of one test within the examination protocol. Concluding opinions are rendered without regard for third-party reimbursement resource attitudes or biases.

Certified health care professionals under the **ICHCC®** are obligated to perform activities within their respective certification areas which have been researched to suggest that these activities are an integral part of their roles and functions. For example, **Certified Life Care Planners** are responsible for collecting and processing intake information, and assessing the client's medical and independent living needs, assessing their vocational feasibility and options, and to provide consulting services to the legal system. But above all, the certified professionals of the **ICHCC®** must demonstrate adherence to ethical standards and must ensure that the standards are enforced. The Code of Professional Ethics is designed to serve as a reference for professionals who carry **ICHCC®** certification credentials, thus ensuring that acceptable behavior and conduct are clarified, defined, and maintained. The basic objective of the Code of Professional Ethics is to promote the welfare of service recipients by specifying and enforcing ethical behavior expected of disability examiners and life care planners.

The primary obligation of the certified health care professionals under the **ICHCC®** is to the disabled person in question. Only when the certified health care professional is requested to perform an independent medical examination does the obligation of the disability examiner shift to that of the referring party, since there is no physician/patient relationship. The same principle applies when the certified individual is approached by the third-party funding source to critique a previously written report/care plan developed per the request of the disabled individual's legal representative. The certified professional is obligated to communicate to the third-party referral source any discoveries that may benefit the disabled person in question regarding additional rehabilitation or vocational options.

The Code of Professional Ethics consists of two types of standards: Principles and Rules of Professional Conduct. The principles are general standards that provide a definition of the category under which specific rules are assigned. While the Principles are general in concept, the rules are exacting standards that provide guidance in specific circumstances.

Certified health care providers who violate the Professional Code of Ethics are subject to disciplinary action. A rule violation is interpreted as a violation of the applicable principle and any one of its general applicable principles. The **ICHCC®** considers the use of any of its certification acronyms in a signature line and in one's curriculum vitae a privilege and reserves itself the power to suspend or to revoke the privilege or to approve other penalties for a Rule violation. Disciplinary penalties are imposed as warranted by the severity of the offense and circumstances. All disciplinary actions are undertaken in accordance with published procedures and penalties designed to ensure the proper enforcement of the Code of Professional Ethics within the framework of due process and equal protection of the laws.

When there is reason to question the ethical propriety of specific behaviors, persons are encouraged to refrain from engaging in such behaviors until the matter has been clarified by the **ICHCC®** Ethics/Complaint Committee. Persons credentialed under the **ICHCC®** who need assistance in interpreting the Code should request in writing an advisory opinion from the **International Commission on Health Care Certification™**. Please refer to the ICHCC.org website for our statements on impartiality and the use of the ***ICHCC® Logo and Marks Policy***. Also available on the ICHCC.org website are the ***Complaints Management Policy and Procedures*** as well as the ***Appeals Management Policy Procedure***.

Confidentiality

Certified Life Care Planner™ and Canadian Certified Life Care Planner™ test candidates are prohibited from sharing information that may involve discussing, documenting, and in any way revealing test content, particular items, or item choices that include the correct answer and the associated distracters. Inquiries regarding a particular Certificant's certification status are provided with the following information once the ***Certification Verification Form*** has been received by the **ICHCC®** from the inquiring person:

1. If the individual is certified or is not certified as an **ICHCC®** credential holder.
2. If the individual is certified, the certifying date and renewal dates (if any) are provided.
3. If the individual has been found to be in violation of any professional conduct or ethical violations, and what principle(s) were violated.
4. The inquirer must submit the ***Certification Verification Form*** prior to receiving information regarding any **Certified Life Care Planner™ or Canadian Certified Life Care Planner™** inquiries. This document can be found on the ICHCC.org website under "**Resources**" in the top menu bar and then choose "**Forms**" to access the ***Certification Verification Form.*** Test scores of all certification candidates are held in strict confidence within the **ICHCC®** corporate office. Specific test scores are not released to any certification

candidate; only their pass or fail status as determined statistically through the standard score protocol is released.

Scores are held in confidence by the **ICHCC®** as a means to avoid the promotion of competitive embarrassment among life care planners seeking to gain a market-edge over their peers, and to avoid low test score applicants from being penalized through the referral process, favoring those who scored higher on the examination. Test scores are not released to the public under any circumstances except through legal subpoena.

ICHCC® Practice Standards and Guidelines

Please review the information located in the ***ICHCC® Practice Standards and Guidelines*** manual for a detailed description of **ICHCC®**'s **Appeals Process, Confidentiality Policy, Ethical Complaints Process, Principles, and Associated Rules**. This document can be found on the **ICHCC.org** website.

Application

ICHCC®
INTERNATIONAL COMMISSION ON HEALTH CARE CERTIFICATION®

Certified Life Care Planner™ Application Checklist

Please use the following form to assist with your application for the **CCLCP™** credential. Copies of the following must be included with your application. Please note that these will not be returned to you.

☐ Fully Completed Application

☐ Copy of diploma from the highest attained degree. If the diploma is framed, you may submit a picture of the diploma

☐ Copy of certificate from completed training course

☐ Curricula Vitae/Resumé

☐ Copy of your sample Life Care Plan that was submitted for peer review.

☐ Copy of the peer reviewed critique of your sample Life Care Plan provided by your training program.

☐ Copy of credential certificate or license

☐ Test fee is payable to **ICHCC® on the ICHCC.org website.**

Applications may be faxed, mailed, or emailed to:

ICHCC®
13801 Village Mill Drive, Suite 103
Midlothian, VA 23114
Office (804) 378-7273
Fax: (804) 378-7267
Email: ICHCC1@gmail.com

Credit card payments may be processed online at ICHCC.org. If paying online, choose the shopping cart icon in the top right-hand corner of the page. Payments outside must be paid by credit card.

ICHCC®
INTERNATIONAL COMMISSION ON HEALTH CARE CERTIFICATION®

Certified Life Care Planner™ Application for Certification

INSTRUCTIONS **DATE:** _____

Print and complete all items that apply to you. Please DO NOT STAPLE. Make sure all documents are submitted with your application. Please note that these items will not be returned to you.

Please write clearly and legibly

APPLICANT INFORMATION

Name _____

Address _____

City _____ State Zip _____

Phone _____ Email _____

Mailing Address (if different from above):

Address _____

City _____ State _____ Zip

EDUCATION INFORMATION

Please attach a copy of your educational degree(s) and any other certification or credential you wish to have recognized by the Commission.

	College/University	Degree Awarded
Bachelor's		
Master's		
Doctoral		
Nursing		

____ Diploma-R ___ Associates-RN BSN-RN MSN-RN

ICHCC®
INTERNATIONAL COMMISSION ON HEALTH CARE CERTIFICATION®

ADDITIONAL CERTIFICATIONS

Please use the space below for additional certifications or credentials awarded.
A copy of the credential must be attached.

Designation	Acronym	Expiration Date

EMPLOYMENT HISTORY

Please list by most recent. Include only the past five years of employment. Attach additional information if necessary.

1. Current Professional Title _____

   Employer Name _____

   Address _____

   City _____ State _____ Zip

   Phone _____ Time Employed _____

2. Current Professional Title _____

   Employer Name _____

   Address _____

   City _____ State _____ Zip

   Phone _____ Time Employed _____

ICHCC® Approved CCLCP™ Training Program

A minimum of 120 hours is required to satisfy this section of the application. Certificate of Completion must be attached for each documented, approved **ICHCC®** training program/course. Certification must be obtained within seven years from graduation date. Include training and education units acquired within the last 7-year period.

120-hour approved LCP Program Attended: _____

Completion Date: _____

Testing Information

Review the Examination Testing section of the **Candidate Handbook** for additional information on options for scheduling your exam. **Please allow a minimum of 5 business days to process your application.**

Our online administration of the examination is proctored by **Pro√Exam**. Once your application is approved, you will be sent a Candidate ID number along with an Exam Voucher containing exam instructions as well as contact information for **Pro√Exam**. The Exam Voucher will be sent from the email address, "noreply@provexams.com."

Test-Access Instructions

The **ICHCC®** examination is taken on your own computer, either at your home or office, and is proctored by **Pro√Exams.** Once the **ICHCC®** has reviewed and approved your application, you will be emailed an approval letter that will contain your candidate ID number as well as your exam voucher, which will also contain the contact number for **Pro√Exams.** You will then contact **Pro√Exams** to schedule the date and time that you would like to take the examination. You can schedule the exam for any of the 7 days of the week and most times of the day or evening. You will know your test results within 24 to 36 hours.

EXAM FEES

- **Canadian Certified Life Care Planner™ Examination Fee: $495**

Payments by check or money order should be made payable to **ICHCC®**. Credit card payments may be processed online at ICHCC.org. **Payments outside of the US must be made by credit card.**

- **CCLCP™ Exam Review Guide** may be purchased online at ICHCC.org
- **Canadian Certified Life Care Planner™ Exam Review Webinar can also be purchased online at ICHCC.org**

See ICHCC.org website under **"Training"** for the application form for the **CCLCP™ Exam Review Webinar**

For payment and fee schedule, please visit the ICHCC.org website and choose the shopping cart icon in the top right-hand corner of the page.

DISCLAIMER AND SIGNATURE

I HEREBY CERTIFY that the facts set forth in this application for the **Canadian Certified Life Care Planner™** credential are true and complete to the best of my knowledge. I understand that if I am certified, false statements on this application shall be considered sufficient cause for dismissal and revocation of my credential. I authorize the **International Commission on Health Care Certification™** to provide validation to any organization on my certification status upon request.

I have read and fully understand the contents of this handbook and will abide by the standards and guidelines set forth by the Commission.

_____ _____

Signature Date

_____

Printed

Below, please print your name and credentials exactly as you would like them to appear on your certificate:

PLEASE DO NOT FORGET TO SIGN THE CANDIDATE ATTESTATION AGREEMENT ON THE FOLLOWING PAGE

ICHCC®
INTERNATIONAL COMMISSION ON HEALTH CARE CERTIFICATION®

CANDIDATE ATTESTATION AGREEMENT

As an Applicant for the respective **ICHCC®** certification:

1. I attest that the information provided in the *Certification Application* for the respective certification program is true and accurate.
2. I understand and agree to conform to the certification requirements and agree to provide any additional information to **ICHCC®** in order to be granted certification.
3. I understand that the fee for the certification exam is non-refundable.
4. I understand that if I fail the exam of the respective certification program, I must wait for a minimum of three (3) days before retaking it.
5. I understand and agree to maintain the confidentiality of the examination content of the respective certification program and will not discuss or attempt to document the examination content in any format or participate in any fraudulent test-taking practices. Any breach of this provision may lead to disciplinary action appropriate to the severity of the breach.
6. I understand that I have the opportunity to request special accommodation for the examination by providing **ICHCC®** with appropriate special needs evidence.
7. I understand and agree that **ICHCC®** reserves the right to use my examination score and certain data from my examination application to prepare summary statistical analyses, some of which may be published, but that personal data will remain confidential.
8. I understand that the **ICHCC®** certification is valid for a period of five (5) years, after which time I must meet the recertification requirements to retain the respective certification.

As a Candidate and Potential Certificant for the respective **ICHCC®** certification:

9. I agree to comply with and uphold the requirements of **ICHCC®** certifications.
10. I agree to make claims about the certification only in the manner specified as appropriate by **ICHCC®**. I further agree that I will not make misleading or unauthorized statements about the certification, not use the certificate issued in a misleading manner, and not use the certification in such a manner as to bring **ICHCC®** or its respective certification program into disrepute.
11. I understand and acknowledge that marks owned by ICHCC® include, but are not limited to, the following: Certified Life Care Planner™ (CLCP®), Canadian Certified Life Care Planner™ (CCLCP™), Medicare Set-Aside Certified Consultant™ (MSCC®), Certified Geriatric Care Manager™ (CGCM®), and Certified Medical Cost Projection Specialist™ (CMCPS®).
12. I understand and acknowledge that the certification, and all associated marks and logos, are the property of **ICHCC®**, and I agree to discontinue the use of all references to the certified status should my certificate be suspended or withdrawn. I further agree to destroy or return the certificate to the **ICHCC®** upon withdrawal.

Page 2 of 2

13. I understand that if I seek recertification, it is my responsibility to:
    a. Demonstrate evidence of my continued competence through professional development or retaking the examination.
    b. Agree to continue to comply with the Code of Professional Ethics.
    c. Pay the recertification fee.

14. I agree to voluntarily and immediately report to **ICHCC®** any conditions that might affect my capability to continue to fulfill the certification requirements.
15. I understand and agree that **ICHCC®** may be requested by an external party (e.g., potential, or current employer, business partner, client) to verify my certification including the status (e.g., in-process, granted, suspended, or withdrawn), scope, unique number, and validity, except where the law requires such information not be disclosed.
16. I understand and agree that **ICHCC®** may be required by law to release confidential information with regard to my application and/or certification status, and unless prohibited by law, **ICHCC®** shall provide me with a copy of confidential information shared with the respective authority.
17. I hereby consent to the provisions 14 and 15 on the release of information required thereof.

APPLICANT, CANDIDATE, AND POTENTIAL CERTIFICANT

Name and Surname	
Signature	
Date (DD.MM.YYYY)	

ICHCC® BUSINESS OPERATIONS ADMINISTRATOR

Name and Surname	Kathleen May
Signature	
Date (DD.MM.YYYY)	

ICHCC®
INTERNATIONAL COMMISSION ON HEALTH CARE CERTIFICATION®

Optional Demographics:

The following is not required and is used for statistical analysis only.

Number of Years Since Acquired Degree ❑ 3 -5 ❑ 6 -10 ❑ 11-15 ❑ 16-19 ❑ 20-25 ❑ 26+

Number of years Employed in the Health care field ❑ 3-5 ❑ 6-10 ❑ 11-15 ❑ 16-19 ❑ 20-25 ❑ 26+

Age ❑ under 25 ❑ 26-30 ❑ 31-35 ❑ 36-40 ❑41-45 ❑ 46-50 ❑ 51-55 ❑ 56-60 ❑ 61+

Gender ❑Female ❑Male

Ethnicity ❑African American ❑Asian ❑Hispanic ❑ Native American ❑Caucasian ❑Other