



INTERNATIONAL COMMISSION  
ON HEALTH CARE CERTIFICATION

# Candidate Handbook

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Certified Life Care Planner

International Commission on Health Care Certification  
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## A Note from ICHCC

The International Commission on Health Care Certification (ICHCC) welcomes you as a candidate to sit for the 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 web site at [www.ichcc.org](http://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 to your questions.

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 rehabilitative service delivery system.

The ICHCC Administration

## 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 Practice Standards and Guidelines**. This document is available for 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 the CDEC was offering certifications into other specialty areas of rehabilitation by 2001, and a more generic reference was required under which each of its 3 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 CLCP credential was completed through Southern Illinois University, and is based specifically on the roles and function 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 the 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 of a dynamic service delivery system in health care such as life care planning.”

## The CLCP Credential

The purpose of the Certified Life Care Planner examination is to assess the knowledge and skills that are necessary for the processing, documentation, and the 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 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 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 to the consumer 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. 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 credential.

Information in regards to eligibility is found in the **International Commission on Health Care Certification Practice Standards and Guidelines**. For your convenience, the following preliminary information is provided to you for clarification:

## Eligibility: Qualified Health Care Professional

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

- Each non-nurse candidate must have at the minimum a Bachelor's degree. Nurse candidates must have at the minimum a Diploma in nursing.
- Each candidate must have a minimum of 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.
- There must be 16 hours of training specific to a 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 Commissioners following a thorough review of the respective applications. The opinion of the Commissioners is final.
- Training hours acquired over a time frame of 5 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 non-nurse candidate must meet the minimum Bachelor's Degree 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 healthcare related profession. This also applies to nurses with the minimum of a Diploma in nursing as well as those with a higher academic degree in nursing. However, final approval of any applications with ambiguity regarding training and/or experience will be left to the discretion of the Commissioners following a thorough review of the respective applications. The opinion of the Commissioners is final.

All candidates must submit one (1) life care plan with the candidate either the sole author of the care plan or is listed as a co-author. If the candidate does not meet the experience criteria and is entering the field of life care planning without the necessary work experience, he or she may choose one of the following options:

1. Graduation from an accredited training program which includes practicum or internship under the direction of a Certified Life Care Planner

**OR**

2. Supervision of one (1) year with a Certified Life Care Planner. Supervision is to be registered for approval with the ICHCC and submission of quarterly supervision summaries are required detailing dates of meetings and a summary of discussions.

## Qualified Health Care Professional

The ICHCC does not discriminate against any applicant for the CLCP 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 healthcare professional 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 professional status that varies among states, the following is offered as samples of credentials for applicants to achieve the **Qualified Healthcare Professional** status:

- Rehabilitation Counselor - Bachelor's Degree - CRC
- Case Manager - Minimum Nursing Degree (Diploma) - CCM
- Counselor - Bachelor's Degree - NCC, CRC, or State License or State Mandate to Practice
- Psychologist - 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
- Nursing - Diploma or Associate Degree

Regarding graduate students holding a graduate degree, they may be deemed qualified provided they hold a graduate degree from an accredited program with a focus in rehabilitation in one or more of the following areas:

- Counseling
- Case Management
- Psychology
- Life Care Planning

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 CLCP, CCLCP or CDE credential. 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., a EMT who is a licensed RN).

## Appeals Process

The CLCP candidate has the right to challenge the ruling of the application review process if he or she feels that they have been denied access to the CLCP 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 Executive Director of his or her desire to have the application further reviewed by the CLCP Board of Commissioners for a final opinion of eligibility. The ruling by the Board of Commissioners Review Board is final.

## Examination Information

### Exam Structure

The CLCP 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 are 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, and the results are sent directly to the corporate office of the International Commission on Health Care Certification. The CLCP 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 Shindoll, 1989; Carlson, Tomkowiak, and Stilp, 2009; Tiratira, 2009). The ICHCC Test Committee met on June 2-3, 2012, and one of the activities in which 18 Test Committee members participated was the determination of the cutoff test score for the CLCP 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 item content and test-taker item responses, validity and reliability were established with a cutoff score of 79.

## CLCP Population Test Statistics

### Descriptive Statistics for Years Experience and Scores

The ICHCC began testing health care professionals for the Certified Life Care Planner credential in March of 1996. A statistical review of scores and years experience among the health care professionals who have earned the CLCP credential are illustrated in Table 11.

Table 11 - CLCP Descriptive Statistics for Years Experience and Scores		
	Years Experience	Scores
N of Cases	1309	1320
Minimum	1.000	0.000
Maximum	45.000	100.00
Mean	18.585	77.086
Standard Deviation	8.64	8.763

**Discussion:** The total number of individuals who have been certified as Certified Life Care Planners is 1,320. The minimum number in the table above suggests a “0” minimum score on the examination, but is actually due to a test-case score when conducting a trial run of the test-online software program. Please note the difference in the N of Cases between Years Experience and Scores. There are 11 cases that did not report their years of experience for beginning their careers post-award of their formal degrees to the present, or at the time they completed their CLCP test applications.

### Analysis of Variance on Years of Experience Influence on Scores

It is important for the ICHCC to determine if one’s years-of-experience influenced the test scores among the specialty health care fields represented within the 1,320 health care service providers. The Years-of-Experience statistical results are presented in Table 12.

Table 12 - Analysis of Variance on Years of Experience Influence on Scores					
Source	Sum-of-Squares	df	Mean-Square	F-ratio	P
Years	5741.696	66	86.995	1.138	0.215
Error	94332.495	1234	76.444		

$p < .05$

**Discussion:** A One-Way Analysis of Variance (ANOVA) was the chosen statistic in which test scores were set as the dependent variable and Years-of-Experience was used for the independent variable. The Null Hypothesis was stated as:  $H_0$ : There are no significant differences among scores of CLCP candidates who have more years of experience vs. test scores of those CLCP candidates with lesser years of experience. The alpha level was set a .95, where .05 is the level of significance for this study. The F-ratio was 1.138 which exceeds the .05 level of significance, thus accepting the null hypothesis that years-of-experience has no significant influence on scores.

### Multiple Regression Analysis of Variance of Formal Degree Influence on Scores

There have been a varying number of professions represented within the total number of persons who successfully passed the CLCP examination. It is important for the ICHCC to determine if any of the professions represented in the 1,320 CLCPs had higher group scores than the other health care related professions. Such information will help the ICHCC identify any possible item-bias regarding emphasizing any one professional group's training and expertise over all other professional groups represented in the development of its test items. The professions are identified as follows:

1. ARN = Associate Degree in Nursing
2. BSN= Bachelor's Degree in Nursing
3. MSN = Master's Degree in Nursing
4. BABS = Bachelor's of Arts and Bachelor's of Science in Health Related Professions Other than Nursing
5. MAMS = Master's of Arts and Master's of Science in Health Related Professions other than Nursing
6. Ph.D. = Doctorate Level Degree(to include Ed.D., Psy.D, Rh.D.) in Health Related Professions other than Nursing
7. MDDO = Medical Doctor and Doctor of Osteopathic Medicine
8. DC = Chiropractor

Multiple Regression Analysis of Variance of Formal Degree Influence on Scores					
Source	Sum-of-Squares	df	Mean-Square	F-ratio	P
ARN	539.988	1	539.988	7.133	<b>*0.008</b>
BSN	168.163	1	168.163	2.221	0.136
MSN	10.963	1	10.963	0.145	0.704
BABS	2.156	1	2.156	0.028	0.866
MAMS	75.053	1	75.053	0.991	0.320
PHD	276.538	1	276.538	3.653	0.056
MDDO	605.332	1	605.332	7.996	<b>*0.005</b>
DC	55.834	1	55.834	0.738	0.391
Error	98569.493	1302	75.706		

\*p > .05

**Discussion:** A multiple regression ANOVA model was used to determine if any of the formal degree fields held by the 1,320 certified life care planners influenced the CLCP examination scores significantly over any of the other degree fields represented. The null hypothesis is stated as:  $H_0$  There are no differences in score levels among the formal degree fields represented by the 1,320 persons who successfully passed the examination. The results showed that the Associate Degree Nurses and the Medical/Osteopathic doctors had mean scores that deviated from the population means significantly, suggesting that their scores were significantly higher than the other degree fields represented. These data results replicate an earlier multiple regression analysis of degree-group scores in 2004 in which medical/osteopathic doctors and associate degree/diploma nurses scored higher on the examination than all of the other represented degree groups. Thus, the null hypothesis is rejected.

## Exam Content

The CLCP examination is comprised of test items based on the more recent role and function (practice analysis) study of life care planners. Pomeranz, Yu, and Reid (2010) identified twenty-one (21) 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. The ICHCC added the first knowledge domain that is not part of Pomeranz's et al. (2012) study that addresses relevant information the candidate needs to know about their testing agency. The domain titles and subdomains that apply to the CLCP examination include the following:

- I. **International Commission on Health care Certification Agency:** These items address specific information regarding the 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 the CLCP and the CCLCP examinations
  - b. Document certification term length
  - c. Document certification renewal options
  - d. Document how exam cut-score obtained
  
- II. **Advocacy:** These items address the acts or processes supporting a cause or proposal in favor of people with disabilities at the individual, community, and societal level.
  - a. Identify attitudinal, social, economic, and environmental forces that may present barriers and/or advantages to clients' rehabilitation
  - b. As appropriate, explain services and limitations of various community resources to clients
  - c. Address needs/preferences of the client and/or family
  - d. Apply advocacy, negotiation, and conflict resolution knowledge
  - e. As appropriate, educate clients regarding their rights under federal and state laws
  - f. As appropriate, educate clients how to facilitate choice and negotiate for needed services
  
- III. **Assess Independent Living Needs:** These items assess the need for tools and services that will allow an individual to complete certain tasks without the assistance of others
  - a. Assess independent living and adaptive equipment needs
  - b. Assess the need for home furnishings and accessories (e.g., specialty bed, portable ramps, patient lifts).
  - c. Assess the need for home/attendant/facility care (e.g., personal assistance, nursing care).
  - d. Assess the need for transportation (e.g., adapted/modified vehicle with hand controls).
  - e. Assess the need for architectural renovations for accessibility (e.g., widen doorways, ramp installations).
  - f. If applicable, specifies cost for independent living and adaptive equipment needs for independent function/living.
  - g. If applicable, specifies cost for architectural renovations for accessibility (e.g., widen doorways, ramp installations).
  - h. Recommend services that maximize functional capacity and independence for persons with catastrophic disabilities through the aging process.
  - i. As appropriate, educate clients in modifying their lifestyles to accommodate functional limitations.
  - j. Assess the need for training in activities of daily living (ADLs) and instrumental activities of daily living (IADLs), i.e. cooking, shopping, housekeeping, budgeting, etc.

- k. Apply knowledge regarding the types of personal care (e.g., hospital, extended care facility, subacute facility, home, hospice) when developing the life care plan.
- IV. **Community Re-entry:** These items represent the process of assisting individuals' transition back into their pre-injury/disability environment or other less restrictive long-term care environment
- a. Assess the need for recreational equipment (e.g., adaptive skis, adaptive fishing equipment)
  - b. Assess the need for recreational therapy (e.g., music, play, hippotherapy, REI)
  - c. Research and investigate the community to identify client-appropriate services for creating and coordinating agency service delivery.
- V. **Consultant Services – Legal System:** These items address the certified life care planner's consultation role in providing expert opinions, deposition and witness-stand testimony for disability-related cases in litigation. Regarding the certification examination, please review items l – n.
- a. If requested, work with an economist for an estimate of the lifetime costs of the LCP.
  - b. Apply knowledge regarding other funding sources as it relates to legal cases.
  - c. Provide progress of life care plan development to retaining party.
  - d. Educate and inform parties involved in settlement negotiation.
  - e. Serve as an expert witness in a court case for an individual who sustains a catastrophic injury.
  - f. Consult with a plaintiff attorney in the development of the life care plan.
  - g. Consult with a defense attorney in the development of the life care plan.
  - h. When appropriate, recommend other expert witnesses to a client's attorney.
  - i. When appropriate, advise the client's attorney on the cross-examination of opposing counsel's expert witness.
  - j. Develop your own life care plan when consulting with defense attorneys.
  - k. Review the plaintiff's plan and develop a rebuttal or comparison plan when consulting with defense attorneys.
  - l. Provide potential funding source information for medical and rehabilitative needs to attorneys regarding their clients
  - m. Serve as expert witness in court cases of adventitiously disabled clients, either from plaintiff or defense perspectives
  - n. Demonstrate knowledge-based skills in deposition and witness-stand testimony techniques
- VI. **Coordination and Service Delivery:** These items address client needs identified by healthcare and rehabilitation professionals and that are met in a coordinated manner.
- a. Assess the need for case management services
  - b. Apply interpersonal communication skills (verbal and written) when working with all parties involved in a case .
  - c. When applicable, evaluate and select facilities that provide specialized care services for clients.
  - d. Clearly state the nature of the clients' problems for referral to service providers.
  - e. Present various health care options (facility vs. home care).
- VII. **Counseling and Services:** These items represent the process of helping the individual and/or family/caregivers adjust to the psychological and/or behavioral impact of disability.
- a. Apply knowledge of family dynamics, gender, multicultural, and geographical issues.
  - b. If applicable, recognize psychological problems (e.g., depression, suicidal ideation) requiring consultation or referral.
  - c. If possible, maintain contact with clients in an empathetic, respectful, and genuine manner. and encourage participation.

- VIII. **Disability Prevention-Health Promotion:** Items relating to the promotion of healthy ideas and concepts to motivate individuals to adopt healthy behaviors and prevent potential complications.
- a. Assess the need for health/strength maintenance (e.g., adaptive sports equipment and exercise/strength training).
  - b. If applicable, specifies cost for health/strength maintenance (e.g., adaptive sports equipment and exercise/strength training).
- IX. **Equipment needs/Assistive Technology:** These items address the products and technology related support services that represent the process of identifying and recommending technology used by individuals with disabilities in order to perform functions that might otherwise be difficult or impossible.
- a. Assess the disabled individual's wheelchair/mobility needs
  - b. Assess the need for wheelchair/mobility accessories and maintenance
  - c. Assess the need for and replacement of orthotics and prosthetics (e.g., braces, ankle/foot orthotics).
  - d. If applicable, specifies cost for wheelchair/mobility needs
  - e. If applicable, specifies costs for and replacement of orthotics and prosthetics (e.g., braces, ankle/foot orthotics).
  - f. If applicable, specifies cost for home furnishings and accessories (e.g., specialty bed, portable ramps, patient lifts).
- X. **Ethics:** These items address the rules and standards governing the professional conduct of a person or persons certified as life care planners under the ICHCC. Please note the items that apply specifically to the Certified Life Care planner credential, items m – r.
- a. Include recommendations that are within your area of expertise.
  - b. Accept referrals only in the areas of you or your agency's competency.
  - c. Refrain from inappropriate, distorted or untrue comments about colleagues and/or life care planning training programs.
  - d. Remain objective in your assessments.
  - e. Disclose to the client and referral sources what role you are assuming and when or if roles shift.
  - f. Monitor to ensure that the life care planning work is performed and that it meets standards and accepted practices.
  - g. Prepare case notes and reports using applicable forms and systems in order to document case activities in compliance with standard practices and regulations.
  - h. Consider the worth and dignity of individuals with catastrophic disabilities.
  - i. Abide by life care planning-related ethical and legal considerations of case communication and recording (e.g., confidentiality).
  - j. If appropriate, be credentialed in their area of expertise that also provides a mechanism for ethics complaint resolution.
  - k. 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.
  - l. Identify one's own biases, strengths, and weaknesses that may affect the development of healthy client relationships..
  - m. Maintain the integrity of the Code of Professional Ethics of the ICHCC and avoid behavior that would cause harm to other entities and/or professionals

- n. The certified life care planner shall respect the integrity and protect the welfare of people and groups with whom they work
  - o. The primary obligation of the certificant is to the evaluatee outside of independent medical examinations and independent review of plans in which no physician/patient relationship exists
  - p. The certified life care planner shall act with integrity in their relationships with colleagues, other organizations, agencies, institutions, referral sources so as to facilitate the contributions of all specialists
  - q. Certified Life care planners shall respect the confidentiality of information from evaluatees, their representatives, and any other sources
  - r. Certified life care planners shall establish and maintain their professional competencies as mandated by their standards of practice.
- XI. **Evidence-Based Practice:** These items address one's systematic approach applied to utilizing scientific or empirical evidence. Additionally, these items address evaluation systems used in determining psychological profiles, work aptitudes, work interests, and trait factors common to worker trait profiles of various types of occupational categories. Item "P" has applications directly to the Certified Life Care Planner credential.
- a. Reviews current catalogs and websites to determine the costs of needs and services.
  - b. Provide fair and representative costs relevant to the geographic area or region.
  - c. Synthesize assessment information to prioritize care needs and develop the life care plan.
  - d. Compile and interpret client information to maintain a current case record.
  - e. Provide list and date of responses received from life care planning referral sources.
  - f. Select evaluation/assessment instruments and strategies according to their appropriateness and usefulness for a particular client.
  - g. As appropriate. review/utilize current literature, published research and data to provide a foundation for opinions, conclusions and life care planning recommendations.
  - h. Use reliable, dependable, and consistent methodologies for drawing life care planning conclusions.
  - i. Have an adequate amount of medical and other data to form recommendation.
  - j. Apply knowledge of clinical pathways, standards of care, practice guidelines.
  - k. Consider the life expectancy of the client when developing a life care plan.
  - l. Review and/or utilize current literature, published research and data to provide a foundation for opinions, conclusions, and life care planning recommendations
- XII. **Health-Care Management:** These items address the adherence to an individual's medical care and the process of optimizing health care outcomes. The items address the knowledge base on a certified life care planner regarding a disabled person's future medical care routine, medication applications, and future medical needs.
- a. Assess the need for medications and supplies (bowel/bladder supplies. skin care supplies).
  - b. Assess the need for future routine medical care (e.g., annual evaluations. psychiatry, urology, etc.).
  - c. Assess the need for nutritional education (e.g., weight loss/weight reduction, diet).
  - d. If applicable, specifies cost for future routine medical care (e.g., annual evaluations, psychiatry, urology. etc.).
  - e. If applicable, specifies cost for nutritional education (e.g ., weight loss/weight reduction, diet).
  - f. Monitor client progress and outcomes during the life care planning process.

- XIII. **Insurance Benefits:** These items address the funding sources for health care services that include worker's compensation and federal health care benefit programs. Items j – m are specific to the CLCP examination.
- a. If applicable, specifies cost for projected evaluations (e.g., PT/OT, SLP, individual counseling, family counseling, group counseling, marital counseling, etc.).
  - b. If applicable, specifies cost for projected therapeutic modalities (e.g., *PTIOT*, SLP, individual counseling, family counseling, group counseling, marital counseling, etc.)
  - c. If applicable, specifies cost for diagnostic testing/educational assessment (e.g., neuropsychological, educational, medical labs). If applicable, specifies cost for medication/supply needs (e.g., bowel/bladder supplies, skin care supplies).
  - d. If applicable, specifies cost for home/attendant/facility care (e.g., personal assistance, nursing care).
  - e. If applicable, specifies cost for transportation needs (e.g., adapted/modified vehicle with hand controls).
  - f. If applicable, specifies cost for the client's recreational equipment needs (e.g., adaptive skis, adaptive fishing equipment).
  - g. If applicable, specifies cost for recreational therapy (e.g., music, play, hippotherapy, RET).
  - h. Apply managed care (insurance industry) knowledge when developing life care plans.
  - i. Apply knowledge regarding workers' compensation benefits within the state of injury as it relates to life care planning.
  - j. Document how the life care plan costs can be applied to either Medicare or Workers' Compensation benefit programs, if appropriate
  - k. Applies costs of services, medical procedures, medical office visits, medical equipment and rehabilitative therapies, home modifications, transportation services/modified motor vehicles, attendant care
  - l. Applies costs to recreational equipment needs
  - m. Demonstrates knowledge of managed care when developing life care plans
- XIV. **Legislation** – These items represent the understanding of legal and policy issues affecting individuals with disabilities.
- a. Keep abreast of the laws, policies, and rule making affecting health care and disability-related rehabilitation service delivery.
  - b. Apply knowledge regarding legal rules (justification for valid entries in a life care plan may vary from state to state and jurisdiction to jurisdiction).
  - c. When working with pediatric cases, keep abreast of guardian issues for protecting minors or those deemed mentally incompetent.
- XV. **Medical and Psychosocial Aspects:** These items address the certified life care planner's understanding of what the future care needs are for the condition/disease/disability. In essence, they address the impact of chronic illness and disability on the individual related to attitudes, social and environmental barriers, and prejudices, apart from characteristics of the condition and associated functional capabilities with associated needs. Items "d" and "e" are specific to the CLCP examination.
- a. Applies knowledge of health care/medical/rehabilitation terminology
  - b. Review medical records from physicians, nurses, PTs, OTs, and speech therapists to assess the client's medical status
  - c. Address gaps in records and/or life care plan recommendations
  - d. Documents potential residual effects of diagnoses/injuries
  - e. Identifies chronicity of illness

XVI. **Medical Background:** These items address the process of obtaining and reviewing relevant medical information relating to the life care plan recipient's condition. **ICHCC interpretation** - They address one's ability to identify potential residual medical issues based on diagnoses, to document a clear understanding of the diagnosis and all potential complications, and to document a clear understanding of the injured person's overall medical history

- a. Documents specific diagnosis trait factors with regards to independent functioning
- b. Apply medical knowledge of potential complications, injury/disease process, including the expected length of recovery and the treatment options available
- c. Apply medical knowledge of diagnosis and medical history with residual effects to vocational data
- d. Apply knowledge of health care/medical/rehabilitation terminology
- e. Assess the need for projected evaluations (e.g., PT/OT, SLP, individual counseling, family counseling, group counseling, marital counseling, etc.),
- f. Assess the need for projected therapeutic modalities (e.g., PT/OT, SLP, individual Counseling, family counseling, group counseling, marital counseling, etc).
- g. Assess the need for diagnostic testing/educational assessment (e.g., neuropsychological, educational, medical labs).
- h. Apply medical knowledge of potential complications, injury/disease process, including the expected length of recovery and the treatment options available.
- i. Apply knowledge regarding the interrelationship between medical, psychological, Sociological, and behavioral components of injury/illness.
- j. Apply knowledge of human growth and development as it relates to life care planning.
- k. Apply knowledge of the existence, strengths and weaknesses of psychological and neuropsychological assessments.
- l. Consider the impact of aging on disability and function when developing life care planning recommendations.

XVII. **Outreach and Marketing:** These items refer to obtaining and retaining clients/evaluatees/accounts as well as improving one's professional reputation.

- a. Establish fee schedules (how much you or your practice charge) for life care planning services to be rendered.
- b. Promote and market the field of life care planning.
- c. Provide information regarding your organization's programs to current and potential referral sources.
- d. Educate parties (e.g., attorneys, clients, insurance companies, students, family members) regarding the life care planning process.

XVIII. **Professional Development:** These items refer to the skills and knowledge attained for both personal development and career advancement.

- a. Use effective time management strategies when developing the life care plan.
- b. Perform life care planning in multiple venues (e.g., personal injury, special needs trust, case management).
- c. Stay current with the relevant life care planning literature.
- d. Evaluate one's own practices and compare to ongoing evidence-based practice.
- e. As appropriate, attend professional conferences.
- f. Belong to an organization that reviews life care planning topics and issues, as well as offers continuing education specifically related to the industry.
- g. Maintain continuing education in areas associated with your life care planning practice.

- XIX. Program Management and Evaluation:** These items refer to assessing and improving practices, policies and procedures to evaluate the success of a program, practice, or organization.
- a. Obtain regular client feedback regarding the satisfaction with services recommended and suggestions for improvement in a life care plan.
  - b. Perform program evaluations and research functions to document improvements in client outcomes following life care plan development.
- XX. Rehabilitation Team:** These items address the process of collaborating with other health care and rehabilitation professionals
- a. As appropriate, rely upon qualified medical and allied health professional opinions when developing the life care plan
  - b. Have a physician review the life care plan prior to submission to referral source
- XXI. Vocational Information:** These items address the process of obtaining education and employment through standardized evaluative processes and trial-employment methodologies.
- a. Assess need for short/long-term rehabilitative programs for vocational/educational services
  - b. If applicable, specifies cost for short/long-term vocational/educational services.
- XXII. Life Care Planning Needs Assessment:** These items address the process of determining requirements of an individual and/or family/caregivers who are the recipient of the life care plan. Regarding the CLCP examination, they also address the actual structure of the life care plan and its tables/charts, such that the certified life care planner understands under what category of need medical, rehabilitative, and health-maintenance services are categorized.
- a. Assign medical and rehabilitative needs to appropriate charts and defend choices in report narratives
  - b. Delineate services necessary for the optimum rehabilitative outcome and defend in report narrative
  - c. Identify narrative report headings and correlate these heading with appropriate report charts.
  - d. Apply financial management knowledge when working with clients (e.g., balance checkbook, banking, etc.)
  - e. If allowed, conduct a comprehensive interview with the client, his/her family and/or significant other(s), if possible
  - f. Apply risk management knowledge as it relates to life care planning
  - g. Obtain and review day-in-the-life videos of clients when developing a life care plan
  - h. Utilize medical coding when developing a life care plan (e.g., CPT, ECD-9/10, HCPCIC coder)

**Study Application:** It was concluded by Pomeranz et al. (2010) that 122 functions were identified that met the definitions of 21 knowledge domains. It was also concluded that given the diversity of professional backgrounds of health care practitioners offering life care planning services (i.e., psychologists, case managers, rehabilitation counselors, vocational evaluators, physicians, nurses, etc.), life care planning is considered a subspecialty area that can generate numerous demands and practice constraints on the practitioner. Thus, life care planners, particularly Certified Life Care Planners, must have the knowledge and skill-set to be able to address the functions of any one of the 21 domains while maintaining the balance of their primary practice of health care service delivery. Additionally, life care planning consists of numerous dynamic variables that must be considered when developing a life care plan. The term “dynamic” is applied when one considers the multiple types of catastrophic disabilities and the multiple health care professions from which life care plans are developed.

## Examination Testing

### Administration of Exam

The ICHCC administers the Certified Life Care Planner examination online with proctor options that include online proctoring through ProctorU.com, a local community college, junior college, college, university, Sylvan Learning Center, or public library. The onsite proctor cannot have any relationship with the candidate, either as a relative, spouse, or personal friend. The test is taken at the site of the proctor's employment, and again, there are no exceptions to this rule. The candidate does not have any influence as to determining the location to where the test is to be proctored once a proctor has been secured. 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:

#### Option 1: Online Proctor

Our online administration of the examination is proctored by ProctorU. To register, please visit [www.proctoru.com](http://www.proctoru.com). Click on "How to Get Started" on the top-center of their home page, or click on "For Students - About Online Proctoring" on the left side of the page to get started with your registration. The advantage of using this online proctoring service is that you only pay a \$35 proctoring fee and you can take it anywhere at any time that is convenient for you. Exam site is at the applicant's discretion. Please note that ICHCC will contact you when your exam is available after you have registered with ProctorU.

#### Option 2: On-site Proctor

Exam must be taken at a university, community college, Sylvan Learning Center, or public library where internet access is available. The password key will be sent to your proctor, and the proctor will supervise your testing experience. Do not forget to provide the name, phone number, address and e-mail address of a proctor as well as a testing site where you will be accessing the Internet.

#### Option 3: Group Test

Our Bylaws state that we must administer a group-test on site no less than once per 12 month period of any life care planning related conference/meeting, or at our corporate office.

The examination is a timed test that allows 2 minutes for each test item at 100 items, for a total test time of 3 hours and 20 minutes. All tests are scored by the online test software program at the submission of the last item by the candidate, and the results are sent directly to the corporate office of the International Commission on Health Care Certification.

### Examination Preparation

Review courses are offered during the year from several life care planning training programs. The candidate is encouraged to review those programs that are listed on the ICHCC web site.

A review book for the CLCP exam is available online at the ICHCC web site. The book is divided into 5 primary disability groups of which general instruction is based. The certification candidates are advised that while the actual test may address some of the content of the text, the review book in and of itself by no means addresses any specific test item.

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## 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 Executive Board Chairperson. The Executive Board of Commissioners Chairperson requests from the Certification Program Administrator re-scoring of the test through a manual procedure, comparing the answers of each question to that of an answer key. The results of the manual scoring are final and are reported directly to the Executive Board Chairperson. It is the Executive Board Chairperson's responsibility to inform the certification candidate of the final pass-fail status of the respective exam in question.

## Fees

Payments by check or money order should be made payable to ICHCC. Credit card payments may be processed online at [ichcc.org](http://ichcc.org).

Examination Fee:	\$445
Review book:	\$60
Life Care Plan Review:	\$250*

\*If you have not had one of your life care plans peer-reviewed by the training program from which you obtained your 120 hours of life care planning training, please submit an additional \$250 US to have it peer-reviewed by the ICHCC CLCP Commissioners.

Please forward your notice for testing and 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

## 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 development of professional skills and continuing education. Requirements for certification renewal 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 80 Continuing Education Units for CLCP 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 CLCP professional only needs to send the attendance verification and the attached form.
- **Non-Preapproved:** If the CLCP professional attended a program which was not approved for CLCP hours, the required documentation must be submitted and is subject to review. This includes the program agenda and the attendance verification/certificate of completion.

The recertification fee is \$250 if all courses are preapproved. Should any course be non-preapproved, a recertification fee of \$300 must be submitted. Information on Preapproved programs are listed on our website at [www.ichcc.org](http://www.ichcc.org).

#### II. Extension

Persons who have completed 30 of the 80 hours required for continuing education of the CLCP may request a review for extension. Each request will be reviewed individually. Documentation of the current continuing education hours must be completed and sufficient time must be allowed before the current certification expires. An extension may be granted for up to six months.

An Extension Fee of \$100 must be submitted in order for consideration of a six month extension.

#### III. Re-examination

The fee is \$350 and covers both the examination fee and certification renewal.

Note: Should one fail to renew one's certification, re-application under all current standards and criteria, in addition to a passing score on the certification examination, will be required.

It is the credentialed provider's ultimate responsibility to renew the certification by the expiration date 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 service provider candidate for any credential should review the preapproved training programs located on the ICHCC website at [www.ichcc.org](http://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 and include evaluation components to be completed by participants. The purpose of the program should be clearly defined in terms of objectives and expected outcome and designed to increase the participant's knowledge in the focus areas outlined below.

Information required for approval includes each item under the following:

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.
3. Professional Presentation: Development & Presentation
  - Maximum Credit: 10 clock 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 clock 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 clock hours for each publication
  - Submission of copy of publication, including references
  - Completion of Request for Approval form.

6. Item Writing
  - Maximum Credit: 10 clock hours for each item accepted and utilized in the CLCP examination
  - Submission of item with APA style references

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.

Academic credit is converted as follows:

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

## **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 Ethics Committee.

## 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.

### 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 Commission on Healthcare Certification 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. Similarly, the Medicare Set-aside Certified Consultant is expected to provide a detailed and thorough care plan that is designed to aid the individual in his or her basic medical and rehabilitative needs as expected of a Medicare-provided benefit and not to enhance their overall lifestyle. 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 Disability Evaluators are responsible for collecting and processing intake information, assessing physical and cognitive tolerances for work activities, and evaluating primarily neurological and orthopedic disorders. Certified Life Care Planners are required at the minimum to assess the client's medical and independent living service needs, assess 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 principal 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 which 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 which provide a definition of the category under which specific rules are assigned. While the Principles are general in concept, the rules are exacting standards which 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 certifications acronyms in a signature line and in one's curricula vitae a privilege, and reserves unto 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 assure 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 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.

## **Confidentiality**

CLCP Test Candidates are prohibited from sharing information that may involve discussing, documenting, and in anyway 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 the following information:

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

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.

### References

Arrasmith, D., & Hambleton, R. K. (1988). *Steps for setting standards with the Angoff method*. ERIC Document - ED299326, pp. 1-26.

Ashby, D. J. (2001). The CFP™ certification examination process: A discussion of the modified Angoff scoring method. *Financial Service Review*, 10, pp. 187-195.

Biddle, Richard. (1993). How to set cutoff scores for knowledge tests used in promotion, training, certification, and licensing. *Public Personnel Management*, 22(1)

Bowers, John, & Shindoll, Russelyn. (1989) A Comparison of the Angoff, Beuk, and Hofstee Methods for Setting a Passing Score. *ACT Research Report Series* 89-2, May.

Carlson, Jim, Tomkowiak, John, & Stilp, Curt. (2009). Using the Angoff method to set defensible cutoff scores for standardized patient performance evaluation in PA education. *The Journal of Physician Assistant Education*, 20(1), pp. 15-23.

Pomeranz, J., Yu, and Reid, C. (2010). Role and function study of life care planners. *Journal of Life Care Planning*, 9(3), 57-118.

Tiratira, Niclie. (2009). Cutoff scores: The Basic Angoff method and the item response theory method. *The International Journal of Education and Psychological Assessment*, 1(1), pp. 27-35.

# APPLICATION



## APPLICATION FOR CERTIFICATION

### Certified Life Care Planner

#### 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.

#### APPLICANT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address (if different from above):

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### OPTIONAL:

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

Number of years since acquired degree:     3-5     6-10     11-15     15-19     20-25     26+

Number of years employed in the Healthcare Field:     3-5     6-10     11-15     15-19     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     White     Other



### 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-RN	___ Associates-RN    ___ BSN-RN    ___ MSN-RN

### ADDITIONAL CERTIFICATIONS

Please use the following 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.

Current Professional Title \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Time Employed \_\_\_\_\_

Professional Title \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Time Employed \_\_\_\_\_

Professional Title \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Time Employed \_\_\_\_\_

### CONTINUING EDUCATION UNITS AND TRAINING

A minimum of 120 hours is required to satisfy this section of the application. Certificate of Completion must be attached for each documented training program/course. Certification must be obtained within five years from graduation date. Include training and education units acquired within the last 5 year period.

Program Attended: \_\_\_\_\_

Graduation Date: \_\_\_\_\_



## TESTING INFORMATION

Please review the Examination Testing section of this handbook for additional information on options for scheduling your exam.

### OPTION 1:

Our online administration of the examination is proctored by ProctorU. To register, please visit [www.proctoru.com](http://www.proctoru.com). Exam site is at the applicant's discretion. Please note that ICHCC will contact you when your exam is available after you have registered with ProctorU.

Requested Exam Date \_\_\_\_\_



### OPTION 2:

Exam must be taken at a university, community college, Sylvan Learning Center, or public library. The password key will be sent to your proctor, and the proctor will supervise your testing experience.

Exam Site \_\_\_\_\_

Exam Date \_\_\_\_\_

### Proctor Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## EXAM FEES

Certified Life Care Planner Examination Fee: \$445

Payments by check or money order should be made payable to ICHCC. Credit card payments may be processed online at [ichcc.org](http://ichcc.org). Payments outside of the US must be by money order or cashier's check in United States Dollars, payable to ICHCC.

Review books may be purchased online at [ichcc.org](http://ichcc.org) for \$60.



### **DISCLAIMER AND SIGNATURE**

I HEREBY CERTIFY that the facts set forth in this application for the 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 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

**Please print name and credentials exactly as they should appear on your certificate below:**

\_\_\_\_\_