



INTERNATIONAL COMMISSION
ON HEALTH CARE CERTIFICATION

Candidate Handbook

Certified Life Care Planner

International Commission on Health Care Certification
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TABLE OF CONTENTS

A NOTE FROM THE ICHCC	3
ABOUT THE ICHCC	4
THE CERTIFIED LIFE CARE PLANNER CREDENTIAL	5
Eligibility:.....	Error! Bookmark not defined.
Appeals Process.....	7
EXAMINATION INFORMATION	8
Exam Structure	8
Test Cutoff Score.....	8
Exam Content	8
CLCP Population Test Statistics.....	17
EXAMINATION TESTING	19
Administration of Exam.....	19
Examination Preparation	19
Appeals Process.....	20
FEES	21
CERTIFICATION MAINTENANCE AND RENEWAL	22
Options for Recertification.....	22
Sources of Continuing Education	23
Appeals.....	24
STANDARDS & GUIDELINES: REVOCATION, ETHICS, CONFIDENTIALITY	25
Code of Professional Ethics	25
Confidentiality.....	26
ICHCC Practice Standards and Guidelines	27
APPLICATION CHECKLIST AND PACKETS.....	27

A Note from the 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 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.

V. Robert May III, Rh.D., CDE II, CRP
President – International Commission on Health Care Certification (ICHCC)

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 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 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, physiotherapists, counselors, psychologists, 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 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. An 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 most recent updated role and function study was completed by the ICHCC and is scheduled for publication in the *Journal of Life Care Planning* in the Fall of 2019. 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 Certified Life Care Planner 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 regarding eligibility is found in the **International Commission on Health Care Certification Practice Standards and Guidelines**, and is presented below for the reader’s convenience.

- 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.
- 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 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 ICHCC following a thorough review of the respective applications.

- 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 candidate must hold a Masters' Degree in a health-related field or 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 healthcare related profession. 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 Certified Life Care Planner 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, non-health care related 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.

Those health care professionals who hold a Masters' Degree in a health related field are exempt from being required to have a primary certification. However, due to the unregulated status or professional status that varies among states, the following is offered as clarification for qualified status regarding the following professionals who do not hold a Masters Degree:

- 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 - 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. 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). This does not apply to Physician Assistants as a licensed or certified PA is a qualified health care professional.

Appeals Process

The Certified Life Care Planner 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 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 for an advisory opinion of eligibility. The ruling by the ICHCC is final.

Examination Information

Exam Structure

The Certified Life Care examination consists of 100 multiple-choice items administered online with a total time-period of 3 hours to complete the exam. 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 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 Shindoll, 1989; Carlson, Tomkowiak, and Stulp, 2009; Tiratira, 2009). The ICHCC Test Committee met on June 2-3, 2012, and one of the activities in which 18 subject matter experts (SME) (Test Committee members) participated was the determination of the cutoff test score for the Certified Life Care Planner examinations 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**.

Exam Content

The Certified Life Care Planner examination is comprised of test items based on the more recent role and function (practice analysis) study of life care planners. May and MoradiRekabdarkolae (2018) 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. The ICHCC added the first knowledge domain

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:

Factor 1 – The International Commission on Health Care Certification Agency: These items address specific information regarding the Certified Life care Planner and the Canadian Certified Life Care Planner credentials' certifying agency, to include but not limited to qualifications to sit for the examination, duration of active certification period, recertification options and respective requirements, and the 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-scores are obtained.

Factor 2 - Care Plan Development

Subfactor 1 - Initial Interview

- a. 14 Obtain HIPAA Release from referral source/injured person
- b. 26 Schedule Initial Interview/Home Visit
- c. 28 Perform face-to-face interview with injured person
- d. 29 During Initial Interview/Home Visit, document current medical condition
- e. 30 Document Current Medications During Initial Interview/Home Visit
- f. 31 Evaluate through observation or through test cognitive status During Initial Interview/Home Visit
- g. 34 Evaluate through observation physical limitations During Initial Interview/Home Visit
- h. 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
- i. 37 Address needs/preferences of the evaluatee and/or family
- j. 39 During Initial Interview/Home Visit makes notes of potential home barriers and identifies some potential home modification needs
- k. 40 During Initial Interview/Home Visit assesses presence of familial support system for the evaluatee 41 Interviews immediate family members
- l. 42 Identify attitudinal, social, economic, and environmental forces that may present barriers and/or advantages to evaluatee's rehabilitation
- m. 50 Examines the relationship between the evaluatee's needs and existing functional capabilities
- n. 52 Assess injured person's potential for long-term independent functioning
- o. 53 Assess independent living and adaptive equipment needs.
- p. 54 Assess the need for transportation (e.g., adapted/modified vehicle with hand controls)
- q. 62 During Initial Interview/Home Visit documents current family members living in and away from residence
- r. 205 Conduct a comprehensive interview with the evaluatee, his/her family and/or significant other(s), if possible

Subfactor 2- Referral Source Contact

- a. 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
- b. 16 Request specific medical records

Subfactor 3 - Cost Analysis

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

Subfactor 4 - Report Writing

- a. 47 Upon return to office, summarizes assessment/home visit
- b. 48 Maintains log of time and mileage
- c. 49 Contact attending physician and medical/rehabilitation providers
- d. 109 Documents and summarizes all meetings with medical and rehabilitative providers, and extraneous facilities.
- e. 110 Write the report to include a log of all resources contacted
- f. 111 Write the report to include a complete chronology of the medical and rehabilitation histories
- g. 112 Write the report to include demographic information
- h. 114 Write the report to include recommendations based on assessment of evaluatee, home visit, review of all medical and rehabilitative records, and communications with medical and rehabilitative team members and providers
- i. 115 Present various health care options (facility vs. home care).
- j. 117 Write the report to include comorbid conditions
- k. 123 Apply knowledge of family dynamics, gender, multicultural, and geographical issues
- l. 127 Clearly state the nature of the evaluatee's problems for referral to service providers
- m. 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
- n. 129 Recognize psychological problems (e.g., depression, suicidal ideation) requiring consultation or referral

- o. 138 Prepare case notes and reports using applicable forms and systems in order to document case activities in compliance with standard practices and regulations
- p. 142 Total all spreadsheets and check figures for accuracy
- q. 143 Finalize the plan and proof it
- r. 144 Itemize your bill for services
- s. 163 Synthesize assessment information to prioritize care needs and develop the life care plan
- t. 164 Compile and interpret evaluatee information to maintain a current case record
- u. 165 Provide list and date of responses received from life care planning referral sources
- v. 166 Select evaluation/assessment instruments and strategies according to their appropriateness and usefulness for a particular client
- w. 167 As appropriate, review/utilize current literature, published research and data to provide a foundation for opinions, conclusions and life care planning recommendations
- x. 168 Use reliable, dependable, and consistent methodologies for drawing life care planning conclusions
- y. 169 Have an adequate amount of medical and other data to form recommendation
- z. 178 Address gaps in records and/or life care plan recommendations
- aa. 186 Consider the impact of aging on disability and function when developing life care planning recommendations
- bb. 200 As appropriate, rely upon qualified medical and allied health professional opinions when developing the life care plan

Subfactor 5 - Standards of Practice

- a. 131 Accept referrals only in the areas of yours or your agency's competency
- b. 132 Refrain from inappropriate, distorted or untrue comments about colleagues and/or life care planning training programs
- c. 133 Identify one's own biases, strengths, and weaknesses that may affect the development of healthy client relationships
- d. 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.)
- e. 135 Be credentialed in your area of expertise that also provides a mechanism for ethics complaint resolution
- f. 136 Abide by life care planning-related ethical and legal considerations of case communication and recording (e.g., confidentiality)
- g. 137 Consider the worth and dignity of individuals with catastrophic disabilities
- h. 139 Monitor to ensure that the life care planning work is performed and that it meets standards and accepted practices
- i. 140 Disclose to the evaluatee and referral sources what role you are assuming and when or if roles shift
- j. 158 Provide progress of life care plan development to retaining party
- k. 170 Apply knowledge of clinical pathways, standards of care, practice guidelines
- l. 176 When working with pediatric cases, keep abreast of guardian issues for protecting minors or those deemed mentally incompetent
- m. 190 Educate parties (e.g., attorneys, evaluatees, insurance companies, students, family members) regarding the life care planning process
- n. 193 Stay current with the relevant life care planning literature
- o. 196 Belong to an organization that reviews life care planning topics and issues, as well as offers continuing education specifically related to the industry
- p. 197 Maintain continuing education in areas associated with your life care planning practice

Subfactor 6 – Forensics

- q. 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

- r. 159 Apply interpersonal communication skills (verbal and written) when working 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

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

Factor 2 - Needs Assessment

- b. 56 Determines needed medical supplies
- c. 57 Determines a feasible support system for the evaluatee if none exists
- d. 58 Assess the need for home/attendant/facility care (e.g., personal assistance, nursing care)
- e. 59 Determines Assistive Devices needed by the evaluatee
- f. 60 Determines evaluatee's adaptive equipment needs
- g. 61 Provides an assessment of the evaluatee's potential for self-care
- h. 63 Identifies the need for physical therapy services
- i. 64 Identifies the need for speech therapy
- j. 65 Identifies need for occupational therapy
- k. 66 Determines evaluatee's need for counseling services (i.e., psychological intervention, licensed professional counselor services, licensed social worker, counseling services)
- l. 72 Assess the need for wheelchair/mobility needs
- m. 73 Assess the need for wheelchair/mobility accessories and maintenance
- n. 74 Specifies cost for wheelchair/mobility needs
- o. 75 Assess the need for medications and supplies (bowel/bladder supplies, skin care supplies)
- p. 76 Assess the need for future routine medical care (e.g., annual evaluations, psychiatry, urology, etc.)
- q. 77 Assess the need for and replacement of orthotics and prosthetics (e.g., braces, ankle/foot orthotics)
- r. 79 Identifies the need for music therapy
- s. 85 Determines evaluatee's home furnishings and accessories needs (e.g., specialty bed, portable ramps, patient lifts)
- t. 88 Assesses the evaluatee's recreational equipment needs
- u. 89 Assess the need for health/strength maintenance (e.g., adaptive sports equipment and exercise/strength training)
- v. 91 Identifies the need for nutritional counseling
- w. 92 Identifies the need for audiological services
- x. 95 Assess the need for case management services
- y. 179 Assess the need for projected evaluations (e.g., PT/OT, SLP, individual counseling, family counseling, group counseling, marital counseling, etc.)
- z. 180 Assess the need for projected therapeutic modalities (e.g., PT/OT, SLP, individual counseling, family counseling, group counseling, marital counseling, etc.)

- aa. 181 Assess the need for diagnostic testing/ educational assessment (e.g., neuropsychological, educational, medical labs)

Subfactor 1 - Service Recommendation

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

Factor 3 - Vocational Consideration

- a. 55 During Initial Interview/Home Visit gathers a work history from the evaluatee
- b. 103 Either personally or through vocational rehabilitation consult referral, identifies the evaluatee's need for long-term vocational/educational services
- c. 104 Either personally or through vocational consult referral, assesses the evaluatee's need for vocational services
- d. 105 Either personally or through vocational rehabilitation consult referral, determines the evaluatee's ability to pursue gainful employment
- e. 106 Either personally or through vocational rehabilitation consult referral, obtains information on past occupational/educational performance for purposes of vocational planning
- f. 107 Either personally or through vocational rehabilitation consult referral, specifies cost for long-term vocational/educational services for the injured person
- g. 202 Assess the need for short/long-term vocational/educational services
- h. 203 Specifies cost for short/long-term vocational/educational services

Subfactor 1 - Economist Consult

- a. 152 Consults an economist for an estimate of the lifetime costs of the LCP

Factor 4 - Litigation Support

- b. 146 Add the case to your list of cases for Federal Rules of Evidence purposes, marketing, etc.
- c. 147 Assists with the development of information for settlement negotiations for legal representatives
- d. 149 Consults with a plaintiff attorney to reasonably map out what long-term care services will be needed for the evaluatee
- e. 150 Consults with a defense attorney to reasonably map out what long-term care services will be needed for the evaluatee
- f. 151 Provides information located in the LCP to an official of the court
- g. 153 Advises the evaluatee's attorney on the cross-examination of opposing counsel's expert witness
- h. 154 Recommends other expert witnesses to an evaluatee's attorney when appropriate
- i. 155 Advises defense attorney on the cross-examination of plaintiff counsel's expert witness
- j. 156 Review the plaintiff's plan and develop a rebuttal or comparison plan when consulting with defense attorneys

Factor 5 - Knowledge Applications

- a. 174 Apply knowledge regarding legal rules (justification for valid entries in a life care plan may vary from state to state)

- b. 175 Apply knowledge of health care/medical/rehabilitation terminology
- c. 182 Apply medical knowledge of potential complications, injury/disease process, including the expected length of recovery and the treatment options available
- d. 183 Apply knowledge regarding the interrelationship between medical, psychological, sociological, and behavioral components
- e. 184 Apply knowledge of human growth and development as it relates to life care planning
- f. 185 Apply knowledge of the existence, strengths and weaknesses of psychological and neuropsychological assessments

Subfactor 1 - Evaluee Interactions

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

Subfactor 2 - Time Management

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

Factor 6 - Marketing

- c. 188 Promote and market the field of life care planning
- d. 192 Perform life care planning in multiple venues (e.g., personal injury, special needs trust, case management)
- e. 198 Obtain regular client feedback regarding the satisfaction with services recommended and suggestions for improvement in a life care plan

Subfactor 1 - Report Writing

- a. 71 Specifies costs for maintaining the evaluatee's exercise equipment
- b. 84 Identifies the need for pharmaceutical counseling
- c. 97 Research and investigate the community to identify client-appropriate services for creating and coordinating agency service delivery
- d. 113 Write the report to include formatting the report template rather than an office clerical person
- e. 119 Write the report to include bibliography

Subfactor 2 - Process Evaluation

- a. 199 Perform program evaluations and research functions to document improvements in evaluatee outcomes following life care plan development

Factor 7 - Information Sharing

- b. 43 Educate evaluatee regarding his/her rights under federal and state law
- c. 44 Explain the services and limitations of various community resources to evaluatees.
- d. 45 Apply advocacy, negotiation, and conflict resolution knowledge.
- e. 46 Educate evaluatees how to facilitate choice and negotiate for needed services
- f. 96 Educate life care planning subject in modifying their lifestyles to accommodate functional limitations

Subfactor 1 - Invoicing

- a. 145 Send your bill with the report

Factor 8 - Data Collection

- b. 33 Observes or requests demonstration of activities of daily living During Initial Interview/Home Visit
- c. 38 During Initial Interview/Home Visit evaluates socio-economic status
- d. 125 Research literature for standard of care for client for national, regional, and local areas and include in report

Subfactor 1 - Expense Projection

- a. 126 Write the report to include bills the evaluatee is expected to incur onetime only, monthly, annually, and remaining lifetime

Subfactor 2 - Resource Application

- b. 204 Apply financial management knowledge when working with evaluatees (e.g., balance checkbook, banking, etc.)
- c. 206 Apply risk management knowledge as it relates to life care planning

Factor 9 - Report Preparation

- a. 25 Sorts medical records by medical provider(S)
- b. 32 Sorts medical records by facility
- c. 116 Write the report to include all graphs and tables.
- d. 118 Write the report to include category of need tables

Subfactor 1 - Marketing

- a. 12 Market LCP services through mailings, e-mail, presentations, etc.
- b. 189 Provide information regarding your organization's programs to current and potential referral sources

Factor 10 - Records Request

- a. 17 Request educational transcripts
- b. 18 Request vocational/employment records
- c. 19 Request financial records
- d. 21 Request social records if available (i.e., foster care, juvenile detention, adult detention)

Factor 11 - Professional Development

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

Factor 12 - Report Writing

- a. 120 Write the report to include life expectancy
- b. 122 Write the report to include coding for costs

- c. 208 Utilize medical coding when developing a life care plan (e.g., CPT, ICD-9/10, HCPCIC coder)

Factor 13 - Financial Resources

- a. 157 Apply knowledge regarding other funding sources as it relates to legal cases
- b. 171 Apply managed care (insurance industry) knowledge when developing life care plans
- c. 172 Apply knowledge regarding workers' compensation benefits within the state of injury as it relates to life care planning
- d. 173 Keep abreast of the laws, policies, and rule making affecting health care and disability related rehabilitation service

Factor 14 - File Development

Subfactor 1 - Primary Data Collection

- a. 13 Obtain and sign retainer fee agreement from referral source

Subfactor 2 - Secondary Data Collection

- b. 20 Request deposition transcripts
- c. 27 Monitor evaluatee progress and outcomes during the life care planning process
- d. 207 Obtain and review day-in-the-life videos of clients when developing a life care plan.

Subfactor 3 – Tertiary Data Collection

- a. 201 Have a physician review the life care plan prior to submission to referral source

Factor 15 - Collaboration

- b. 98 Makes referrals for assessments of the evaluatee
- c. 100 Request meeting with treatment/rehabilitation team members
- d. 101 Request meeting with medical providers
- e. 102 Request meetings with extraneous entities that may include daycare facilities, education facilities, recreational facilities, etc.

Factor 16 - Records Review

- a. 22 Review medical records, associated summaries, and all other requested records
- b. 23 Review medical records from physicians, nurses, PTs, OTs, and speech therapists to assess the evaluatee's medical status
- c. 24 Sorts medical records by chronological order

Subfactor 1 - Objectivity

- a. 141 Remain objective in your assessments

Study Application: It was concluded by May and MoradiRekabdarkolae (2018) that 196 functions were identified that met the definitions of 16 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 of rehabilitation that requires the practitioner to be well informed and knowledgeable of complicated and diverse medical

conditions and diagnoses. Thus, life care planners, particularly Certified Life Care Planners/Canadian Certified Life Care Planners, must have the knowledge and skill-set to be able to address the functions of any one of the 16 knowledge 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.

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 - CERTIFIED LIFE CARE PLANNER 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 CERTIFIED LIFE CARE PLANNER 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 CERTIFIED LIFE CARE PLANNER candidates who have more years of experience vs. test scores of those CERTIFIED LIFE CARE PLANNER candidates with lesser years of experience. The alpha level was set at .05, 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 CERTIFIED LIFE CARE PLANNER examination. It is important for the ICHCC to determine if any of the professions represented in the 1,320 CERTIFIED LIFE CARE PLANNERS 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	*0.008
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	*0.005
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 CERTIFIED LIFE CARE PLANNER 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 degreed groups. Thus, the null hypothesis is rejected.

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 Proctor-U. To register, please visit 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 a total test time of 3 hours. 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 and are instructed by Dr. May, President of the ICHCC. Review programs are offered through the ZOOM meeting application, and the review schedule is posted on the ICHCC website.

A review book for the Certified Life Care Planner 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.

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 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 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

Payments by check or money order should be made payable to ICHCC. Credit card payments may be processed online at ichcc.org.

Examination Fee:	\$445
Review book:	\$60 + Shipping/Handling
Life Care Plan Review:	\$350*

*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 \$350 US to have it peer-reviewed by the ICHCC Certified Life Care Planner Commissioners.

Please forward your CLCP Application using email, fax, or regular mail 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
Email: ichcc1@gmail.com

Payment may be made on the ICHCC website:

- Click on the shopping cart icon in the top right corner of the page.
- Under ICHCC Product Categories, choose Certified Life Care Planner (CLCP)
- Add exam to your cart and check out, using the **Guest** option.

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 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 Certified Life Care Planner professional only needs to send the attendance verification and the attached form.
- **Non-Preapproved:** If the Certified Life Care Planner professional attended a program which was not approved for Certified Life Care Planner 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 \$350 if all courses are preapproved. Should any course be non-preapproved, a recertification fee of \$400 must be submitted. Information on Preapproved programs are listed on our website at www.ichcc.org.

II. Extension

Persons who have completed 20 of the 80 hours required for continuing education of the Certified Life Care Planner 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 is 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 \$445 and covers both the examination fee and certification renewal.

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 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 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 CERTIFIED LIFE CARE PLANNER 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 Certified Life Care Planner Board of Commissioners.

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 International Commission on Healthcare 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 to assess the client's medical and independent living 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 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 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

Certified Life Care Planner 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.

May, V., & MoradiRekabdarkolae, Hossein. (December 12, 2018). ICHCC 2018 R & F Study Factor Loadings of Job Task Inventory (JTI) [The essential functions of life care planning service delivery documented with categorical knowledge domains by subject matter experts]. Retrieved from <https://ichcc.org/resources/research-publications/2-uncategorised/54-ichcc-2018-r-f-study-factor-loadings-of-job-task-inventory-jti.html>. Archived at ICHCC, 13801 Village Mill Drive, Suite 103, Midlothian, VA 23114

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



CERTIFIED LIFE CARE PLANNER (CLCP) APPLICATION CHECKLIST

Please use the following form to assist with your application for the **CLCP** 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
- Copy of certificate from completed training course(s)
- Curricula Vitae
- 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 of \$445 payable to **ICHCC**

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](mailto: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 of the US must be by credit card, money order or cashier's check in United States Dollars, payable to ICHCC.



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.

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-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 _____

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.

120 hour 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 6 business days to process your application.



Our online administration of the examination is proctored by Pro✓ Exams. Once your application is approved, you will be sent an Exam Voucher containing exam instructions as well as contact information for Pro✓ Exams. The Exam Voucher will be sent from the email address, “no reply at Prov Exams.”

Requested Exam Date _____

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. Payments outside of the US must be by credit card, money order, or cashier's check in United States Dollars, payable to **ICHCC**.

- **CLCP Exam Review books** may be purchased online at ichcc.org for \$60 plus shipping and handling
- **Certified Life Care Planner Exam Review Webinar \$200**

See [ICHCC.org](http://ichcc.org) website for dates and application form

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

Certificate Name and Credentials



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