



Advanced Competency in Home Health RENEWAL APPLICATION

Thank you for your continued support of the Advanced Competency in Home Health certificate. Please read and complete each section fully and accurately in clear, legible handwriting or type. All qualifying activities must be completed at the time the application is submitted and be within the certificate period (current certificate expiration date and the preceding five years). The completed application with applicable payment must be received by the Home Health Section office no later than 30 calendar days after the certificate expiration date.

Please initial each page and upload a PDF of your completed application to the Home Health Section. See the certificate renewal page for a link to the upload form and submit your renewal fee.

For further assistance, contact APTA Home Health: 720-459-5559 or email admin@homehealthsection.org.

There is no membership requirement to renew the Advanced Competency in Home Health certificate and Home Health Academy members and nonmembers will be evaluated equally on the renewal application. The Advanced Competency in Home Health program does not discriminate on any basis including race, sex, age, religion, national origin, sexual orientation, or disability.

Scroll down to complete application

SECTION 1

RENEWAL APPLICANT INFORMATION

Please notify the Home Health Academy staff of any changes in your contact information. It is important to keep an updated address on file with the Advanced Competency in Home Health program to ensure you receive important certificate information.

Salutation (Mr., Mrs., Ms., Dr.):

Applicant Name:

APTA Member ID (if applicable):

Mailing Address:

City, State, Zip:

Daytime Phone:

Alternate Phone:

Email:

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SECTION 2

QUALIFYING EDUCATION OR ACTIVITIES

You must have completed **10 contact hours** of qualifying education or activities during your current 5-year certificate period (certificate expiration date and the preceding five years). All hours must be completed at the time of your renewal application. Your contact hours must be from at least **TWO different** qualifying education activities as outlined on the APTA Home Health website.

Please avoid the use of acronyms when completing the list of education or activities.

****Your total number of qualifying contact hours may slightly exceed the required 10 hours due to the duration of some of your education or activities, but please **do not** report qualifying hours greatly in excess of the required 10 contact hours. We are seeking simply to confirm through this renewal application that you have met the required hours.**

Do not include or attach documentation or proof of attendance for education or activities unless documentation is requested for a renewal audit. The Home Health Academy reserves the right to request and audit documentation confirming the information reflected in your renewal application.

For the full criteria of qualifying education and activities, see the **Advanced Competency in Home Health Renewal Requirements**: <https://www.homehealthsection.org/page/ACHH-Renewal-Requirements>

On the following page, please indicate the total number of hours you have submitted for credit and provide a detailed listing for each education program or activity. You may reproduce the page or attach a similarly-organized report detailing the required information.

APPLICATION ATTESTATION

- In making this renewal application, I fully understand that it is a renewal application only and does not guarantee renewal. I further understand that any false statement or misrepresentation that I may make in the course of this renewal application or other violations of Advanced Competency in Home Health program policies may result in the revocation of this renewal application or other disciplinary action by the Home Health Academy.
- I understand that the Home Health Academy reserves the right to revise or update this renewal application, and that it is my responsibility to be aware of the Home Health Academy's current requirements. I further understand that I am obligated to inform the Home Health Academy of changed circumstances that may materially affect my renewal application. I further understand that it is my responsibility to provide the Home Health Academy with any requested documentation in connection with this application.
- I understand and agree that if I am re-certified following acceptance of this application such certification does not constitute the Home Health Academy's warranty or guarantee of my fitness or competency to practice as a physical therapist or physical therapist assistant. If I am re-certified, I authorize the Home Health Academy to include my name in a list of certified individuals and agree to use the certificate designation and related Home Health Academy trade names, trademarks, and logos only as permitted by the Home Health Academy. I understand and agree that the Home Health Academy may also use anonymous and aggregate renewal application data for statistical and research purposes.

Applicant Signature: _____ Date: _____

DETAILED LISTING OF QUALIFYING EDUCATION OR ACTIVITIES

Education Title or Activity:

Sponsoring Organization:

Dates:

Number of Contact Hours:

Description:

Education Title or Activity:

Sponsoring Organization:

Dates:

Number of Contact Hours:

Description:

Education Title or Activity:

Sponsoring Organization:

Dates:

Number of Contact Hours:

Description:

Education Title or Activity:

Sponsoring Organization:

Dates:

Number of Contact Hours:

Description:

Education Title or Activity:

Sponsoring Organization:

Dates:

Number of Contact Hours:

Description:

Education Title or Activity:

Sponsoring Organization:

Dates:

Number of Contact Hours:

Description:

Please initial each page before submitting completed application.

DETAILED LISTING OF QUALIFYING EDUCATION OR ACTIVITIES (continued)

Education Title or Activity:

Sponsoring Organization:

Dates:

Number of Contact Hours:

Description:

Education Title or Activity:

Sponsoring Organization:

Dates:

Number of Contact Hours:

Description:

Education Title or Activity:

Sponsoring Organization:

Dates:

Number of Contact Hours:

Description:

Education Title or Activity:

Sponsoring Organization:

Dates:

Number of Contact Hours:

Description:

Education Title or Activity:

Sponsoring Organization:

Dates:

Number of Contact Hours:

Description:

Education Title or Activity:

Sponsoring Organization:

Dates:

Number of Contact Hours:

Description:

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DETAILED LISTING OF QUALIFYING EDUCATION OR ACTIVITIES (continued)

Education Title or Activity:

Sponsoring Organization:

Dates:

Number of Contact Hours:

Description:

Education Title or Activity:

Sponsoring Organization:

Dates:

Number of Contact Hours:

Description:

Education Title or Activity:

Sponsoring Organization:

Dates:

Number of Contact Hours:

Description:

Education Title or Activity:

Sponsoring Organization:

Dates:

Number of Contact Hours:

Description:

Education Title or Activity:

Sponsoring Organization:

Dates:

Number of Contact Hours:

Description:

Total Number of Credits Submitted:

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