



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 mail or upload a PDF of your completed application to the Home Health Section. See the Home Health Section website for the address. See the certificate renewal page for a link to the upload form.

Receipt of mailed application will be acknowledged within two weeks by email. If you upload your renewal application, you should receive a confirmation (turn pop-up blockers off).

For further assistance, contact the Home Health Section: 866-230-2980 or email admin@homehealthsection.org.

There is no membership requirement to renew the Advanced Competency in Home Health certificate and Home Health Section 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.

RENEWAL CHECKLIST

Be sure to complete all three sections of this application.

- Section 1. Renewal Applicant Information:** I have completed all renewal applicant information and noted where I would like ACHH mailed correspondence sent.
- Section 2. Payment:** I have included payment information with this application.
- Section 3. Qualifying Education or Activities:** I have completed at least 10 hours of qualifying education or activities within my current 5-year certificate period.

SECTION 1

RENEWAL APPLICANT INFORMATION

Please notify Home Health Section 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:

SECTION 2

PAYMENT

All fees must accompany the renewal application. Check the appropriate boxes below.

Early Renewal Fees (120 days prior to certificate expiration):

- \$150 – Physical Therapist
- \$100 – Physical Therapist Assistant

Late Renewal Fees (1 to 30 days after certificate expiration):

- \$250 – Physical Therapist
- \$200 – Physical Therapist Assistant

Payment Type

- Check payable to “Home Health Section – APTA”
- Credit Card (Visa, Mastercard, American Express, or Discover)

Cardholder Name:

Billing Zipcode:

Credit Card Number:

Exp. Date:

CVV:

Signature: _____

SECTION 3

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.

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 Section 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 Section.
- I understand that the Home Health Section reserves the right to revise or update this renewal application, and that it is my responsibility to be aware of the Home Health Section’s current requirements. I further understand that I am obligated to inform the Home Health Section of changed circumstances that may materially affect my renewal application. I further understand that it is my responsibility to provide the Home Health Section with any requested documentation in connection with this application.
- I understand and agree that if I am recertified following acceptance of this application such certification does not constitute the Home Health Section’s warranty or guarantee of my fitness or competency to practice as a physical therapist or physical therapist assistant. If I am recertified, I authorize the Home Health Section to include my name in a list of certified individuals and agree to use the certificate designation and related Home Health Section trade names, trademarks, and logos only as permitted by the Home Health Section. I understand and agree that the Home Health Section 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:

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:

Total Number of Credits Submitted:

Please initial each page before submitting completed application.