



APPLICATION FOR INITIAL CERTIFICATION

Submission must be on or before December 15, 2020

PLEASE TYPE

Today's date: _____

Name/Title _____

Healthcare System _____

Address _____

Telephone: (_____) _____

E-mail address: _____

Name and title of your supervisor: _____

Supervisor's address: _____

President/CEO's name and title: _____

Address: _____

1. Date hired as volunteer manager in current position: _____

2. Have you previously served in volunteer management position in a healthcare setting?

If yes, list dates: _____ **Name of hospital:** _____

3. Date joined NCHVP: _____

4. Has your membership in NCHVP been continuous since joining? _____

Guidelines for submitting certification materials:

- Please save your application and materials to a thumb drive or flash drive.
- All material submitted must represent 100% of applicant's individual work including exam and notebook submissions.
- Hardcopies of your materials will not be accepted.
- Please save each tab requirement as a separate document, onto the flash/thumb drive, with the corresponding tab title
- If every item listed is not submitted, your application will be considered incomplete and ineligible for grading.
- If you have questions, please contact Certification Chair, Melinda Scott at: melinda.scott@unchealth.unc.edu and (919) 784-2148.

The following must be included with your application:

Tab A - Completed and signed application form.

Tab B - Certificates of attendance at two (2) NCHVP Conferences within the last 5 years. For 2021, one conference is waived since the conference was cancelled in 2020. If you have attended 2 conferences, please include the certificates.

Location: _____ **Dates:** _____

Location: _____ **Dates:** _____

Tab C - Documentation of attendance at one NCHVP Management Development class within the last two years.

Location: _____ **Date:** _____

Tab D - Letter supporting your Certification application from your immediate supervisor.

Tab E - Letter supporting your application from your CEO, Vice President or a senior leader who has knowledge of your professional work performance.

Tab F - Receipt from NCHVP Treasurer, Laura Riach, documenting payment of the \$75 certification fee. Note - Check made out to: “NCHVP – Certification” must be sent to the Treasurer by November 20. (Laura Riach, Wake Med Hospital Cary, 1900 Kildaire Farm Rd., Cary, NC 27518)

Tab G - Four (4) volunteer position descriptions.

Tab H - Competency-based evaluation forms for the four (4) position descriptions included in item G.

Tab I - Copies of volunteer application forms, adult and teen.

Tab J - Copy of your program’s volunteer handbook.

Tab K - Two recent copies of documents you use to communicate information to your volunteers, i.e. volunteer newsletter (If you are not responsible for producing the newsletter, please submit another form of communication your department uses that you created).

Tab L - Copies of the following volunteer policies: Record Retention, Environment of Care, the volunteer department’s Performance Improvement policy, policy for your onboarding process and the policy regarding volunteer orientation.

Tab M - Copy of your volunteer orientation agenda.

Tab N - Organizational chart for the Volunteer Department and for the hospital/healthcare system.

Tab O – Signed Confidentiality statement.

Applicant must fully comply with all certification requirements.

I verify that all the information provided with this application for certification is valid and correct.

Applicant’s signature _____ Date: _____

Your saved materials must be received no later than December 15. Please mail to:

**Melinda Scott | Director
Volunteer Services
UNC REX Healthcare
4420 Lake Boone Tr.
Raleigh, NC 27607**



Confidentiality Agreement

All members certifying understand and agree to abide by the following:

- Information about any and all test questions will be kept confidential. This information will never be shared nor discussed with any member who is not currently certified through NCHVP.
- Information (i.e. tests) taken electronically must be saved at the test site and not transferred from hospital computer system to unauthorized location, e.g. home or shared with anyone not certified through NCHVP.

NCHVP Member

Date

Origination Date: June 2008
Reviewed: June 2009, June 2015, March 2016