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# http://www.ncsdvs.org/resources/Pictures/NCHVP%20New%20Logo%20final.jpg

## APPLICATION FOR RE-CERTIFICATION I

PLEASE TYPE

**Date:** Click here to enter a date.

**Name/Title:** Click here to enter text.

**Address:** Click here to enter text.

**Healthcare System:** Click here to enter text.

**Telephone:** Click here to enter text. **E-Mail Address:** Click here to enter text.

**Dates of continuous NCSDVS membership:** Click here to enter text.

**Date of original certification:** Click here to enter text.

**Name and title of your supervisor:** Click here to enter text.

**Supervisor’s address:** Click here to enter text.

**President/CEO’s name and title:** Click here to enter text.

**Address:** Click here to enter text.

**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.**
* **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. Files labeled Tab A-K are to be used to separate each requirement. For example, Tab E will include two newsletters. The tab letter should correspond with the letters A-K below.**
* **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](mailto:melinda.scott@unchealth.unc.edu) and (919) 784-2148.

The following must be included with your submitted materials:

**Tab A** Completed application

**Tab B** One letter of recommendation from your immediate supervisor

**Tab C** Your most recent attendance at two NCHVP Annual Management/ Education Conferences in the past five years (documentation required).

**Location** Click here to enter text. **Date** Click here to enter text.

**Location** Click here to enter text. **Date** Click here to enter a date.

**Tab D Receipt from NCHVP Treasurer, Laura Riach, documenting payment of the $35 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**Tab E** Two of your most recent volunteer newsletters or if you do not publish a newsletter, two recent communications to your volunteers that would demonstrate that you have a formal means of communicating with your volunteers.

**Tab F** Include a copy of your most recent annual report. In the absence of an annual report, list data you collect regarding your volunteer program and state the purpose of collecting this information.

T**ab G** Describe a new volunteer placement you created since initial certification including how you developed, implemented, and evaluated **t**his service.

**Tab H** Describe your journey of professional development over the last five years and its impact on your department and organization.

**Tab I** Describe changes that you have made to your Policy and Procedure Manual for the Volunteer Services Department in the last five years. **NOTE:** After your application has been submitted for grading, a member of the Certification Committee will call you to schedule a mutually agreeable time to visit you at your facility and to review your manual. The review will be done no later than January 31.

**Tab J** A copy of your most recent Volunteer Handbook. Describe changes that you have made in the last five years.

**Tab K List three (3) changes** that have occurred on the national healthcare industry level in the last five years. **And** then select one of the changes you identified and describe (concisely and in narrative form) how you dealt with and addressed this change **as it related to your volunteers or to your management of volunteers.**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The deadline for applying for re-certification is December 15.**

**All information must be sent to:**

**Melinda Scott, CAVS | Director  
Volunteer Services**

**UNC REX Healthcare**

**4420 Lake Boone Tr.**

**Raleigh, NC 27607**

**For questions, please e-mail to: melinda.scott@unchealth.unc.edu**

##### Revised 6/08, 6/09, 6/10, 6/11, 7/12, 7/13, 8/14, 7/15, 04/16, 05/17, 05/18, 9/21