

RENEWAL Form

CERTIFIED ADMINISTRATOR OF VOLUNTEER SERVICES



AHVRP | Association for Health Care Volunteer Resource Professionals

Advancing the Patient Experience through Volunteer Management

RENEWAL PROVISIONS

The renewal cycle for the Certified Administrator of Volunteer Services (CAVS) credential is three (3) years, with expiration on the last day of the month in which certification expires. Renewal may be achieved either through participation in eligible continuing education or retaking and passing the CAVS Examination. **Your CAVS certificate indicates the start and end dates of your certified status.** For an additional \$50 late fee, certificants may submit a Renewal Form 30 days past their expiration date.

A certificant who fails to meet the certification renewal requirements is no longer considered certified and must relinquish his/her certificate and certification pin, and cease using the certification credential and merchandise representative of having achieved certification. **Certification may be regained only through re-taking and passing the CAVS Examination.**

RENEWAL Form DIRECTIONS

Complete all sections as directed below. Please include your name and date of submission on each page submitted.

Section 1 Provide all requested information.

Section 2 Identify method of renewal by checking the appropriate box. If renewing by Alternative II (re-taking exam), include a copy of your passing score report for a CAVS exam completed within one year prior to your certification expiration date.

Section 3 If renewing by Alternative I, complete the Continuing Education Reporting Form in this section.

Section 4 All certificants must sign and date the Professional Standards of Conduct attesting to the truthfulness of what is reported and adherence to Professional Standards of Conduct.

Section 5 Indicate method of payment and remit payment with form.

Mail completed application to the following address. Only completed forms received will be processed. Faxed forms will not be accepted.

AHVRP of the AHA
CAVS Certification Renewal
PO BOX 75315
Chicago, IL 60675

For questions, contact AHVRP at ahvrp@aha.org or (312) 422-3939.

Section 1. Certificant Information

Member ID Number: _____ (Required for current AHVRP member)

Certification Number: CAVS _____ **Expiration Date** (MM/DD/YYYY): ____/____/____

Name (First, Middle Initial, Last): _____

Title: _____

Facility/Company: _____

Address/City/State/Zip Code: _____

Daytime Telephone Number: (____) ____ - ____ **Email:** _____

Section 2. Method of Renewal

Check one of the following boxes to indicate method of renewal.

- Alternative I. Participation in Continuing Education Units(CEU).** Renewal through this method requires the following:
- Since initial certification or most recent renewal, demonstrate participation in **45 contact hours** of CEU in the CAVS Examination Content Outline categories. Complete Section 3 and submit with CAVS Renewal Form.
 - Sign and date Section 4 (page 5) of the Renewal Form attesting to the truthfulness of what you report and your adherence to Professional Standards of Conduct.
 - Submit renewal fee(s) with completed form. (See Section 5).
- Alternative II. Successful Re-examination.** Renewal through this method requires the following:
- Pass the CAVS Examination within one (1) year prior to certification expiration (subject to usual fees and provisions for testing) and *submit the Renewal Form with evidence of having taken and passed the CAVS Examination.* A copy of a passing CAVS score report serves as such evidence.
NOTE: The *CAVS Candidate Handbook and Application* includes instructions on applying for the Examination and may be obtained from www.ahvrp.org under **Education>CAVS Certification**.
 - Sign and date Section 4 (page 5) of the Renewal Form attesting to the truthfulness of what you report and your adherence to *Professional Standards of Conduct*.
 - Include payment for late renewal fee if appropriate. (See Section 5).

Section 3. Reporting of Eligible CEU Activities for Alternative I

All required information must be reported in the Continuing Education Reporting Form at the end of this section. Activities eligible for certification renewal requirements must meet the following criteria:

- Relate to the categories identified in the CAVS Examination **Content Outline** below.
- Be categorized as one of the eligible **types of activities** (see page 3).
- Be at least 30 minutes in duration to qualify for renewal credit and be reported in 30-minute increments. **Contact hours** are used to report activities for renewal of the CAVS credential. A contact hour is defined as 50 to 60 minutes of educational experience.

For each activity reported, a **Content Code** must be identified (see list below). Tasks related to each category are identified in the *CAVS Candidate Handbook and Application*.

Content Code	CAVS Content Outline Category
1	Plan for Strategic Healthcare Volunteer Engagement
2	Attract and Onboard a Healthcare Volunteer Workforce
3	Document Healthcare Volunteer Involvement
4	Acknowledge, Celebrate and Sustain Healthcare Volunteer Involvement
5	Advocate for Healthcare Volunteer Involvement
6	Prepare Healthcare Volunteers for their Roles
7	Manage Healthcare Volunteer Performance and Impact

The following table provides a description of types of eligible CEU, **Type Codes**, proof of completion and maximum number of contact hours accepted for the three-year renewal period.

Type	Type Code	Description	Proof of Completion	3-Year Maximum
Educational program	1	Participation in lecture, workshop, educational session or case presentation provided by a professional healthcare association/society, healthcare facility or provider of services to a healthcare facility, or an industry-recognized provider of education. Multiple participations in the same course may be counted only once.	Certificate of attendance/ certificate of completion with CEU hours earned	No limit
Academic coursework (In person or online)	2	From an accredited college or university <ul style="list-style-type: none"> ▪ One semester credit = 15 contact hours ▪ One quarter credit = 10 contact hours 	Grade report or copy of transcript	15 contact hours
Self-study, including audio conference, or online educational program	3	Provided by a professional healthcare association/society, healthcare facility or provider of services to a healthcare facility, or an industry-recognized provider of education. The provider must award contact hours or a similar measure of continuing education. <ul style="list-style-type: none"> ▪ Online academic coursework is considered Type Code 2. 	Certificate of completion with CEU hours earned	No limit
Professional speaking/ teaching	4	At an educational program or a meeting of a national, regional, state or local professional association/society. Credit may be declared for the first time only for twice the length of the educational program or speech for the speaker's portion of that presentation.	Copy of program	15 contact hours
Academic teaching	5	In an accredited college or university and this is not your full-time job <ul style="list-style-type: none"> ▪ One semester credit = 15 contact hours ▪ One quarter credit = 10 contact hours 	Letter from academic institution	15 contact hours
Test item writing	6	For a CAVS Examination. 0.5 contact hour is awarded for each accepted test item.	Letter from CCVA	15 contact hours
Authoring / Publishing	7	Authoring a book chapter or at least two articles published in professional journals or periodicals with documented circulation that exceeds 1,000 readers earns 5 contact hours. Publications must meet the following criteria: <ul style="list-style-type: none"> ▪ Be published within the three-year certification cycle for which CEU credit is being sought ▪ Relate to a cognitive domain or domains and concomitant tasks included in the appropriate Examination content outline ▪ Bear the author's name, publication's name and date of publication ▪ Be published outside of the certificant's facility or place of business 	Copy of the book chapter or articles	15 contact hours

CONTINUING EDUCATION REPORTING FORM (ALTERNATIVE I)

1. Clearly print all sections of this form. For an activity that covers multiple Content Codes, enter the activity once and list all applicable Content Codes.
2. If additional space is needed, make copies of this form. Include your name on each page.
3. You are **NOT** required to submit documentation for each activity unless you are audited and your documentation is requested by AHVRP. **Please retain all supporting documentation/proof of completion for one (1) year past the date of submission of this Renewal Form.** AHVRP reserves the right to audit a certificant's renewal application during that time. Documented proof of completion requested for an audit will not be returned.

	Title of Course/Presentation	Provider	Date of Activity	Content Code	Type Code	Contact Hours
1.	_____	_____	_____	_____	_____	_____
	_____	_____				

2.	_____	_____	_____	_____	_____	_____
	_____	_____				

3.	_____	_____	_____	_____	_____	_____
	_____	_____				

4.	_____	_____	_____	_____	_____	_____
	_____	_____				

5.	_____	_____	_____	_____	_____	_____
	_____	_____				

6.	_____	_____	_____	_____	_____	_____
	_____	_____				

7.	_____	_____	_____	_____	_____	_____
	_____	_____				

Total Contact Hours

Section 4. Attesting to the Professional Standards of Conduct

PROFESSIONAL STANDARDS OF CONDUCT

AHVRP is responsible to its candidates, certificants, employers, the profession and the public for ensuring the integrity of all processes and products of this Certification Program. As such, AHVRP requires adherence to these *Professional Standards of Conduct* by all who have achieved certification through successful completion of its programs.

Professional Standards of Conduct: A certificant who is awarded CAVS certification by AHVRP agrees to conduct himself/herself in an ethical and professional manner. This includes demonstrating practice-related behavior that is indicative of professional integrity. By accepting certification, the certificant agrees to:

- Maintain professional competence;
- Demonstrate work behavior that exemplifies ability to perform safely, competently and with good judgment;
- Conduct professional activities with honesty and integrity;
- Avoid discriminating against any individual based on age, gender, race, color, religion, national origin, disability or marital status;
- Avoid conflicts of interest;
- Abide by the laws, rules and regulations of duly authorized agencies regulating the profession; and
- Abide by rules and regulations governing programs conducted by AHVRP.

Infraction of the *Professional Standards of Conduct* is misconduct for which granting of a certification or renewal of a certification may be delayed or denied, or for which a CAVS certification may be revoked by AHVRP.

Reporting Violations: To protect the national credentials and to ensure responsible practice by its certificants, AHVRP depends upon its candidates and certificants, professionals, employers, regulatory agencies and the public to report incidents that may be in violation of the *Professional Standards of Conduct*. A certificant who has violated these *Standards* should voluntarily surrender his/her CAVS certification.

Written reports of infraction of these *Standards* may be sent to: AHVRP – The American Hospital Association, 155 N. Wacker Drive, Suite 400, Chicago, IL 60606-1725. Only signed, written communication will be considered.

AHVRP will become involved only in matters that can be factually determined, and commits to handling any situation as fairly and expeditiously as possible. During its investigation and decision, AHVRP will protect the confidentiality of those who provide information to every possible extent. The named individual will be afforded every opportunity to respond in a professional and legally defensible manner, in accord with policies established by AHVRP.

I attest that I have read and agree to abide by the above stated Professional Standards of Conduct.

Signature

Date

Section 5. Payment of Renewal Fees

Please provide all of the following information and include remittance with the completed application.

MEMBERSHIP STATUS. Please check one of the following boxes.

I am a current member of:

- AHVRP
- Other AHA Profession Membership Groups (specify): _____
- Not a member of an AHA PMG. (For information about membership and member benefits, contact the AHVRP at (312) 422-3939).

CERTIFICATION RENEWAL FEES

Forms submitted 30 days or more prior to certification expiration date:

- If renewing by **Alternative I**, submit completed Renewal Form and Renewal Fee 30 days prior to your certification expiration date.

To confirm current fees, visit www.ahvrp.org

Member Fee \$135 \$ _____

Non-Member Fee \$225 \$ _____

- If renewing by **Alternative II**, submit completed Renewal Form and exam score report 30 days prior to your certification expiration date. The Renewal Fee is **not** required.

Forms submitted 30 days past the certification expiration date:

- \$50 late fee** must be submitted with Renewal Form for the recertification to be processed.
- This late fee applies if renewing by **Alternative I or Alternative II**.

\$ 50.00 Late Renewal Fee \$ _____

TOTAL Payment Submitted \$ _____

Forms submitted more than 30 days after the expiration date.

- Such forms are considered delinquent and the designation is no longer valid. Certification may be regained only through re-taking and passing the CAVS Examination.

METHOD OF PAYMENT.

Check/Money Order Make checks payable to the AHVRP.

To pay by credit card payment, you must complete and send this form in first.

CAVS holder name (print)

Submitted Date

Signature

Email address

Mail to: **AHVRP of the AHA**
CAVS Certification Renewal
PO BOX 75315
Chicago, IL 60675