

**IARP IALCP FELLOW DESIGNATION PROGRAM APPLICATION**

Instructions for Completing Application

Fellow Program Description

Application for Fellow, IARP Life Care Planning Section

Criteria and Examples of Acceptable Documentation

Fellow Peer Review Program Renewal Process





**INSTRUCTIONS FOR COMPLETING APPLICATION**

For each criterion listed, submit supporting documentation or data. Incomplete applications will be not be processed or will be denied. Denied applications can be resubmitted in one year for reconsideration.

It is each applicant's responsibility to determine whether submitted documentation and data are sufficient and complete. Examples of documentation or data can include copies of professional licenses, copies of forms and reports, detailed descriptions of methodology used (in applicant's own words, not copied from other sources), samples of research, samples of client files, or any other tool/document that reflects the criteria being measured.

**Documentation must include at least two life care plans completed within the last 12 months, as well as a blinded biography. All documents submitted should be modified to protect actual client identity and health information, as appropriate.**

Please send all required documentation on a flash/thumb drive to:

International Association of Rehabilitation Professionals
1000 Westgate Drive, Suite 252

St. Paul, MN 55114

Applicant must make sure that **all personal identifying information is redacted on the two submitted life care plans** so that reviews will be blind. Documentation for Criteria One, Two, Three, Four, Nine, and Ten will be verified by the IARP office and will not be sent to reviewers. Applicant will be notified if materials are not suitable for blind review and will be asked to resubmit materials. Application materials will not be returned.

**Fees:**

The application fee is $350. This covers expenses of IALCP/IARP for the review process, clerical support and certificates. The fee must accompany each new application and reapplication.





**FELLOW PROGRAM DESCIPTION**

The purpose of the fellow program is to recognize expertise, experience and contribution to the field of life care planning. The program recognizes those life care planners who have achieved a high level of skill and who use their skills and knowledge to promote the advancement of life care planning.

***The College of Life Care Planning Excellence***

The College of Life Care Planning Excellence was formed to recognize those life care planners whose expertise, experience and contribution to the field of life care planning are exemplary. The College rewards those life care planners who have achieved a high level of skill and who use their skills and knowledge to promote the advancement of life care planning. The College of Life Care Planning Excellence grants its Fellow designation based upon criteria established nearly 20 years ago.

The Fellow designation (FIALCP) was first established through the International Academy of Life Care Planners (IALCP) in 1996. IALCP was a privately owned professional membership association at that time. Its goals were to serve the advanced practice educational needs of life care planners and to promote the application of Standards of Practice for Life Care Planners (now in its third edition) in the field. In 2006 IALCP became a professional section of the International Association of Rehabilitation Professionals [IARP], however, it continues to maintain the same goals.

Applicants for the Fellow designation are life care planners who may self-nominate to be considered for the Fellow distinction. An applicant must be a member of the International Association of Rehabilitation Professionals and have a minimum of a bachelor’s degree. They must maintain licensure, registration, and/or credentials required to practice in their profession of origin.

Three FIALCP Fellows review the completed applications. The review process is blind (the reviewers do not know the identity of the applicant and the applicant does not know the identity of the reviewers). Applicants who meet all criterion will be awarded the Fellow designation. Those who do not meet all of the criterion are provided information to determine which areas require improvement or clarification. The applicant can reapply and there is no waiting period.

On the application, eleven criteria of skilled practice are delineated. Successful applicants are expected to consistently demonstrate skill and knowledge in each criterion. Each criterion is scored as a pass or fail. All three reviewers must agree on a pass of all ten criterion. If all three reviewers do not agree, they may hold a conference call for discussion and reconsideration on the decision. If consensus cannot be reached, the application will be denied. The decisions of the reviewers are final. The review process is conducted using objective criteria. To ensure the integrity of the review process and the Fellow program, exceptions to the criteria will not be made. The application fee is $350. This fee covers expenses of the Life Care Planning IALCP Section for the review process, clerical support, and certificates.

Renewal of the Fellow designation occurs every five years on the anniversary of the same month that the original designation was awarded. Renewal applications have a fee of $175. Being recognized with the College’s FIALCP designation is an affirmation of excellence in the life care planning community of rehabilitation.



**1000 Westgate Drive, Suite 252 St. Paul, MN 55114
Phone 651-379-7290 Toll Free 888-427-7722 FAX 651-290-2266**

 **Application for Fellow, Life Care Planning IALCP Section**

(*Note: Attach this form to the completed application packet)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State/Province: \_\_\_\_\_\_\_\_Zip/Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degrees, including awarding institution and year:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**⃝** Attach one copy of curriculum vitae (required)

**Statement of authenticity of application:**By submitting this application, I verify that all submitted information and documentation is true. I verify that all life care planning documents have been prepared by me and are reflective of my work process and work product. I understand that I will not be designated a Fellow in the IARP Life Care Planning IALCP Section if any information is untrue or reflects the work product of another person, and that I will not be able to submit re-application in the future.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed or Typed Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Colleague verification:**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, verify that applicant has been engaged in life care planning practice during the last 5 years.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send this form and required documentation and $350.00 to:

IARP, 1000 Westgate Drive, Suite 252 St. Paul, MN 55114



****

**IARP IALCP FELLOWS PROGRAM**

**CRITERIA AND EXAMPLES OF ACCEPTABLE DOCUMENTATION**

**CRITERION ONE:**

Applicant maintains license and certifications to practice in his/her healthcare discipline. In addition, he/she attests there are no pending or prior sanctions relating to licensure or certification. (Note: this criterion must be met, or the application will be denied regardless of scores on other criteria.)

***Examples of Acceptable Documentation:***

Copy of license or certificate showing name, expiration date and any necessary information to show active status. (Note: The IARP office will score this so that reviewers only have anonymous materials.)

**CRITERION TWO:**

Applicant contributes to the development of the field through providing education, conducting research, publishing in professional journals/texts, and/or providing mentoring for other life care planners. Education (teaching), research and publications are related to life care planning. Applicant participates in professional organizations (activity beyond holding membership, such as committee work or holding office). Applicant will submit a minimum of five (5) examples within the past five years and verification of participation in at least one (1) professional organization other than IARP.
 ***Examples of Acceptable Documentation:***

Copies of class flyers or syllabus showing applicant as instructor, copies of publications, evidence of participation in research. Description of mentoring activities showing significant assistance and coaching. Copy of membership card in professional organization and statements or letters showing participation in the organization. (Note: The IARP office will score this so that reviewers only have anonymous materials.)

**CRITERION THREE:**

Applicant demonstrates satisfactory acceptance of the life care plan product by obtaining at least two (2) letters of recommendation from referring sources (i.e., the sources requesting the life care plan) within the past five (5) years.

***(Criterion Three Continued)
Examples of Acceptable Documentation:***

Letters of recommendation from referring sources. Content of letters should be supportive of the skills and expertise of the applicant. (Note: The IARP office will score this so that reviewers only have anonymous materials.)

Documentation for the following criteria must not have any personal identifying information.

**CRITERION FOUR:**

Applicant has completed a minimum of 50 life care plans and a minimum working five (5) years as a life care planner.

***Examples of Acceptable Documentation:***

Listing of completed plans or statement of number of plans will stay in the IARP office.

**CRITERION FIVE:**

Applicant demonstrates systematic, comprehensive data collections (consistent method of collecting data from appropriate, relevant, and authoritative sources).

***Examples of Acceptable Documentation:***

LCP report or file notes indicate data collection from multiple sources, such as medical records, interviews, and consultations. Data collected shows information about medical history, injury, physical status, cognitive status, functional status, emotional/psychological status, financial resources, educational and vocational status. If forms are used for data collection, these forms must be submitted.

**CRITERION SIX:**

Applicant demonstrates analysis of data that reflects whether evaluee needs are being met, comparison to expected norms, and comparison to expected standards of care.

***Examples of Acceptable Documentation:***

LCP report or file notes reflect analysis of whether needs are consistent with available data, comparison of evaluee needs to expected norms and/or standards of care. Citations of standards of care or expected norms for function are included. Citations include authoritative sources such as texts, journals, treatment guidelines, consultation with experts, or other relevant sources.

***CRITERION SEVEN:***

Applicant demonstrates a consistent planning process that includes methods for organizing data, consistent documentation tools, a process of validating inclusion/exclusion of content, and use of expert resources in formulating opinions.

***(Criterion Seven Continued)
Examples of Acceptable Documentation:***

LCP file reflects a system for organizing data in a way that information can be retrieved and is meaningful to other users. Standard tools for client interview, reports, tables or other documents may be submitted. Blank templates may be submitted. File notes show collaboration with others or other evidence for decisions to include or exclude content. A systematic method of cost research is shown. Documentation may include consultation notes, authoritative references, drafts of tables, or other relevant documents showing content development.

**CRITERION EIGHT:**

Applicant demonstrates evaluation of the life care plan for completeness and internal consistency; all information is detailed completely or marked as not applicable; there is properly sourced references with supporting foundation; and there is a method for the recipient of the life care plan to contact the life care planner.

***Examples of Acceptable Documentation:***

Reports and tables are complete; information is provided or marked as not applicable. Contents of tables do not duplicate services, understate, overstate or contradict care. For example, equipment provided by a facility is not indicated as a separate cost unless the facility charges separately for the equipment, tube-feeding supplies are included when the client receives tube feedings, outpatient services are suspended during inpatient care unless the service will still be needed to supplement hospital care, or all diagnostic tests can be correlated to a medical need. The report or tables provide a way to contact the life care planner.

**CRITERION NINE:**

Applicant who acts as an expert witness or consultant in legal matters demonstrates accuracy of record keeping for participation in sworn testimony and can describes his/her activity. (Note: Applicant who does not act as an expert or consultant should state this in writing. Points for this Criterion will be omitted from the possible total for calculating the score.)

***Examples of Acceptable Documentation:***

List of cases where sworn testimony has been given, including case, date and venue. Descriptions of consulting services provided. Copy of deposition or testimony transcript.

**CRITERION TEN:**

Applicant maintains professional knowledge and skills through continuing education.

***Examples of Acceptable Documentation:***

Listing of continuing education programs taken. Copies of certificates of attendance. Topics should be relevant to life care planning.

**CRITERION ELEVEN:**

Applicant provides a 1-paragraph Blinded-Biography summarizing, at a minimum, their credentials, their years of life care planning experience and a brief history of what industry segments in which they have worked. This Blinded-Biography will assist the Blind Reviewers to understand the applicant’s background without knowing the identity of the applicant.

***Examples of a Blinded-Biography:***

This applicant is a registered nurse, a certified-legal nurse consultant, a certified home health nurse, a certified public health nurse, and a certified life care planner. This applicant has been providing life care planning services for ten years. Throughout her nursing career, this applicant has worked in a hospital rehabilitation setting; in a home health setting; and in a skilled nursing facility setting.

****

## **Fellow Program Renewal Process**

## A renewal process has been created to ensure that this prestigious designation is bestowed on life care planners who continue to follow standards of practice and who contribute to the field of life care planning. The following recommendations for a renewal process are intended to reflect consistency with the criteria that are met when achieving the Fellow designation.

## Renewal of the Fellow designation will occur every 5 years. The application for renewal must be received by the end of the same month that the Fellow was awarded.

## Renewal applications will be sent to eligible Fellows by the association office. Submitted applications will be reviewed by association staff. Renewal applications will receive an acceptance letter and new certificate upon approval of the renewal application. If the material submitted does not meet the criteria, or it is unclear whether the renewal applicant meets the criteria, the renewal application will be reviewed by a board member as appointed by the IARP Life Care Planning IALCP Section Board of Directors. The chairperson may request additional information from the renewal applicant, including the option to require blind review of a life care plan submitted by the renewal applicant.

## The Peer Review committee may randomly audit renewal applications, requesting the renewal applicant undergo blind review of one life care plan completed within the 2 prior years. The committee will randomly audit renewal applications that are submitted in each calendar year.

## Renewal applications must be submitted with the application fee of $175. For retirees, the renewal fee is $50 and no documentation is needed other than a letter to IARP indicating the desire to maintain fellow status.

