



Human Immunodeficiency Virus (HIV) Specialty Endorsement

Application

GENERAL INFORMATION

- Certificates of attendance for trainings must be included with the application.
- Application fee of \$100 is non-refundable and may be paid by check/ money order (payable to RICB) or with VISA, MasterCard or Discover. If an employer or organization is covering the cost of your application fee, they must include the applicants name with the payment. Failure to include the applicants name will result in delay in approval of the application.
- The Human Immunodeficiency Virus (HIV) Specialty Endorsement is not a credential but rather a certificate indicating the completion of training requirements. The specialty endorsement can be obtained at any time once the training requirement is met.
- If there are any problems with the application, you will be notified by email. Applications are open for a period of one year after the date of review. If an applicant fails to fulfill all certifications requirements within that year, the application will be closed, and no refund will be issued.

Keep a photocopy of the entire application.

TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

Mail:

RICB
298 S. Progress Avenue
Harrisburg, PA 17109

Email:

info@ricertboard.org

Fax:

717-540-4458

Please allow 5-10 business days for review and processing of your application.

To confirm receipt of your application or check on the status you must email info@ricertboard.org.

REQUIREMENTS FOR THE HIV SPECIALTY ENDORSEMENT

DOMAINS/KNOWLEDGE AREAS

1. Screening, Assessment, Engagement, Referral, & Counseling
 - Diagnostic Testing
 - Linkage to Care
 - Retention in Care
 - Pre- Post-test Counseling
 - Epidemiology of HIV
2. Skills Development
 - Special populations
 - YMSM
 - MSM
 - LGBT
 - Stigma
 - Health Literacy
 - HIV & Mental Health
 - HIV & Substance Use Disorder
 - PEP & PrEP
 - HCV/HIV Coinfection
 - HIV & Aging
 - HIV & Nutrition
3. Education and Service Delivery
 - Integrating HIV Innovative Practices (IHIP):
 - Evidence-informed HIV Interventions:
 - Correctional & Justice System Interventions
 - Integrating Buprenorphine Treatment for Opioid Use Disorder
 - Peer linkage & re-engagement of HIV-positive women of color
 - Transitional care coordination from jail intake to community HIV primary care
 - Enhanced patient navigation for HIV-positive women of color

PREREQUISITE CERTIFICATION/LICENSE: Applicants must hold a certification through RICB or a health care practitioner license. The certification and license must be active and in good standing. To renew the endorsement, the prerequisite certification or license must be renewed.

- Professionals certified with RICB will receive the designation on their certificate. The endorsement will have the same expiration date of their credential.
- Professionals who are licensed by another agency will be required to submit proof of their license and will be issued documentation from RICB indicating their specialty endorsement. The endorsement will have the same expiration date of their license.

EDUCATION: 45 hours of relevant education are required, including:

- 15 hours in Screening, Assessment, Engagement, Referral, & Counseling
- 5 hours in Special Populations
- 5 hours in Health Literacy – to include 1 hour in HIV and mental health and 1 hour in HIV and substance use disorder
- 1 hour in Education and Service Delivery
- The remaining 19 hours can be chosen by the applicant; however, they must be relevant to the HIV Specialty Endorsement Domains and relevant to the applicant’s certification/license

Education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses and RICB approved distance education. Education the applicant provides to others may also be used providing it is verified in writing by sponsoring school or agency.

FEE: \$100 (*fee must accompany application and materials*)

ENDORSEMENT TIME PERIOD

The Human Immunodeficiency Virus (HIV) Specialty Endorsement expiration date will match the expiration date of the qualifying certification or license. Two dates, date of issue and valid through, will appear on the certificate along with a certification number.

RECERTIFICATION

To maintain the high standards of this professional practice and to assure continuing awareness of new knowledge in the field, RICB requires recertification of the HIV Specialty Endorsement.

To recertify the Human Immunodeficiency Virus (HIV) Specialty Endorsement an individual must:

1. Hold a current and valid prerequisite certification or license;
2. Submit the appropriate number of approved education hours for their qualifying credential and include six hours of approved relevant education. If the applicant does not hold a credential through RICB, only the six hours of relevant education is required to be submitted.
3. Complete an application and pay the recertification fee.

LAPSED CERTIFICATION

The completed recertification application should be received at RICB prior to the expiration date. If the application is incomplete, applicant will be notified by email.

There is no grace period. The Human Immunodeficiency Virus (HIV) Specialty Endorsement will lapse if the qualifying certification or license is not renewed by the expiration date. All professionals should review the recertification application well in advance of the expiration date. A Reinstatement Fee is due if the recertification is late between one day and 12 months. After 12 months, no recertification is possible and applicant would have to reapply for the credential, meeting all current requirements.

APPLICATION FOR THE HIV SPECIALTY ENDORSEMENT

Form can be completed and saved. You may then print the appropriate pages to submit to RICB.

Date: _____ Date of Birth: _____

Name: _____ SSN: _____

Please print your name as it should appear on your certificate. Credentials and degrees will not be printed with your name on your certificate.

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

EMPLOYEMENT INFORMATION:

Position/Title: _____ Employer: _____

Employer City: _____ State: _____ Zip: _____

Work Phone: _____ Ext: _____

Have you ever received any disciplinary action from another certification or licensing authority?

If yes, provide full details on a separate sheet. Yes No

What is your highest level of education completed?* High school diploma/GED Associate's degree

Bachelor's degree Master's degree Doctoral degree

**If this has changed since you have originally applied to RICB and you would like your file updated, you must supply official transcripts to RICB.*

Race (check all that apply): American Indian or Alaska Native Black or African American Asian Native

Hawaiian or Other Pacific Islander Latino Hispanic Caucasian

Other: _____

Payment (circle one): Check Money Order VISA MasterCard Discover

Checks & Money Orders made payable to RICB

Number: _____ - _____ - _____ - _____

3-digit code: _____ Exp. Date: _____ Name on Card: _____

Billing address: _____

(If different than Home Address)

Email address for receipt: _____