



# HIV ENDORSEMENT APPLICATION

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Human Immunodeficiency Virus (HIV)  
Specialty Endorsement

298 S. Progress Avenue, Harrisburg, PA 17109  
Phone: 401-349-3822 | Fax: 717-540-4458  
[www.ricertboard.org](http://www.ricertboard.org) | [info@ricertboard.org](mailto:info@ricertboard.org)

## APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to submitting your application, you must have all requirements completed and documented. Use the table below as a guide for gathering your documentation.

**Do not submit any documentation with your application that is not listed on the table or the application unless specifically instructed by a staff member. Do not submit your application until you have completed the application requirements.**

REQUIREMENT	DOCUMENTATION	✓
Application Page with payment	<ul style="list-style-type: none"><li>• Page 5</li></ul>	
Current Job Description	<ul style="list-style-type: none"><li>• Obtain from employer.</li></ul>	
Education	<ul style="list-style-type: none"><li>• Copies of trainings</li></ul>	
Disciplinary Actions?	<ul style="list-style-type: none"><li>• Include letter of explanation with application.</li></ul>	
Convicted of a felony?	<ul style="list-style-type: none"><li>• Include letter of explanation with application.</li></ul>	
Company paying fee?	<ul style="list-style-type: none"><li>• Include applicant name on payment.</li></ul>	
Copy entire application for records		

### TO SUBMIT YOUR APPLICATION, CHOOSE ONE OF THE FOLLOWING:

1. **Mail:** RICB, 298 S. Progress Avenue, Harrisburg, PA 17109
2. **Email:** [info@ricertboard.org](mailto:info@ricertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
3. **Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of your application, email [info@ricertboard.org](mailto:info@ricertboard.org).*

### REVIEW & APPROVAL PROCESS

1. Application submitted to the Board. To confirm receipt of your application, you must email the Board at the above email address.
2. Staff reviews application. Allow 5- 10 business days for review and processing of your application.
3. Applicant will be emailed if there is any documentation missing from the application or there are questions regarding your application. It is imperative that you write your email legibly.
4. If you have not heard from the Board regarding your application, check the Credential Search on the website. If your name does not appear after 10 business days, email [info@ricertboard.org](mailto:info@ricertboard.org).
5. A certificate will be mailed to you automatically within 5-10 business days.

## APPLICATION INFORMATION

### APPEAL PROCESS

The purpose of appeal is to determine if the Board accurately, adequately and fairly reviewed an application that is denied. A letter requesting an appeal must be sent to the Board in writing within 30 days of the notification of the Board's action. An applicant shall be considered notified three days after the relevant date of mailing. The written appeal will be sent to the Executive Committee who in turn will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. The applicant will be notified in writing as to the findings of the Executive Committee.

## ENDORSEMENT TIME PERIOD

Certification encompasses two calendar years beginning on the date the applicant passes the examination. The certificate issued to the professional lists the following information: name of professional, credential name, date of issue, date of expiration and certification number.

## FELONIES & DISCIPLINARY ACTIONS

While felonies and disciplinary actions from other certification/licensing entities may not prohibit certification, documentation is required to be submitted at the time of application. Certification through the Board does not mean a professional should not disclose this information to potential employers and does not in any way exonerate charges.

## RECERTIFICATION

To maintain the high standards of professional practice and to assure continuing awareness of new knowledge in the field, the Board requires recertification every two years. Professionals should review the Recertification Application for credential specific requirements listed on the Board website well in advance of their expiration date.

## OVERVIEW: HIV SPECIALTY ENDORSEMENT

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.

## HIV SPECIALTY ENDORSEMENT REQUIREMENTS

Prior to submitting your application, applicants must have all requirements completed and documented.

### PREREQUISITE

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

Education is defined as formal, structured instruction in the form of workshops, trainings, seminars, in-services, college/university credit courses and online education. If you provide this type of education to other professionals, you may use it towards the education requirement with documentation from the organization or college/university. Most three-credit college/university courses are 45 hours. There is no time limit on the use of education for initial certification.

Education review is available prior to application submission with the use of the Education Review Form on the Board website.

All applicants, regardless of previous submission of education for the Board, will be required to submit documentation of the education requirement as a part of the application.

- **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
  - 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

## 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

## FEES

The application fee may be paid by check, money order or with VISA, MasterCard, Discover or American Express. One-half of the application fee is refundable if application is denied. If an employer or organization is paying the 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.

- **Application Fee:** \$50 (*fee must accompany application and materials*)

# RICB APPLICATION FOR HIV SPECIALITY ENDORSEMENT

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

## TYPE OR PRINT LEGIBLY

Date: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female  Self-identify \_\_\_\_\_

Name: \_\_\_\_\_ SSN: (last four) \_\_\_\_\_  
*Print your name as it should appear on your certificate. Credentials and degrees will not be printed.*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
**PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.**

College/University: \_\_\_\_\_

Name on Transcript: \_\_\_\_\_

Date Transcript Requested: \_\_\_\_\_ Delivery Method: \_\_\_\_\_

**Have you ever received any disciplinary action from another certification/licensing authority?**  Yes  No

*If yes, provide full details on a separate sheet.*

**Have you read and understood the RICB Code of Ethical Conduct?**  Yes  No

*The Code of Ethical Conduct is located at [www.ricertboard.org](http://www.ricertboard.org), and click on Ethics.*

**Military Experience:**  Not Applicable  Active  Veteran

**Ethnicity:**  American Indian or Alaska Native  Asian  Black or African American  Caucasian  Hispanic  Latino  
 Native Hawaiian or Other Pacific Islander  Not specified: \_\_\_\_\_

**Employment plans for the next two years:**  Increase Hours  Decrease Hours  No Change  Seek Advancement  
 Retire  Move to a different career  Unknown

## PAYMENT INFORMATION

**FEE OF \$50 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):**

Check  Money Order  VISA  MasterCard  Discover  American Express

*Checks & Money Orders made payable to RICB*

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sec. Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
*(If different than Home Address)*

Email for receipt *(if paying by credit card only)*: \_\_\_\_\_