



# ENDORSEMENT APPLICATION

---

## Human Immunodeficiency Virus (HIV) Specialty Endorsement

### APPLICATION INSTRUCTIONS – READ CAREFULLY

The Human Immunodeficiency Virus (HIV) Specialty is an endorsement available **only** to those professionals who meet the education requirement. Credentials must be current, valid, and in good standing.

The endorsement can be obtained at any time once the education requirement is met. The expiration date of the endorsement will be the same as the initial, qualifying credential. You must renew the endorsement with your qualifying credential to maintain it.

**Do not apply until all requirements are met.**

### TO SUBMIT AN 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 application, email [info@ricertboard.org](mailto:info@ricertboard.org).*

### REVIEW & APPROVAL PROCESS

1. Application submitted to RICB. To confirm receipt of application, email RICB at the above email address.
2. Staff reviews application. Allow up to 10 business days for review and processing.
3. Applicant will be emailed if there is any documentation missing or there are questions regarding an application. Applications with pending problems will be held open for one year from date of receipt after which they will be closed.
4. A certificate will be mailed to you within 10 business days.

### HIV SPECIALTY ENDORSEMENT REQUIREMENTS

#### PREREQUISITE

---

**REQUIRED:** Applicants must hold a current, valid and in good standing credential through RICB or a health care practitioner certification/license.

---

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.

## 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

## EDUCATION/TRAINING

---

**REQUIRED: 45 total hours** of education/training including:  
15 hours in Screening, Assessment, Engagement, Referral, & Counseling  
5 hours in Special Populations  
5 hours in Health Literacy  
1 hour in Education and Service Delivery  
19 hours relevant to the HIV Specialty Endorsement Domains

---

**Health Literacy hours must include 1 hour in HIV and mental health and 1 hour in HIV and substance use disorders.**

Education is defined as formal, structured instruction: workshops, seminars, in-services, college/university credit courses and online education. There is no limit to the amount of online education that may be submitted.

## ENDORSEMENT FEE

---

**REQUIRED:** \$50 (fee must accompany the endorsement application).

---

The **fee may be paid** by check, money order or with VISA, MasterCard, Discover or American Express.

If an employer or organization is paying the fee, they must include the applicants name with the payment. Fee payment information provided on page 3 of this application. E-receipts will be sent if using a credit card for payment. Receipts for check or money order payments must be requested by applicant to RICB.

**Applications received without payment will not be processed.**

# HIV SPECIALTY ENDORSEMENT: APPLICANT INFORMATION

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

## TYPE OR PRINT LEGIBLY

RICB CREDENTIAL(S): \_\_\_\_\_

OTHER HEALTH CARE PRACTITIONER LICENSE/CERTIFICATION: \_\_\_\_\_

Today's Date (mm/dd/yyyy): \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*Print your name as it should appear on your certificate. Credentials and degrees will not be printed.*

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ SSN (last four): \_\_\_\_\_

## CONTACT INFORMATION

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

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

Cell Phone: \_\_\_\_\_

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

Secondary Email: \_\_\_\_\_

Have you ever received any disciplinary action from another certification or licensing authority since your last application or recertification?  Yes  No *If yes, provide full details on a separate sheet.*

I have included copies of training certificates and/or college transcript for 45 hours of HIV specific education/training with this application.  Yes  No

I have included a copy of my prerequisite certification/license with this application.  Yes  No

## 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*

My employer/organization is mailing payment directly to RICB.

The following organization will be paying for my application: \_\_\_\_\_

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

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

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

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