



# Certified Correctional Health Professional Clinical Provider

SPECIALTY CERTIFICATION FOR CORRECTIONAL PHYSICIANS, NURSE PRACTITIONERS AND PHYSICIAN ASSOCIATES



From the Premier National Certification Program for Professionals in Correctional Health Care

## Professional Advancement

The CCHP-Clinical Provider credential recognizes expertise among physicians, nurse practitioners, and physician associates/assistants practicing in the specialized field of correctional health care. A CCHP-CP has demonstrated understanding of the clinical needs of the incarcerated population and possesses knowledge of the unique challenges, legal context, and policies and procedures specific to clinical providers practicing in a correctional environment. A CCHP-CP has shown a mastery of specialized content developed by experts in the field of correctional health care.

Specialty certification as a clinical provider provides validation of a commitment to maintain the knowledge necessary to augment competent and appropriate clinical care to incarcerated patients. The CCHP-CP program defines the domain of knowledge unique to practicing in a correctional environment, to provide a valid assessment of this knowledge, to encourage continued professional development in the field of correctional health care, and to promote the public's health by encouraging health care quality.

## Eligibility Requirements

Eligibility is extended to all qualified physicians, nurse practitioners, and physician associates. Prior to submitting an application, applicants must have:

- Current CCHP certification
- Unrestricted license (MD, DO, PA, NP) in at least one state of the United States and be in good standing with that licensing board (for Canada and U.S. territories, credentials will be reviewed on a case-by-case basis)
- Practice in a provider role in the correctional environment over the course of at least three years (no minimum requirement of hours)
- 18 hours of correctional health-specific continuing education within the past three years

## Get Started

Elements of the application:

- Copy of professional licensure
- Signed application statement

Application deadlines for in-person exams are listed at [www.ncchc.org/CCHP/calendar](http://www.ncchc.org/CCHP/calendar).

## Registration and Candidacy

Once the application has been approved, applicants will receive acknowledgment of their candidacy to take the CCHP-CP examination. Candidates must register before the registration deadline for the exam they wish to take.

## Preparing for the Examination

The Candidate Handbook and recommended study materials to help prepare for the examination are available on the CCHP-CP web page.

## The Examination

Candidates who meet the basic eligibility and application requirements will take a proctored examination composed of 70 to 100 multiple-choice questions. Candidates are allowed two hours to complete the examination.



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[www.ncchc.org/CCHP-CP](http://www.ncchc.org/CCHP-CP)

# CERTIFIED CORRECTIONAL HEALTH PROFESSIONAL – CLINICAL PROVIDER

A program of the National Commission on Correctional Health Care

Your name should be submitted exactly as you want it to appear on all official correspondence.

Salutation \_\_\_\_\_ Name \_\_\_\_\_ Degree/Credential \_\_\_\_\_

Company/Facility Name \_\_\_\_\_ Job Title \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email Address (required) \_\_\_\_\_

Preferred mailing to:  Business  Home

## Payment Information

The CCHP-CP examination fee is \$330 (\$345 if submitted by mail or fax). Please make check payable to the National Commission on Correctional Health Care. This fee is not refundable.

Please bill my  MasterCard  Visa  American Express

Name as shown on the card (please print) \_\_\_\_\_

Card # \_\_\_\_\_ V-code \_\_\_\_\_ Expiration date \_\_\_\_\_

Billing address (if different from above) \_\_\_\_\_

Signature \_\_\_\_\_

## Verification

I understand that certification depends on successfully completing all specified program requirements, including but not limited to application, investigation and examination.

By signing this application, I verify that (1) the information I have provided in this application is true, accurate and complete; (2) I have read and understand the eligibility requirements for certification; and (3) I meet the eligibility requirements for certification. I authorize NCCHC and/or the CCHP Board of Trustees to make any inquiries and investigations deemed necessary to verify my credentials, professional standing, and character and fitness.

I understand that any false statement or misrepresentation that I may make during the application or examination process may result in my being barred from taking the examination, invalidation of the results of my examination, denial or revocation of certification or other appropriate action, as determined by NCCHC and/or the CCHP Board.

If certification is granted, I further understand that I must maintain eligibility for certification throughout the entire period of certification and that I have a continuing obligation to notify NCCHC and/or the CCHP Board if my eligibility changes at any time before, during or after the application and examination process. Failure to do so may result in denial or revocation of certification or other appropriate action, as determined by NCCHC and/or the CCHP Board.

I hereby indemnify and hold harmless NCCHC and the CCHP Board of Trustees and their respective officers, directors, employees and agents from any or all liability, loss or damage that may result from denial of my application for certification, failure to successfully pass the examination and/or denial or revocation of certification.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Apply online at [www.ncchc.org/CCHP-CP](http://www.ncchc.org/CCHP-CP)**

**Mail: NCCHC, PO Box 6233, Carol Stream, IL 60197-6233**

**Fax: (773) 880-2424**

### About the National Commission on Correctional Health Care

The National Commission on Correctional Health Care is a not-for-profit organization working to improve the quality of care in our nation's jails, prisons and juvenile detention and confinement facilities. In addition to the CCHP program, the Commission establishes standards for health services in correctional facilities, operates a voluntary accreditation program for institutions that meet these standards, produces and disseminates resource publications, publishes position statements and other support materials, conducts educational programs and provides other services. NCCHC is supported by the leading national organizations representing the fields of health, law and corrections.

Visit [www.ncchc.org/CCHP-CP](http://www.ncchc.org/CCHP-CP) for the most up-to-date information including online application, exam dates and locations, ADA compliance, deferment and cancellation policies, continuing certification, FAQs, specialty certifications and much more!