



ATTESTATION OF WORK EXPERIENCE IN A HOSPICE SETTING

(To be completed if applying through the Practice Pathway only)

In order to be considered eligible to take the Hospice Medical Director Certification Board® (HMDCB) examination through the practice pathway, candidates must provide verification of a minimum two (2) years' work experience in a hospice setting during the last five (5) years preceding application, including a minimum of 400 hours of broad hospice-related activities*. This form must be signed by the Senior Hospice Administrator of the hospice in which the candidate was employed or contracted, attesting to its accuracy.

**Hospice-related activities are defined as activities within the hospice setting as outlined the content blueprint (eg, engagement in IDG, patient care, certification process, medication management, participating in performance improvement, and administrative activities).*

HMDCB will audit a percentage of randomly selected applications to ensure compliance with the eligibility requirements. Senior Hospice Administrators may be contacted to verify the above information if the candidate is selected for audit.

Completed by Candidate:

Candidate Name (print): _____

Indicate below the dates employed by a hospice, totaling a minimum of two years within the last five (5) years.

Dates Employed (mm/dd/yyyy): From: _____ To: _____

Average Hours Worked per Month: _____

Completed by Senior Hospice Administrator:

I attest that the above information regarding employment of this candidate in a hospice setting is true.

PRINT Name of Senior Hospice Administrator

Signature of Senior Hospice Administrator

Title

Date

Name of Hospice: _____

Address: _____

City, State/Province _____ ZIP/Postal Code _____

Phone Number of Senior Hospice Administrator: (____) _____

E-Mail of Senior Hospice Administrator: _____

If candidate was employed by more than one hospice, please provide a separate form from each.