

**Chapter Two – Appendix C**

**HICAP VERIFICATION OF CERTIFICATION**

I. The Area Agency on Aging of \_\_\_\_\_ verifies the application of  
\_\_\_\_\_ (*name of applicant*) for:

\_\_\_\_\_ **Benefits Counselor not certified** \_\_\_\_\_ (check, if certification incomplete)

\_\_\_\_\_ **Benefits Counselor I** \_\_\_\_\_ (check, if for re-certification)

\_\_\_\_\_ **Benefits Counselor II** \_\_\_\_\_ (check, if for re-certification)

\_\_\_\_\_ **Long Term Care Planning Certification**

II. The area agency further verifies that the applicant has successfully completed and has adequate documentation, on the following:

\_\_\_\_\_ **Certification pending**

\_\_\_\_\_ **25 hours required training, topics covered**

\_\_\_\_\_ **20 hours counseling, with oversight**

\_\_\_\_\_ **at least a minimum passing score on the self-assessment**

**For Benefits Counselors II:**

\_\_\_\_\_ **5 additional hours administrative appeals training, topics covered**

\_\_\_\_\_ **served as advocate in at least one mock or real administrative appeals hearing**

III. The applicant is seeking re-certification and has completed:

\_\_\_\_\_ **12 additional hours of training on public/private benefits and related legal issues**

IV. The applicant is (check one):

\_\_\_\_\_ **an employee of the area agency**

\_\_\_\_\_ **a volunteer of the area agency or staff of a provider**

**The area agency further verifies that the applicant does not present a conflict of interest with the HICAP program.**

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DIRECTOR, AREA AGENCY ON AGING

DATE

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**Benefits Counseling Certification Program Chapter Two--2011**



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