

## 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

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DATE