



# CERTIFICATION RENEWAL APPLICATION

## CERTIFIED PROFESSIONAL IN HEALTHCARE RISK MANAGEMENT



### **RENEWAL PROVISIONS**

The renewal cycle for the Certified Professional in Healthcare Risk Management (CPHRM) credential is three (3) years, with expiration on the last day of the month in which certification expires. Renewal may be achieved either through participation in eligible continuing professional education or retaking and passing the CPHRM Examination. **Your CPHRM certificate indicates the start and end dates of your certified status. Renewal applications must be submitted 30 days prior to the expiration date.** For an additional fee, certificants may submit a Renewal Application 29 days prior to and up to 30 days past their expiration date.

A certificant who fails to meet the certification renewal requirements is no longer considered certified and must relinquish his/her certificate and certification pin, and cease using the certification credential and merchandise representative of having achieved certification. **Certification may be regained only through re-taking and passing the CPHRM Examination.**

### **RENEWAL APPLICATION DIRECTIONS**

Complete all sections as directed below. Please include your name and date of submission on each page submitted.

- Section 1 Provide all requested information. Only your first, name, middle initial and last name will be printed on your certificate. Titles or designations will not be included.
- Section 2 Identify method of renewal. If renewing by Alternative II, include a copy of your passing score report for a CPHRM exam completed within one year prior to your certification expiration date.
- Section 3 If renewing by Alternative I, complete the Continuing Professional Education Reporting Form.
- Section 4 Sign and date the Professional Standards of Conduct attesting to the truthfulness of what is reported and adherence to Professional Standards of Conduct.
- Section 5 Indicate amount as well as method of payment and remit payment with application. Mail completed application to the following address. Faxed applications will not be accepted. Only completed applications received will be processed.

**AHA Certification Center, CPHRM Certification Renewal, P.O. Box 75315, Chicago, IL 60675-5315**

Application processing requires four (4) to six (6) weeks. Candidates with an incomplete application or ineligible renewal activities will be contacted and provided an opportunity to address the issue. Certificants meeting all renewal requirements will be issued a new certificate of achievement listing the new certification expiration date. The certificate will be mailed to the address in the certificant's member record.

For questions, contact the AHA Certification Center at [certification@aha.org](mailto:certification@aha.org) or 312.422.3711.

### **Section 1. Certificant Information**

**Member ID Number:** \_\_\_\_\_ (Required for current ASHRM or other AHA PMG member.)

**Certification Number:** CPHRM \_\_\_\_\_ **Expiration Date (MM/DD/YYYY):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Name (First, Middle Initial, Last):** \_\_\_\_\_

**Facility/Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Daytime Telephone Number.** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

**Fax Number.** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Section 2. Method of Renewal

Check one of the following boxes to indicate method of renewal.

- Alternative I. Participation in Continuing Professional Education (CPE).** Renewal through this method requires the following:
- Since initial certification or most recent renewal, demonstrate participation in 45 contact hours of CPE in the CPHRM Examination Content Outline categories. Complete Section 3 and submit with CPHRM Renewal Application.
  - Sign and date Section 4 (page 5) of the Renewal Application attesting to the truthfulness of what you report and your adherence to Professional Standards of Conduct.
  - Submit renewal fee(s) with completed Application. (See Section 5).
- Alternative II. Successful Re-examination.** Renewal through this method requires the following:
- Pass the CPHRM Examination within one (1) year prior to certification expiration (subject to usual fees and provisions for testing) and *submit with the Renewal Application evidence of having taken and passed the CPHRM Examination.* A copy of a passing CPHRM score report serves as such evidence.
- NOTE:** The *CPHRM Candidate Handbook and Application* includes instructions on applying for the Examination and may be obtained from [www.aha.org/certification](http://www.aha.org/certification) or by calling Applied Measurement Professionals (AMP), Inc. at 888.519.9901.
- Sign and date Section 4 (page 5) of the Renewal Application attesting to the truthfulness of what you report and your adherence to *Professional Standards of Conduct.*
  - Include payment for late renewal fee if appropriate. (See Section 5).

## Section 3. Reporting Eligible CPE Activities for Alternative I

All required information must be reported in the Continuing Education Reporting Form. Activities eligible for certification renewal requirements must meet the following criteria:

- Relate to the categories identified in the CPHRM Examination **Content Outline** below.
- Be categorized as one of the eligible **types of activities** (see page 3).
- Be at least 30 minutes in duration to qualify for renewal credit and be reported in 30-minute increments. **Contact hours** are used to report activities for renewal of the CPHRM credential. A contact hour is defined as 50 to 60 minutes of educational experience.

For each activity reported, a **Content Code** must be identified (see list below). Tasks related to each category are identified in the *CPHRM Candidate Handbook and Application* (available from [www.aha.org/certification](http://www.aha.org/certification)). When selecting CPE activities, consider using your Examination score report to identify subscore areas where additional study may be beneficial to you.

Content Code	CPHRM Content Outline Category
1	Loss Prevention/Reduction
2	Claims Management
3	Risk Financing
4	Regulatory/Accreditation Compliance
5	Operations
6	Bioethics

The following table provides a description of types of eligible CPE, **Type Codes**, proof of completion and maximum number of contact hours accepted for the three-year renewal period.

Type	Type Code	Description	Proof of Completion	3-Year Maximum
Educational program	1	Participation in lecture, workshop, educational session or case presentation provided by a professional healthcare association/society, healthcare facility or provider of services to a healthcare facility, or an industry-recognized provider of education. Multiple participations in the same course may be reported only once.	Certificate of attendance/ certificate of completion with CPE hours earned	No limit
Academic coursework (In person or online)	2	From an accredited college or university <ul style="list-style-type: none"> <li>▪ One semester credit = 15 contact hours</li> <li>▪ One quarter credit = 10 contact hours</li> </ul>	Grade report or copy of transcript	15 contact hours
Self-study, including audio conference, or online educational program	3	Provided by a professional healthcare association/society, healthcare facility or provider of services to a healthcare facility, or an industry-recognized provider of education. Provider must award contact hours or a similar unit of continuing education. <ul style="list-style-type: none"> <li>▪ Online academic coursework is classified as Type Code 2.</li> </ul>	Certificate of completion with CPE hours earned	No limit
Professional speaking/teaching	4	At an educational program or a meeting of a national, regional, state or local professional association or society. Hours may be reported for the first time only for twice the length of the educational program for the speaker's portion of that presentation.	Copy of program	15 contact hours
Academic teaching	5	In an accredited college or university and this is not your full-time job <ul style="list-style-type: none"> <li>▪ One semester credit = 15 contact hours</li> <li>▪ One quarter credit = 10 contact hours</li> </ul>	Letter from academic institution	15 contact hours
Test item writing	6	For an AHA-CC Examination, 0.5 contact hour is awarded for each accepted test item.	Letter from AHA Certification Center	15 contact hours
Self-Assessment Examination	7	Completion of a Self-Assessment Examination provided through the AHA Certification Center earns five (5) contact hours.	Individual Mastery Report emailed to you from AMP	15 contact hours
Authoring/Publishing	8	Authoring a book chapter or at least two articles published in professional journals or periodicals with documented circulation that exceeds 1,000 readers earns five (5) contact hours. Publications must meet the following criteria: <ul style="list-style-type: none"> <li>▪ Be published within the 3-year certification cycle for which CPE credit is being sought</li> <li>▪ Relate to a cognitive domain(s) and tasks listed in appropriate Examination content outline</li> <li>▪ Bear the author's name, publication's name and date of publication</li> <li>▪ Be published outside of the certificant's facility or place of business</li> </ul>	Copy of the book chapter or articles	15 contact hours
AHA-CC Board of Directors or Committees	9	Participation in scheduled meetings, workshops or working sessions including but not limited to job analysis survey development, review of survey results, test item development, exam key verification or SAE review or development. One (1) contact hour per hour of participation.	Letter from AHA Certification Center	No limit

NAME \_\_\_\_\_

DATE \_\_\_\_\_

CONTINUING PROFESSIONAL EDUCATION REPORTING FORM (ALTERNATIVE I)

To complete this form, please do the following:

1. Clearly print or type all sections of this form. For an activity that covers multiple Content Codes, enter the activity once and list all applicable Content Codes.
2. If additional space is needed, make copies of this form. Include your name on each page.
3. You are **NOT** required to submit documentation for each activity unless you are audited and requested by the AHA Certification Center (AHA-CC) to do so at that time. **Please retain all supporting documentation/proof of completion for one (1) year past the date of submission of this Renewal Application.** The AHA-CC reserves the right to audit a certificant's renewal application during that time. Documented proof of completion requested for an audit will not be returned.

	Title of Course/Presentation	Provider	Date(s) of Activity	Content Code(s)	Type Code	Contact Hours
1.	_____	_____	_____	_____	_____	_____
	_____	_____				
	_____					
2.	_____	_____	_____	_____	_____	_____
	_____	_____				
	_____					
3.	_____	_____	_____	_____	_____	_____
	_____	_____				
	_____					
4.	_____	_____	_____	_____	_____	_____
	_____	_____				
	_____					
5.	_____	_____	_____	_____	_____	_____
	_____	_____				
	_____					
6.	_____	_____	_____	_____	_____	_____
	_____	_____				
	_____					
7.	_____	_____	_____	_____	_____	_____
	_____	_____				
	_____					

**Total Contact Hours**

*Copy form if necessary*

Page \_\_\_\_ of \_\_\_\_

**Section 4. Attesting to the Professional Standards of Conduct****PROFESSIONAL STANDARDS OF CONDUCT**

The AHA Certification Center is responsible to its candidates, certificants, employers, the profession and the public for ensuring the integrity of all processes and products of its Certification Programs. As such, the AHA Certification Center requires adherence to these *Professional Standards of Conduct* by all who have achieved certification through successful completion of its programs.

**Professional Standards of Conduct:** A certificant who is awarded certification by the AHA Certification Center agrees to conduct himself/herself in an ethical and professional manner. This includes demonstrating practice-related behavior that is indicative of professional integrity. By accepting certification, the certificant agrees to:

- Maintain professional competence;
- Demonstrate work behavior that exemplifies ability to perform safely, competently and with good judgment;
- Conduct professional activities with honesty and integrity;
- Avoid discriminating against any individual based on age, gender, race, color, religion, national origin, disability or marital status;
- Avoid conflicts of interest;
- Abide by the laws, rules and regulations of duly authorized agencies regulating the profession; and
- Abide by rules and regulations governing programs conducted by the AHA Certification Center.

Infraction of the *Professional Standards of Conduct* is misconduct for which granting of a certification or renewal of a certification may be delayed or denied, or for which a certification may be revoked by the AHA Certification Center.

**Reporting Violations:** To protect the national credentials and to ensure responsible practice by its certificants, the AHA Certification Center depends upon its candidates and certificants, professionals, employers, regulatory agencies and the public to report incidents that may be in violation of the *Professional Standards of Conduct*. A certificant who has violated these *Standards* should voluntarily surrender his/her certification.

Written reports of infraction of these *Standards* may be sent to: President, AHA Certification Center, 155 N. Wacker Drive, Suite 400, Chicago, IL 60606. Only signed, written communication will be considered.

The AHA Certification Center will become involved only in matters that can be factually determined, and commits to handling any situation as fairly and expeditiously as possible. During its investigation and decision, the AHA Certification Center will protect the confidentiality of those who provide information to every possible extent. The named individual will be afforded every opportunity to respond in a professional and legally defensible manner, in accord with policies established by the AHA Certification Center.

*I attest that I have read and agree to abide by the above stated Professional Standards of Conduct.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Section 5. Payment of Renewal Fees**

Please provide all of the following information and include remittance with the completed application.

**MEMBERSHIP STATUS.** Please check one of the following boxes.

I am a current member of:

- ASHRM
- Other membership group of the AHA (specify): \_\_\_\_\_
- None of the personal Membership Groups of AHA. (For information about membership and member benefits, contact the AHA Member Service Center at 312.422.2765).

**CERTIFICATION RENEWAL FEES**

**Applications submitted 30 days or more prior to certification expiration date:**

- If renewing by **Alternative I**, submit completed Renewal Application and Renewal Fee 30 days prior to your certification expiration date.

For current fees, visit [www.aha.org/certification](http://www.aha.org/certification)

Member Fee \$ \_\_\_\_\_

Non-Member Fee \$ \_\_\_\_\_

- If renewing by **Alternative II**, submit completed Renewal Application and exam score report 30 days prior to your certification expiration date. The Renewal Fee is **not** required.

**Applications submitted 29 days prior and up to 30 days past the certification expiration date:**

- **\$50 late fee** must be submitted with Renewal Applications for the Application to be processed.
- This **additional fee** applies if renewing by **Alternative I or Alternative II**.

Late Renewal Fee \$ 50.00

**TOTAL Payment Submitted** \$ \_\_\_\_\_

**Applications submitted more than 30 days after the expiration date:**

- Such applications are considered delinquent and the designation is no longer valid. Certification may be regained only through re-taking and passing the CPHRM Examination.

**METHOD OF PAYMENT.** Indicate how payment will be submitted by checking one of the following boxes:

**Check/Money Order** Make checks payable to the AHA Certification Center.

**Visa**       **MasterCard**       **American Express**

For credit card payment, provide all information requested below.

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Printed Name (as it appears on card)

\_\_\_\_\_  
Signature of cardholder

**SUBMIT APPLICATION AND PAYMENT.** Mail to the following address. Faxed applications will **NOT** be accepted.

**AHA Certification Center, CPHRM Certification Renewal, P.O. Box 75315, Chicago, IL 60675-5315**

**NOTE:** Name, address, telephone number and email address of certificants will be shared with the professional membership society. Scores are never reported. If you do NOT wish to have your personal information shared, please opt out by contacting the AHA-CC via e-mail at [certification@aha.org](mailto:certification@aha.org) or fax at 312.422.4575.