## **AMERICAN HOSPITAL ASSOCIATION CERTIFICATION CENTER Certified Healthcare Constructor (CHC)**



## SPECIAL PAPER AND PENCIL EXAMINATION APPLICATION

Examination Date: March 16, 2011 • Location: Tampa, FL • Application Deadline: February 21, 2011 On-site applications will not be accepted.

To apply for the CHC Examination complete this application and return it with the examination fee to: Applied Measurement Professionals, Inc., AHA-CC Examination, 18000 W. 105th Street, Olathe, KS 66061-7543, FAX: 913/895-4651

## PERSONAL INFORMATION

| ASHE or other AHA Personal Membership Group Member Number  I am not a member of an AHA Personal Membership Group (a unique identification number will be assigned)  Name (Last, First, Middle Initial, Former Name) (List your name as you wish to be printed on your certificate. Titles and designations will not be printed.)     |                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------|
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                           | Name of Facility/Company                                                          | Title          |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                           | Preferred Mailing Address (Street Address, City, State/Province, Zip/Postal Code, | Country)       |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                           | Daytime Telephone Number Preferred                                                | E-mail Address |
| ELIGIBILITY REQUIREMENTS                                                                                                                                                                                                                                                                                                             | MEMBERSHIP STATUS                                                                                                                                                                                                                                                                                                                         |                                                                                   |                |
| To be eligible for the Certified Healthcare Constructor (CHC) Examination, a candidate must fulfill one of the following requirements for education/work experience.                                                                                                                                                                 | To be eligible for the reduced CHC Examination fee, a candidate must be a current member of ASHE or other AHA Personal Membership Group. (For information on joining the American                                                                                                                                                         |                                                                                   |                |
| Baccalaureate degree plus five (5) years of associated construction experience*, five (5) years of which must have been working on healthcare construction projects; three (3) years of management/supervisory/administrative experience; and work experience on healthcare construction projects within the last three (3) years.   | Society for Healthcare Engineering (ASHE), visit <a href="www.ashe.org">www.ashe.org</a> .) Membership must be obtained before application for examination at the reduced fee can be honored. If you have applied for membership but have not yet received your membership number, enter NEW in the space provided for membership number. |                                                                                   |                |
| Associate degree plus seven (7) years of associated construction experience*, five (5) years of which must have been working on healthcare construction projects; three (3) years of management/ supervisory/administrative experience; and work experience on healthcare construction projects within the last three (3) years.     | Enter your Membership Number:EXAMINATION FEE                                                                                                                                                                                                                                                                                              |                                                                                   |                |
|                                                                                                                                                                                                                                                                                                                                      | Payment may be made by credit card, company check, cashier's check or money order made payable to AMP.                                                                                                                                                                                                                                    |                                                                                   |                |
| High school diploma or equivalent plus ten (10) years of associated construction experience*, five (5) years of which must have been working on healthcare construction projects; three (3) years of management/supervisory/administrative experience; and work experience on healthcare construction projects within the last three | <ul><li>☐ Member of ASHE or other AHA</li><li>Personal Membership Group: \$400</li><li>☐ Nonmember:</li></ul>                                                                                                                                                                                                                             |                                                                                   |                |
| (3) years.                                                                                                                                                                                                                                                                                                                           | If payment is made by credit card, complete the following:                                                                                                                                                                                                                                                                                |                                                                                   |                |
| *Associated construction experience refers to work experience in the following functional areas: construction/project management; estimating; planning; marketing; project superintendent or foreman; architect/engineer                                                                                                             | □ VISA □ MasterCard □ American Express □ Discover                                                                                                                                                                                                                                                                                         |                                                                                   |                |
| design; or design and construction position within a healthcare organization.                                                                                                                                                                                                                                                        | Credit Card Number                                                                                                                                                                                                                                                                                                                        |                                                                                   |                |
| APPLICATION STATUS                                                                                                                                                                                                                                                                                                                   | Expiration Date                                                                                                                                                                                                                                                                                                                           |                                                                                   |                |
| <ul><li>☐ I am applying as a new candidate.</li><li>☐ I am applying as a reapplicant.</li></ul>                                                                                                                                                                                                                                      | Your Name as it Appears on the Card                                                                                                                                                                                                                                                                                                       |                                                                                   |                |
| ☐ I am applying for renewal of certification.                                                                                                                                                                                                                                                                                        | Signature                                                                                                                                                                                                                                                                                                                                 |                                                                                   |                |

Signature

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Rev. 1/11/2011

| SPECIAL ACCOMMODATIONS  Do you require special disability-related accommodations during  If yes, please complete the Request for Special Examination Acco submit it with an application and fee at least 45 days prior to the                                                                                                                                                                                                                                                                                                    | mmodations form included in the CHC Candidate Handbook and                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DEMOGRAPHIC INFORMATION</b> The following demographic information is requested.                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ol> <li>How many years have you worked in the construction industry?</li> <li>0-5 years</li> <li>6-10 years</li> <li>11-15 years</li> <li>16-20 years</li> <li>21-25 years</li> <li>26-30 years</li> <li>More than 30 years</li> <li>How many years have you worked in the healthcare construction industry?</li> <li>0-5 years</li> <li>6-10 years</li> <li>11-15 years</li> <li>16-20 years</li> <li>21-25 years</li> <li>26-30 years</li> <li>26-30 years</li> <li>More than 30 years</li> <li>More than 30 years</li> </ol> | <ul> <li>3. What is the highest academic level you have attained?  <ul> <li>High school diploma or equivalent</li> <li>Technical degree</li> <li>Some college</li> <li>Associate degree</li> <li>Baccalaureate degree</li> <li>Master's degree</li> </ul> </li> <li>4. Have you attended ASHE's Healthcare Construction Certificate (HCC) workshop?  <ul> <li>Yes</li> <li>No</li> </ul> </li> </ul> |
| the information I have submitted in this application is complete and c                                                                                                                                                                                                                                                                                                                                                                                                                                                           | book and agree to abide by regulations contained therein. I certify that correct to the best of my knowledge and belief. I understand that, if the te, my application may be rejected or my examination results may be                                                                                                                                                                               |
| Name (please print):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                      |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date:                                                                                                                                                                                                                                                                                                                                                                                                |

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Name, address, telephone number and e-mail address of candidates who pass the Examination 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 in writing at <a href="mailto:certification@aha.org">certification@aha.org</a> or fax to 312/422-4575.