



AMERICAN HOSPITAL ASSOCIATION CERTIFICATION CENTER
Certified Healthcare Facility Manager (CHFM)

SPECIAL PAPER AND PENCIL EXAMINATION APPLICATION

Examination Date: July 18, 2012 • Location: San Antonio, TX • Application Deadline: June 20, 2012
Applications must be received no later than June 20. On-site applications will not be accepted.

To apply for the CHFM 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
888/519-9901 • 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) (List your name as you wish to be printed on your certificate. Title and designations will not be printed.)

Former name if exam was taken previously under a different name.

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

To be eligible for the Certified Healthcare Facility Manager (CHFM) Examination, a candidate must fulfill one of the following requirements for education / work experience.

- Baccalaureate degree plus three (3) years of associated engineering experience\*...
Associate degree plus five (5) years of associated engineering experience\*...
High school diploma or equivalent plus seven (7) years of associated engineering experience\*...

\*Associated engineering experience refers to work experience in the following functional areas: facility management; operations and maintenance; clinical engineering; safety and security; planning, design and construction; or environmental management.

APPLICATION STATUS

- I am applying as a new candidate.
I am applying as a reapplicant.
I am applying for renewal of certification.

MEMBERSHIP STATUS

To be eligible for the reduced CHFM Examination fee, a candidate must be a current member of ASHE or other AHA Personal Membership Group. (For information on joining the American Society for Healthcare Engineering (ASHE), visit www.ashe.org.) 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.

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.

- Member of ASHE or other AHA Personal Membership Group: . . . \$275
Nonmember: . . . . . \$425

If payment is made by credit card, complete the following:

- VISA MasterCard American Express Discover

Credit Card Number

Expiration Date

Your Name as it Appears on the Card

Signature

## SPECIAL ACCOMMODATIONS

Do you require special disability related accommodations during testing?  No  Yes

If yes, please complete the *Request for Special Examination Accommodations* form included in the CHFM Candidate Handbook and submit it with an application and fee at least 45 days prior to the desired testing date.

## DEMOGRAPHIC INFORMATION

The following demographic information is requested.

1. How many years of experience do you have in facility management; operations and maintenance; clinical engineering; safety and security; planning, design and construction; or environmental management?
  - 1 3-5 years
  - 2 6-10 years
  - 3 11-15 years
  - 4 16-20 years
  - 5 21-25 years
  - 6 26-30 years
  - 7 More than 30 years
2. How many years have you worked in healthcare facility management?
  - 1 0-5 years
  - 2 6-10 years
  - 3 11-15 years
  - 4 16-20 years
  - 5 21-25 years
  - 6 26-30 years
  - 7 More than 30 years
3. How many years of experience do you have in management/ supervision/ administration?
  - 1 3-5 years
  - 2 6-10 years
  - 3 11-15 years
  - 4 16-20 years
  - 5 21-25 years
  - 6 26-30 years
  - 7 More than 30 years
4. What is the square footage of the facility / facilities you manage?
  - 1 Less than 100,000 square feet
  - 2 100,001 – 500,000 square feet
  - 3 500,001 – 1,000,000 square feet
  - 4 1,000,001 – 3,000,000 square feet
  - 5 3,000,001 – 5,000,000 square feet
  - 6 More than 5,000,000 square feet
5. What is the highest academic level you have attained?
  - 1 High school diploma or equivalent
  - 2 Some College
  - 3 Associate degree
  - 4 Baccalaureate degree
  - 5 Master's degree
  - 6 Doctoral degree
6. What is your level of responsibility?
  - 1 Vice President/Director (responsible for multiple departments)
  - 2 Director/Manager (responsible for a single department)
  - 3 Manager/Supervisor/Coordinator (responsible for areas within a department)
  - 4 Other: \_\_\_\_\_  
\_\_\_\_\_

## SIGNATURE

I certify that I have read all portions of the CHFM Candidate Handbook and agree to abide by regulations contained therein. I certify that the information I have submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed or voided.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Name, address, telephone number and email address of candidates who pass the Examination will be shared with ASHE. Scores are never reported. If you do NOT wish to have your personal information shared, please opt out by contacting the AHA-CC in writing via e-mail at [certification@aha.org](mailto:certification@aha.org) or fax to 312/422-4575.