



AMERICAN HOSPITAL ASSOCIATION CERTIFICATION CENTER Certified Healthcare Constructor (CHC)

SPECIAL PAPER AND PENCIL EXAMINATION APPLICATION

Examination Date: March 15, 2017 • Location: Orlando, FL • Application Deadline: February 15, 2017
Applications must be received no later than February 15, 2017. On-site applications will not be accepted.

To apply for the CHC Examination complete this application and return it with the examination fee to:
PSI/AMP, AHA-CC Examination, 18000 W. 105th St., Olathe, KS 66061-7543
888-519-9901 • FAX: 913-895-4651

PERSONAL INFORMATION

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/Organization Title

Preferred Mailing Address (Street Address, City, State/Province, Zip/Postal Code, Country)

Preferred Telephone Number Preferred Email Address

ELIGIBILITY REQUIREMENTS

To be eligible for the CHC Examination, a candidate must fulfill one of the following education and work experience requirements. By checking a box below, a candidate certifies to the AHA-CC that he or she satisfies the eligibility requirements. *Check the one that applies.*

- Baccalaureate degree or higher from and accredited college or university 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.
- Associate degree from and accredited college or university 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.
- 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 health-care construction projects within the last three (3) years.

**Associated construction experience refers to work experience in the following functional areas: Construction/project management, estimating, planning, marketing, project superintendent or foreman, architect/engineer design, or design and construction position within a healthcare organization.*

APPLICATION STATUS

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

MEMBERSHIP STATUS

If you are a current member of ASHE or other AHA Personal Membership Group (PMG), you are eligible for the reduced CHC Examination fee. Please provide your 10-digit membership number below.

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" below.

Enter your Membership Number: _____

EXAMINATION FEE

Payment may be made by credit card, company check, cashier's check or money order made payable to PSI/AMP.

- Member of ASHE or other AHA Personal Membership Group: . . . \$400
- Nonmember: \$570
- Rescheduling Fee: \$100

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 two-page *Request for Special Examination Accommodations* form included in the CHC 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 have you worked in the construction industry?
 - 0-5 years
 - 6-10 years
 - 11-15 years
 - 16-20 years
 - 21-25 years
 - 26-30 years
 - More than 30 years
2. How many years have you worked in the healthcare construction industry?
 - 0-5 years
 - 6-10 years
 - 11-15 years
 - 16-20 years
 - 21-25 years
 - 26-30 years
 - More than 30 years
3. What is the highest academic level you have attained?
 - High school diploma or equivalent
 - Technical degree
 - Some college
 - Associate degree
 - Baccalaureate degree
 - Master's degree
4. Have you attended ASHE's Healthcare Construction Certificate (HCC) workshop?
 - Yes
 - No

SIGNATURE

I certify that I have read all portions of the CHC Candidate Handbook and agree to abide by regulations contained therein. I certify that I am eligible to take this CHC Examination and 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 CHC 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 CHC 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 email at certification@aha.org or fax to 312-422-4575.