



RENEWAL APPLICATION CERTIFIED HEALTHCARE FACILITY MANAGER



ID: _____

(Enter your current ASHE member number. If not a member, leave ID blank.)

Certification Number: CHFM _____ Expiration Date (MM/DD/YYYY): ____ / ____ / _____

Name (First, Middle Initial, Last): _____

Facility / Company: _____

Address: _____

Daytime Telephone Number: (_____) _____ - _____ Email: _____

Fax Number: (_____) _____ - _____

Renewal Provisions: The renewal cycle for the Certified Healthcare Facility Manager (CHFM) credential is three years, with expiration on the last day of the month in which certification expires. Renewal may be achieved either through participation in acceptable continuing professional education (Alternative I) or through retaking and passing the CHFM Examination (Alternative II). **Your CHFM certificate indicates the beginning and ending dates of your certified status.**

A certificant who fails to renew certification 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. A certificant who fails to renew before expiration may regain certification only through re-examination.

Alternative I – Participation in Continuing Professional Education: To renew through continuing professional education, a certificant must:

- Demonstrate participation in 45 contact hours of continuing professional education in categories identified in the CHFM Examination Content Outline since initial certification or most recent renewal (subject to provisions on Page 2);
- Attest to adherence to *Professional Standards of Conduct* (provided on Pages 5-6); and
- Pay the renewal fee.

Alternative II – Successful Re-examination: To renew through re-examination, a certificant must:

- Pass the CHFM Examination within one year prior to expiration of certification (subject to usual fees and provisions for testing); and
- Attest to adherence to *Professional Standards of Conduct* (provided on Pages 5-6).

ALTERNATIVE I – CONTINUING PROFESSIONAL EDUCATION

To be accepted for renewal of the CHFM, continuing professional education must relate to the categories identified in the CHFM Examination Content Outline. A list of these categories with Content Codes follows. A Content Code must be identified for each activity reported. Tasks that relate to each category are identified in the *CHFM Candidate Handbook and Application* (available from www.aha.org/certification).

| Content Code | Content Category |
|--------------|------------------------------------|
| 1 | Compliance |
| 2 | Planning, Design, and Construction |
| 3 | Maintenance and Operations |
| 4 | Finance |
| 5 | Administration |

When selecting continuing professional education activities, you are encouraged to refer to your Examination score report to identify subscore areas where additional study may be beneficial.

Contact hours are used for renewal of the CHFM credential. A contact hour is defined as 50-60 minutes of educational experience. **Activities must be of at least 30 minutes' duration to qualify for renewal credit, and all activities must be reported in 30-minute increments.**

The following table provides acceptable types of continuing education, Type Codes, documentation required for each activity, and maximum number of contact hours accepted per type over the three-year period. A Type Code must be identified for each activity reported.

| Type | Type Code | Description | Documentation | 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 counted 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"> ▪ One semester credit = 15 contact hours ▪ One quarter credit = 10 contact hours | 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. The provider must award contact hours or a similar measure of continuing education. <ul style="list-style-type: none"> ▪ Online academic coursework is considered Type Code 2. | Certificate of completion with CPE hours earned | No limit |

| Type | Type Code | Description | Documentation | 3-Year Maximum |
|--------------------------------|-----------|--|--|------------------|
| Professional speaking/teaching | 4 | At an educational program or a meeting of a national, regional, state or local professional association/society. Credit may be declared for twice the length of the educational program or speech. | Copy of program | 15 contact hours |
| Academic teaching | 5 | In an accredited college or university <ul style="list-style-type: none"> ▪ One semester credit = 15 contact hours ▪ One quarter credit = 10 contact hours | Letter from academic institution | 15 contact hours |
| Test item writing | 6 | For an AHA Examination. 0.5 contact hours are awarded for each accepted test item. | Letter from AHA Certification Ctr. | 15 contact hours |
| Self-Assessment Examination | 7 | Completion of the Self-Assessment Examination provided by the AHA Certification Center earns 5 contact hours | Individual Mastery Report emailed 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 5 contact hours. Publications must: <ul style="list-style-type: none"> ▪ Have been published within the three-year certification cycle for which continuing professional education credit is being sought; ▪ Relate to a cognitive domain or domains and concomitant tasks included in the appropriate Examination content outline; ▪ Bear the author's name, the publication's name and the date of publication; and ▪ Have been published outside of the certificant's facility or place of business. | Copy of the book chapter or articles | 15 contact hours |

ALTERNATIVE II – RE-EXAMINATION

To renew the CHFМ through successful re-examination, you must submit evidence of having taken and passed the CHFМ Examination within one year prior to expiration of the certification. A copy of the *CHFМ Candidate Handbook and Application*, which includes instructions on how to apply for the Examination, may be obtained from www.aha.org/certification or by calling Applied Measurement Professionals, Inc. at 913.895.4600.

A copy of the CHFМ score report serves as documentation of successful re-examination. No additional renewal fee is required. If you elect this alternative, please check below.

- I am seeking renewal through successful re-examination. A copy of my passing CHFМ score report is attached.

You must also sign and date Page 6 attesting to the truthfulness of what you report and your adherence to *Professional Standards of Conduct*.

CONTINUING PROFESSIONAL EDUCATION REPORTING FORM (ALTERNATIVE I)

To renew your CHFM credential through continuing professional education, you must:

- Clearly print or type all sections of this form. See Pages 2-3 for Content Codes, Type Codes, acceptable types of continuing professional education and discussion of contact hours. For an activity that covers multiple Content Codes, enter the activity once with all applicable Content Codes. (For example, 1-5.)
- Attach a copy of the documentation of your participation in each activity listed. In the upper right corner of each document, enter the number corresponding to the activity listed below. Documentation will not be returned.
- Pay the renewal fee.
- Sign and date Page 6 attesting to the truthfulness of what you report and your adherence to *Professional Standards of Conduct*.

If additional space is needed, this form may be copied.

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

Total Contact Hours

PAYMENT (ALTERNATIVE I)

Please complete the following information. Visit www.aha.org/certification for current fees.

I am a current member of: ASHE
 Other AHA PMG (specify): _____

Amount being paid: Member Fee \$ _____
 Non-Member Fee \$ _____

Indicate the method of payment. Make checks payable to the AHA Certification Center. If payment is by credit card, enter all information requested.

Check/Money Order Visa MasterCard American Express

| | |
|--------------------------------------|-----------------|
| _____ | _____ |
| Card Number | Expiration Date |
| _____ | _____ |
| Printed Name (as it appears on card) | Signature |

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 these *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 these *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, One North Franklin, 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.

Signature: *I attest to the truthfulness of information provided for renewal of my CHFM credential and my adherence to the Professional Standards of Conduct.*

Signature

Date

SUBMITTING THE CHFM RENEWAL APPLICATION

To submit your CHFM renewal application:

- Complete the application, signing and dating Page 6;
- Attach copies of required documentation, with documents numbered to correspond with the list of activities;
- Enclose the renewal fee, if applicable; (**Make checks payable to the AHA Certification Center.**) and
- **Mail to: AHA Certification Center
CHFM Renewal
P.O. Box 75315
Chicago, IL 60675-5315.**

Only completed applications sent to the above lock box can be processed. A completed application must be received by the AHA-CC at least 30 days before the expiration date to ensure continued certified status.

Questions? Contact Kim Williams, AHA Certification Center at kwilliams@aha.org or 312.422.3711.

Remember: A certification that expires may be reinstated only through retaking and passing the CHFM Examination.