

CHFM Certification Renewal Application

(EFFECTIVE MARCH 1, 2017 – PAYMENT PROCESSING CHANGE FOR CANDIDATES DUE TO RENEW)



Section 1. CHFM Certificant Information

CHFM Certificate Number _____ Certification Expiration Date (MM/DD/YYYY) ___ / ___ / _____

Name: _____ Email: _____

Title: _____ Organization: _____

Mailing Address: _____ Business Home

City _____ State _____ Zip Code _____

Primary Phone: (_____) _____ - _____ Business Home Cell

Check here if you would like the above contact information updated and listed as your primary information in your record.

Section 2. Method of CHFM Certification Renewal

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

- Alternative I** (Participation in eligible CPE activities) **Alternative II** (Successful CHFM re-examination)

Section 3. Reporting Eligible Activity for CHFM Certification Renewal

- For renewal by **Alternative I**, complete Page 2.
- For renewal by **Alternative II**, attach AMP-issued CHFM Examination score report showing your passing score.

Section 4. Professional Standards of Conduct

I certify that I agree to abide by the *Professional Standards of Conduct* as presented on Page 4 of this Renewal Application Instructions found on the AHA-CC website of www.AHACertificationCenter.org. Furthermore, I certify that I agree to abide by regulations for CHFM certification renewal requirement contained therein. 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 processing of it delayed or voided.

Signature: _____ Date _____

Section 5. CHFM Certification Renewal Fee Payment

Membership Status (check one) I am a current member of: ASHE Other PMG None of the PMGs

Member Number _____

Certification Renewal Application Nonrefundable Processing Fees

Applications submitted up to one (1) year **prior** to certification expiration date:

- Member Fee \$135.00 Non-Member Fee \$225.00

Applications postmarked/faxed up to 30 days **past** the expiration date incur the late renewal fee:

- Late Renewal Fee \$50.00 (Late fee applies if renewing by Alternative I or Alternative II.)

\$ _____ **TOTAL Payment Submitted**

Payment Method (check one) Payment is processed before the application is processed.

- Check/Money Order (payable to the AHA Certification Center) Allow 7-10 days for payment processing.
 Credit Card Payment. (check one) Visa MasterCard American Express

Credit Card Number

Expiration Date

Name (as it appears on card)

Signature (Required for processing Credit Card Orders)

CHFM Certification Renewal Application

Name: _____

	Education Program Title	Education Provider	Date(s) of Education (MM/DD/YY)	Content Code(s)	Type Code	Contact Hours
1.	_____	_____	_____	_____	_____	_____
	_____	_____				

2.	_____	_____	_____	_____	_____	_____
	_____	_____				

3.	_____	_____	_____	_____	_____	_____
	_____	_____				

4.	_____	_____	_____	_____	_____	_____
	_____	_____				

5.	_____	_____	_____	_____	_____	_____
	_____	_____				

6.	_____	_____	_____	_____	_____	_____
	_____	_____				

7.	_____	_____	_____	_____	_____	_____
	_____	_____				

8.	_____	_____	_____	_____	_____	_____
	_____	_____				

9.	_____	_____	_____	_____	_____	_____
	_____	_____				

		Total Contact Hours				

Make copies of this form as needed

Page ____ of ____

Submit completed CHFM Certification Renewal Application and payment:

Mail: AHA Certification Center, CHFM Certification Renewal, P.O. Box 75315, Chicago, IL 60675-5315

Fax: 312.422.3609 (secure fax line; for application with credit card payment only)

Notes: Emailed applications will not be accepted.

Total processing time is generally about two (2) weeks from receipt of application.