



## INSTRUCTIONS FOR RENEWING YOUR CERTIFIED HEALTHCARE FACILITY MANAGER CERTIFICATION



The renewal cycle for the Certified Healthcare Facility Manager (CHFM) credential is three (3) years, with expiration on the last day of the month in which certification expires. Renewal may be achieved by completing eligible continuing education activities or retaking and passing the CHFM Examination. The issued CHFM certificate indicates the date certification was earned and expires. **While the American Hospital Association Certification Center (AHA-CC) sends reminders about pending certification renewal, the certificant is fully responsible for keeping current the certification. The AHA-CC is not responsible for missed communications due to the certificant's negligence to keep current the contact information in their record.**

**Renewal Applications may be submitted to the AHA-CC up to one (1) year prior to the expiration date.** For an additional nonrefundable fee of \$50.00, certificants may submit a Renewal Application **up to 30 days** past their expiration date.

Applications postmarked/faxed **more than 30 days** past the expiration date will not be accepted. *Certification may be regained only by re-taking and passing the CHFM Examination*

A certificant who fails to meet the provisions is no longer considered certified and must cease using the certification credential and merchandise representative of having achieved certification. *Certification may be regained only through re-taking and passing the CHFM Examination.*

### A. Certificant Information

- Provide all requested information. Only your first name and last name will be printed on your certificate. Titles or designations will not be included.
- The AHA-CC uses the contact information in the certificant's customer record to send communications to certificants. Certificants are responsible for keeping current contact information in their record.

### B. Method of Certification Renewal

*Identify method of renewal. A certificant can renew their certification by one of the following methods:*

#### **Alternative I. Participation in eligible continuing education activities.**

Renewal by this method requires the certificant to complete at least 45 contact hours of eligible continuing education within three (3) years prior to the current certification expiration date. When planning CPE activities, certificants may want to use the Examination score report to identify areas of study that may be beneficial.

- All completed education activities must be reported fully on page two of the Renewal Application.
- Certification renewal processing fees apply. (See Section 5 of the Renewal Application)

#### **Alternative II. Successful CHFM Re-examination.**

Renewal by this method requires taking and passing the CHFM Examination no more than one (1) year prior to certification expiration date. CHFM Examinations taken more than one (1) year prior to the expiration date will not be eligible toward the renewal requirements.

- All CHFM Examination fees and provisions for testing apply, i. e., register and schedule the CHFM Examination through PSI at [www.GOAMP.com](http://www.GOAMP.com). Information about CHFM Examination registration and administration is available in the CHFM Candidate Handbook (available at [www.AHACertificationCenter.org](http://www.AHACertificationCenter.org) or by calling PSI at 888.519.9901). **Do NOT use this application to apply for the CHFM Examination. Register for the Examination with PSI.**
- **Do NOT submit the Renewal Application until you complete the CHFM Examination.** A copy of your CHFM Examination score report showing a passing score **must** be attached to the completed application. Successful completion of the exam and failure to submit the score report with a completed CHFM Certification Renewal Application shall be considered failure to meet the certification renewal requirements.
- Certification Renewal Application processing fee **does not apply** when renewing by re-examination. Late fee applies if the application is postmarked/faxed up to 30 days past the certification expiration date.



## C. Reporting Eligible Activity for CHFM Certification Renewal

The AHA-CC does not review, pre-approve, or endorse education programs as being eligible toward CHFM certification renewal requirements. Reported activities are reviewed only when the completed Certification Renewal Application is submitted in fulfillment of the CHFM certification renewal requirements.

1. Activities eligible for certification renewal requirements must meet the following criteria:

- Relate to one or more of the categories of the **CHFM Examination Content Outline** below. Specific tasks related to each category are listed in the CHFM Candidate Handbook and Application. For an activity that covers multiple Content Codes, enter the activity once and list all applicable Content Codes. It is not necessary to list sessions of a single education program separately.

Content Code	CHFM Content Outline Category
1	Compliance
2	Planning, Design, and Construction
3	Maintenance & Operations
4	Finance
5	Administration

- Be categorized as one of the eligible **Education Types** of activities as listed on the next page.
  - Be **at least 30 minutes in duration** and be reported in a minimum of 0.5 contact hour increments.
  - **Not exceed the maximum number of hours allowed for a type of activity.** Hours reported in excess of the maximum allowed for a given education type will not be eligible toward the certification renewal requirements, as listed on the next page.
  - **Be completed during the current certification renewal period.**
2. A minimum of 45 contact hours of eligible activities must be fully reported on the Continuing Professional Education Reporting Form. (See Page 6.) If additional space is needed, make copies of the form. Include your name on each page.
- Education Program Title. List the name of the education event, e.g., conference, workshop, webinar, etc. Individual education sessions/presentations at an event/conference do not need to be listed. List the full title of the education event only.
  - Education Provider. List who sponsored the event. If it is a provider other than the AHA or an AHA Personal Membership Group (PMG), please list the full name of that provider. Do not use acronyms.
  - Date of Education. List the start and the end date of the program, including month, date, and year.
  - Content Code. (See table above) Use the code in the table above to identify how the content covered in the education links to the content domains covered on the exam, i.e., the CHFM Examination Content Outline. If a session/event covered multiple content areas, list all that were covered.
  - Type code. Is the type of eligible education activity as defined in the table on the following page.
  - Contact hours. Report in a minimum of 0.5 contact hour increments. Round up/down as appropriate.
    - One (1) contact hour is one (1) clock hour (60 minutes) of structured education less meals, networking activities, etc.

You are **NOT** required to submit proof of completion documentation for each activity unless your application is audited and you are requested by the AHA-CC to do so at that time. **Please retain all supporting documentation/proof of completion for one (1) year past the date of submission of this Certification Renewal Application.** The AHA-CC reserves the right, but is not obligated, to audit a certificant's Renewal Application during that time. Documented proof of completion, content covered, etc., that is requested for an audit will not be returned.



# CHFM Certification Renewal Application

Education Type	Type Code	Education Description	Proof of Completion	3-Year Maximum
Educational program	1	Participation in lecture, workshop, educational session, or case presentation provided by a professional healthcare association, healthcare facility or provider of services to a healthcare facility, or a preferred provider of education. Participation in the same course more than once may be reported only once.	Certificate of attendance/ certificate of completion with contact hours earned	No limit
Academic coursework	2	From an accredited college or university <ul style="list-style-type: none"> <li>▪ One (1) semester credit = 15 contact hours</li> <li>▪ One (1) quarter credit = 10 contact hours</li> </ul> Includes in-person and online.	Grade report or copy of transcript	15 contact hours
Self-study program	3	Program provided by a professional healthcare association, healthcare facility or provider of services to a healthcare facility, or an industry-recognized provider of education. Provider must award contact hours or a similar unit of continuing education. Includes audio conferences and online education.	Certificate of completion with contact hours earned	No limit
Professional presentation	4	Speaking at an educational program or a meeting of a national, regional, state, or local professional association or society. Hours may be reported for the first time only of a presentation, for twice the length of the educational program, for the speaker's portion of that presentation.	Copy of program	15 contact hours
Academic teaching	5	Teaching at an accredited college or university (permitted only if this is not your full-time job) <ul style="list-style-type: none"> <li>▪ One semester credit = 15 contact hours</li> <li>▪ One quarter credit = 10 contact hours</li> </ul>	Letter from academic institution	15 contact hours
Test item writing	6	Writing test items for an AHA-CC Examination 0.5 contact hours is awarded for each accepted test item.	Letter from the AHA-CC	15 contact hours
Self-Assessment Examination	7	Completion of a Self-Assessment Examination (SAE) available through the AHA-CC earns five (5) contact hours.	Individual Mastery Report provided by PSI	10 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 five (5) contact hours. Publications must meet the following criteria: <ul style="list-style-type: none"> <li>▪ Be published within the three (3)-year certification cycle for which the professional education credit is being sought</li> <li>▪ Relate to one or more content domain/task listed in the corresponding Examination content outline</li> <li>▪ Bear the author's name, publication's name, and date of publication</li> <li>▪ Be published outside of the certificant's facility or place of business.</li> </ul>	Copy of the book chapter or articles	15 contact hours
AHA-CC Board of Directors or AHA-CC Committees	9	Participation in AHA-CC scheduled meetings or working sessions including but not limited to job analysis survey development and results review, test item development, exam key verification, or SAE review or development. One (1) contact hour per hour of participation.	Letter from the AHA-CC	No limit

## D. Professional Standards of Conduct

The AHA-CC 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-CC requires adherence to these Professional Standards of Conduct by all who have achieved certification through successful completion of its programs. Certificants are required to sign this section and indicate that they agree to abide by the following Professional Standards of Conduct.

**Professional Standards of Conduct:** A certificant who is awarded certification by the AHA-CC 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-CC.
- Not misrepresent the credential and to adhere to the Guidelines for use of the Certification Marks as posted on the AHA-CC website.

Infraction of the *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-CC.

**Reporting Violations:** To protect the national credentials and to ensure responsible practice by its certificants, the AHA-CC depends upon its candidates and certificants, professionals, employers, regulatory agencies, and the public to report incidents that may be in violation of the *Professional Standards of Conduct*. A certificant who has violated these *Standards* should voluntarily surrender his/her certification.

Written notification regarding infractions of these *Standards* may be sent to: AHA Certification Center, 155 N. Wacker Drive, Suite 400, Chicago, IL 60606. Only signed, written communication will be considered.

The AHA-CC 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-CC will protect the confidentiality of those who provide information to every possible extent. The named individual will be afforded a reasonable opportunity to respond in a professional and legally defensible manner, in accordance with policies established by the AHA-CC.

## E. CHFM Certification Renewal Fee Payment

Members of ASHE or other PMG are entitled to the member discount rate. To learn more about ASHE membership and the benefits, contact the AHA Member Services Center at 312.422.2765.

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

<b>Member Fee</b>	\$135.00	<b>Non-Member Fee</b>	\$225.00
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*Applications postmarked/faxed up to 30 days past the expiration date incur the late renewal fee:*

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

- Indicate amount and method of payment. The application will not be processed by the AHA-CC until payment is processed. For payment by check, allow two (2) to three (3) weeks for payment processing. Certification renewal fees are nonrefundable.
- Submit completed application and payment to the AHA-CC, not ASHE.

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

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

***Emailed applications will not be accepted.***

**Application processing time** is generally about two (2) weeks from receipt of application. Certificants submitting incomplete applications or with ineligible renewal activities will be contacted and provided an opportunity to resolve the issue. Certificants meeting all renewal requirements will be issued a new certificate of achievement listing the new certification expiration date. The certificate will be mailed to the address in the certificant's member record.

**For questions about ...**

- Certification renewal process, contact the AHA-CC at [certification@aha.org](mailto:certification@aha.org), 312.422.3702.
- Certificate for education programs completed through ASHE, contact ASHE at [ashe@aha.org](mailto:ashe@aha.org).

# CHFM Certification Renewal Application

## Method: Continuing Education



### STEP 1: Complete certificant information

Customer ID # \_\_\_\_\_

CHFM Certificate Number \_\_\_\_\_ Certification Expiration Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Current Mailing Address\*: \_\_\_\_\_  Business  Home

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Business  Home  Cell

\* Your record will be updated and your certificate will be mailed to the address above.

### STEP 2: Acknowledge agreement to 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](http://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: \_\_\_\_\_

### STEP 3: Include payment information

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

#### **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

\$ \_\_\_\_\_ **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 2-3 weeks for payment processing.

Credit Card Payment. (check one)  Visa  MasterCard  American Express

(See STEP 5 for instructions on submitting your renewal application)

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name (as it appears on card)

\_\_\_\_\_  
Signature (Required for processing credit card orders)

# STEP 4: Record your CE Activities

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 \_\_\_\_

# STEP 5: Submit completed renewal application

**Mail:** AHA Certification Center, CHF M 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.