



**AMERICAN HOSPITAL ASSOCIATION CERTIFICATION CENTER**  
**Certified Healthcare Facility Manager (CHFM)**  
**SPECIAL PAPER AND PENCIL EXAMINATION APPLICATION**

**Examination Date: May 18, 2018 • Location: St. Augustine, FL • Application Deadline: April 20, 2018**  
**Applications must be received no later than April 20, 2018. On-site applications will not be accepted.**

To apply for the CHFM Examination complete this application and return it with the examination fee to:  
 PSI, AHA-CC Examination, 18000 W. 105th St., Olathe, KS 66061-7543  
 PHONE: 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 Email Address

**ELIGIBILITY REQUIREMENTS**

To be eligible for the CHFM 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 an accredited college or university plus three (3) years of associated engineering experience\*, three (3) years of which must have been in a healthcare setting; and including three (3) years of management/supervisor/administrative experience in a healthcare setting.
- Associate degree from an accredited college or university plus five (5) years of associated engineering experience\*, three (3) years of which must have been in a healthcare setting; and including five (5) years of management/supervisory/administrative experience in a healthcare setting.
- High school diploma or equivalent plus seven (7) years of associated engineering experience\*, three (3) years of which must have been in a healthcare setting; and including five (5) years of management/supervisory/administrative experience in a healthcare setting.

\*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**

If you are a current member of ASHE or other AHA Personal Membership Group (PMG), you are eligible for the reduced CHFM 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](http://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.

- Member of ASHE or other AHA Personal Membership Group: . . . \$275
- Nonmember: . . . . . \$425
- 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 *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 I am eligible to take this CHFM 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 CHFM 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 CHFM 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](mailto:certification@aha.org) or fax to 312-422-4575.