

# FLORIDA HEALTHCARE ENGINEERING ASSOCIATION CERTIFIED HEALTHCARE ENGINEER

## REQUIREMENTS FOR CERTIFICATION

The “Certified Healthcare Engineer” certification program, developed by the FHEA in 1979 and launched in 1980, provides specific objective guidance for FHEA members who wish to excel in the field of healthcare facility engineering and management.

The CHE application utilizes a point system that covers a broad array of activity, educational, and experiential requirements. In completing the application, which requires substantiating each point, the successful individual demonstrates a high standard of integrity, proficiency, and professionalism in the healthcare engineering field. The CHE is both recognized by his or her peers as a certified, goal-oriented professional, and valued by the healthcare facility industry as a whole as a way to discern the profession’s most qualified individuals.

Certification is available to all FHEA healthcare facility professional members who meet established standards of proficiency, development, and continuing education. Applicants can achieve the required points in any number of ways; however, **the one requirement, which must be met and for which there is no accepted substitution, is attendance at a minimum of one-half of the district meetings in the previous calendar year.** The certification period is the calendar year of application, and must be renewed annually.

CHFM’s: Individuals with the CHFM certification need not complete the entire form nor provide all documentation. Complete the top of the form through Item #2 and submit it with a copy of your CHFM certificate, district meeting rosters, and certification fee to the FHEA office.

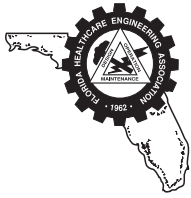
For each item listed on the application, documentation must be provided and submitted with the application. Examples of documentation/substantiation are:

### Category A

- District Meeting attendance: attach district meeting rosters with name highlighted
- Meetings, Seminars, Workshops, In-House Programs: attach Certificate of Attendance/Completion
- College/Vocational Courses: attach school record/transcript and/or Certificate of Completion

### Category B

- Licenses/Credentials/Certifications: attach copy of licenses/certificates/credentials (do not include CHE)
- Memberships: attach copy of membership cards
- College degree: attach degree
- Awards, Articles, Lectures, Committees: indicate name of award(s), topic of article(s) or lecture(s), name of committee(s)



# FLORIDA HEALTHCARE ENGINEERING ASSOCIATION CERTIFIED HEALTHCARE ENGINEER

## APPLICATION for CERTIFICATION & RECERTIFICATION

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

TITLE \_\_\_\_\_ FHEA DISTRICT \_\_\_\_\_ DATE \_\_\_\_\_

FACILITY NAME \_\_\_\_\_ FACILITY PH. # \_\_\_\_\_

FACILITY ADDRESS \_\_\_\_\_

ADMINISTRATOR'S NAME / TITLE \_\_\_\_\_

PLEASE PROVIDE ADMINISTRATOR'S ADDRESS ON LINE ABOVE IF DIFFERENT THAN YOURS

CATEGORY A Activity Record for Previous Calendar Year	DATE(S)	POINT PER HR.	ACTUAL CONTACT HOURS	MAXIMUM POINTS THIS CATEGORY	SUBTOTAL POINTS	BOARD USE ONLY TOTAL POINTS
1. DISTRICT MEETING ATTENDANCE Report attendance at previous calendar year's meetings.		8 PT/MTG <small>Min. attendance at half the meetings is required.</small>		48		
2. APPLICANTS WITH CHFM	EXP. DATE			N/A		
CHFM's who meet minimum district meeting attendance: you need not complete the rest of the form. Submit form with copy of CHFM certificate and district meeting rosters with certification fees to FHEA office.						
3. STATE ANNUAL FALL MEETING				14		
4. STATE SPRING MEETING				14		
5. AHCA SEMINAR				10.5		
6. OTHER MEETINGS, SEMINARS, WORKSHOPS				48		
_____		2 PT/HR				
_____		2 PT/HR				
_____		2 PT/HR				
_____		2 PT/HR				
_____		2 PT/HR				
<b>**Subtotal This Category</b>						
7. CORRESPONDENCE COURSES		10 PT/CRED. HR		25		
8. COLLEGE COURSES		10 PT/CRED. HR		25		
9. VOCATIONAL/ADULT ED. COURSES		1PT/HR		25		
10. IN-HOUSE INSERVICE PROGRAMS				48		
_____		2 PT/HR				
_____		2 PT/HR				
_____		2 PT/HR				
_____		2 PT/HR				
<b>**Subtotal This Category</b>						

\*\*If more room needed, attach list and place total hours and points on this line.

TOTAL POINTS REQUIRED THIS SIDE 50	TOTAL POINTS ATTAINED SIDE A
------------------------------------	---------------------------------

CATEGORY B Education and Experience	DATE(S)	POINTS EACH	POINTS ATTAINED	MAXIMUM POINTS THIS CATEGORY	SUBTOTAL POINTS	BOARD USE ONLY TOTAL POINTS
11. OTHER LICENSES, CREDENTIALS, CERTIFICATIONS Include # if appropriate.				20		
		4				
		4				
		4				
		4				
		4				
12. ACTIVE MEMBERSHIPS (other than FHEA)				20		
ASHE MEMBERSHIP (include #)		8				
		4				
		4				
		4				
If more room is needed, attach list and place total points on this line.						
13. YEARS OF HOSPITAL EXPERIENCE		1		15		
14. COLLEGE DEGREE (indicate points only for the highest level achieved)				15		
ASSOCIATE DEGREE		5				
BACHELORS DEGREE		10				
MASTERS DEGREE		15				
15. AWARDS (examples: Dist. Eng of the Yr.; Director of the Yr.)		5		10		
16. PUBLISHED ARTICLES		5		10		
17. STATE OR DIST. OFFICE HELD FOR CERT. PERIOD		5		10		
18. LECTURES PRESENTED		5		15		
19. COMMITTEE PARTICIPATION (examples: EOC, EM, ASHE, Infec. Contrl, etc.)		5		10		
				TOTAL POINTS REQ. THIS SIDE 20	TOTAL POINTS ATTAINED SIDE B	

Check One:  - Initial Certification - Enclose check or money order for \$50.00

- Recertification - Enclose check or money order for \$35.00

Have You:  - Have you paid your FHEA membership dues? We cannot process CHE certification applications until membership is current.

Make check payable to: FLORIDA HEALTHCARE ENGINEERING ASSOCIATION  
 Send form and all supporting documents to: 11812 N. 56th St.  
 Tampa, FL 33617  
 813-775-6416

One Year Certification Approved (Initial)
Certificate
ISSUED _____
NO: _____
OFFICE USE ONLY.