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

Examination Date: July 17, 2019 • Location: Baltimore, MD • Application Deadline: June 21, 2019
Applications must be received no later than June 21, 2019. 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. 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

3/9/2019
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?
   [ ] 3-5 years
   [ ] 6-10 years
   [ ] 11-15 years
   [ ] 16-20 years
   [ ] 21-25 years
   [ ] 26-30 years
   [ ] More than 30 years

2. How many years have you worked in healthcare facility management?
   [ ] 0-5 years
   [ ] 6-10 years
   [ ] 11-15 years
   [ ] 16-20 years
   [ ] 21-25 years
   [ ] 26-30 years
   [ ] More than 30 years

3. How many years of experience do you have in management/supervision/administration?
   [ ] 3-5 years
   [ ] 6-10 years
   [ ] 11-15 years
   [ ] 16-20 years
   [ ] 21-25 years
   [ ] 26-30 years
   [ ] More than 30 years

4. What is the square footage of the facility/facilities you manage?
   [ ] Less than 100,000 square feet
   [ ] 100,001 – 500,000 square feet
   [ ] 500,001 – 1,000,000 square feet
   [ ] 1,000,001 – 3,000,000 square feet
   [ ] 3,000,001 – 5,000,000 square feet
   [ ] More than 5,000,000 square feet

5. What is the highest academic level you have attained?
   [ ] High school diploma or equivalent
   [ ] Some college
   [ ] Associate degree
   [ ] Baccalaureate degree
   [ ] Master’s degree
   [ ] Doctoral degree

6. What is your level of responsibility?
   [ ] Vice President/Director (responsible for multiple departments)
   [ ] Director/Manager (responsible for a single department)
   [ ] Manager/Supervisor/Coordinator (responsible for areas within a department)
   [ ] 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 or fax to 312-422-4575.