



ASSOCIATION FOR **HEALTHCARE ADMINISTRATIVE PROFESSIONALS**

## APPLICANT INFORMATION

Name \_\_\_\_\_ Credentials \_\_\_\_\_  
 Position/Title \_\_\_\_\_  
 Company \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_  
 Email \_\_\_\_\_

	Members	Non-Members
<b>Application Fee</b>	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$150.00
<b>Exam Fee</b>	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$200.00
<b>Re-Test Fee</b>	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$100.00
<b>Recertification Fee</b>	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$200.00
<b>TOTAL PAYMENT</b>	<b>\$</b>	

Check/Money Order (*made payable to AHCAP*)

Please charge my:  Visa  Mastercard  American Express  Discover

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature \_\_\_\_\_

Fax applications using a credit card to: (502) 589-3602

Send applications with check or credit card payment to: AHCAP, 326 East Main Street, Louisville, KY 40202

### Applicant's Manager or Human Resource Administrator

AHCAP reserves the right to contact the applicant manager to verify the application is true and correct and accurately reflects the professional and educational work completed by applicant.

Name of Manager \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## Fast Track Program

The Fast Track Program is designed to accelerate the seasoned administrative professional's process to sit for the cHAP exam. Fast Track candidates must:

- Have been an administrative professional in a healthcare setting for seven (7) or more consecutive years; and
- Hold an associate's degree or higher from an accredited college or university; and
- Have been a member in good standing with AHCAP for at least five (5) years; and
- Currently be a member in good standing with AHCAP.

## Traditional Program

The Traditional program is designed for candidates who can confirm that they meet criteria in three categories: education, professional experience and elective activities; for a minimum total of 100 points. Points are earned as follows:

PROFESSIONAL EXPERIENCE	
<i>Choose one from the list below</i>	
<input type="checkbox"/> Have 12 to 35 months of full-time work experience in a healthcare setting or with a provider of healthcare industry services, with at least 50% of job duties dedicated to administration	35 points
<input type="checkbox"/> Have 36 to 60 months of full-time work experience in a healthcare setting or with a provider of healthcare industry services, with at least 50% of job duties dedicated to administration	50 points
<input type="checkbox"/> Have more than five years of full-time work experience in a healthcare setting or with a provider of healthcare industry services, with at least 50% of job duties dedicated to administration	65 points
<b>Total Professional Experience points</b>	

EDUCATION	
<i>Check all that apply</i>	
<input type="checkbox"/> Hold a baccalaureate degree or higher from an accredited college or university	30 points
<input type="checkbox"/> Have an associate's degree from an accredited college or university	20 points
<input type="checkbox"/> Have earned a high school diploma or GED	10 points
<input type="checkbox"/> Have earned college credit through AHCAP's preferred education providers or another accredited secondary education provider	1 point per credit hour
<b>Total Education points</b>	

## ELECTIVE ACTIVITIES

Check all that apply

<input type="checkbox"/> Hold committee, task force, workgroup, subcommittee chair or council leader office in AHCAP or other healthcare professional society or organization	5 points per office or chair per year
<input type="checkbox"/> Participation as committee, task force, workgroup, or subcommittee member in AHCAP or other professional society or organization	3 points per committee per year
<input type="checkbox"/> Leadership role in organization other than AHCAP or other professional society (civic, religious, etc.)	3 points per office or chair per year
<input type="checkbox"/> Committee membership in organization other than AHCAP or other professional society (civic, religious, etc.)	1 point per committee per year
<input type="checkbox"/> Attendance at AHCAP Annual Conference or IAAP Annual Conference	Points will be awarded based on the number of sessions attended up to a total of 5 points. ½ point may be earned for attending each pre-conference session.
<input type="checkbox"/> Presenting an education session or participating on a panel at the AHCAP Annual Conference or IAAP Annual Conference. Documentation must be in the form of a certificate, a letter from the President or Conference Planning Committee Chair, or inclusion in the conference program agenda.	Presenting an education session – 2 points; participating on a panel – 1 point
<input type="checkbox"/> Attendance at educational programs (meetings, seminars, workshops) offered by your state organization	2 points
<input type="checkbox"/> Presenting an education session or participating on a panel at educational programs (meetings, seminars, workshops) offered by your state organization. Documentation must be in the form of a certificate, a letter from the President or Conference Planning Committee Chair, or inclusion in the conference program agenda.	Presenting an education session – 1 point; participating on a panel – ½ point
<input type="checkbox"/> Attendance at other related professional organization meetings of one or more full days of programming	2 points
<input type="checkbox"/> Presenting an education session or participating on a panel at other related professional organization meetings of one or more full days of programming. Documentation must be in the form of a certificate or a letter from the organization on official letterhead.	Presenting an education session – 1 point; participating on a panel – ½ point
<input type="checkbox"/> Non-credit courses through an accredited secondary education provider	2 points each
<input type="checkbox"/> Participation in seminars or training (including webinars) to develop or strengthen professional skills such as finance, retirement planning, conflict resolution, customer service, etc. Suggested resources include, but are not limited to: <a href="http://pryor.com">pryor.com</a> for Conflict Resolution; Fred Pryor/Career Track – Online courses; <a href="http://nationalseminarstraining.com">nationalseminarstraining.com</a> for Customer Service; Search conference locations by zip code; <a href="http://amanet.org">amanet.org</a> for Public Relations; American Management Association (AMA) seminars and self studies	2 points each
<input type="checkbox"/> Presenting in seminars or training (including webinars) to develop or strengthen professional skills such as finance, retirement planning, conflict resolution, customer service, etc. Documentation must be in the form of a certificate or a letter from the organization on official letterhead.	1 point
<input type="checkbox"/> Maintained membership in AHCAP	1 point per year
<input type="checkbox"/> Writing an educational article for publication in AHCAP's <i>Notations</i> or IAAP OfficePro newsletter or state, local or facility newsletters/publications	1 point each
<input type="checkbox"/> Attendance at in-service programs offered at your facility. Documentation must be in the form of an official certificate of participation or a letter from your supervisor or HR Director on official letterhead.	1 point per in-service for attending; 2 points per in-service for teaching/leading
<input type="checkbox"/> Certificate training programs.	points awarded are based upon program content and length
<b>Total Elective Activities points</b>	

**TOTAL NUMBER OF POINTS FROM EACH SECTION  
(EXPERIENCE, EDUCATION AND ELECTIVE ACTIVITIES)**

## Required Documentation

- Documentation of **professional experience** is required in the form of a letter of confirmation from your immediate manager or human resources administrator.
- Documentation of **education** must be in the form of a photocopy of the diploma(s) or official transcripts.
- Documentation of **elective activities** must be in the form of photocopied or original certificates or letters of completion issued by the provider and must cite the name of the person who completed the activity, the date(s) of instruction or date of course completion, the title of the activity, the name of the provider and the number of clock or credit hours for the activity.
- Documentation of **leadership roles** must be provided in the form of a signed statement or letter by another officer or chairman within the organization. *(This applies for all non-AHCAP committees, including professional societies, civic or religious committees.)*

**DOCUMENTATION WILL NOT BE RETURNED.**

## AGREEMENT AND AFFIDAVIT OF cHAP APPLICATION – FOR cHAP EXAMINATION

The undersigned applicant hereby certifies and swears that all information provided in this application is true and factual. Should the Association find through confirmation or any other means that any statements made by applicant are not factual; such statements will jeopardize applicant's ability to be awarded or to retain the cHAP Certification. The undersigned applicant declares that the following information is true.

Furthermore, the undersigned applicant hereby certifies and swears that the cHAP exam will be completed solely by the applicant with no additional help from co-workers, reference materials or any other resource. Should the Association find through confirmation or any other means that this statement was not upheld by applicant, it will jeopardize applicant's ability to be awarded or to retain the cHAP Certification. The undersigned applicant declares that the following information is true.

I understand that I cannot use the cHAP designation until I have completed the certification requirements and have been notified in writing that it has been awarded to me. In addition, I hereby consent and swear that the information contained in this application is correct and complete to the best of my knowledge.

I am an applicant for the cHAP Certification and as a part of that application process I certify that I have completed this application and the information contained herein is correct and complete to the best of my knowledge.

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of applicant \_\_\_\_\_

*Eligibility requirements, fees and materials are subject to change without prior notice.*

**AHCAP Headquarters**  
326 East Main Street  
Louisville, KY 40202  
Fax: (502) 589-3602  
Email: [ahcap@hqtrs.com](mailto:ahcap@hqtrs.com)

### QUESTIONS?

[ahcap@hqtrs.com](mailto:ahcap@hqtrs.com)  
Phone: (502) 574-9040  
Toll-Free: (888) 320-0808