



cHAP APPLICATION



Certified Healthcare Administrative Professionals demonstrate that they possess expertise necessary to thrive in a progressive and demanding field. Through a combination of professional experience, education and other career-expanding activities, candidates are eligible to sit for an online test designed to measure occupational knowledge and skills. Those who successfully complete the examination are conferred the cHAP designation, demonstrating exceptional talent for and commitment to healthcare administration.

Name _____ Credentials _____

Position/Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Ext. _____

Email Address _____

PLEASE SELECT ONE OF THE FOLLOWING:

- New cHAP Applicant
 - Fast Track Traditional Examination Retest
- Renewing cHAP Applicant

FEES: MEMBER / NON-MEMBER

- Application \$150 / \$250 Exam \$75 / \$125 Retest \$50 / \$75 Renewal \$100 / \$175

Total Payment \$ _____

- Check/Money Order Please charge my: Visa Mastercard American Express Discover
(made payable to AHCAP)

Name on Card _____

Expiration Date _____ CVV Code _____ Card Number _____

Signature _____

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

Send applications with check or credit card payment to: AHCAP, 328 East Main Street, Louisville, KY 40202

AGREEMENT OF APPLICANT

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.

Applicant Signature _____

Date _____

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

ELIGIBILITY HISTORY

Please check the boxes below to indicate which criteria you possess:

Fast Track Program

Designed to accelerate the seasoned administrative professional's process to sit for the cHAP certification exam, Fast Track candidates must meet **all** of the following requirements:

- An administrative professional in a healthcare setting for 5 or more consecutive years - documentation required
- A baccalaureate degree
- A member in good standing with AHCAP for 5 or more consecutive years
- A current member in good standing with AHCAP

Traditional Program

Applicants must have a total of 100 points from the following categories to qualify to sit for the cHAP exam.

Professional Experience – requires a letter of confirmation from your immediate manager or human resources administrator that you fit within one of the following areas:

- 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 pts)
- 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 pts)
- 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 pts)

Education – please supply a copy of your degree, diploma or certificate in one or more of the following areas:

- A baccalaureate degree or higher (30 pts)
- An associate degree (20 pts)
- A high school diploma or GED (10 pts)
- College credit through AHCAP's preferred education providers (*College of DuPage, Excelsior, Empire*), or another accredited secondary education provider (1 point per credit hour)

Elective Activities – requires a copy of transcript, certificate, diploma, grade report, or attendance confirmation indicating that you have attended, completed or earned credit in one or more of the following areas:

- 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 chairmanship per year)
- Participation as committee, task force, workgroup, or subcommittee member in AHCAP or other professional society or organization (3 points per committee per year)
- Leadership role in organization other than AHCAP or other professional society (*civic, religious, etc.*) (3 points per office or chairmanship per year)
- Committee membership in organization other than AHCAP or other professional society (*civic, religious, etc.*) (1 point per committee per year)
- 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. 1/2 point may be earned per preconference session)
- Other professional organization meetings of one or more full days of programming (2 points each)
- Non-credit courses through an accredited secondary education provider (2 points per course)
- Seminars, webinars, or other training to develop or strengthen professional skills such as finance, retirement planning, how to handle disgruntled callers/visitors, etc. (2 points each)
- Maintain membership in the Association for Healthcare Administrative Professionals (AHCAP) (1 point per year)
- Attendance at in-service programs offered at your facility (1 point per in-service for attending; 2 points per in-service for teaching/leading)
- Certificate training programs (points awarded are based upon program content and length)

Please list your employment, education and elective activities on the following charts.

1 Employment History

Employer with City & State	Position Title	Main Position Duties – Reflect in %	Years Employed	Documentation Attached
Acme Hospital Greenville, NH	Senior Secretary	Budget management - 40% Travel and meeting planning - 10% Clerical support - 30% Office supply/service administration -20%	1998 - 2003	

Continue on another sheet if necessary

2 Education – list only the highest level of education completed

Certificate / Diploma / Degree	Major	School / Location	Year Earned	Points Earned	Documentation Attached
BA	Philosophy	State Univ. of New York – Buffalo, NY	1994	25	

Continue on another sheet if necessary

3 Elective Activities

Elective Activity	Provider or Organization	Activity Date(s)	Points Earned	Documentation Attached
AHCAP Annual Conference attendance Business writing seminar – 2 days	AHCAP	2004, 2005, 2006	15	

Continue on another sheet if necessary



AFFIDAVIT OF cHAP APPLICATION

Applicant's Name _____ Date _____

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.

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.

Signature of Applicant _____

APPLICANT'S MANAGER OR HUMAN RESOURCE ADMINISTRATOR

I hereby certify that to the best of my knowledge the above statement concerning the application which the Applicant completed is true and correct and accurately reflects the professional and educational work completed by Applicant.

Name of Manager _____ Manager's Signature _____
Email _____ Phone _____
Date _____

AFFIDAVIT FOR cHAP EXAMINATION

Applicant's Name _____ Date _____

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.

Signature of Applicant _____

AHCAP HEADQUARTERS

328 East Main Street
Louisville, KY 40202
Fax: (502) 589-3602

QUESTIONS?

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