



# AMERICAN HOSPITAL ASSOCIATION CERTIFICATION CENTER Certified Materials & Resource Professional (CMRP)

## SPECIAL COMPUTER ADMINISTRATION EXAMINATION APPLICATION

Examination Date: July 23, 2017 • Location: Washington, DC • Application Deadline: June 26, 2017  
Applications must be received no later than June 26, 2017.

On-site applications will not be accepted; assigned time slots cannot be changed.

To apply for the CMRP Examination, complete this application and **return it with the examination fee to:**

PSI/AMP, AHA-CC Examination, 18000 W. 105th St., Olathe, KS 66061-7543  
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	Title	
Preferred Mailing Address (Street Address, City, State/Province, Zip/Postal Code, Country)		
Daytime Telephone Number	Preferred Email Address	

### ELIGIBILITY REQUIREMENTS

To be eligible for the Certified Materials & Resource Professional (CMRP) Examination, a candidate must fulfill one (1) of the following educational 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 (1) that applies.*

- Baccalaureate degree from an accredited college or university plus three (3) years of associated healthcare resource and materials management\* experience.
- Associate degree or equivalent from an accredited college or university plus five (5) years of associated healthcare resource and materials management\* experience.
- High school diploma or equivalent plus seven (7) years of associated healthcare resource and materials management\* experience.

*\*Associated healthcare resource and materials management includes persons who are involved in the materials functions of healthcare facilities; or are active in the healthcare materials supply chain, including manufacturers, vendors, distributors, consultants and employees of group purchasing organizations.*

### APPLICATION STATUS

- I am applying as a new candidate.
- I am applying as a reapplicant, i.e., retaking the test.
- I am applying for renewal of certification.

### EXAMINATION TIME

- 8:00 a.m. registration; 9:00 a.m. examination
- 1:00 p.m. registration; 2:00 p.m. examination

Eligible candidates are registered on a first-come, first served basis. If a time slot is not indicated, PSI/AMP will assign candidates to the morning slot until that time slot is filled. If you are completing a morning education session, sign up for the afternoon time slot. Time slots are assigned in advance of the exam date and CANNOT be changed on the exam day. **Please contact PSI/AMP if you do not receive an examination confirmation letter by July 7, 2017.**

### MEMBERSHIP STATUS

If you are a current member of AHRMM or other AHA Personal Membership Group (PMG), you are eligible for the reduced CMRP Examination fee. Please provide your 10-digit membership number below.

For information on joining the Association for Healthcare Resource & Materials Management (AHRMM), visit [www.AHRMM.org](http://www.AHRMM.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.

Membership Number: \_\_\_\_\_

### EXAMINATION FEE

Payment may be made by credit card, company check, cashier's check or money order made payable to PSI/AMP.

- Member of AHRMM  
or other AHA PMG: . . . . . \$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 CMRP 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 resource and materials management?
  - 0-5 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 associated healthcare resource and materials management?
  - 0-5 years
  - 6-10 years
  - 11-15 years
  - 16-20 years
  - 21-25 years
  - 26-30 years
  - More than 30 years
3. 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
4. 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 the department)
  - Other: \_\_\_\_\_

## SIGNATURE

I certify that I have read all portions of the CMRP Candidate Handbook and agree to abide by regulations contained therein. I certify that I am eligible to take this CMRP 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 CMRP 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 CMRP Examination will be shared with AHRMM. 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.