



AMERICAN HOSPITAL ASSOCIATION CERTIFICATION CENTER

Certified Healthcare Environmental Services Professionals (CHESP)

SPECIAL PAPER AND PENCIL EXAMINATION APPLICATION

Examination Date: September 19, 2017 • Location: Orlando, FL • Application Deadline: August 22, 2017
Applications must be received no later than August 22, 2017. On-site applications will not be accepted.

To apply for the CHESP 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 CHESP Examination, a candidate must fulfill one (1) 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 (1) that applies.*

- Baccalaureate degree or higher from an accredited college or university plus three (3) years of environmental services experience* in a healthcare setting** of which two (2) of those years must have been in a management/supervisory/administrative role.
- Associate degree or equivalent from an accredited college plus four (4) years of environmental services experience* in a healthcare setting** of which three (3) of those years must have been in a management/supervisory/administrative role.
- High school diploma or equivalent plus five (5) years of environmental services experience* in a management/supervisory/administrative role in a healthcare setting**.

*Environmental services experience refers to work experience in operations related to environmental sanitation, waste management and textile management.

**Includes experience with a provider of environmental services or products to a healthcare facility (e.g., Consultants, Manufacturers, Vendors, Contract Services Providers, etc.).

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 AHE or other AHA Personal Membership Group (PMG), you are eligible for the reduced CHESP Examination fee. *Please provide your 10-digit membership number below.*

For information on joining the Association for the Healthcare Environment (AHE), visit www.AHE.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.

Indicate the type and amount of fees enclosed:

- Member of AHE or other AHA Personal Membership Group: . . . \$275
- Nonmember: \$425
- Rescheduling Fee: \$100

If payment is made by credit card, complete the following.

Select type of credit card being used:

- 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 CHESP 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 environmental services (operations related to environmental sanitation, waste management and textile management)?
 - 1 3-5 years
 - 2 6-10 years
 - 3 11-15 years
 - 4 16-20 years
 - 5 21-25 years
 - 6 26-30 years
 - 7 More than 30 years
2. How many years have you worked in a healthcare setting?
 - 1 2-5 years
 - 2 6-10 years
 - 3 11-15 years
 - 4 16-20 years
 - 5 21-25 years
 - 6 26-30 years
 - 7 More than 30 years
3. How many years of experience do you have in environmental services management/supervision?
 - 1 2-5 years
 - 2 6-10 years
 - 3 11-15 years
 - 4 16-20 years
 - 5 21-25 years
 - 6 26-30 years
 - 7 More than 30 years
4. What is the square footage of your facility or facilities?
 - 1 Less than 100,000 square feet
 - 2 100,001 – 500,000 square feet
 - 3 500,001 – 1,000,000 square feet
 - 4 More than 1,000,000 square feet
5. What is the highest academic level you have attained?
 - 1 High school diploma or equivalent
 - 2 Some college
 - 3 Associate degree
 - 4 Baccalaureate degree
 - 5 Master's degree
 - 6 Doctoral degree
6. What is your level of responsibility?
 - 1 Vice President/Director (responsible for multiple departments)
 - 2 Director/Manager (responsible for a single department)
 - 3 Manager/Supervisor/Coordinator (responsible for areas within the department)
 - 4 Other: _____

SIGNATURE

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