



AMERICAN HOSPITAL ASSOCIATION CERTIFICATION CENTER Certified in Healthcare Human Resources (CHHR)

SPECIAL COMPUTER ADMINISTRATION EXAMINATION APPLICATION

Examination Date: September 16, 2017 • Location: Seattle, WA • Application Deadline: August 18, 2017
Applications must be received no later than August 18, 2017. On-site applications will not be accepted.

To apply for the CHHR 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 Preferred Email Address

ELIGIBILITY REQUIREMENTS

To be eligible for the Certified in Healthcare Human Resources (CHHR) Examination, a candidate must fulfill one (1) of the following educational and occupational 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.*

- Master's degree or higher from an accredited college or university plus five (5) years of human resources experience in a healthcare setting* or with a provider of human resources services to the healthcare industry.
- Bachelor's degree from an accredited college or university plus six (6) years of human resources experience in a healthcare setting* or with a provider of human resources services to the healthcare industry.
- Associate's degree or equivalent from an accredited college or university plus eight (8) years of human resources experience in a healthcare setting* or with a provider of human resources services to the healthcare industry.

* Includes experience with a provider of human resources services to healthcare facilities such as research, VA or other hospitals; medical practice groups, ACOs; IDNs; MCOs; acute care, rehabilitation or skilled nursing facility; hospice or home health agency.

APPLICATION STATUS

- I am applying as a new candidate.
- I am applying as a reapplicant; i.e., to retake the examination.
- I am applying for renewal of certification.

MEMBERSHIP STATUS

If you are a current member of the American Society for Healthcare Human Resources Administration (ASHHRA), or other AHA Personal Membership Group (PMG), you are eligible for the reduced CHHR Examination fee. *Please provide your 10-digit membership number below.*

Membership must be obtained before application for examination at the reduced fee can be honored. For information on joining ASHHRA, visit www.ASHHRA.org.

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. *Indicate the type and amount of fees enclosed:*

- Member of ASHHRA or other AHA PMG . . . \$295
- Nonmember \$425
- Rescheduling Fee \$100

For payment 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 CHHR 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 health care?
 - 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 healthcare human resources?
 - 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/GED
 - Some college
 - Associate's degree
 - Baccalaureate degree
 - Master's degree
 - Doctoral degree
4. What is your level of responsibility?
 - Vice President
 - Director
 - Manager
 - Specialist
 - Associate
 - Coordinator/Supervisor
 - Other: _____
5. How many employees are there in your organization?
 - 50 or less
 - 51-500
 - 501-1,000
 - 1,001-2,500
 - 2,501-5,000
 - More than 5,000
6. How many employees report to you directly?
 - 2 or less
 - 3-5
 - 6-10
 - More than 10
7. How many employees are there in your HR department?
 - 5 or less
 - 6-20
 - 21-50
 - More than 50

SIGNATURE

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