



Certified Healthcare Protection Administrator (CHPA) Recertification Application

INSTRUCTIONS

Applications submitted incorrectly will be returned.

Carefully read these instructions and each section of the application. Print clearly or type in each unshaded area of the application. **You must document a minimum of fifteen (15) credits. Report all information on this form and attach documentation and correlate the letter on the documents for which section you are claiming the credit(s).**

The CHPA recertification fee is \$100 for IAHS Members and \$150 for Non-members. Payment and all required documentation must be received at the time of application submission.

If complete application and payment are not received in the IAHS office by your CHPA renewal date, you may be required to retake the CHPA certification examination and achieve a passing score in order to retain your certification. This would require completing the CHPA application (not the recertification application) and submitting the full fee of \$400 for IAHS Members, \$475 Non-members.

Allow 45 days for the application evaluation process. The evaluation will take longer if required documentation is missing from the initial application.

If CHPA recertification is not approved, IAHS will return the application, attachments, and the application fee less a \$50 administrative processing fee along with a written explanation of the reason(s) for denial.

APPLICANT

Prefix (i.e., Mr.)		First		Middle	
Last				Suffix (i.e., Jr.)	
Mail Address					
City			State/Prov.		ZIP
Mobile Phone			Work Phone		
Primary Email			Secondary Email		



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A. MEMBERSHIP

IAHSS membership: Professional (formerly known as “Senior”) or Partner member in good standing. There is no minimum membership requirement.

Membership	Credit
Minimum	0
Each full year	1
Maximum credits	3

Other Association Membership: Member in good standing of an international or national protection, safety or emergency management association recognized by IAHSS within the past three (3) years.

Membership	Credit
Each full year	1
Maximum credits	3

Organization	Year(s)
IAHSS	
ATTACHMENT REQUIRED - Submit copy of membership acceptance/confirmation for each non-IAHSS membership year.	
Name	
Name	
Name	

B. EDUCATION: only applies if degree status has changed since your last recertification.

Completed Degree	Credit
Associate	1
Baccalaureate	2
Graduate	3
Maximum credits	3

ATTACHMENT REQUIRED - Submit copy of diploma.			
Degree Earned		Year Earned	
Institution Name		City, State/Prov.	



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C. EXPERIENCE: employed by or contracted to work for a hospital as a healthcare protection leader within the past three (3) years.

Minimum credit	0
Each service year	1
Maximum credits	3

ATTACHMENT REQUIRED - submit letter signed by immediate supervisor or Human Resources (on organization letterhead) confirming title and appointment date(s).			
Position Title	Organization	Year(s)	

D. DEVELOPMENT: must have attended a protection, safety or emergency management training or education course within the current three (3) year certification period. Credit breakdown - less than 4 education hours earns a half credit, 4-8 education hours earns one credit, and more than 8 education hours earns 2 credits. IAHSS AC&E full event earns 3 credits each year attended. IAHSS chapter educational meetings count ONLY with documentation of an educational component. (Breaks, meals and social components of an event do not count towards education hours calculated.) Webinars of 1-4 hours in length count as a half credit, with a maximum of six (6) total credits from webinars. All development activities must be accompanied by documentation of proof of attendance in order to receive credit. At least one (1) credit must come from this category.

Course	Credit
Minimum credit	1
Maximum credits	9

ATTACHMENT REQUIRED - Submit proof of training or education course(s).		Date(s)	
IAHSS AC&E			
IAHSS Education			
IAHSS Education			
IAHSS Education			
IAHSS Education			
IAHSS Education			
Other Course			
Other Course			
Other Course			
Other Course			



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E. ACTIVITIES AND ACCOMPLISHMENTS: participation in an IAHS-approved protection activity or completion of an accomplishment.

Event	Credit
Each item	1
Each full year	2
Maximum credits	13

IAHSS-sponsored activity or accomplishment - Submit proof of participation.			
	Description	Date(s)	
1 credit each, maximum of 4 credits per item:			
Educational program speaker or instructor			
Author article in an IAHS publication			
Proctor CHPA examination			
2 credits per full year of service:			
Chapter officer			
Regional chair			
IAHSS Board/Council/Commission member			
1 credit per full year of service:			
IAHSS task force or committee member			
½ credit per chapter business meeting attended, maximum of 1 credit per year (proof of attendance required, social events not applicable):			
Chapter business meeting attendance			

Other; from an IAHS-recognized international or national protection organization or employer.

Event	Credit
Each item	1
Each full year	2
Maximum credits	9

Submit proof of participation (including organization name, location, and date(s)) in each non IAHS-sponsored activity or accomplishment (1 credit per item, maximum 3 credits per item).			
	Description	Date(s)	
Lead a protection-related, facility-wide, exercise			
Educational protection program speaker or instructor			
Coordinate or moderate educational protection program			
Author article published in an IAHS-recognized publication			
Chapter/regional officer			
National/international committee/board member			



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AFFIRMATION

I affirm that each statement, answer, representation, and attachment of this application is accurate.

Signature		Date	
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MAILING INSTRUCTIONS

Submit this completed application, required attachment(s), and the recertification fee of:
IAHSS Members \$100, Non-members \$150.

IAHSS
PO Box 5038
Glendale Heights, IL 60139
Telephone: 630-529-3913 Fax 630-529-4139 Email: Nancy@iahss.org

Recertification Review (For Office Use Only)

TOPIC	MINIMUM CREDITS REQUIRED	MAXIMUM CREDITS ALLOWED	STAFF REVIEW	COMM. REVIEW
Education	0	3		
Experience	0	3		
Membership	0	6		
Development	1	9		
Activities and Accomplishments	0	22		
TOTAL EARNED				
MINIMUM TOTAL REQUIRED			15	15

Staff reviewer's signature		Date	
Comm. reviewer's signature		Date	