



Certified Healthcare Protection Administrator (CHPA) 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 ten (10) credits. Report all information on this form and attach documentation identified by letters (A, B, C, etc.) which correlate to the section(s) for which you are claiming the credit(s).**

The CHPA application fee is \$450 for IAHSS Members and \$525 for Non-members. Payment and all required documentation must be received at the time of application submission. Allow 45 days for the application evaluation process. The evaluation will take longer if required documentation is missing from the initial application.

If your application is approved, you will receive an email with further instructions including recommended study material. If your application is not approved, IAHSS 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 INFORMATION			
NAME: (First/Middle/Last)		Prefix:	
		Suffix:	
Mailing Address:			
City:		State/Prov.:	
		Zip:	
Primary Email:		Secondary Email:	
Primary Phone:		Alternate Phone:	



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A. MEMBERSHIP: There is no minimum membership requirement. The maximum number of credits is three (3) for the membership category.

IAHSS Membership: Professional (formerly known as “Senior”), Life or Partner member in good standing within the past five (5) years.

<u>Membership</u>	<u>Credit</u>
Each full year	1

Other Association Membership: Member in good standing of an international or national protection, safety or emergency management association recognized by IAHSS within the past five (5) years.

<u>Membership</u>	<u>Credit</u>
Each full year	1
<u>Maximum Credits</u>	3

ATTACHMENT REQUIRED - Submit proof of other Association membership.				Office use
Association Name		Year(s)		
Association Name		Year(s)		
Association Name		Year(s)		



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B. EDUCATION: only the highest earned degree or proof of equivalent formal education completed applies; at least one (1) credit must come from this category.

<u>Completed Degree</u>	<u>Credit</u>
High School / GED	1
Associate	2
Baccalaureate	3
Graduate	4
Maximum Credits	4

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

C. EXPERIENCE: must be or have been employed by or contracted to work in a healthcare facility or health system as a healthcare protection leader **directly responsible for its day to day security operations management** within the past (10) years; at least one (1) credit (two full years) must come from this category.

<u>Full Service Years</u>	<u>Credit</u>
Minimum: two full years	1
Each additional full year	1
Maximum credits	5

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



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D. DEVELOPMENT: must have attended a protection, safety or emergency management training or education course within the past ten (10) years. Credit breakdown:

- Less than 5 education hours earns a half credit
- 5-8 education hours earns one credit
- Multi-day education events earn ½ credit for less than 5 education hours and a full credit for more than 5 education hours per day
- 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
- General employer-required online training such as/but not limited to compliance review classes for safety & other annual compliance are not approved for eLearning credits

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.

Minimum credit 1

Maximum credits 8

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



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AFFIRMATION

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

MAILING INSTRUCTIONS
 Submit this completed application, required attachment(s), and the recertification fee of:
Members \$150, Non-members \$175 to:

IAHSS
 8420 W. Bryn Mawr Ave., Suite 1020
 Chicago IL 60631
 telephone: 630-529-3913 Fax 630-529-4139 Email: Nancy@iahss.org

Certification Review
(For Office Use Only)

TOPIC	MINIMUM CREDITS REQUIRED	MAXIMUM CREDITS ALLOWED	STAFF REVIEW	COMM. REVIEW
Membership	0	3		
Education	1	4		
Experience	1	5		
Development	1	8		
TOTAL EARNED				
MINIMUM TOTAL REQUIRED			10	10

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

	Number	Dated	Mailed Date
Certificate			