



IAHSS COMMISSION ON CERTIFICATION

Certification Program Policies

June 27, 2019

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Section 1: Governance

Commission on Certification Goal/Mission Statement and Principles

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The Commission on Certification is responsible for the credentialing programs of the IAHS. This includes the development of specific strategies to meet the certification needs of the healthcare security and safety industry and the evolving customer base of IAHS.

The Commission will design, monitor and implement IAHS certification programs aligned with the strategic plan of the Association while working closely with association members and stakeholders of the healthcare security and safety industry.

Scope of Certification

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The Certified Healthcare Protection Administrator (CHPA) designation is targeted to management level healthcare security professionals around the world who meet established standards of practice and demonstrate an understanding of the knowledge needed to perform in the role as defined by the Commission on Certification.

Impartiality Regarding Training

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As the governing body of a certification program, it is within the IAHSS Commission on Certification (known as the Commission) role to develop and administer certification examinations to determine the qualifications of candidates for certification. The Commission does not require, provide, approve, accredit, or endorse any specific study guides, review courses, or other examination preparation products.

The Commission will not accredit, approve, endorse, or recommend any education or training programs and/or products designed or intended to prepare candidates for certification. The Commission will have no involvement in the development or delivery of such programs or products.

During their term(s) of service, and for 3 years afterward, Commission members will not participate in the development or delivery of any educational or training program and/or product designed or intended to prepare individuals to take the certification examination. This includes exam review/exam prep courses and study guides.

Commission members will not take the CHPA certification exam during their term(s) of service on the Commission on Certification and for 3 years afterward.

Members of the Commission that participate in creating and/or reviewing content for the examination, including serving as item writers, item reviewers, and/or cut score study panelists, may be subject to additional restrictions as established in these policies and procedures.

Certification Commission Composition

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Composition & Qualifications

Commission positions are documented in the Commission on Certification Charter and summarized below. The Commission is composed of at least 8 members, including the Chair, Vice-Chair, a public representative, and an IAHSS Board representative. At least one member must be from outside the USA, and all members except the public member must be Certified Healthcare Protection Administrator (CHPA) certificants in good standing.

Commission on Certification Composition Summary					
Positions	#	Qualifications	Term Length	Voting Status	Selection
Commission Chair	1	CHPA certificant in good standing	2 year term, 2 term limit	Voting	Elected by Commission
Commission Vice Chair	1	CHPA certificant in good standing	2 year term, 2 term limit	Voting	Elected by Commission
Additional Certificant Members	3 or more	CHPA certificant in good standing	2 year term, 2 term limit	Voting	Nominated by Nominating Committee, elected by Commission
International Certificant Member	1 or more	CHPA certificate in good standing located outside of the US	2 year term, 2 term limit	Voting	Nominated by Nominating Committee, elected by Commission
Public Representative	1	Represents consumers Meets NCCA public member requirements	2 year term, 2 term limit	Voting	Nominated by Nominating Committee, elected by Commission
IAHSS Board Liaison	1		1 year term	Non-Voting	Appointed by IAHSS Board

Additional Qualifications

Public Member

Any member of the public (at least 18 years of age) who is not qualified to be a CHPA and that meets the current Public Member requirements established in the National Commission for Certifying Agencies (NCCA) *Standards of the Accreditation of Certification Programs* shall be eligible for appointment as a Public Representative.

As such, the public member is NOT:

- A current or previous member of the profession, occupation, role, or specialty area encompassed by the certification program;
- A supervisor, manager, direct co-worker, or an employee or subordinate of individuals in the profession encompassed by the certification program;
- An employee of an individual certified by the certification program or of an employer of individuals in the profession encompassed by the certification program;
- A person who currently receives or within the last five years has received income from the profession encompassed by the certification program.

The Public Member is a full, voting member of the Commission and is expected to perform the same duties as those of all other voting Commission members.

Duties of the Commission

The responsibilities of the Commission are outlined in the Commission on Certification Charter.

Officers

The Certification Commission officers include the Chair and Vice Chair. The duties of the officers are outlined in the Commission on Certification Charter.

Terms

Terms of service for Commission members begin on January 1. Voting Commission members serve 2-year terms with a limit of 2 consecutive terms (or 4 years). Officers serve 2-year terms and may be elected to serve additional terms within the limits of their term(s) as Commission members.

Commission on Certification Selection

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Selection of the Commission on Certification

The selection process for members of the Commission on Certification is determined by their position on the Commission, as described below. The selection of Nominating Committee members is addressed in Policy 109.

Certified Members & Public Member Selection

The ballot for Certificant Members and the Public Member will be developed by the Nominating Committee (see Policy 109) following an open nominations period. Certificant Members and the Public Member will be elected by majority vote of the Commission.

Candidates will meet the qualifications established in Policy 103.

Nominations

Qualified candidates for the Certificant Members and Public Member positions may apply through an open nominations process or may be recruited by the Nominating Committee. The Nominating Committee Chair will communicate with the Commission to establish:

- The number and type of open positions
- The names of any existing Commission members who are eligible for, and interested in serving, a second term
- Any recommended candidates from Commission members
- Determine any skills and/or demographic representation needed by the Commission (in addition to the required qualifications)

Interview

The Nominating Committee may interview candidates as needed and will evaluate selected candidates based on the established qualifications and any additional agreed upon skills and demographics needed. The Committee will identify the best candidates for the position(s).

Election Process

The Nominating Committee reviews all qualified candidates and selects a slate of candidates for open positions.

Voting Commission members in good standing shall elect the Certificant Members and public member by ballot. Those candidates receiving the greatest number of votes shall be elected. In the event that there is a tie between the two candidates for one position, a run-off election will be held.

Notification

The Nominating Committee Chair will notify the newly elected Commission members and candidates who were not selected.

Vacancies, Removals, and Resignations

A vacancy of the Commission shall be filled for the balance of the term by an individual upon recommendation of the Nominating Committee. A majority vote of the entire Commission is required to confirm the Nominating Committee's recommendation. Vacancies must be filled by the next annual business meeting following the vacancy.

Any member may be removed from office with or without cause by a two-thirds vote of entire Commission.

Any Commission member may resign by giving written notice to the Chair or Vice-Chair of the Commission. Such resignation will take effect at the time of acceptance of the resignation or as determined by the Commission.

Compensation

Members of the Commission shall not receive any compensation for their services, but may be reimbursed for the travel expense of attendance at meetings and other functions of the Commission as per the IAHSS Expense Reimbursement policy.

Commission Meetings

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Meetings

The Commission will meet telephonically on a monthly basis for 1-2 hours, and will take advantage of technology to convey and review documents. IAHSS staff will assist in enabling the process and act as a resource. The commission will meet in person for 1-3 days as requested and approved by either the current fiscal year budget or the IAHSS Board of Directors, at least annually.

Notice

Notice of any meeting of the Commission shall be given to each member by written or oral notice at least five days prior to the meeting.

If the Chair or IAHSS staff determines that due to the urgency of a matter, a meeting must be held without notice described above, such meeting may be called if actual notice is left for the Member and received at the address or telephone, facsimile numbers or email address supplied for such purposes by the Member to IAHSS.

Quorum

At all meetings of the Commission, a quorum shall consist of the participation of a majority of voting members.

Voting

At any meeting of the Commission, a member may participate and cast a vote only when present in person or by telephone conference call or similar communication equipment. Each voting member will have one vote. In the event of a tie, the Chair will cast the deciding vote. A two-thirds vote of the entire Commission is required to enact or revise Commission policies, certification requirements, professional standards, and to remove a member from office. All other actions require a majority vote. Action taken by voice vote during a meeting by telephone conference call shall be a valid action of the Commission and shall be reported at the next regular meeting of the Commission.

Voting By Email

In the absence of a scheduled meeting, the Commission on Certification may resolve matters via email vote. Email votes are reserved for issues that require quick resolution and do not require lengthy discussion or in situations where a meeting cannot be convened in a timely manner. Email votes must have participation from all voting members and must be unanimous to be considered as an act of the

Commission. In addition, issues resolved via email vote must be reported at the next meeting of the Commission and recorded in the meeting minutes.

Rules of Order

The rules of order in the current edition of Robert's Rules of Order shall govern the conduct of all Commission meetings.

Participation

Members of the Commission are required to be prepared, consistently attend, and actively participate in Commission meetings. A Commission member that is frequently unprepared for meetings, does not participate, or that is absent may be asked to resign or may be removed from the Commission.

Agendas

Meeting agendas will be distributed in advance of each meeting. Any Commission member may recommend items for the agenda. The Chair will approve meeting agendas before they are distributed. With the approval of the Chair, meeting agendas may be updated and/or revised as needed after distribution.

Any Representative who wishes to place items on the agenda of any meeting of the Commission shall send items to the IAHS staff for receipt no later than 10 days before the meeting date.

When necessary to respond to a time sensitive issue, a meeting agenda may be distributed with less advance notice.

Minutes

A member or members of the IAHS staff will attend all meetings of the Commission and will ensure the official minutes of the meetings are recorded and properly retained.

Meeting minutes will be considered confidential unless otherwise specified. Minutes of any executive session will be considered confidential.

Meeting minutes will normally include the decisions made by the Commission. Minutes are not required to include all discussion or background information presented to, or discussed by, the Commission.

Meeting minutes will be distributed within two (2) weeks following each meeting and will be distributed to all members of the Commission. Meeting minutes will be retained according to the requirements of the record retention policy.

Commission Orientation

Policy Number: 106
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All Commission members are required to sign a confidentiality and conflict of interest agreement (see Confidentiality and Conflict of Interest policies) and receive an appropriate orientation at or prior to the beginning of their initial term.

Orientation Materials

Orientation materials include:

- Commission on Certification Charter
- CHPA Program Policy Manual
- Relevant Job descriptions
- Certification program Candidate Handbook
- Commission minutes for the previous 6 months
- Certification program budget and/or financials for the current year
- Most recent job analysis and any relevant exam development reports
- Other materials as needed to provide adequate background information for the new Commissioners

Orientation Session

While all Commission members are strongly encouraged to participate in the session, the orientation is mandatory only for new Commission members. The orientation session will include (but is not limited to):

- An overview of the accreditation standards for certification programs and certification program best practices
- An overview of the examination development process including introductory psychometric information
- An overview of Commission governance charter, policies, and meeting procedures

As schedules allow, newly selected Commission members will attend, as observers, the Commission meeting prior to the start of their terms for orientation purposes.

Confidentiality

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Confidential Information

The Commission is committed to protecting confidential and/or proprietary information related to applicants; candidates; certificants; and the examination development, maintenance, and administration process. The confidentiality policy applies to all IAHSS employees, Commission members, committee members and volunteers (or subject matter experts), consultants, vendors, and other individuals who are permitted access to confidential information.

The following categories of individuals are required to sign confidentiality/conflict of interest forms:

- IAHSS staff with access to confidential CHPA exam information
- Commission on Certification members
- Proctors
- Vendors (note: vendor confidentiality and conflict of interest may be covered in contracts)
- SMEs/committee members
- Applicants/certificants

Confidential materials include, but are not limited to:

- an individual's application status
- personal applicant/certificant information
- exam development documentation (including role delineation study reports, technical reports, and cut score studies)
- exam items and answers
- exam forms
- individual exam scores

To ensure the security of the examination, all test materials are confidential and will not be released to any person or agency.

Information about an applicant/candidate/certificant will only be released to that applicant/candidate/certificant unless release of the information is authorized in writing (by email is acceptable) by the individual or is required by law. Personal information submitted by an applicant/candidate/certificant with an application or recertification application is considered confidential. Personal information retained within the database will be kept confidential.

All application information is confidential and will not be shared with any party other than IAHSS' examination development or administration vendors for certification processing purposes.

Examination scores are released only to the examination candidate unless a signed release is provided in writing by the individual or release is required by law.

Commission members will not disclose confidential information related to or discussed during meetings unless authorized by the Commission. This includes any verbal or written information identified as a confidential matter.

Verification & Aggregate Data

Certification Status Verification

An individual's certification status is not considered confidential. The names of certified individuals are not considered confidential and may be published by the Commission.

IAHSS will provide confirmation of certification status to anyone who requests the information. Verification of certification status will include the individual's name and current certification status.

Application status, information about whether or not an individual has taken the exam, and score information will not be released.

Aggregate Data

Aggregate exam statistics (including the number of exam candidates, pass/fail rates, and total number of certificants) will be publicly available and updated annually. Aggregate exam statistics, studies and reports concerning applicants/certificants will contain no information identifiable with any applicant/certificant.

Confidentiality Agreements

Applicants for certification will be required to read and acknowledge a confidentiality statement requiring them to keep exam information confidential prior to taking the examination.

Before beginning their initial term of office, each Commission member will sign a confidentiality agreement stating that he/she will not disclose any confidential information. If a question is raised as to the confidentiality of certain information, confidentiality will be determined by Commission Chair.

Other individuals who participate in examination development activities (including, but not limited to, item development, exam form review, and cut score studies) will also sign confidentiality and non-disclosure forms prior to having access to any confidential examination materials.

Confidentiality agreements are maintained by the IAHSS certification staff on internal server. The IAHSS certification staff are responsible for ensuring signed agreements are obtained and maintained.

Confidential Materials

All confidential materials will be retained in a secure manner as required by the security and record retention policies. Commission members will keep confidential and secure any confidential materials

that are sent to them. These materials will be kept in a secure and private location at all times until they are returned to the IAHSS office or are destroyed as directed.

Access to Confidential Information

Access to confidential information will be limited to those individuals who require access in order to perform necessary work related to the certification program during the time frame for which access is required. Access will be granted in compliance with the provisions of the security policy.

Conflicts of Interest

Policy Number: 108
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Conflict of Interest

A conflict of interest is defined as a transaction or relationship which presents or may present a conflict between a Commission member's obligations to IAHSS and the Commission member's personal, business or other interests.

All conflicts of interest are not necessarily prohibited or harmful to IAHSS. However, full disclosure of all actual and potential conflicts, and a determination by the disinterested Commission members – with the interested Commission member(s) recused from participating in debates and voting on the matter – are required.

All actual and potential conflicts of interests shall be disclosed by Commission members to the disinterested Commission members through a combined Confidentiality agreement/Conflict of interest disclosure form (Appendix A) and will sign an updated Conflict of Interest form whenever a conflict arises. The disinterested Commission members shall make a determination as to whether a conflict exists and what subsequent action is appropriate (if any). The Commission shall retain the right to modify or reverse such determination and action, and shall retain the ultimate enforcement authority with respect to the interpretation and application of this policy.

All Commission members shall be provided with a copy of this policy and required to complete and sign the acknowledgment and disclosure form at the start of their term and whenever a subsequent conflict should arise. All completed forms shall be provided to and reviewed by the Commission on Certification, as well as all other conflict information, if any, provided by Commission members.

Confidentiality Agreement & Conflict of Interest Forms are maintained by the IAHSS certification staff on internal server. The IAHSS certification staff are responsible for ensuring signed agreements are obtained and maintained.

Committees

Policy Number: 109
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Establishing Committees

The Commission may establish and appoint members to committees, sub-committees, panels, working groups, and/or task forces (herein after referred to as committees) as needed to perform the work of the certification program. Such committees may include, but are not limited to, a job analysis committee, exam development committee(s), cut score committee, review committee, appeals committee, and nominating committee.

Authority

Committees will function in an advisory capacity to the Commission and will follow all Commission policies and procedures. The Commission may create, restructure, or dissolve any committee at any time.

Nominating Committee

The Nominating Committee is composed of 3 members who are current CHPA certificants including:

- 2 members appointed by the Commission
- 1 member appointed by the IAHSS Board of Directors

The Nominating Committee will recruit, screen, and select a slate of qualified candidates for open Commission positions for the Commission's consideration and vote.

Discipline Committee

The Discipline Committee is responsible for overseeing and implementing the disciplinary process for CHPA certificants. (See Disciplinary & Complaints Policy, #211.)

Composition, Selection & Terms

Nominating Committee Selection

Two Nominating Committee members are appointed by majority vote of the Commission. One member is appointed by the IAHSS Board of Directors.

The Nominating Committee shall implement the policies and procedures (policy #104) for nominating candidates and chairs for the Commission on Certification.

Selection of Other Committees

Committee members will be appointed by the Chair, with the approval of the Commission.

To the extent reasonably possible, committee composition will reflect the diversity of CHPA certificants. Geographic representation, specialty/practice area, populations served, and experience level will be considered. Subject matter expert committees tasked with examination development activities will have specific criteria and qualifications related to their tasks.

With the exception of the Nominating, Discipline, and Appeals Committees, the Chair will select one member for each committee to function as a communications liaison between the committee and the Commission.

Committee Terms

Committee members are appointed for one-year terms and may be reappointed for additional terms.

Committees will have a minimum of three members. There is no mandatory limit on the maximum number of committee members, except as noted above, but in appointing the committee members, the Commission will consider the anticipated workload of the committee and the need for the committee to be able to work efficiently.

The minimum size and demographic composition of examination development committees will be determined in consultation with the Commission's psychometric consultant(s).

The IAHSS staff assigned to the certification program will function as a non-voting, ex-officio member of all committees.

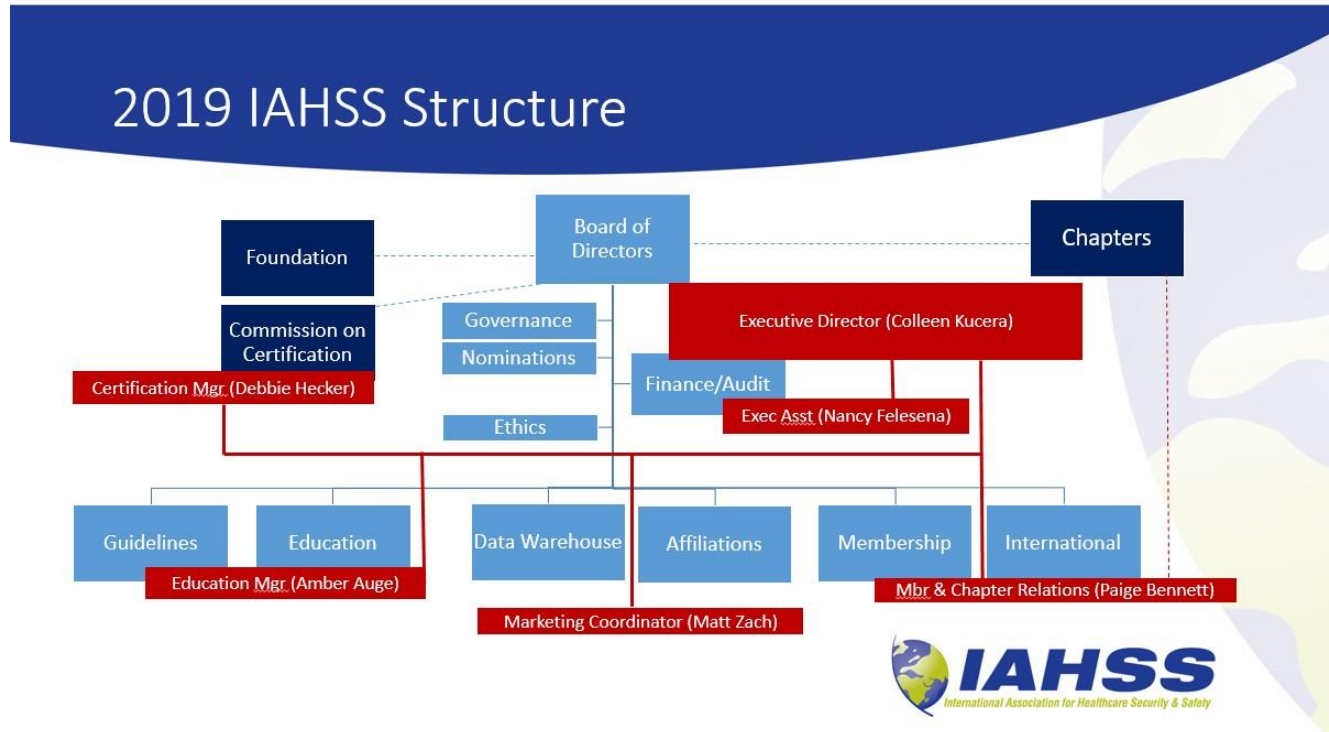
Creation and Dissolution

The IAHSS staff assigned to the certification program shall monitor the actions of all committees, task forces and councils and shall recommend to the Committee on a regular basis the creation, dissolution and consolidation of these committees. The Commission may at any time create, restructure in any manner, or dissolve any committee, task force or council.

Organizational Structure

Policy Number: 110
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The following diagram represents the organizational structure of the certification program:



Financial Management

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Certification Program Funding

The Commission will have sufficient and adequate resources to conduct effective and ongoing certification and recertification program activities.

IAHSS reserve funds may be designated for the purpose of adequately funding examination development and administration activities or other significant expenses directly related to the ongoing function of the certification program at the approval of the IAHSS Board of Directors. For example, a reserve fund may be designated to ensure adequate funding for job analysis studies as this cost would not normally be covered in the annual budget, but should be anticipated and planned for in advance. A portion of revenues from the certification program may be reserved to cover these planned future expenses as they occur.

IAHSS may not withhold funding or approve funding for the certification program in a manner that will prevent the Commission from making independent decisions regarding the certification program or that compromises the autonomy and independence of the Commission as established in the Bylaws and Commission on Certification Charter.

Expense Reimbursement

Commission and committee members will be reimbursed for reasonable travel expenses related to attendance at official, required meetings. The Commission will follow the IAHSS policy for the reimbursement of travel expenses.

Budget

The budget for the certification program will be informed by the Commission and approved by the IAHSS Board.

The Commission does not have the authority to create a deficit budget, to manage outside of the approved budget, or to approve actions which would have a significant negative impact on IAHSS without prior approval of the IAHSS Board of Directors.

The IAHSS Staff prepare a draft budget for the IAHSS Board of Directors input that provides adequate financial resources to conduct effective certification and recertification activities.

Establishment of appropriate fees for testing, retesting, and recertification may be proposed as part of the budget process.

The IAHSS staff assigned to the certification program will ensure that the certification program operates within the approved budget. This staff member will provide periodic financial reports to the

Commission for the purpose of monitoring the budget and financial activities of the certification program.

The fiscal year of the Commission is the same as the IAHSS fiscal year.

Operational Management

Policy Number: 112
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IAHSS will employ a qualified individual(s) to manage the day-to-day operation of the certification program under the oversight of the Commission. The actual job title of the individual may change from time to time.

Roles & Responsibilities

The IAHSS staff assigned to the certification program are responsible for daily certification program operations management, providing administrative support to the Commission, and for implementing policy decisions made by the Commission.

The certification program staff member(s) will be responsible for:

- Supporting and advising the Commission
- Providing routine updates to the Commission regarding certification, recertification, and testing activities
- Supervising and managing the daily operations of the certification program, including application processing, maintaining applicant and certificant records, maintaining certification program information on the web site, issuing certificates, and providing exam development committee support.
- Supervising and managing any additional certification program staff members
- Coordinating all testing consultant/vendor activities and serving as the primary point of contact for the testing consultant
- Monitoring subcontractor performance relative to the agreed upon scope of work
- Monitoring ongoing compliance with the certification program budget
- Providing regular financial updates to the Commission
- Implementing all policies, strategic plans, and directives of the Commission
- Selecting and/or supervising employees and/or consultants tasked to work on the certification program as needed
- Managing all communication with applicants, candidates, and certificants
- Providing compliance oversight by monitoring and ensuring compliance with certification program accreditation standards

- Attending Commission meetings, and ensuring that minutes of the meeting are recorded and properly retained.
- Attending Committee meetings when specifically requested
- Other duties as assigned by the Commission

The Commission does not have the authority to hire or dismiss IAHSS employees. Any work performance issues related to the certification manager should be reported directly to IAHSS Executive Director so that issues can be addressed promptly.

The certification staff shall serve without vote as an ex-officio member of the Commission and its committees, councils and task forces.

Performance Evaluation

The certification staff will report to the IAHSS Executive Director. An annual, independent performance review will be conducted by the IAHSS CEO with input from the Commission.

Staff Orientation & Training

Policy Number: 113
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The Commission expects the certification staff to participate in professional development activities related to certification program administration at least annually. These activities may include, but are not limited to:

- attendance at certification industry conferences or seminars, such as those provided by the Institute of Credentialing Excellence, the Association of Test Publishers, and Certification Networking Group
- participation in seminars, workshops, and/or webinars
- review of published white papers, journal articles, and text books

Staff members that spend at least a portion of their time providing support for the certification program will receive orientation regarding certification program and examination development best practices. This orientation may include participation in the annual Commission member training/orientation session.

Sub-Contracting

Policy Number: 114
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The services of consultants, vendors, and other contractors (herein after referred to as “subcontractors”) described in this policy refer to work subcontracted by the Commission to an external organization, company, or person under a written agreement. The term “subcontracting” in this policy describes situations in which substantive work is conducted by an individual, company, or organization other than the Commission.

This policy does not apply to employees of the IAHSS or to vendor relationships for the purchase of equipment, supplies, maintenance services, etc.

Contracts

The Commission may retain the services of subcontractors as needed to conduct the operations of the certification program in compliance with the Commission policies and procedures and within the approved certification program budget. These services may include psychometric consultation, examination security or administration consultation, accreditation compliance consultation, and other similar services. The Commission will be responsible for determining the need for a subcontractor and for participating in the selection of qualified subcontractors. Selection of subcontractors may be delegated to the IAHSS staff.

Legal contracts for subcontractor services will be reviewed and approved upon the recommendation of the IAHSS staff. IAHSS staff may sign contracts upon approval of the Commission and IAHSS Board of Directors.

Contracts will include the scope of work and payment terms. All subcontractors must sign confidentiality and conflict of interest agreements or must provide these provisions in their contract.

Essential certification decisions, including, but not limited to eligibility requirements, recertification policies, and establishing the examination passing point(s), cannot be delegated to any subcontractor.

Monitoring

The certification staff is responsible for monitoring subcontractor work relative to the agreed upon scope of services and timeline. Subcontractor performance evaluations will be conducted and documented at least annually.

Monitoring activities may include, but are not limited to:

- Periodic phone calls and/or meetings
- Review of status/activity reports provided by the subcontractor
- Review of applicant/candidate surveys

Section 2: Certification Program

Eligibility Requirements

Policy Number:	200
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The Commission has developed requirements for eligibility to ensure that the application process is fair and impartial for all applicants. Each eligibility requirement has been established to ensure that individuals certified by the Commission have an acceptable level of knowledge and the skills needed to provide personal training services.

Candidates cannot earn certification without passing the certification exam. Requirements will be published and readily available to applicants.

Eligibility Criteria

In order to earn the CHPA credential, candidates must:

1. Earn 10 credits

Rationale: The IAHSS Commission on Certification has determined that 10 credits from a mixture of the following four (4) categories should be considered as the minimum level of qualification required to test for the CHPA certification.

The Commission further agrees that although 10 credits is adequate, they must come from a mixture of the following categories, with the minimum/maximum number of credits specified, in order to be a more well-rounded candidate, and hopefully increase the likelihood of success on the CHPA certification examination.

- Industry Association Membership: Up to 3 credits for membership in IAHSS and/or another association recognized by IAHSS. There is no minimum membership requirement. The maximum allowed # of credits is 3.

Rationale: The IAHSS Commission on Certification has discussed and feels membership in either our association, or another similar in the industry is an invaluable way for CHPA candidates to remain current on industry practices. They further agree that out of a possible 10 credits required for eligibility, 3 is the maximum number of credits that should be allowed from this category, in order to get candidates to have adequate credits from the other three categories.

- Education: up to 4 credits awarded for education. Candidates for CHPA must hold at minimum of a High School degree (or GED). At least one (1) credit must come from this category.

Rationale: The IAHSS Commission on Certification has discussed, and feels that education should be considered a very strong component of eligibility to qualify for the CHPA certification examination.

Therefore, they recommend that one credit should be awarded for the minimum education required. The candidate may claim credit for only the highest level of

education achieved, with four (4) credits being the maximum. Any education higher than Graduate level would still only be awarded 4 credits in this category, allowing for 6 more credits to come from the other 3 categories.

- Experience: Within the past ten (10) years, the candidate 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; At least one (1) credit (two full years) must come from this category. Maximum # credits 5.

Rationale: The IAHSS Commission on Certification feels that leadership experience in the field of healthcare security is a strong indicator of success on the CHPA certification examination, and of adequate performance of the job of a Certified Healthcare Protection Administrator. They also feel this experience must be contemporary to be relevant, and so only experience from the past ten (10) years will be counted.

Further, this experience should be gained in a role where the candidate is a protection leader responsible for making day to day security operations management decisions in either a single healthcare facility or a health system.

They also agree that a minimum requirement in this category would be one credit, awarded for 2 years full-time employment in the role specified. Subsequent years would be awarded at 1 credit per year, as the Commission feels once the candidate has worked in the role for two years, his/her basic experience would build faster. The maximum experiential requirement would be limited then to 5 credits (or 6 years of work experience), allowing for 5 additional required credits to come from the other 3 categories.

- Development: must have attended a protection, safety or emergency management training or education course within the past five (5) 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. All development activities must be accompanied by documentation of proof of attendance in order to receive credit. 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.

At least one (1) credit must come from this category; Maximum # credits 8.

Rationale: The IAHSS Commission on Certification agrees continuing education is a necessary part of preparing to become a CHPA, and so has set a minimum requirement of 1 credit which must come from this category, and a maximum of 8 credits, since there are 2 other credits required from 2 of the other 3 categories. The education must have been gained within the past 5 years to ensure that it is current and relevant.

2. Pay the application fee of \$450 (members) and \$525 (non-members)
3. Pass the CHPA examination

Membership

Membership in IAHSS or a related association or organization is not required for certification.

Reconsideration of Adverse Eligibility and Recertification Decisions

Policy Number: 201
Approved By: IAHSS Commission on Certification
Date Approved: June 27, 2019
Date Revised:

General Complaints

IAHSS staff assigned to the certification program will review general complaints submitted to IAHSS regarding the CHPA program. The staff will review complaints and determine if additional action is needed by the Commission on Certification.

Submitting a Request for Reconsideration

Candidates whose eligibility for initial certification or recertification has been denied and who believe the denial is a result of an error in the application review process or a failure to follow application review policies, may request reconsideration of the decision. Reconsideration requests regarding the examination content outline (e.g., specific questions and the domain weights/specifications/blueprint that results from the Job Task Analysis) are not accepted.

CHPA Applications/Recertification Applications are approved or declined by the Commission Chair. If applicant disagrees with Commission Chair's decision, then an appeal may be filed within thirty (30) days of the date applicant was originally notified of denial.

- a. A hand-signed letter explaining the reason for the appeal must be submitted to the IAHSS office electronically, via fax or US mail.
- b. Any new or additional documentation for consideration must be submitted at this time.

Review Process

The IAHSS Commission on Certification Appeals Committee shall review and consider a properly filed appeal via teleconference.

The IAHSS staff will notify the Applicant of the Commission's decision, and the reasons therefore, as specified in the appeals time frame.

- I. An initial response will be provided within thirty (30) days, acknowledging receipt of the complaint.
- II. There will be a sixty (60) day investigative review period, renewable for another sixty (60) day period based on findings.

The decision of the IAHSS Commission on Certification will be considered final.

Application Processing for Initial Certification

Policy Number: 202
 Approved By: IAHSS Commission on Certification
 Date Approved: June 27, 2019
 Date Revised:

Initial CHPA Application Submission & Approval Process

Applicants must access the current CHPA application from the IAHSS website and submit a completed application along with fees and all required documentation to the IAHSS office according to the instructions stated on the application.

- a. Applications will not be processed without the required fee.
- b. The IAHSS office will process and notify applicants via email of application approval or denial within forty-five (45) days.
- c. Once an application is approved and the fees are received, they are non-refundable.

Approved CHPA candidates must access the current CHPA Exam Candidate and Proctor Guidelines from the IAHSS website and submit the completed CHPA Proctor Agreement Form in order to test.

- a. The chosen proctor must be approved in advance by the IAHSS Commission on Certification.
- b. A twenty-four (24) hour notice is required to reschedule or cancel a scheduled test.
- c. Failure to test on the scheduled date will result in a \$100 change fee.

Initial CHPA Applicant Term

Approved CHPA applicants are allowed one (1) attempt to take the exam within twelve (12) months / one (1) year from the approval date of their application. If a candidate fails the first attempt, he/she will have six months in which to retake it, and the candidate must pay an additional \$100 USD fee to retake the exam. Candidates failing their first exam attempt must wait a period of 30 days prior to retesting.

An email notification will be sent by the IAHSS staff at approximately four (4) months after initial CHPA approval and prior to CHPA eligibility period expiration as the only formal reminder that the eligibility period in which to test will expire in two (2) months. It is the candidate's responsibility to ensure that they are scheduled to take the exam before reaching the applicant eligibility period end date. If the candidate has not tested within the twelve (12) months CHPA applicant eligibility period, the candidate may request a three (3) month extension. Candidates must make the request in writing or via email to IAHSS either within or prior to the (3) month window, and they must also pay a required \$100 late penalty fee in order to be granted the three (3) month extension.

Candidates who have either not taken the exam within the twelve-month eligibility period or been granted an extension must reapply for the exam and pay the regular CHPA application fees again. Extensions may be considered on rare occasion if there is a severe hardship (i.e. death of an immediate family member or military deployment, which does not apply to military contractors.) If a hardship exists, the candidate must submit reasons to IAHSS Commission on Certification in writing in advance

of the end of the eligibility period. Severe hardship must be documented to IAHSS satisfaction and be verifiable.

Failure to Demonstrate Eligibility

Applicants who fail to demonstrate that they have met the eligibility requirements will not be permitted to take the exam.

Grandparenting

Policy Number: 203
Approved By: IAHSS Commission on Certification
Date Approved: June 27, 2019
Date Revised:

Grandparenting

The Commission on Certification does not permit the practice of grandparenting, or awarding the credential to individuals who have not passed the examination.

Code of Conduct and Certification Code of Ethics

Policy Number: 204
Approved By: IAHSS Commission on Certification
Date Approved: June 27, 2019
Date Revised:

The Commission on Certification has adopted the IAHSS Code of Ethics for the Security Professional for CHPA certificants. CHPA certificants who violate the Code of Ethics for the Security Professional are subject to disciplinary action. (See Disciplinary and Complaints Policy, #211.)

Summary of Certification Activities

Policy Number: 205
Approved By: IAHSS Commission on Certification
Date Approved: June 27, 2019
Date Revised:

The IAHSS will prepare and publish a summary of certification activities.

The published summary of certification activities will include the number of individuals who took the exam, exam pass/fail rates, the number of current CHPA certificants, and other aggregate certification/recertification data as appropriate.

The summary of certification activities will be publicly available. At least the three most current years of historical summary information will be maintained on the web site at all times.

Nondiscrimination

Policy Number: 206
Approved By: IAHSS Commission on Certification
Date Approved: June 27, 2019
Date Revised:

IAHSS shall admit candidates without regard to age, sex, race, color, national origin, disability, religion, sexual orientation, or marital status to all rights, privileges, programs, and examinations. IAHSS will not discriminate on the basis of age, sex, race, color, national origin, disability, religion, sexual orientation, or marital status in the administration of its certification and recertification policies.

Accommodations for Candidates with Disabilities

Policy Number: 207
Approved By: IAHSS Commission on Certification
Date Approved: June 27, 2019
Date Revised:

Reasonable accommodations, as defined by the Americans with Disabilities Act (or the appropriate international equivalent, applicable regulations), provide candidates with disabilities a fair and equal opportunity to demonstrate their knowledge and skill in the essential knowledge being measured by the examination.

Reasonable accommodations are decided upon based on:

- the individual's specific request
- the individual's specific disability
- documentation submitted
- the appropriateness of the request

Reasonable accommodations do not include steps that fundamentally alter the purpose or nature of the examination.

Reasonable accommodations generally are provided for candidates who:

- have a physical or mental impairment that substantially limits that person in one or more major life activities (e.g. walking, talking, hearing, performing manual tasks)
- have a record of such physical or mental impairment
- are regarded as having a physical or mental impairment

To apply for accommodation(s), the candidate must

- Submit the Request for Testing Accommodation form on the IAHSS website
- Submit documentation provided by an appropriate licensed professional on the professional's letterhead to the Commission which includes a diagnosis of the disability and specific recommendations for accommodations.
- Submit documentation at least 30 days prior to the testing date. All documentation is subject to verification.

Requests for accommodations will be reviewed by the certification program staff member who will communicate approved accommodations to the proctor and/or testing company. The proctor will be responsible for providing accommodations at the designated test site with all agreed upon provisions provided upon the individual's official check in at the testing center. The proctor will attest to providing the accommodation and report any issues to IAHSS.

Use of Certification Mark

Policy Number: 208
Approved By: IAHSS Commission on Certification
Date Approved: June 27, 2019
Date Revised:

The CHPA credential may be used by individuals who have earned the designation as long as certification remains valid and in good standing. Individuals may not use the CHPA credential until they have received specific written notification that they have successfully completed all requirements, including passing the exam. Certificants must comply with all recertification requirements to maintain use of the credential.

Proper Use of Credentials

After meeting all requirements and passing the examination, individuals may use their credential in all correspondence and professional relations. The credential is typically used after the certificant's name following any academic degrees and licensure (e.g. Mary Smith, CHPA).

Certificates

Each CHPA receives a certificate that includes:

- the certificant's name
- certification name
- expiration date
- certification number

Monitor for Proper Use

IAHSS staff will randomly select CHPA certificants on an annual basis whose credential has lapsed to verify that they are no longer using the credential. If a credential is being misused, the IAHSS will determine the appropriate action. Misuse of the credential may include disciplinary action.

Recertification

Policy Number:	209
Approved By:	IAHSS Commission on Certification
Date Approved:	June 27, 2019
Date Revised:	July 31, 2019

Purpose

Recertification is a mandatory process designed to ensure that CHPAs continually enhance their competency level. For this purpose, IAHSS recertification guidelines require applicants to obtain continuing education throughout the renewal cycle. This consistent focus on continuing education will allow CHPAs to stay abreast of the latest research, trends, and professional standards.

Recertification Requirements

A CHPA must renew every three years by completing a CHPA recertification application documenting 15 credits earned during the recertification period.

Rationale: The IAHSS Commission on Certification has determined that Recertification is required to renew the CHPA credential beyond a 3 year term in order to promote continuing competence in the field of healthcare security and safety. Continuing competence means demonstrating specified levels of knowledge, skills, or ability not only at the time of initial certification but throughout an individual's professional career. This time interval is appropriate, because security practices may change significantly within that time period, and the Commission wants to ensure certified individuals remain competent in their jobs.

The Commission further agrees that although 15 total credits is adequate to ensure a CHPA is deserving of credential renewal, they must come from a mixture of the following categories with the minimum/maximum number of credits specified, in order to demonstrate the continuing competence required to practice in the CHPA role.

Recertification credit categories:

- Industry Association Membership:
 - a. IAHSS Professional (formerly known as "Senior"), Partner or Life member in good standing. There is no minimum membership requirement. Credit: Each full year 1; Maximum credits 3.
 - b. 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. Credit: Each full year 1; Maximum credits 3.

Total maximum membership credits # 6.

Rationale: The IAHSS Commission on Certification has discussed and feel membership in either our association, or another similar in the industry is an invaluable way for CHPA's to remain current on industry practices.

They also feel that out of a possible fifteen (15) credits required for recertification, six (6) is the maximum number of credits that should be allowed from this category, in order to ensure that candidates obtain adequate credits from the other three categories. The Commission has discussed and agrees that concurrent membership in another similar association adds further breadth of experience and knowledge to the recertification candidate. Therefore, it is appropriate that more credits are accepted from this category for recertification than are accepted for initial certification.

- Education: only applies if degree status has changed since the last recertification. Only the highest earned degree or equivalent applies; Completed Degree Credit: Associate 2; Baccalaureate 3; Graduate 4; Maximum credits 4

Rationale: The IAHSS Commission on Certification has discussed, and feels that attaining additional formal education should be considered a very strong component of eligibility to renew the CHPA credential. Therefore, they recommend that credit should be awarded for attaining a higher education level since their last renewal. The candidate may claim credit for only the highest level of education achieved above the minimum required to certify originally, with four (4) credits being the maximum. Any education higher than Graduate level would still only be awarded four (4) credits in this category, allowing for more credits to come from the other 3 categories.

- Experience: within the past three (3) years, 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.

Minimum credit 0; each service year 1; Maximum # credits 3

Rationale: The IAHSS Commission on Certification feels that although leadership experience in the field of healthcare security can be a strong indicator of continuing success as a CHPA, and of adequate performance of the job of a Certified Healthcare Protection Administrator during the current 3 year certification period, no additional credits should be required in this category for recertification candidates. The Commission feels they may obtain relevant credits for renewal in the other 3 categories.

However, renewal candidates may still obtain 3 maximum credits in this category, one for each year of experience since their last renewal. This experience should be gained in a role where the candidate is a protection leader responsible for making

day to day security operations management decisions in either a single healthcare facility or a health system.

- Development: must have attended a protection, safety or emergency management training or education course within the past ten (10) years. Credit breakdown – 1- 4 education hours earns a half credit, 5-8 education hours earns one credit. Each IAHS AC&E full event and other like events earn 1 credit for each 5-8 hour education day attended. IAHS 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. Minimum credit 5; Maximum # credits 15.

Rationale: The IAHS Commission on Certification agrees continuing education is a necessary part of continuing to develop and perform in the role of a CHPA, and has set a minimum requirement of five (5) credits which must come from this category, and a maximum of fifteen (15) credits, since there are 0 other credits required from the other 4 categories, and 15 total are required to recertify. Further, the Commission on Certification requires Continuing Education activity submitted under Development to contain content relevant to the CHPA exam content outline and to be offered by a credible education source. Since typical limitations of Continuing Education relate to the source of the content and relevancy to the CHPA content outline, the Commission on Certification evaluates Continuing Education activities submitted for credit to ensure they support the intent of promoting continuing competence by containing content relevant to the exam content outline and are provided by credible sources as determined by the Commission on Certification.

- Activities and Accomplishments: participation in an IAHS - approved protection activity or completion of an accomplishment; Minimum credit 0; Maximum credits 10. (See application for credits earned for individual activities.)

Rationale: The IAHS Commission on Certification values the active participation, involvement and accomplishments of CHPAs within IAHS and other protection organizations, which contributes to the profession as a whole and to the individual CHPA recertification candidate by offering opportunities for professional growth and development in the field. The Commission agrees that such activities and accomplishments demonstrate continuing competence of additional knowledge, skills and abilities attained, and so are deserving of credits awarded towards CHPA recertification. There is no minimum requirement; however, the Commission feels a maximum of 10 credits in this category is appropriate to award out of the 15 total required for recertification. Additionally, the Commission feels that less credits for certain non-IAHS activities should be awarded since other organizations are not focused exclusively on healthcare protection, as is IAHS and the CHPA certification.

Further, as technology changes each year, regulatory agencies (CMS, Joint Commission, DPH) rules and regulations are modified, amended, or changed as often, the need to stay abreast of them is critical. Earning recertification credits costs a significant amount of money, but 15 credits or 5 per year is appropriate and should be within the strict budget constraints to which all certificants and/or their employers must adhere.

Lapsed Credentials

CHPAs must renew their credentials prior to the credential expiration date. Recertification candidates will be notified via the email address listed in the IAHSS database within the last six (6) months prior to their expiration date. Within one (1) month after their expiration date has passed, they will receive a final written (by mail or email) notification stating they are expired and the individual is to stop using the CHPA credential immediately.

Credentials will be considered lapsed and unable to be renewed via the regular recertification process if not renewed within one (1) year of the credential expiration date. However, the following is the process to renew Lapsed Credentials for up to one (1) year after the credential expiration date:

- a. Within ninety (90) days post credential expiration date, CHPA candidates may submit the regular CHPA Recertification Application and pay the regular renewal rate. They will not be asked to submit proof of additional credits beyond the fifteen (15) credits required of on-time renewal candidates.
- b. From ninety-one (91) days through twelve (12) months post credential expiration date, CHPA candidates must submit the following in order to renew their CHPA credential:
 - i. Current Recertification Application documenting eighteen (18) credits [vs fifteen (15) credits required for on-time renewals].
 1. Additional credits may be earned under any section, as long as the section maximum credits are not exceeded.
 - ii. Renewal candidates must submit a \$100 penalty fee in addition to the regular renewal fee with their application.
 - iii. Late renewals will not extend the recertification term; the next renewal date will be exactly three (3) years from the date of expiration of the last certification term.
- c. If a CHPA does not successfully renew within twelve (12) months of the credential expiration date, the candidate must begin the CHPA application process all over again in order to reinstate their CHPA via the process below:
 - i. Submit a new CHPA application
 - ii. Meet current eligibility requirements
 - iii. Pay the full application fee
 - iv. Pass the CHPA examination

Recertification Application Processing

Policy Number: 210
Approved By: IAHSS Commission on Certification
Date Approved: June 27, 2019
Date Revised:

Recertification Process

CHPAs are required to recertify every three (3) years by the credential expiration date. Recertification applicants must complete a current CHPA Recertification Application available from the IAHSS website at under the Certifications tab.

Applications must meet the following requirements in order to be processed by IAHSS staff:

- a. Applications must be complete, dated, signed, and include all required documentation.
- b. Applications must be scanned, faxed or mailed to the IAHSS office at the address listed along with complete supporting documentation.
- c. Application fee must be submitted with application.
- d. Incomplete applications will be returned to candidates, and an administrative fee of \$50 USD will be assessed.
- e. Recertification candidates will be notified of successful credential renewal within 45 days of receipt of their complete and paid application.

Audit and Verification Process

In order to maintain the credibility and integrity of the certification process, the Commission reserves the right to verify any information provided on renewal applications. Requests for verification maybe made prior to recertification or at a future time.

IAHSS reviews all applications for certification renewal to ensure that all renewal requirements are met. If any areas of non-compliance, or missing information, are identified within the recertification application, the application is denied.

Disciplinary & Complaints Policy

Policy Number: 211
Approved By: IAHSS Commission on Certification
Date Approved: June 27, 2019
Date Revised:

Introduction

The Commission developed its disciplinary procedures to ensure that the enforcement process remains expedient, consistent and fair for all participants and credible to the public.

Information regarding the complaint process, including a complete copy of this policy, will be available to the public via the IAHSS web site or other published documents.

In order to maintain and enhance the credibility of the CHPA certification program, the Commission has adopted the following procedures to allow individuals to bring complaints concerning the conduct of CHPA certificants to the Commission.

In the event a certificant violates the IAHSS Code of Ethics for the Security Professional, or Commission certification rules, requirements, and/or policies, the Commission may reprimand or suspend the individual or may revoke certification.

Grounds for Sanctions

The grounds for sanctions under these procedures may include, but are not necessarily limited to:

- Violation of the established Code of Ethics, Commission rules, requirements, and/or policies.
- Gross negligence, willful misconduct, or other unethical conduct in the performance of services for which the individual has achieved CHPA certification.
- Fraud, falsification, or misrepresentation in an initial application or renewal application for certification.
- Falsification of any material information requested by the Commission.
- Misrepresentation of CHPA status, including abuse of logo.
- Cheating on any certification examination.

Actions taken under this policy do not constitute enforcement of the law, although referral to appropriate federal, state, or local government agencies may be made about the conduct of the certificant in appropriate situations. Individuals initially bringing complaints are not entitled to any relief or damages by virtue of this process, although they will receive notice of the actions taken.

Complaints

Complaint Submission

Complaints may be submitted by any individual or entity. Complaints must be submitted in writing to the Commission and should include the name of the person submitting the complaint, the name of the person the complaint is regarding and other relevant identifying information, a detailed description of factual allegations supporting the charges, and any relevant supporting documentation. Information submitted during the complaint and investigation process is considered confidential and will be handled in accordance with Commission's Confidentiality policy.

Information regarding the complaint process, including a complete copy of this policy and forms, will be available to the public via the IAHS web site or other published documents.

Preliminary Review

Upon receipt and preliminary review of a complaint involving the certification program the IAHS staff in consultation with the Commission Chair may conclude, in their sole discretion, that the submission:

- contains unreliable or insufficient information, or
- is patently frivolous or inconsequential.

In such cases, the IAHS Staff and Commission Chair may determine that the submission does not constitute a valid and actionable complaint that would justify bringing it before the Commission's Discipline Committee for investigation and a determination of whether there has been a violation of substantive requirements of the certification process. If so, the submission is disposed of by notice from the IAHS Staff and Commission Chair to its submitter. All such preliminary dispositions by the Commission Chair are reported to the Governing Board at its next meeting.

Preliminary review will be conducted within 15 business days of receipt of the complaint.

If a submission is deemed by the IAHS staff member and Commission Chair to be a valid and actionable complaint, the Commission Chair will see that written notice is provided to the certificant whose conduct has been called into question. The certificant whose conduct is at issue also will be given the opportunity to respond to the complaint. The Chair also will ensure that the individual submitting the complaint receives notice that the complaint is being reviewed by the Commission.

Complaint Review

For each complaint that the Chair concludes is a valid and actionable complaint, the Commission authorizes an investigation into its specific facts or circumstances to whatever extent is necessary in order to clarify, expand, or corroborate the information provided by the submitter.

Discipline Committee

The Discipline Committee will investigate and make an appropriate determination with respect to each such valid and actionable complaint; the Discipline Committee may review one or more such complaints as determined by the Chair. The Discipline Committee initially determines whether it is

appropriate to review the complaint under these Procedures or whether the matter should be referred to another entity engaged in the administration of law. The timeline for responses and for providing any additional information shall be established by the Discipline Committee. The Discipline Committee may be assisted in the conduct of its investigation by other members of the Commission and/or IAHS staff or legal counsel. The Chair exercises general supervision over all investigations.

Both the individual submitting the complaint and the certificant who is the subject of the investigation (or his or her employer) may be contacted for additional information with respect to the complaint. The Discipline, or the Commission on its behalf, may at its discretion contact such other individuals who may have knowledge of the facts and circumstances surrounding the complaint.

All investigations and deliberations of the Discipline Committee and the Commission are conducted in confidence, with all written communications sealed and marked "Personal and Confidential," and they are conducted objectively, without any indication of prejudice. An investigation may be directed toward any aspect of a complaint which is relevant or potentially relevant. Formal hearings are not held and the parties are not expected to be represented by counsel, although the Discipline Committee and Commission may consult their own counsel.

Certificants who are found to bring frivolous complaints against other certificants or the Commission may be subject to disciplinary action by the Commission, up to and including revocation of certification.

Members of the Discipline Committee will be reimbursed for reasonable expenses incurred in connection with the activities of the Committee.

Determination of Violation

Discipline Committee Recommendation

Upon completion of an investigation, the Discipline Committee recommends whether the Commission should make a determination that there has been a violation of Commission's policies and rules. When the Discipline Committee recommends that the Commission find a violation, the Discipline Committee also recommends imposition of an appropriate sanction. If the Discipline Committee so recommends, a proposed determination with a proposed sanction is prepared under the supervision of the Chair and is presented by a representative of the Discipline Committee to the Commission along with the record of the Discipline Committee's investigation.

Commission Determination

Complaint Dismissal

If the Discipline Committee recommends against a determination that a violation has occurred, the complaint is dismissed with notice to the certificant, the certificant's employer (if involved in the investigation), and the individual or entity who submitted the complaint; a summary report is also made to the Commission.

Determination of Violation

The Commission reviews the recommendation of the Discipline Committee based upon the record of the investigation. The Commission may accept, reject, or modify the Discipline Committee's recommendation, either with respect to the determination of a violation or the recommended sanction to be imposed. If the Commission makes a determination that a violation has occurred, this determination and the imposition of a sanction are promulgated by written notice to the certificant, and to the individual submitting the complaint, if the submitter agrees in advance and in writing to maintain in confidence whatever portion of the information is not made public by the Commission.

In certain circumstances, the Commission may consider a recommendation from the Discipline Committee that the certificant who has violated the certification program policies or rules should be offered an opportunity to submit a written assurance that the conduct in question has been terminated and will not recur. The decision of the Discipline Committee to make such a recommendation and of the Commission to accept it are within their respective discretionary powers. If such an offer is extended, the certificant at issue must submit the required written assurance within thirty days of receipt of the offer, and the assurance must be submitted in terms that are acceptable to the Commission. If the Commission accepts the assurance, notice is given to the certificant's employer and to the submitter of the complaint, so long as the submitter agrees in advance and in writing to maintain the information in confidence.

Sanctions

Any of the following sanctions may be imposed by the Commission upon a certificant whom the Commission has determined to have violated the policies and rules of its certification program(s), although the sanction applied must reasonably relate to the nature and severity of the violation, focusing on reformation of the conduct of the member and deterrence of similar conduct by others:

- written reprimand to the certificant;
- suspension of the certificant for a designated period; or
- termination of the certificant's certification.

For sanctions that include suspension or termination, a summary of the final determination and the sanction with the certificant's name and date is published by the Commission. This information will be published only after any appeal has either been considered or the appeal period has passed.

Reprimand in the form of a written notice from the Chair normally is sent to a certificant who has received his or her first substantiated complaint. Suspension normally is imposed on a certificant who has received two substantiated complaints. Termination normally is imposed on a certificant who has received two substantiated complaints within a two year period, or three or more substantiated complaints. The Commission may at its discretion, however, impose any of the sanctions, if warranted, in specific cases.

Certificants who have been terminated will have their certification revoked and will not be considered for Commission certification in the future. If certification is revoked, any and all certificates or other materials requested by the Commission must be returned promptly to the Commission.

Appeal

Request for Appeal

Within thirty (30) days from receipt of notice of a determination by the Commission that a certificant violated the certification program policies and/or rules, the affected certificant may submit to the Commission in writing a request for an appeal.

Disciplinary Appeal Committee

Upon receipt of a request for appeal, the Chair of the Commission establishes an appellate body consisting of at least three, but not more than five, individuals. This Disciplinary Appeal Committee may review one or more appeals, upon request by the Chair. No current members of the Discipline Committee may serve on the Disciplinary Appeal Committee; further, no one with any personal involvement or conflict of interest may serve on the Disciplinary Appeal Committee. Members of the Disciplinary Appeal Committee may be reimbursed for reasonable expenses incurred in connection with the activities of the Committee.

Basis for Appeal

The Disciplinary Appeal Committee may only review whether the determination by the Commission of a violation of the certification program policies and/or rules was inappropriate because of:

- material errors of fact, or
- failure of the Discipline Committee or the Commission to conform to published criteria, policies, or procedures.

Appeal Procedure

Only facts and conditions up to and including the time of the Commission's determination as represented by facts known to the Commission are considered during an appeal. The appeal will not include a hearing or any similar trial-type proceeding. Legal counsel is not expected to participate in the appeal process, unless requested by the appellant and approved by the Commission and the Disciplinary Appeal Committee. The Commission and Disciplinary Appeal Committee may consult legal counsel.

The Disciplinary Appeal Committee conducts and completes the appeal within ninety days after receipt of the request for an appeal. Written appellate submissions and any reply submissions may be made by authorized representatives of the member and of the Commission. Submissions are made according to whatever schedule is reasonably established by the Disciplinary Appeal Committee. The decision of the Disciplinary Appeal Committee either affirms or overrules the determination of the Commission, but does not address a sanction imposed by the Commission. The decision of the Disciplinary Appeal Committee, including a statement of the reasons for the decision, is reported to the Commission.

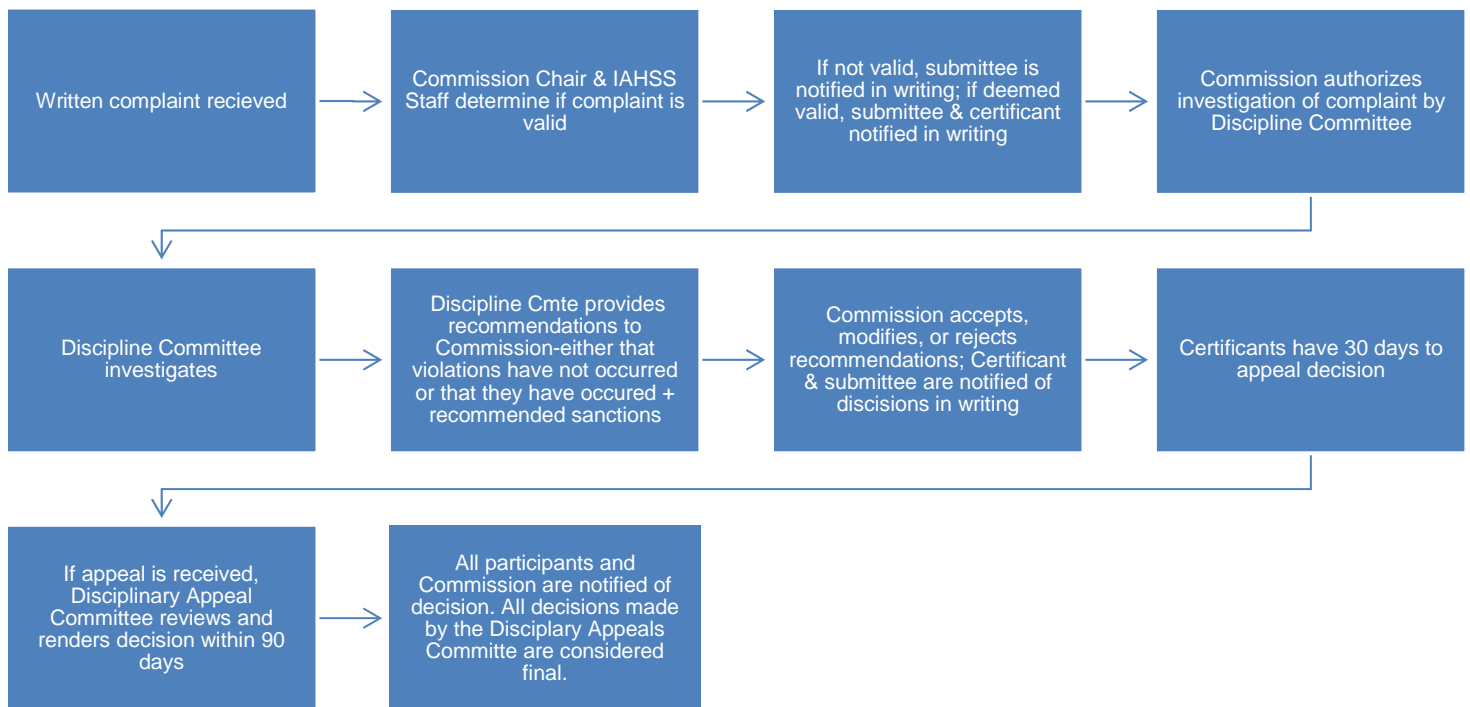
The Disciplinary Appeal Committee decision is binding upon the Commission, the certificant who is subject to the action, and all other persons.

Resignation

If a certificant who is the subject of a complaint voluntarily surrenders his or her certification(s) at any time during the pendency of a complaint under these Procedures, the complaint is dismissed without any further action by the Discipline Committee, the Commission, or a Disciplinary Appeal Committee established after an appeal. The entire record is sealed and the individual may not reapply for certification. However, the Commission may authorize the Chair to communicate the fact and date of resignation, and the fact and general nature of the complaint which was pending at the time of the resignation, to or at the request of a government entity engaged in the administration of law. Similarly, in the event of such resignation, the person or entity who submitted the complaint are notified of the fact and date of resignation and that Commission has dismissed the complaint as a result.

Process Overview

A summary of the process is represented below.



Section 3: Examination

Examination Development & Ongoing Maintenance

Policy Number:	300
Approved By:	IAHSS Commission on Certification
Date Approved:	June 27, 2019
Date Revised:	July 25, 2019

The Commission participates in and provides oversight for the development and ongoing maintenance of the CHPA examination. The Commission and certification program staff member work in partnership with a qualified psychometric consultant/vendor to ensure the examination is developed and maintained in a manner consistent with generally accepted psychometric principles, educational testing practices, and national accreditation standards for certification programs.

Subject Matter Experts

The Commission, with assistance from the IAHS certification staff, selects diverse groups of qualified subject matter experts (SMEs) to participate in exam development activities throughout the exam development process.

SMEs are selected based on their demonstrated expertise, experience level, geographic representation, and specialty area.

Each working group of SMEs, to the extent reasonably possible, will be representative of the CHPA certificant population and population to be certified and when selected for a specific task will represent:

- A range of working experience
- A range of practice areas
- A range of geographical areas
- Cultural, ethnic, and gender diversity

SMEs will be appointed on an ad-hoc basis to working groups and committees. Appointments will be made by the Commission. Members of the Commission, with the exception of the public member, may serve as SMEs. The public member may participate in examination development activities as an observer.

As noted below, SMEs will participate throughout the test development process. Some overlap among groups of SMEs is acceptable; however, IAHS will work to continually involve new SMEs in various test development and test maintenance activities.

Job Analysis Studies

Job Analysis Studies will be conducted to identify and validate the knowledge and skills which will be measured by the examination. The process for the job analysis will include gathering direct input from SMEs through a focus group as well as from a survey of practitioners. The results of the Job Analysis Studies will serve as the basis for the exam.

The Commission has determined that a job analysis study will be conducted every five years. This determination is based on the perception that the job of the CHPA is continuing to evolve.

Examination Specifications

The content for the exam will be determined based on the recommended content outline and content area weights developed from the Job Analysis Study. The final content outline and corresponding content weights will be recommended by the job analysis panel and approved by the Commission.

Examination time limits will be developed by the Commission in consultation with the psychometric consultant/vendor. Time limits will allow sufficient time for completing the exam without providing unnecessary additional time that could enable security breaches by test takers.

Item Writing and Review

The development of all items for the exam will be directly linked to the approved content outline.

SMEs will receive sufficient training, specific to their assigned roles, prior to participating in item development.

SME item writers and reviewers will:

- Complete mandatory training on item writing/review for certification examinations
- Submit a signed confidentiality and conflict of interest form prior to participating in any item writing/review activities
- Have an item writing/review guide available for reference

Once items have been written by trained SMEs, they will be reviewed by multiple SMEs who did not write the item and the psychometric consultant. Once an item has satisfactorily completed this initial review it will be added to the item bank. Items are reviewed again when they are included on a test form (see Test Assembly below).

Item writing activities will be conducted at least annually, or more often as needed, to build and maintain an item bank that is sufficient for developing multiple forms of each exam and administering new exam forms as needed.

Item writing activities may occur during in-person meetings and/or at other times or via teleconference/screen sharing or other technologies that allow everyone present to participate fully, items to be seen by participants, and for all participants to be heard. Trained, experienced item writers and item reviewers may submit items via email or remote item writing authoring system.

Item Bank

An item bank will be maintained which includes all items developed for the CHPA examination.

Data for each item stored in the item bank will include: current status (e.g. draft, active, retired), reference for item content (if applicable), correct answer key, content outline linkage, reference, and performance statistics.

The IAHSS certification staff will oversee maintenance and security of the item bank.

Examination Assembly & Approval

Exam Assembly

A draft examination based on the current content outline will be assembled by the psychometric consultant and reviewed by a committee of SMEs. Each draft will meet the requirements of the test specifications with respect to content and weighting.

Exam Form Review

A SME committee will review the exam item-by-item and, for each item will make one of the following determinations; select the item as is, select with revisions, or place the item on hold (but retain it in the item bank). The psychometric consultant will then edit the finalized examination and present it to the SME committee for final approval.

Use of Retired Items

Items that are permanently retired from use, and that are still relevant, may be used for practice tests or as sample questions for the candidate handbook. Once an item has been retired and published it cannot be used on an exam.

Item Exposure

Depending on candidate volume and other factors, exam forms should be replaced every two years. In any given year, one to two forms of the exam should be available. Decisions regarding the number of test forms and the frequency for replacing the exam forms will be made each year by the Commission in consultation with the psychometric consultant.

Establishing a Passing Point

The passing point for each exam is established using a criterion-reference approach. Qualified and trained SMEs will participate in recommending the passing point working with the psychometric consultant. The passing point recommendation (recommended range based on average recommendation plus some consideration for variability) will be considered by the Commission. The Commission is responsible for approving an exam passing point within the recommended range.

The process used to determine the passing point will be documented as part of a technical report. Any adjustments to the recommended passing point made by the Commission will be documented in the report along with the rationale for such changes.

Specific methodologies for establishing the passing score for exams and ensuring test forms are equivalent will be selected and documented by the psychometric consultant based on compliance with national accreditation standards.

The cut score established via the standard setting process will be maintained and transferred to new test forms through statistical equating. Specifically, when IAHS determines the need for a second form of the CHPA exam, a new form will be assembled (see description of process) and the item-level statistics will be used to estimate the relative difficulty between the two forms and Chained Linear equating will be applied given the anticipated sample sizes on which the item and test-level parameters will be based.

Test Analysis / Technical Reports

Performance statistics will be calculated and retained for exam items and each examination form. A statistical analysis will be performed by the testing company following each administration of the exam. When exam forms are constructed from items that have not been previously used or pre-tested, the statistical analysis will be continually monitored during the operational administration. As needed, items may be removed from scoring or other adjustments made, as approved by the Commission in consultation with the psychometric consultant.

Test analysis or technical reports will be produced by the testing vendor and reviewed by the Commission to evaluate the reliability and effectiveness of the examination and to determine any areas that must be reviewed or revised.

At a minimum the technical reports will include a summary of the exam administration, the number of exam takers, the passing point and number of exam items, the number of new and previously-used items, measures of average performance, measures of performance variability, reliability indices, pass-fail percentages, and recommendations from the psychometric consultant.

Examination Administration

Policy Number:	301
Approved By:	IAHSS Commission on Certification
Date Approved:	June 27, 2019
Date Revised:	July 25, 2019

The CHPA examination is a multiple-choice examination delivered at the IAHS Annual Conference & Exhibition or other industry events or online with a live proctor backed up by a lock-down browser feature for added security. Examination application forms, fees, deadlines, and other instructions are published on the web site.

Proctors

All examination administrations will be monitored by an IAHS-approved, qualified proctors at authorized test sites. It is the responsibility of the Candidate to find an eligible proctor and approval of an eligible proctor is at the discretion of the Commission on Certification.

The proctor must agree to monitor the testing and ensure that the examination is administered according to all of the information contained in these guidelines.

Proctor Qualifications

The Commission will determine qualifications to serve as a CHPA exam proctor.

A proctor must meet at least one of the following criteria:

- Current CHPA and IAHS member in good standing.
- Human Resources manager, education/training manager, or higher ranking manager outside the Candidate's chain-of-command.
- Administrator or faculty member of an accredited institution of higher education.

A proctor MAY NOT be one of the following:

- Anyone in the candidate's chain of command (i.e. boss) MAY NOT be the proctor.
- A relative MAY NOT be the proctor.
- An instructor of any CHPA study session MAY NOT be the proctor.
- An approved CHPA candidate who has not yet passed the exam MAY NOT be the proctor.

Proctors at each test site will:

- Manage candidate sign-in and verify candidate identity;
- Administer pre-approved ADA accommodations as directed by the certification program staff member;
- Ensure that an IAHS approved personal computer is used for the testing and that the Lock Down Browser software is activated prior to candidate sign-in;
- Address any candidate or other site problems as needed;

- Report any exam-related incidents or security concerns directly and promptly to the certification program staff member.

Site Selection

All examination sites meet the following criteria:

- Examination rooms will be quiet and free of disruption
- Rooms will have adequate and comfortable ventilation, lighting, and temperature
- All exam administrations will be monitored by approved proctors as noted above
- Entrances/exits will be monitored/controlled and working fire exits will be available
- The test site will be accessible in compliance with the ADA
- Candidates will have access to restroom facilities

The Commission reserves the right to visit examination sites at any time to monitor compliance with security policies and procedures.

Examination Admission

Candidates are required to present one form of valid, government issued photo identification to gain admission to the test center. All required identification below must match the first and last name under which the candidate is registered.

Failure to provide ALL of the required identification at the time of the examination without notifying IAHS is considered a missed appointment and candidates will not be able to take the examination at that time.

Score Reporting

All test administrations are scored by the test delivery engine and the total score (number of correct answers) is compared against the cut score to determine pass/fail. Candidates will receive a pass/fail score immediately after completing the exam. IAHS will send a written score report to candidates within 30 days of the test date.

Re-Examination

If the candidate fails the first examination, IAHS staff will notify the candidate in writing and provide information about retesting. The candidate will not be required to meet any additional eligibility requirements that may have been imposed since the original application date; however the candidate will be required to pay an additional \$100 USD fee to retake the exam. The second exam must be completed within 6 months of the initial unsuccessful exam. Candidates must wait at least 30 days to re-test and are required to re-test on a scrambled version of the exam.

This waiting period was created to help protect the security of the exam. Given the computer based nature of the exam, the limited number of exam forms and the number of individuals taking the exam,

a waiting period was created with the goal of creating time between administrations so that exam takers will have less memory of the previous version of the exam.

If the candidate either does not complete the retest within the specified time limit or fails the retest, he/she must complete the entire initial CHPA application process again, including the following requirements:

- a. Submit a new CHPA application
- b. Meet current eligibility requirements
- c. Pay the full application fee
- d. Pass the CHPA exam

Exam-Related Complaints

Candidates with complaints about the examination processes or their testing experience, should utilize the comment area(s) during the exam. Complaints also can be directed to the certification program staff member.

Candidates who fail the exam and believe irregular testing conditions, significant technical problems, or violation of Commission policy were a contributing factor may file a request for reconsideration to the Commission following the Reconsideration of Adverse Decisions policy (#201).

Feedback from candidates regarding the content of the exam or specific questions submitted via the comment screen during the exam administration will be reviewed and considered by SMEs as part of the ongoing item review and test development process.

Security

Policy Number: 302
Approved By: IAHSS Commission on Certification
Date Approved: June 27, 2019
Date Revised: July 25, 2019

Confidential Documents

Confidential information is defined in the confidentiality policy. All confidential information will be retained in a secure manner as required by this policy.

Certification exams, job analysis studies, cut score reports, item banks, technical reports and all other exam development documents are confidential and the sole property of the certification program.

Access

Access to confidential/secure materials (both printed and electronic) will be limited to only those staff, Commission and committee members, and subject matter experts who need to view the information. These individuals will sign a confidentiality agreement before being granted access to any confidential information.

Any outside companies, vendors, consultants or contractors given access to confidential information will be required to maintain strict security of all confidential materials.

IAHSS employees, committee members, and any other individuals who are involved in developing or delivering content for educational courses (including training and examination review/preparation activities) are not granted access to exam items, exam forms, or any other confidential exam documentation.

Physical Security

When shipping is required, confidential materials are shipped using a traceable shipping method and delivery is confirmed. Tamper evident packaging will be used.

Printed confidential materials will be stored in locked file cabinets at all times. Office areas containing confidential files will be secured when not occupied by authorized personnel.

Exam Administration

The certification program staff member will ensure that the examination is administered at secure and standardized test sites to ensure a fair and consistent testing experience for all candidates. The proctor will ensure that an IAHSS approved computer is used and that the Lock Down Browser software is activated prior to the candidate signing in.

Security Violations

The continued security of the CHPA certification exam is an essential component of all phases of the exam development, maintenance, and administration process. Any possible or suspected security violations will be reported promptly to the certification program staff member for investigation and/or correction as needed. Investigation outcomes will be reported to the Commission during their next regularly scheduled meeting, or sooner if circumstances warrant.

Irregularities observed during the testing period, including but not limited to creating a disturbance, giving or receiving unauthorized information or aid to or from other persons, or attempting to remove test materials or notes from the testing room, may be sufficient cause to terminate candidate participation in the examination administration or to invalidate scores. Irregularities may also be evidenced by subsequent statistical analysis of testing materials.

Data Security Policy

IAHSS servers store information vital to its certification mission. Loss of this information would cause irreparable damage to not only the company in terms of monetary loss, but would be damaging to its reputation and could possibly damage the public. Confidential information, as defined in the confidentiality policy, is kept on secure IAHSS server. Computers are password protected. IAHSS requires that vendors storing confidential exam or applicant/candidate information maintain security policies and procedures.

Document Management & Record Retention

Policy Number: 303
Approved By: IAHSS Commission on Certification
Date Approved: June 27, 2019
Date Revised:

The Commission on Certification will follow the IAHSS Record Retention and Destruction Policy. The policy is consistent with applicable laws and regulations. In addition to the documents listed in the policy, the Commission will also permanently maintain reports related to exam development activities.

Quality Assurance

Policy Number: 304
 Approved By: IAHSS Commission on Certification
 Date Approved: June 27, 2019
 Date Revised:

Purpose

The Commission is responsible for providing an objective, fair, and standardized certification program that meets and maintains compliance with national accreditation standards for certification programs, fulfills the mission of the CHPA certification program, and contributes to the legal defensibility of the program. To support these objectives, the Commission routinely evaluates the program through a quality assurance plan to ensure the consistent application of policies and procedures, to detect needed corrective measures, and identify opportunities for improvement.



Annual Internal Audit

Frequency

The Commission will conduct an internal audit annually to review the areas described below and any other program areas as directed by the Commission and identify opportunities for improvement, policy updates, or resolution of program issues. The Commission may trigger an audit outside of the prescribed frequency as needed.

Auditor Selection

The internal audit may be conducted by IAHSS staff, or contracted to a third party, at the discretion of the Commission. For the purposes of the audit, an individual should not evaluate his/her own work.

Reporting

At the completion of the audit, the party completing the audit will write a summary report of the findings and recommendations to be presented to the Commission. The Commission and IAHSS certification staff will determine how and if to implement the recommendations in a timely manner and assign responsibilities of doing so as needed.

Internal Audit Areas of Focus

Certification Program Area	Goal of internal Audit
Policy Review	Verify consistent implementation of all certification program policies and/or identify necessary updates for the Commission's consideration.
Application Processing	Ensure applications for both certification and recertification are reviewed in a fair and timely manner consistent with the application review policy to verify that candidates meet established requirements.
Published Information	Complete a review of all certification program published documents (Candidate Handbook, web site, etc.) to ensure accuracy and currency.
Examination Development	Verify consistent implementation of all exam development policies and procedures, including those associated with: the job analysis, item writing and review, form assembly and review, standard setting, and technical review. Confirm that examination development activities are adequately documented.
Examination Administration	Evaluate all exam administration policies and procedures, including, but not limited to, ensuring proctor and test center quality, reviewing candidate feedback, monitoring the accuracy of the scoring process, score reporting.
Security	Ensure the Commission and its testing vendor consistently implement required security practices. Confirm that ongoing monitoring and annual evaluate of subcontractors has occurred as required by the Sub-Contracting policy.
Record Retention	Ensure records are developed, kept, and disposed of in keeping with the Commission's Document Management Policy.
Confidentiality	Verify confidential information, as defined by Commission policy, is handled appropriately and that current, signed agreements are on file for individuals with access to confidential information.
Conflict of Interest	Verify that those who are subject to the Conflict of Interest policy have current, signed agreements on file.
Complaints, Disciplinary Actions, and Appeals	Ensure that complaints and appeals are reviewed and processed in accordance with Commission policy and that disciplinary actions are carried out fairly and consistently and in accordance with the policy.
Training	Confirm that Commission members received required orientation and that staff members have participated in training as directed by policy.

Customer Service Standards	Customer service aspects listed below will be reviewed to identify recommendations for improvement.
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Financial management of the certification activities is conducted through IAHSS using Generally Accepted Accounting Principles (GAAP). IAHSS hires an independent CPA firm to file annual tax returns and, per policy, hires an independent CPA to conduct a full audit of the organization at least every 3 years.

Errors Found during Normal Program Operations

Errors discovered during the course of normal program operations will trigger a required review to quickly address correction of the error. The Commission or certification program staff member will work with the testing vendor and/or all involved parties (vendors, consultants, etc.) to gather information, determine a plan of action, and allocate resources for the resolution of the issue. An action plan, based on the specific error and any associated risk to the integrity of the certification program, will be developed.

The certification program staff, or other applicable party, will write a summary report of the event and resolution and distribute it to the Commission. The report may include strategies for preventing similar errors from future occurrence.

Standards for Customer Service

Customer service standards are an integral component of business that are usually defined in terms of accessibility, accuracy, appropriateness, excellence, and timeliness. As part of the annual internal audit, the party completing the audit will review the following aspects of customer service and identify recommendations for improvement in these areas in the written audit summary.

Accessibility

Applicants, candidates, and certificants will have easy access to Commission services.

Applicants, candidates, and certificants will have easy access to up-to-date, accurate, on-line certification program information.

Information regarding the ethical code and complaints process is made publicly available.

Accuracy

The processes, policies, and service standards are clearly defined and will be accurately reflected in the content provided on the website and candidate handbook.

Accurate information will be given, to the best of their ability, by certification program staff to potential applicants, candidates, and certificants in response to questions received via telephone, email, or other methods.

Certification program staff will develop tools to monitor and ensure the accuracy of candidates' and certificants' information entered into the database.

Appropriateness

The certification staff will work to ensure that the expectations of potential applicants, candidates, and certificants are met.

Employees will uphold high quality standards as expected and set forth by the organization.

Employees will maintain compliance with Commission policies and procedures.

Timelines

The certification program staff member will define and implement reasonable response times to certification inquiries and the processing of applications, notifications, and verifications.

Electronic submissions will be sent a receipt via email by the certification program staff member no later than 7 business days following receipt.

All applications for certification and recertification, and requests for certification verification will be initially processed by the certification program staff member within a 30 business day time frame following receipt.

Any missing or incomplete information in applications for initial certification or recertification will be communicated to the applicant as soon as noted by certification program staff.

Phone coverage will be during normal business hours of 9 a.m. – 5 p.m. (EST) Monday through Friday, except holidays.

The certification program staff member will work to resolve or forward complaints to the Commission on Certification, within 1 week of receipt, except where other timelines are established by disciplinary, complaints, and appeals policies and procedures.

Certification program staff will acknowledge receipt of email or mail inquiries or requests within 7-10 business days.

APPENDIX A: Confidentiality Agreement & Conflict of Interest Statement



I. IAHSS Recipient Confidentiality Agreement

This Confidentiality Agreement (“Agreement”) is made and entered into this__ day of _____, 20__by the International Association for Healthcare Security & Safety (IAHSS), an Illinois non-profit corporation, (hereinafter referred to as “Disclosing Party”) and _____, (hereinafter referred to as “Recipient”).

Recipient shall receive information from Disclosing Party through his/her relationship with Disclosing Party, including but not limited to Confidential Information and trade secrets as discussed herein. Accordingly, the parties agree to enter into a confidential relationship with respect to the disclosure of the information concerning Disclosing Party and its activities, and for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Recipient and Disclosing Party agree as follows:

1. Confidential Information.

Recipient acknowledges and agrees that he/she will have access to and will obtain and be entrusted with Confidential Information belonging to Disclosing Party that is in the possession, ownership, or control of Disclosing Party or its employees, agents or representatives.

Recipient acknowledges and agrees that Confidential Information includes but is not necessarily limited to: the format, content, and answers to examinations offered by Disclosing Party; all written / printed / electronic materials created and/or published by Disclosing Party; hand-outs; PowerPoint presentations; methods of conducting business including marketing methods, marketing materials, and other information of this nature regarding the operation and administration of Disclosing Party; future business ideas and other planning; marketing and selling techniques; future marketing methods; information regarding projects being worked on in draft form and which are not in final; compilations or databases of customer, member and business account information; personnel resources; sales and financial data, sales figures, and pricing information; profit margins; business methods; business activities; personal and contact information pertaining to employees, members and/or registrants; advertisements; new programs or partnerships and/or markets; legal documents; tax data and information; research documents; and other information regarding the operation and administration of Disclosing Party (referred to collectively as “Confidential Information”).

Recipient acknowledges and agrees that the Confidential Information he/she has been provided, or will be provided in the future, belonging to Disclosing Party was, is and will be developed by and/or for Disclosing Party through substantial expenditure of time, effort and money. Recipient also acknowledges and agrees that the Confidential Information is essential for the continued success of Disclosing Party and that Disclosing Party has used reasonable efforts to maintain this information as confidential.

Recipient shall take all reasonable measures to prevent the disclosure of Confidential Information in violation of this Agreement. Recipient agrees that he/she will keep in strict confidence and will not, during his/her relationship with Disclosing Party or for five years following voluntary or involuntary termination of said relationship, for any reason, whether directly or indirectly, disclose, furnish, disseminate, reveal, report, publish, transfer, make available, use or permit to be used in any manner any Confidential Information learned, used or accessed during the duration of Recipient's relationship with Disclosing Party. Recipient shall not use Confidential Information for his/her own benefit or publish, copy or otherwise disclose to others, or permit the use by others for their benefit or to the detriment of Disclosing Party, any Confidential Information.

Recipient agrees not to participate in the development or delivery of educational/training resources designed to prepare the candidate for the CHPA certification exam during service and for a period of five years after service has ended.

Recipient agrees that retaining or using the Confidential Information in violation of this Agreement shall constitute a misappropriation of Disclosing Party's Confidential Information and a material violation of this Agreement.

Nothing in this Agreement waives or dilutes the Disclosing Party's rights under the Illinois Trade Secrets Act, Ill. Stat. § 765 ILCS 1065.

2. Intellectual Property.

Recipient shall not develop any invention, idea, design or other intellectual property based on Disclosing Party's Confidential Information, and no license or right of any kind is given to Recipient with respect to the Confidential Information, including, but not limited to any license or right under any patent, copyright, trade secret, trademark, mask work or other intellectual property right of Disclosing Party.

Recipient acknowledges that he/she has obtained no ownership or other rights in any of Disclosing Party's Confidential Information. Recipient agrees to hold all Confidential Information that has been or may be disclosed in trust and

confidence for Disclosing Party. Recipient acknowledges that Disclosing Party holds the copyright on all examinations offered by Disclosing Party.

Recipient acknowledges that copying, publishing, distributing, performing, publicly displaying, or making a derivative work of Disclosing Party's Confidential Information constitutes infringement under the United States Copyright Act, Title 17 of the United States Code.

Recipient agrees that the special, unique, unusual, and extraordinary character of Disclosing Party's Confidential Information, including the format, content, and answers to examinations, gives Disclosing Party's Confidential Information a peculiar value, the loss of which cannot be reasonably or adequately compensated by damages in any action at law, and that an infringement of copyright or other proprietary rights in Disclosing Party's Confidential Information or other breach of this Agreement by Recipient will cause Disclosing Party irreparable injury and damage. Recipient expressly agrees that Disclosing Party shall be entitled to injunctive and other equitable relief in the event of infringement of Disclosing Party's copyright or other proprietary rights in Disclosing Party's Confidential Information or other breach of this Agreement by Recipient. Recipient acknowledges that Disclosing Party's resort to equitable relief shall not be construed to be a waiver of any other rights or remedies that Disclosing Party may have for damages, including, but not limited to damages for copyright infringement under Title 17 of the United States Code.

3. Permitted and/or Required Disclosure.

Recipient may disclose Disclosing Party's Confidential Information if and to the extent that such disclosure is required by a court or government authority of competent jurisdiction, provided that Recipient provides Disclosing Party reasonable notice and an opportunity to review the disclosure before it is made and to interpose its own objection to the disclosure. Recipient agrees to promptly contact the Disclosing Party's Executive Director.

4. Exclusions.

Notwithstanding anything contained in this Agreement to the contrary, Confidential Information shall not include information or material that (a) is or becomes publicly known through no wrongful act of the Recipient; (b) Recipient can demonstrate was independently developed by Recipient without use of or reference to the Confidential Information; or (c) is lawfully received by Recipient in good faith from a third party who is under no obligation of confidentiality, or any other contractual, legal or fiduciary obligation of confidentiality with Disclosing Party.

5. Ownership and Return of Confidential Information.

All Confidential Information provided by Disclosing Party to Recipient pursuant to this Agreement is and shall remain the property of Disclosing Party. All tangible materials in Recipient's possession or control embodying or reflecting all or any part of the Confidential Information, and any copies thereof, shall be promptly returned to Disclosing Party or destroyed upon written request by Disclosing Party. In the case of destruction, Recipient shall provide evidence to Disclosing Party that such destruction has been carried out. Any and all digital and electronic reproductions of the Confidential Information shall be permanently deleted.

6. Right to Injunction.

Recipient acknowledges and agrees that monetary damages for any breach or threatened breach of this Agreement by Recipient may be inadequate, and that such breach or threatened breach by Recipient could constitute and cause immediate irreparable harm to Disclosing Party. Therefore, Recipient agrees that in the event of a breach or threatened breach, in addition to and in not in lieu or limitation of any right or remedy available to it, Disclosing Party shall be entitled to immediate injunctive relief, or decree of specific performance of this Agreement, without the necessity of showing any actual irreparable injury or special damages or posting a bond or other security.

Recipient also agrees that in the event any dispute arises under this Agreement, Disclosing Party shall be entitled to recover from Recipient all of the costs and expenses, including reasonable attorney's fees, Disclosing Party expends to enforce any portion of this Agreement.

7. Disclaimer.

Neither party makes any representation or warranty, express or implied, as to the accuracy and completeness of the content of the Confidential Information. The Disclosing Party shall not assume any responsibility for any damage caused by use of the Confidential Information disclosed or provided under this Agreement.

8. Term.

Recipient acknowledges and agrees his/her obligations under this Agreement shall continue after the cessation of the transaction(s) and/or termination of relationship between Recipient and Disclosing Party for any reason.

9. Assignment.

This Agreement shall be binding upon the parties, their successors and assigns. Recipient acknowledges and agrees that he/she may not assign any rights or obligations he/she has under this Agreement without Disclosing Party's prior written consent.

10. Waiver.

No delay or omission by Disclosing Party to exercise any right or power occurring upon any noncompliance or default by Recipient with respect to any of the terms of this Agreement shall impair any such right or power or be construed to be a waiver thereof. A waiver by Disclosing Party of the covenants, conditions, or agreements to be performed by Recipient shall not be construed to be a waiver of any subsequent breach by Recipient.

11. Formal Agreement.

Nothing contained in this Agreement shall obligate Disclosing Party to disclose any Confidential Information or to enter into a formal agreement to pursue business opportunities or consummate a transaction with Recipient.

12. Entire Agreement.

This Agreement constitutes the entire agreement of the parties and there are no other agreements or understandings, oral or written, between them with respect to the subject matter of this Agreement. No amendment, change or modification of this Agreement shall be valid unless in writing signed by both the Executive Director of Disclosing Party and Recipient. Oral amendments are not binding.

13. Governing Law.

This Agreement shall be governed by, and interpreted in accordance with, the laws of the State of Illinois, without regard for conflicts of law doctrine. Any action to enforce the provisions of this Agreement shall be instituted in a court of competent jurisdiction in the State of Illinois, and Recipient expressly consents to the personal and subject matter jurisdiction of such courts for the purpose of such action.

II. IAHSS Conflict of Interest Disclosure Statement

IAHSS Commission on Certification Members, Subject Matter Experts and Exam Proctors (hereinafter referred to as “Recipient”) have a responsibility to avoid conflicts of interest and to act at all times in the best interests of IAHSS and its stakeholders. The purpose of the conflicts of interest policy (set forth below) is to help inform Recipients about what constitutes a conflict of interest, assist them in identifying and disclosing actual and potential conflicts, and help ensure the avoidance of conflicts of interest where necessary.

This policy may be enforced against these aforementioned individuals as described herein:

1. Recipients agree to conduct themselves without conflict to the interests of IAHSS and its stakeholders. In their capacity as IAHSS volunteers, Recipients must subordinate personal, individual business, third-party, and other interests to the welfare and best interests of IAHSS and its stakeholders.
2. A conflict of interest is a transaction or relationship which presents or may present a conflict between Recipient’s obligations to IAHSS and Recipient’s personal, business or other interests.
3. All conflicts of interest are not necessarily prohibited or harmful to IAHSS. However, full disclosure of all actual and potential conflicts, and a determination by the disinterested IAHSS Ethics Committee (with any affected party or parties recused from such deliberations) are required.
4. All actual and potential conflicts of interests shall be disclosed by Recipients to the disinterested IAHSS Ethics Committee through the initial disclosure form and/or whenever a conflict arises. The disinterested IAHSS Ethics Committee shall make a determination as to whether a conflict exists and what subsequent action is appropriate (if any). The IAHSS Ethics Committee shall retain the right to modify or reverse such determination and action, and shall retain the ultimate enforcement authority with respect to the interpretation and application of this policy.
5. At the beginning of the term of volunteer service, Recipient shall be provided with a copy of this policy and required to complete and sign the acknowledgment and disclosure form below. All completed forms shall be provided to and reviewed by the IAHSS Ethics Committee, as well as all other conflict information, if any, provided by Recipient.

CONFLICTS OF INTEREST ACKNOWLEDGMENT AND DISCLOSURE FORM

I have read the conflicts of interest policy set forth above and agree to comply fully with its terms and conditions at all times during my IAHSN volunteer service. If at any time following the submission of this form I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the IAHSN Executive Director in writing.

Disclosure of Actual or Potential Conflicts of Interest:

IN WITNESS WHEREOF, the parties have caused this Entire Agreement, consisting of I. Confidentiality Agreement and II. Conflict of Interest Statement to be executed by Recipient and Disclosing Party, effective as of the date indicated at the top of page 1 of this document.

International Association for Healthcare Security & Safety (IAHSN)

Name: Colleen Kucera

Signature:



Title: Executive Director

Recipient

Name: _____

Signature: _____

Title: _____

APPENDIX B: Commission on Certification Charter

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Commission on Certification Charter 2019

Council Name:

Commission on Certification

Chair:

Jon Hallaway, CHPA

Board Liaison: Roy Williams, CHPA

Vice Chair:

William Huey, CHPA

Staff Lead:

Debbie Hecker

Team Members:

Terry Jones, CPP, CHPA, PSP, CHSP, CHEP, Phil LeClair, CHPA, Bob Ryan, CHPA, CPP, Ryan King, CHPA, Noreen Milne, CHPA, Brad Stewart, CHPA, Mark Hart, CHPA, Colleen Kucera, Debbie Hecker, Nancy Felesena

Revision Log		
Revision Number	Date	Revision Description
1	1/05/2016	Initial annual revision
3	11/30/2016	Second annual revision
4	1/18/2017	Updated with new members
5	2/17/2017	Revised Objectives Section #4-5 to indicate [Pending]
6	3/22/2017	Replaced selected instances of "Council" with "Commission"
7	11/30/2017	Annual revision
8	02/21/2018	Members updated
9	06/15/2018	Members updated
10	12/26/2018	Third annual revision
11	01/17/2019	Fourth annual revision
12	06/27/2019	Revisions of selected sections

Goal/Mission Statement and Principles

The Commission on Certification is responsible for the credentialing programs of the IAHSS and shall remain as long as those programs are offered by IAHSS. This includes the development of specific strategies to meet the certification needs of the healthcare security and safety industry and the evolving customer base of IAHSS. The Commission will design, monitor and implement IAHSS certification

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programs aligned with the strategic plan of the Association while working closely with association members and stakeholders of the healthcare security and safety industry.

Purpose

The IAHSS Commission on Certification's purpose is to maintain and oversee the operation of the IAHSS's established certification programs in a manner consistent with recognized national accreditation standards and in alignment with the IAHSS mission and values. The Commission is charged with expanding and growing IAHSS certification offerings, including creating new certifications and products, and work within the budget approved by the Commission.

Commission Authority

The Commission has independent decision making authority over all certification program policies to include:

- a. Eligibility requirements for certification and recertification.
- b. Policies regarding processing of applications for initial certification and recertification
- c. Policies regarding the ongoing operations of the certification program, including but not limited to, confidentiality, conflict of interest, examination development and administration, disciplinary matters, requests for reconsideration and appeals, security, accommodations, non-discrimination, and quality assurance.
- d. Examination content, development, and passing scores – this includes establishing the policies and overseeing the exam development process. The Commission may delegate activities to committees of subject-matter experts (SMEs) or vendors. The Commission is required to oversee delegated work and approve recommendations made by SME panels—including approving exam content outlines, exam forms, and passing points.
- e. Examination administration – the Commission will establish policies regarding how the exam will be administered in a secure and standardized manner, how irregularities will be managed and investigated, and policies related to vendor monitoring and oversight.
- f. Code of conduct, grievance, and disciplinary processes.
- g. Certification-related committees, meeting rules, agendas, and frequency of meetings – the Commission has the authority to establish committees as needed. All committees act in an advisory capacity to the Commission.
- h. Certification-related committee appointments and work assignments
- i. Publications for applicants and candidates regarding qualification, certification, and recertification
- j. Funding, spending, and budgeting, subject to the provisions of the Charter and approval by the IAHSS Board of Directors

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- k. Ability to enter into contracts and grant arrangements for certification and recertification activities, subject to the provisions of the Charter and approval by the IAHS Board of Directors.

Commission Limitations

- a. The IAHS Board of Directors will continue to be responsible for the business operations of the organization including (but not limited to) strategic planning, financial oversight, marketing and communications, personnel, administrative operations, and other areas of operational management.
- b. The Commission will not have the authority to develop, deliver, recommend, endorse, or approve/accredit any educational or training products.
- c. During their term(s) of service and for 3 years afterward, members of the Commission are prohibited from participating in the development or delivery of any training program or product designed or intended to prepare individuals to take a certification exam.
- d. During their term(s) of service and for 3 years afterward, Commission members are prohibited from taking the certification exam.

Commission Composition

The Commission is composed of the Chair, Vice-Chair, public representative, IAHS Board representative, and at least 6 members other than the Chair. Voting Commission members serve 2-year terms with a limit of 2 consecutive terms (or 4 years) unless the member moves into the Vice Chair or Chair roles.

Commission on Certification Composition Summary *					
Positions	#	Qualifications	Term Length	Voting Status	Selection
Commission Chair	1	CHPA certificant in good standing	2 year term, 2 term limit	Voting	Elected by Commission
Commission Vice Chair	1	CHPA certificant in good standing	2 year term, 2 term limit	Voting	Elected by Commission
Additional Commission Members	3 or more	CHPA certificant in good standing	2 year term, 2 term limit	Voting	Nominated by Nominating Committee, elected by Commission
Public Representative	1	Represents consumers Meets NCCA public member requirements	2 year term, 2 term limit	Voting	Nominated by Nominating Committee, elected by Commission
IAHS Board Liaison	1	CHPA certificant in good standing	1 year term	Non-voting	Appointed by IAHS Board

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***At least one of the positions in the table above must be filled by someone outside of the USA.**

Commission Selection Process

The Nominating Committee reviews all qualified candidates and selects a slate of candidates for open positions. Voting Commission members in good standing shall elect the Certificant Members and public member by ballot. Those candidates receiving the greatest number of votes shall be elected. In the event that there is a tie between the two candidates for one position, a run-off election will be held. The Nominating Committee is composed of 3 members who are current CHPA certificants including:

- 2 members appointed by the Commission
- 1 member appointed by the IAHS Board of Directors

Commission Terms

Terms of service for Commission members begin on January 1. Voting Commission members serve 2-year terms with a limit of 2 consecutive terms (or 4 years).

Commission Meetings

The Commission will meet telephonically on a monthly basis for 1-2 hours, and will take advantage of technology to convey and review documents. IAHS staff will assist in enabling the process and act as a resource. The commission will meet in person for 1-3 days as requested and approved by either the current fiscal year budget or the IAHS Board of Directors, at least annually. At all meetings of the Commission, a quorum shall consist of the participation of a majority of voting members.

Commission Resignation, Removal and Vacancies

Any member may be removed from office with or without cause by a two-thirds vote of entire Commission. Any Commission member may resign by giving written notice to the Chair or Vice-Chair of the Commission. A vacancy of the Commission shall be filled for the balance of the term by an individual upon recommendation of the Nominating Committee.

Compensation

Commission members are not compensated for their services, but may be reimbursed for reasonable expenses pursuant to IAHS policy.

Officers

The officers include Chair and Vice Chair. The officers are elected by the Commission. Officers serve 2-year terms and may be elected to serve additional terms within the limits of their term(s) as Commission members.

Officer Duties

Officers perform those duties that are usual to their positions and that are assigned to them by the Commission.

The Chair will make decisions and provide direction on:

1. Defining and requesting the budget and staff needed to achieve the goals.

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2. Setting the strategy, scope and timeframe.
3. Building and maintaining a healthy, supportive coalition.

Other duties specific to this commission:

- Sets agendas.
- Reviews/approves CHPA initial and recertification applications.
- Develops specific strategies to achieve the certification goals and objectives of IAHSS.
- Communicates regularly with staff, committee members and others as needed.
- Recruits candidate(s) for Vice Chair and presents to entire Commission for approval when vacancies exist.
- Delegates other specific activities as needed.

The Vice Chair will:

1. Assume the role of the Chair when the Chair is absent.
2. Keep track of the initiatives and progress relative to the timeline.

Committees

The Commission may establish and appoint members to committees, sub-committees, panels, working groups, and/or task forces (herein after referred to as committees) as needed to perform the work of the certification program. Committees will function in an advisory capacity to the Commission and will follow all Commission policies and procedures.

Policies and Procedures

- The Commission will establish policies and procedures for the qualification and certification programs as authorized by the Charter.
- The Commission will be responsible for periodically reviewing and updating the certification program policies.

Indemnification

Each member of the Commission on Certification may, in the discretion of the Board of Directors of the Association, be indemnified by the Association against all loss, cost, damage, expenses and charges reasonably incurred or suffered by them in connection with the defense or reasonable settlement of any action suit or proceeding to which they may be made a party by reason of their having been a member of the Commission on Certification (whether or not they continue to be a member of the Commission at the time of incurring or suffering such loss, cost, damage, expenses or charges) except in relation to any matter as to which they shall be adjudged in such action, suit or proceeding to be liable for their own negligence or their own misconduct in the performance of their duties as such member of the Commission on Certification.

Amendments

- The Commission and IAHSS Board can propose amendments to the Charter.
- IAHSS Board of Directors approval is required to amend the Charter.