Certified Healthcare Protection Administrator (CHPA) Application

The International Association for Healthcare Security and Safety (IAHSS) is the only organization solely dedicated to professionals involved in managing and directing security and safety programs in healthcare facilities. IAHSS maintains the prestigious Certified Healthcare Protection Administrator (CHPA) certification, the standard for the healthcare security leader dedicated to the profession. The mark of "CHPA" is awarded to candidates who meet the qualifying criteria and pass a comprehensive certification examination. It affirms the competency these practitioners have demonstrated in the field of healthcare security. The IAHSS Commission on Certification is the governing body of the CHPA credential.

IAHSS does not discriminate against any individual on the basis of race, color, creed, age, sex, national origin, religion, disability, marital status, parental status, ancestry, sexual orientation, military discharge status, source of income or any other reason prohibited by law. Individuals applying for the examination will be judged solely on the published eligibility requirements.

This application contains information regarding the Certified Healthcare Protection Administrator examination process of the International Association for Healthcare Security and Safety. To avoid problems in processing your application, it is important that you follow the directions and comply with required deadlines. If you have any questions about the processing of your application, please contact Nancy@iahss.org in the International Association for Healthcare Security and Safety office.

WE RECOMMEND YOU KEEP THE CHPA CANDIDATE HANDBOOK PAGE BOOKMARKED FOR REFERENCE THROUGHOUT THE APPLICATION AND EXAMINATION PROCESS.

CHECK LIST

- ❑ Read the Application thoroughly & understand the CHPA eligibility requirements.
- ❑ Complete the application form in its entirety, including line items & required documentation.
- ❑ Attach documentation of Membership in other associations labeled "A" for Section A.
- ❑ Attach Diploma from highest level of education attained labeled "B" for Section B.
- ❑ Attach letter(s) signed by immediate supervisor or Human Resources on organization letterhead confirming title(s) and appointment date(s) as evidence of relevant work experience labeled "C" for Section C.
- ❑ Attach proof of attendance for all Development activities labeled "D" for Section D. (Proof of IAHSS AC&E attendance not required.)
- ❑ Sign & date your application on Page 6.
- ❑ Make a copy of your entire application packet for your records.
- ❑ Submit this completed application, required attachment(s), and the certification fee of Members $450, Non-members $525 by Mail to:

  IAHSS
  8420 W. Bryn Mawr Ave., Suite 1020
  Chicago IL 60631

  Or
  Fax to: 630-529-4139 / Email to: Nancy@IAHSS.org

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INSTRUCTIONS

Applications submitted incorrectly without required documentation or more than 90 days before the renewal date will be returned unprocessed.

Carefully read these instructions and each section of the application. Print clearly or type in each unshaded area of the application. **You must document a minimum of ten (10) credits. Report all information on this form *and attach documentation identified by letters (A, B, C, etc.) which correlate to the section(s) for which you are claiming the credit(s).***

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

If your application is approved, you will receive an email with further instructions including recommended study material. If your application is not approved, IAHSS will return the application, attachments, and the application fee less a $50 administrative processing fee along with a written explanation of the reason(s) for denial.

APPLICANT INFORMATION					
NAME: (First/Middle/Last)				**Prefix:**	
				Suffix:	
Mailing Address:					
City:		**State/Prov.:**		**Zip:**	
Primary Email:		**Secondary Email:**			
Primary Phone:		**Alternate Phone:**			

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

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

Membership	Credit
Each full year	1

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

Membership	Credit
Each full year	1
Maximum Credits	**3**

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

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

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

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

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

Full Service Years	Credit
Minimum: two full years	1
Each additional full year	1
Maximum credits	**5**

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

D. DEVELOPMENT: must have attended a protection, safety or emergency management training or education course within the past five (5) years. Approved education must include content relevant to the **CHPA Exam Content Outline**.

Credit breakdown:

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

Minimum credits 1
Maximum credits 8

ATTACHMENT REQUIRED - Submit proof of training or education course(s). (Not required for AC&E)				**Office use**
IAHSS AC & E		Dates		
IAHSS AC & E		Dates		
IAHSS AC & E		Dates		
IAHSS Education		Dates		
IAHSS Education		Dates		
IAHSS Education		Dates		
IAHSS Education		Dates		
IAHSS Education		Dates		
Other Education		Dates		
Other Education		Dates		
Other Education		Dates		
Other Education		Dates		
Other Education		Dates		
Other Education		Dates		
Other Education		Dates		

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AFFIRMATION

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

MAILING INSTRUCTIONS
Submit this completed application, required attachment(s), and the certification fee of: Members $450, Non-members $525 to:

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

Certification Review
(For Office Use Only)

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

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

	Number	Dated	Mailed Date
Certificate			