



# CERTIFICATION IN HEALTHCARE LEADERSHIP APPLICATION

**CHL**  
(International)  
IAHCSMM CERTIFICATIONS ARE  
RECOGNIZED INTERNATIONALLY  
(BY COMPLETING THIS APPLICATION, YOU ARE  
ACKNOWLEDGING THAT YOU WILL BE TAKING THE  
EXAM OUTSIDE OF THE UNITED STATES OR CANADA)

Instrumental to Patient Care®

**Incomplete applications will be returned. Complete all sections exactly to avoid disappointment. Please type or clearly print all information.**

## Section One – Applicant Information

Name: \_\_\_\_\_ IAHCSMM ID # (if applicable): \_\_\_\_\_  
First and Last ONLY (as it appears on your primary photo ID)

Home Address: \_\_\_\_\_  
Number & Street City, State/District, and Postal Code Country

Current Position in Hospital (circle one): Technician Supervisor Manager Other: \_\_\_\_\_

Contact Information (please indicate country code for all phone numbers): \_\_\_\_\_  
( ) ( ) Home Phone Hospital Phone Ext.

Email: \_\_\_\_\_  
(all international applications require a valid email address for processing. Failure to provide a valid email address will mark the application as incomplete and will be returned with payment to sender)

Proctor Name: \_\_\_\_\_  
(If the country in which you are taking the exam does not have a Prometric testing site (www.prometric.com/iahcsmm), a Pre-Approved Proctor must administer the exam. Your direct supervisor or manager may be eligible to become a proctor, and may apply online at www.iahcsmm.org under the education tab. Applications that require a proctor will not be processed if a proctor name is not given or has not been approved. All countries that do have Prometric testing sites will not be eligible for proctor based exams)

## Section Two – Payment Information (Note: IAHCSMM does not accept purchase orders of any kind)

### Examination Fee is \$150.00

**You must include the fee of \$150.00 with this application, in the form of: Personal Check, Money Order, or Credit Card.**

- My check or money order is enclosed, and made payable to: IAHCSMM
- My credit card is to be charged, and I have supplied ALL necessary information below:  Visa  MasterCard  American Express  Discover

Name: \_\_\_\_\_  
Please print name as it appears on credit card

\_\_\_\_\_ Credit Card Account Number \_\_\_\_\_ Expiration \_\_\_\_\_ CVV2 Number (3-4 digit security code)

\_\_\_\_\_ Signature

**Return applications with payment to: IAHCSMM, 213 West Institute Place, Suite 307, Chicago, IL 60610  
Or Fax to: 312-440-9474 Attn: Examinations**

## Section Three – Background Requirements

**Background Requirements:** CURRENT CRCST status is required to apply for the Certified in Healthcare Leadership (CHL) exam

**Education:** The education requirements can be met by:

- Successful completion of the Purdue University/IAHCSMM Correspondence course: Supervision Principles **or**
- Successful completion of subjects pertinent to Leadership (grade C or higher) from a regionally-accredited post-secondary educational institution **or**
- Careful study of IAHCSMM - approved Supervision resources (text and study guide) as confirmed by an immediate supervisor/manager

**Experience:** You must be or have been employed in the healthcare industry and have served in one or more such positions or have an interest therein: A person who (a) supervises (has supervised) two or more individuals; has (had) job duties that are (were) at least 60 percent supervisory in nature or participated in such tasks as scheduling, training, interviewing, disciplining, inspecting, and conducting performance reviews; making decisions and judgment calls while performing daily duties and with input on hiring and firing decisions within a department or (b) serves (has served) in a human resources or other staff position involving training or another area of support may apply. The IAHCSMM Certification Committee retains the right and authority to determine whether the experience requirement in a position has been met.

**(OVER)**

**All Applicants must complete the reverse side of this application to indicate educational and employment experience.  
(Failure to complete the second page of the application will mark the application as incomplete and will not be processed).**

**Section Four: Education (to be completed by applicant)**

I have met the following educational requirement (check one):

**I am Challenging the Exam** (*I have not taken or have not passed an applicable course, but would still attempt a passing grade on the Certification Exam.*)

Signature \_\_\_\_\_ Date \_\_\_\_\_

I completed Purdue/IAHCSMM Supervision Principles course

*This is to certify that I have carefully studied the IAHCSMM-approved text/study manual and have completed all Review Quizzes and Progress Tests.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

I completed a Supervisory Management course (transcript enclosed)

**Section Five: Employment Verification (to be completed by immediate Supervisor/Manager)**

Please complete the information below. The Certification applicant has been directed to give this form to an **immediate supervisor or manager**.

**I verify that** Name of Applicant \_\_\_\_\_  
**has been employed with** Healthcare Facility \_\_\_\_\_  
**in the position of** Title \_\_\_\_\_  
**for the period of** month/year \_\_\_\_\_ through month/year \_\_\_\_\_

The above experience has been (check as applicable):

Full-time (40 or more hours weekly)

Part-time (indicate weekly hours): \_\_\_\_\_ hours per week

Full-time and part-time: \_\_\_\_\_ months (full-time)  
\_\_\_\_\_ months (part-time) @ \_\_\_\_\_ hours weekly

*I attest that the above information is true. I will, if called upon, answer other questions regarding job title and employment term of the applicant.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Title: \_\_\_\_\_ Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City, State and Zip

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Requirements to Maintain Certification**

(Upon successful completion of the Certification Exam for Healthcare Leadership (CHL))

CHL Points (CHL are required to maintain current CRCST status in addition to CHL requirements):

A. All CHL must accumulate 6 points of continuing education per billing year, in addition to points submitted for CRCST status, and for all other certifications held (Members newly certified within the current billing cycle are responsible for gathering their points starting from the time of certification)

B. All points submitted must show a reflect knowledge attained on a management/supervisory level, expanding upon one's management expertise