



CHMMC
(United States and
Canada only)

CERTIFICATION IN HEALTHCARE MATERIEL MANAGEMENT CONCEPTS APPLICATION

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, and Zip

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

Contact Information (please print clearly): () () _____
Home Phone Hospital Phone Ext.

Email: _____ **Please email my confirmation (Check here)**

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

Examination Fee is \$105.00

You must include the fee of \$105.00 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 CV2 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**

The IAHCSMM complies with the Americans with Disabilities Act and is interested in ensuring that no disabled individual is deprived of the opportunity to take an examination solely by reason of that disability. Special testing accommodations may be made for these individuals. If you require special accommodations, please request a Special Accommodations Form from IAHCSMM and submit with your application.

Section Three – Background Requirements

Education: The education requirements can be met by:

- Successful completion of the Purdue University/IAHCSMM Correspondence course: Materiel Management Principles **or**
- Successful completion of subjects pertinent to Materiel Management (grade C or higher) from a regionally-accredited post-secondary educational institution **or**
- Careful study of IAHCSMM - approved Materiel Management 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 Materiel Manager, Central Service Supervisor/Manager, Shift Coordinator, Team Leader or Assistant Manager. Other applicable titles include Purchasing Manager, Materials Management Buyer, Receiving Clerk and Inventory Technicians. Other positions involving distribution, inventory control, supply management, case carts, etc. may meet eligibility requirements. You may be asked to submit a job description to clarify your job responsibilities and tasks. The IAHCSMM Certification Committee retains the right and authority to determine whether the experience requirement in a position has been met.

All Applicants must complete the reverse side of this application to indicate educational and employment experience where experience was earned. (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 Materiel Management 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 Materiel 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 Materiel Management Concepts (CHMMC))

CHMMC Points:

- A. All CHMMC must accumulate 6 points of continuing education per billing year, in addition to points submitted 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 direct relation to Materiel Management, expanding upon one's technical expertise and/or advancement in the field