

**Certified Healthcare Leadership (CHL)** certification is designed to recognize individuals who have demonstrated the management and supervisory skills necessary to provide effective leadership in the Central Service Department. CHLs are indispensable members of the healthcare team who are responsible for managing the daily operations of the Central Service Department including standards and regulation compliance, finance, reporting, staffing, human resource management, and inter- and intra-departmental communications.

To earn CHL certification, candidates are required to demonstrate skills through the successful completion of an examination developed to measure the understanding of general central service, infection prevention, and management topics. CHL certificants are required to recertify annually through completion of continuing education requirements.

**Please Note: Full CRCST certification is required before applying for the CHL.** Once your application and payment have been received by IAHCSMM, processing will typically take 5-7 business days. Information on your 90 day exam eligibility period, scheduling your exam, available testing dates and locations, and the testing process will be mailed to the address provided in Section One. Please allow an additional 3-5 business days for this information to be delivered by the US Postal Service. You may also request the information be sent to you electronically by providing your email address in Section One. Email notifications will be sent within 24 hours of application processing. **Scheduling information cannot be given by phone.** Once you receive your scheduling letter/email, it is your responsibility to schedule your exam.

**SECTION ONE – Applicant Information (To be completed by APPLICANT)**  
Please note: Incomplete or illegible applications can delay processing, clearly print all information

First Name: \_\_\_\_\_ Last Name(s): \_\_\_\_\_  
(As it appears on your primary government issued photo ID) (As it appears on your primary government issued photo ID)

Street Address: \_\_\_\_\_ Apt/Floor/Lot/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ **USA or Canada**

Current Facility (if employed): \_\_\_\_\_ IAHCSMM ID# \_\_\_\_\_  
(Leave blank if unknown)

Current Position (circle one): Student Technician Supervisor Manager Educator Other: \_\_\_\_\_

Home or Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_  
(Optional) (Optional)

**Your exam scheduling information will be mailed to your home address, as listed above, and also emailed, if home and/or work email are provided.**

**SECTION TWO – Payment Information (To be completed by APPLICANT or PAYMENT PROVIDER)**  
Please note: IAHCSMM cannot accept purchase orders of any kind; **payment must be submitted along with this application**

The examination fee within the United States and Canada is **\$125 USD**. Payment must be submitted, along with this application, in the form of: Credit/Debit Card (US & Canada), Money Order (US & Canada), or Check (US only.) **Payment CANNOT be made by phone.**

- I am submitting a check or money order, made payable to IAHCSMM, by mail to: 55 West Wacker Dr, Suite 501, Chicago, IL 60601
- I am submitting the credit/debit card information below and give permission for my card to be charged \$125 USD:  
Fax to: 1-312-440-9474, Scan & Email to: certification@iahcsmm.org, or Mail to: 55 West Wacker Dr, Suite 501, Chicago, IL 60601

Credit/Debit Card Holder's Printed Name: \_\_\_\_\_

Credit/Debit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_  
(Month/Year)

Credit/Debit Card Holder's Signature: \_\_\_\_\_ CV2#: \_\_\_\_\_

IAHCSMM complies with the Americans with Disabilities Act (ADA) and is interested in ensuring that no disabled individual is deprived of the opportunity to take an examination solely by reason of that disability. IAHCSMM will arrange to provide special testing accommodations for those individuals with a condition or disability as defined under the ADA. Accommodations will be provided at a designated testing center at no additional cost to the applicant. IAHCSMM's "Americans with Disabilities Policy Statement" can be found in full at IAHCSMM.org and in the Certification Handbook. If you believe that you qualify for an accommodation pursuant to the ADA, we ask that you contact IAHCSMM to request a Special Accommodations form, to be completed and submitted with your application.

**For Office Use Only**

S1 \_\_\_\_\_ S2 \_\_\_\_\_ S3 \_\_\_\_\_

S4 \_\_\_\_\_ RT \_\_\_\_\_

## SECTION THREE – Background Requirements

### **Current CRCST status is required in order to apply for the Certified Healthcare Leader Exam.**

If you do not already hold CRCST status then you would need to achieve full CRCST certification before you apply for the CHL.

## SECTION FOUR – Statement of Understanding (To be completed by APPLICANT)

Please note: Your signature in this section is mandatory in order to test with IAHCMM

### **Statement of Understanding**

I hereby apply to take the CHL exam. By signing below and submitting an exam application and fee, I attest that I have read and understand the IAHCMM Certification Handbook (available online at IAHCMM.org) and agree to abide by the certification program's policies and procedures, and adhere to the Association's code of conduct. I agree to inform IAHCMM, without delay, of any matter that affects my ability to fulfill the certification requirements.

I further certify that the information provided by and about me on this form (and any other subsequent documentation submitted in relation to my certification) is accurate and correct. I understand that the information I provide to IAHCMM may be audited for verification. I agree to provide any information necessary to verify my experience and authorize IAHCMM to make any necessary inquiries in this regard. I understand that providing information on this or any document relating to my certification which is determined to be false or purposefully misleading, or in violation of any portion of the Code of Conduct and/or other policies and procedures, may result in disciplinary action, including the possible denial or revocation of certification, as outlined in the disciplinary policy.

### **Release of Exam Results**

I understand that a Pass/Fail notice will be issued at the testing center upon completion of the exam, and that IAHCMM will only release my full exam results directly to me, in written format, at the home address provided herein. Results are not available orally or electronically, and can take up to two weeks to be delivered. Exam results and pass/fail notifications will not be provided to 3rd parties without my prior express written consent. Upon request IAHCMM will verify an individual's current certification status (including their certification effective and expiration dates) to any inquiring party, but will not release the details of an individual's examination(s), including exam scores and the number of exam attempts.

### **Use of Personal Information**

The information provided to IAHCMM on this form, and in regard to my certification exam, will be used in accordance of IAHCMM's Confidentiality Policy, included in the Certification Handbook and available online at IAHCMM.org. If I request and am granted special testing accommodations IAHCMM may disclose personal information to third parties as necessary to administer my examination. This may include such information as my disability status, medical condition, or any political, religious, or philosophical beliefs which require accommodation. If IAHCMM is required by law to disclose confidential information, the individual(s) whose information is released will be notified to the extent permitted by law.

### **Non-Disclosure Agreement**

This examination is confidential and proprietary. It is made available to me, the examinee, solely for the purpose of becoming certified in the technical area referenced in the title of this exam. I am expressly prohibited from recording, copying, reproducing, disclosing, publishing, or transmitting this examination, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose.

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_