Certified Healthcare Leader (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. CHL’s 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.

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 exam eligibility period, scheduling your exam, available testing dates and locations, and the testing process will sent to the email address(es) provided on the application. Once you receive your scheduling email, it is your responsibility to schedule your exam. Please Note: Certification exams cannot be given by proctor; you must test at a Prometric Testing Center. To find the closest testing center to you please visit www.prometric.com/iahcsmm.

This application is for those testing outside of the United States & Canada; if you will be testing in either of those countries, please do not use this form.

SECTION ONE – Applicant Information
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)
Street Address: ___________________________________________ Apt/Floor/Lot/Unit: ___________________________ (As it appears on your primary government issued photo ID)
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: __________________
Primary/Preferred Email: ________________________________________(Optional) Secondary/Alternate Email: ________________________________________(Optional)

Your exam scheduling information will be mailed to your home address, as listed above, and also emailed, if email is provided above.

SECTION TWO – Payment Information
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 & 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#: ___________
(Handwritten Signature Required)
SECTION FOUR – Statement of Understanding (To Be Completed By the Applicant)

Please Note: Your signature in this section is mandatory in order to test with IAHCSMM

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 IAHCSMM Certification Handbook (available online at IAHCSMM.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 IAHCSMM, 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 IAHCSMM may be audited for verification. I agree to provide any information necessary to verify my experience and authorize IAHCSMM 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 IAHCSMM 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 IAHCSMM 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 IAHCSMM on this form, and in regard to my certification exam, will be used in accordance of IAHCSMM’s Confidentiality Policy, included in the Certification Handbook and available online at IAHCSMM.org. If I request and am granted special testing accommodations IAHCSMM 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 IAHCSMM 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: ____________

(Handwritten Signature Required)