

Certified Healthcare Leader (CHL) Exam

Revised Jan 2021; 3 Pages



CHL certification is designed to recognize individuals who have demonstrated the management and supervisory skills necessary to provide effective leadership in the Sterile Processing department. CHL's are indispensable members of the healthcare team who are responsible for managing the daily operations of the Sterile Processing 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. Those certified as a CHL are required to recertify annually through completion of continuing education requirements.

Please read and complete each section fully and accurately in clear, legible handwriting or type. The completed application and full payment must be received for processing.

Completed applications will be processed within three weeks. Information on how to schedule your exam, as well as your window of eligibility, will be sent to the email provided, and mailed to your preferred address. (Scheduling information cannot be provided by phone.) Once your application is approved, it is your responsibility to schedule your exam within the 90-day window provided.

Additional information on certification requirements, policies, and procedures is available in the IAHCSMM Handbook and at iahcsmm.org/certification. For further assistance, contact IAHCSMM at 312.440.0078 or certification@iahcsmm.org.

Please complete each page and mail, fax, or email your completed application to:

**Mail: IAHCSMM
55 West Wacker Drive
Suite 501
Chicago, IL 60601**

Fax: 312.440.9474

Email: certification@iahcsmm.org

APPLICATION CHECKLIST

- I am ready to sit for the CHL exam within the next 3 months, once my application is approved.**
- Section 1: Certification Prerequisites**
I already hold a full CRCST certification in good standing.
- Section 2: Applicant Information**
I have completed the applicant information.
- Section 3: Standards of Conduct, Disclosure, and Attestations**
I have signed and dated the Statement of Understanding.
- Section 4: Application Fee**
I have included a signed check/money order or credit card information with the application.

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.

SECTION 1: APPLICATION PREREQUISITES

Please verify that you hold a current, full CRCST certification. A CRCST certification with IAHCSSM is required before applying for the CHL examination.

I hold a current, full CRCST certification through IAHCSSM.

SECTION 2: APPLICANT INFORMATION

(Please enter your first and last name as they appear on your primary government issued photo ID.)

Mr. Mrs. Ms. Dr.

Applicant First Name: _____

Applicant Last Name(s): _____

IAHCSSM ID# (Optional): _____

Personal Information

Home Address: _____ Apt/Floor/Unit: _____

City, State/Province, Zip/Postal Code: _____

Country (if outside the USA): _____

Home Telephone: _____ Personal Email: _____

Employment Information (if available)

Organization Name: _____

Current Position Title: _____

Business City and State/Province: _____

Country (if outside the USA): _____

Business Telephone: _____ Business Email: _____

An email is required. Confirmation and scheduling information will be sent by email and mail. Please check which email you would like to be used for correspondence: business personal

Please check which address you would like to be used for mailed correspondence: business personal

SECTION 3: STANDARDS OF CONDUCT, DISCLOSURE AND ATTESTATIONS

APPLICATION 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 IAHCSSM Certification Handbook (available online at IAHCSSM.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 IAHCSSM, 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 IAHCSSM may be audited for verification. I agree to provide any information necessary to verify my experience and authorize IAHCSSM 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 provided on screen at the testing center upon completion of the exam, and that IAHCSSM will only release my full exam results directly to me, in written format, at the preferred address provided herein. Result reports 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 IAHCSSM 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 IAHCSSM on this form, and in regard to my certification exam, will be used in accordance with IAHCSSM's Confidentiality Policy, included in the Certification Handbook and available online at IAHCSSM.org. If I request and am granted special testing accommodations, IAHCSSM 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 IAHCSSM 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 (must be handwritten): _____

Date: _____

SECTION 4: APPLICATION FEE IS \$125 USD

Payment must be submitted with the application. We cannot accept purchase orders or payments by phone. The application fee includes the cost to take the exam one time. Subsequent examinations and testing are subject to additional testing fees.

Check or Money Order enclosed (payable to IAHCSSM) VISA MasterCard American Express Discover

Cardholder Name: _____

Credit Card Number: _____

CVV (found on back of card): _____

Expiration Date: _____

Zip Code of Billing Address: _____

Signature (must be handwritten): _____