



The **Certified Healthcare Leadership** (CHL) certification program 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.

### SECTION ONE – Applicant Information (To be completed by APPLICANT)

Please note: Incomplete or illegible applications will be returned, 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)

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

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

Facility Address: \_\_\_\_\_  
(Number & Street) (City, State/District & Postal Code) (Country)

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

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_  
(At least one email address, either home or work, is **mandatory**) (At least one email address, either home or work, is **mandatory**)

**Your exam scheduling information will be sent electronically to the email address(es) above.**

### SECTION TWO – Payment Information (To be completed by APPLICANT)

Please note: IAHCSMM does not accept purchase orders of any kind; **payment must be submitted along with this application**

The examination fee **outside** of the United States and Canada is **\$150 USD**. Payment must be submitted, along with this application, in the form of: Credit/Debit Card or Money Order (in US dollars.) Payment **CANNOT** be made online or by phone.

- ☐ I am submitting a money order, made payable to IAHCSMM, by mail to: 55 W Wacker Dr, Suite 501, Chicago, IL, 60601, USA
- ☐ I am submitting the credit/debit card information below and give permission for my card to be charged \$150 USD:  
Fax to: 1-312-440-9474 or Mail to: 55 W Wacker Dr, Suite 501, Chicago, IL, 60601, USA

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

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

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

### SECTION THREE – Background Requirements

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

If you do not already hold CRCST status then you would need to take and pass that exam before you apply for the CHL.

#### For Office Use Only

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

S3 \_\_\_\_\_ S4 \_\_\_\_\_

## SECTION FOUR – Statement of Understanding (To be completed by 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 [www.iahcsmm.org](http://www.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 [www.iahcsmm.org](http://www.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.

### 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.

Applicant's Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once an application and payment have been received in our office, processing will take approximately 2-3 business days. Information on your 90 day exam eligibility period, scheduling your exam, available testing dates and locations, and the testing process will be sent to the email address(es) provided on the application. Once you receive your scheduling email, it is your responsibility to schedule your exam. **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](http://www.prometric.com/iahcsmm)