AMERICAN HOSPITAL ASSOCIATION CERTIFICATION CENTER
Certified Professional in Healthcare Risk Management (CPHRM)
SPECIAL PAPER AND PENCIL EXAMINATION APPLICATION

Examination Date: September 28, 2016 • Location: Orlando, FL • Application Deadline: August 30, 2016
Applications must be received no later than August 30, 2016. On-site applications will not be accepted.

To apply for the CPHRM Examination complete this application and return it with the examination fee to:
AMP, AHA-CC Examination, 18000 W. 105th St., Olathe, KS 66061-7543
PHONE: 888-519-9901 • FAX: 913-895-4651

CANDIDATE INFORMATION

Name (Last, First, Middle Initial) (List your name as you wish to be printed on your certificate. Title and designations will not be printed on the certificate.)

Former name if exam was taken previously under a different name.

Name of Facility/Company/Organization

Title

Preferred Mailing Address (Street Address, City, State/Province, Zip/Postal Code, Country)

Preferred Telephone Number

Preferred Email Address

ELIGIBILITY REQUIREMENTS

To be eligible for the Certified Professional in Healthcare Risk Management (CPHRM) Examination, a candidate must fulfill one (1) of the following requirements for education/healthcare experience **AND** meet the requirement for risk management experience. *By checking the boxes below, a candidate certifies to the AHA-CC that he or she satisfies the eligibility requirement. Both requirements must be met. Check the boxes that apply.*

Education/Healthcare Experience

☐ Baccalaureate degree or higher from an accredited college or university plus five (5) years of experience in a healthcare setting or with a provider of services to the healthcare industry

☐ Associate degree or equivalent from an accredited college plus seven (7) years of experience in a healthcare setting or with a provider of services to the healthcare industry.

☐ High school diploma or equivalent plus nine (9) years of experience in a healthcare setting or with a provider of services to the healthcare industry.

Risk Management Experience

☐ 3,000 hours or 50 percent of full-time job duties within the last three (3) years dedicated to healthcare risk management in a healthcare setting or with a provider of services (e.g. consultant, broker, attorney) to the healthcare industry.

APPLICATION STATUS

Check one of the following.

☐ I am applying as a new candidate.
☐ I am applying as a reapplicant, i.e., retaking the exam.
☐ I am applying for renewal of CPHRM certification.

MEMBERSHIP STATUS

If you are a current member of ASHRM or other AHA Personal Membership Group (PMG), you are eligible for the reduced CPHRM Examination fee. *Please provide your 10-digit membership number below.*

For information on joining the American Society for Healthcare Risk Management (ASHRM), visit www.ASHRM.org. Membership must be obtained before application for CPHRM Examination at the reduced fee can be honored.

If you have applied for membership but have not yet received your membership number, enter "NEW" below.

Membership Number: _ _ _ _ _ _ _ _ _ _

EXAMINATION FEE

Payment may be made by credit card, company check, cashier's check or money order made payable to AMP. Indicate the type and amount of fees enclosed:

☐ Member of ASHRM or other AHA PMG $275
☐ Nonmember $425
☐ Reschedule Fee $100

For payment by credit card, complete the following.

Select type of credit card being used:

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number

Expiration Date

Your Name as it Appears on the Card

Signature

Rev. 5/2/2016

SPECIAL ACCOMMODATIONS

Do you require special disability related accommodations during testing? ☐ No ☐ Yes

If yes, please complete the *Request for Special Examination Accommodations* form included in the CPHRM Candidate Handbook and submit it with an application and fee at least 45 days prior to the desired testing date.

DEMOGRAPHIC INFORMATION

The following demographic information is requested.

1. How many years of experience do you have in healthcare risk management?
   - 1 0-5 years
   - 2 6-10 years
   - 3 11-15 years
   - 4 16-20 years
   - 5 21-25 years
   - 6 26-30 years
   - 7 More than 30 years

2. What is the highest academic level you have attained?
   - 1 High school diploma or equivalent
   - 2 Associate's degree
   - 3 Baccalaureate degree
   - 4 Master's degree
   - 5 Doctoral degree

3. Professional designations earned (select all that apply):
   - 1 ABHRM
   - 2 AIC
   - 3 ALCM
   - 4 ARM
   - 5 AU
   - 6 CHEM
   - 7 CHSP
   - 8 CPA
   - 9 CPCU
   - 10 CPHQ
   - 11 CSP
   - 12 HRM
   - 13 RN
   - 14 RPLU
   - 15 Other: _____

4. The majority of formal training you received in risk management was through:
   - 1 College Courses
   - 2 Professional Development (e.g., ARM, CPCU)
   - 3 ASHRM Seminars/ Certificate Programs
   - 4 Other: _____

5. Current primary job functions (select all that apply):
   - 1 Acute Care Medical Center
   - 2 Academic Medical Center
   - 3 Multi-Hospital System
   - 4 Specialty (e.g., pediatric, psychiatric, rehab.)
   - 5 Long Term Care
   - 6 Military/Federal/VA
   - 7 Ambulatory Care
   - 8 Insurance Company/Captive/Trust
   - 9 Law Firm
   - 10 Medical Group Practice
   - 11 Home Healthcare Agency
   - 12 Risk Management Consultant
   - 13 Other: _____

6. Current job title:
   - 1 CEO/COO/CMO/CNO/CFO
   - 2 Vice President/ Chief Risk Officer
   - 3 Medical Director
   - 4 Risk Manager (e.g., coordinator, director, corporate)
   - 5 Quality Assurance Manager (e.g., coordinator, director, corporate)
   - 6 Patient Safety Officer
   - 7 Claims Manager (e.g., coordinator, director, corporate)
   - 8 Insurance Manager (e.g. coordinator, director, corporate)
   - 9 Consultant
   - 10 Attorney
   - 11 Compliance Officer
   - 12 Other: _____

SIGNATURE

I certify that I have read all portions of the CPHRM Candidate Handbook and Application and agree to abide by regulations contained therein. I certify that I am eligible to take the CPHRM Examination and the information I have submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my CPHRM examination results may be delayed or voided.

Name (please print): _____

Signature:_____ Date:_____

NOTE: *Name, address, telephone number and email address of candidates who pass the CPHRM Examination are shared with ASHRM. Scores are never reported. If you do NOT wish to have your personal information shared, please opt out by contacting the AHA-CC in writing via email at certification@aha.org or fax to 312-422-4575.*