

PREFERRED EDUCATION PROGRAM APPLICATION

ASHE offers Continuing Education Credits for educational programs. The credits apply towards Certified Healthcare Facility Manager (CHFM) and/or Certified Healthcare Constructor (CHC) renewal.

This application should be completed for each program. All applications expire December 31st each year. Applications submitted mid year are only good until December 31st. Applications are valid for no more than 12 months.

Instructions for submission

1. **Applications shall be made by mailing or faxing this form to ASHE. Applications may be emailed to ashe@aha.org. For security purposes, any applications emailed to us with credit card information will not be received or processed.**
2. All applications for continuing education credit (CEC) approval must include the appropriate information and fees. If all information is not received your application will be returned to you.
3. Applications must be submitted a minimum of (four) 4 weeks prior to the date of the program. Late applications may be denied.
4. Once reviewed, a letter will be e-mailed to the address listed on the continuing education approval application with information on the status of the application.
5. Payment must accompany the application. Please refer to the fee schedule to calculate the appropriate fees. Your application will not be processed until full payment is received.
6. The application fee is **not refunded** if an application is denied.
7. 60 minutes of presentation time = 1 continuing education credit. Only educational portions of the program. Presentation time does not include time spent on general announcements, breaks, exhibits, vendor presentations or association meetings.
8. Programs approved by ASHE for CECs have an approval period of no more than 12 months in which credit hours can be awarded.
9. Objectives should be measurable outcomes of the program (about 50 to 75 words) and should follow S.M.A.R.T criteria

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Terms & Agreement

Applications approved by ASHE agree to the following terms:

1. Program applicants are responsible for monitoring attendance and furnishing each participant with evidence of attendance so that they may receive credit for the program. The retention of records of attendance is the responsibility of the sponsor. ASHE cannot verify an individual's participation in an educational activity. The preferred program provider must retain a copy of attendance for a minimum of 5 years.
2. Should a preferred program provider elect not to continue the program, all attendance records shall be submitted to ASHE.
3. The following presentation information is required and must be included on the certificate: Content Code(s), Title, Date of Activity, Purpose, Description.
4. Approved programs may only use the following statement in marketing for continuing education:

This program has been approved for a total of ____ continuing education credits toward fulfillment of the requirements of Certified Healthcare Facility Manager (CHFM) and [or] Certified Healthcare Constructor (CHC) renewal.

5. Sales pitches are strictly prohibited. Programs sponsored by companies may only provide announcements or product introductions before or after the contact hours being applied for.
6. ASHE affiliated chapter events receive calendar preference. CE applications received that conflict with chapter events within 90 miles may be rejected.
7. For multisession conferences, an application and fee must be submitted for each individual session to receive continuing education.
8. Approved program may only use the provided "ASHE preferred education program" logo on any marketing materials. Use of the ASHE or AHA logo on any program materials is strictly prohibited.
9. Approved program consent to potential program audit by ASHE. Registration fees will be covered for the auditor by the applicant.

To qualify for approval, programs must relate to the content outline categories of the CHC or CHFM examination which can be found in the candidate handbook and application at the following link:

<https://www.aha.org/career-resources/certification-center>

Content Code	CHFM Content Outline Category
1	Compliance
2	Planning, Design, and Construction
3	Maintenance & Operations
4	Finance
5	Administration

Content Code	CHC Content Outline Category
1	Healthcare Industry Fundamentals
2	Planning, Design, and Construction Process
3	Healthcare Facility Safety- Additions & Renovations
4	Financial Stewardship

APPLICANT INFORMATION		
Name: Click here to enter text.		
Organization: Click here to enter text.		
Email Address: Click here to enter text.	Phone: Click here to enter text.	
Organization Address: Click here to enter text.		
City: Click here to enter text.	State: Click here to enter text.	Zip Code: Click here to enter text.
EDUCATION ACTIVITY INFORMATION		
Title of Education Activity:		
Education Activity Date(s):		
Program Location:		
Purpose:		
Learning Objective 1: C		
Learning Objective 2:		
Learning Objective 3:		
Learning Objective 4:		
Description:		
Event/Course Website: Click here to enter text.		
<p><i>*To qualify for approval, programs must relate to the content outline of the CHC or CHFM examination which can be found in the Candidate Handbook and Application at the following link: https://www.aha.org/career-resources/certification-center</i></p>		
SPEAKER BIOS		
<i>DESCRIBE EXPERTISE AND YEARS OF TRAINING SPECIFIC TO THE PROGRAM.</i>		
Speaker 1:		
Speaker 2:		
Speaker 3:		
AGENDA		
Time (in minutes)	Program Agenda Topic	Content Code
Click here to enter text.		<input type="checkbox"/> CHFM <input type="checkbox"/> CHC
Click here to enter text.		<input type="checkbox"/> CHFM <input type="checkbox"/> CHC
Click here to enter text.		<input type="checkbox"/> CHFM <input type="checkbox"/> CHC
Click here to enter text.		<input type="checkbox"/> CHFM <input type="checkbox"/> CHC
CE Hours Requested: (60 minutes of instruction time = 1 contact hour) _____		

APPLICATION CATEGORY	
ASHE Affiliated Chapter Program	<input type="checkbox"/> NO FEE
Non-Chapter Program - Programs offered by institutions, individuals or corporations that are not an ASHE affiliated chapter.	<input type="checkbox"/> \$1600 non-profit organizations. Annual Registration for domestic offerings <input type="checkbox"/> \$3200 For profit organizations. Annual Registration for domestic offerings <input type="checkbox"/> \$4000 Annual Registration for International offerings
APPLICATION FEE PAYMENT	
<div style="margin-bottom: 10px;"> <input type="checkbox"/> Check (payable to ASHE) If you are paying with a check, please mail your application and check to ASHE, 155 N. Wacker Drive, Suite 400. Chicago, IL 60606. Allow for 1-2 weeks for processing. </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Credit card payments <u>MUST</u> be faxed to 312.422.3609 (secured fax) </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express </div> <div style="text-align: center; color: #808080; font-style: italic; margin-bottom: 10px;"> Print form and complete information below before faxing </div> <div style="margin-bottom: 10px;"> Fee Amount: _____ </div> <div style="margin-bottom: 10px;"> Name on the Card: _____ </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Account Number: _____ </div> <div style="width: 45%;"> Exp. Date: _____ </div> </div>	
Office use only	
Date Application Received: Click here to enter a date.	
<input type="checkbox"/> Approved for _____ CE hours in Content Code(s) _____ <input type="checkbox"/> Not Approved - Reason: Click or tap here to enter text.	
Date of Appeal: Click here to enter a date. Final Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Applicant Notified: Click here to enter a date. By: Click here to enter text.	