



CCHFM EXAMINATION APPLICATION

PLEASE NOTE: Complete application and payment must be received at least 30 days prior to the requested testing date.

To apply for the CCHFM Examination, complete the CCHFM Examination Application online at www.ches.org OR manually using this form, and return it with the examination fee to:

CHES National Office
4 Cataraqui Street, Suite 310
Kingston ON K7K 1Z7
Tel: 613-531-2661 • Fax: 866-303-0626
cchfm@ches.org

CANDIDATE INFORMATION

- List name as you wish it to appear on your certificate.
- Applicants and CCHFM designees must be current members of CHES
- If you have applied for membership but have not yet received your membership number, enter "NEW".

Last Name	Middle Initial	First Name	CHES Member Number	
Name of Facility/Company Organization				
Street Address		City	Province	Postal Code
Telephone		Email Address		
<input type="checkbox"/> I am applying as a new candidate		<input type="checkbox"/> I am applying as a re-applicant (i.e. retake the test)		

ELIGIBILITY REQUIREMENTS

To be eligible for the CCHFM Examination, a candidate must fulfill one of the following education and work experience requirements. By checking a box below, a candidate certifies to CHES that he or she satisfies the eligibility requirements. Check the category that applies. Application must include supporting documentation for each of the requirements.

- Category 1:** Baccalaureate degree from an accredited college or university plus five (5) years of associated engineering experience¹, of which three (3) years must have been in a management/supervisor/administrative position in a healthcare setting.
- Category 2:** Diploma (Technologist, Technician) and/or Provincially Recognized Licensed Trade(s) plus seven (7) years of associated engineering experience¹, of which three (3) years must have been in a management/supervisory/administrative position in a healthcare setting.
- Category 3:** High school diploma or equivalent plus ten (10) years of associated engineering experience¹, of which three (3) years must have been in a management / supervisory / administrative position in a healthcare setting.

¹Associated engineering experience refers to work experience in the following functional areas: facility management; operations and maintenance; clinical engineering; safety and security; planning, design and construction; or environmental management.



EXAMINATION TYPE: Place a checkmark next to the type of exam administration for which you are applying.
Select one only.

- Mohawk College Assessment Centre. State preferred City/Province _____
- Mohawk College domestic administration (see www.ches.org)

Exam date requested: _____

DEMOGRAPHIC INFORMATION

1. How many years of experience do you have in facility management, operations and maintenance, clinical engineering, safety and security, planning, design and construction, or environmental management?
 - 3-5 years
 - 6-10 years
 - 11-15 years
 - 16-20 years
 - 21-25 years
 - 26-30 years
 - More than 30 years
2. How many years have you worked in healthcare facility management?
 - 0-5 years
 - 6-10 years
 - 11-15 years
 - 16-20 years
 - 21-25 years
 - 26-30 years
 - More than 30 years
3. How many years of experience do you have in management/supervision/administration?
 - 3-5 years
 - 6-10 years
 - 11-15 years
 - 16-20 years
 - 21-25 years
 - 26-30 years
 - More than 30 years
4. What is the square footage of the facility/facilities you manage?
 - Less than 100,000 square feet
 - 100,001 – 500,000 square feet
 - 500,001 – 1,000,000 square feet
 - 1,000,001 – 3,000,000 square feet
 - 3000,001 – 5,000,000 square feet
 - More than 5,000,000 square feet
5. What is the highest academic level you have attained?
 - High school diploma or equivalent
 - Some College
 - Associate degree
 - Baccalaureate degree
 - Master’s degree
 - Doctoral degree
6. What is your level of responsibility?
 - Vice President/Director (*responsible for multiple departments*)
 - Director/Manager (*responsible for a single department*)
 - Manager/Supervisor/Coordinator (*responsible for areas within a department*)
 - Other

NOTE:
Name, address, telephone number and email address of applicants will be shared with Mohawk College.



EXAMINATION FEES

Payment may be made by credit card, company cheque, certified cheque or money order made payable to CHES. Indicate the type and amount of fees enclosed:

- CCHFM Examination..... \$ 339
- Self Assessment Exam \$ 129.95
- Rescheduling Fee..... \$ 113
- Retake Fee..... \$ 113

There is no limit to the number of times an individual may take the CCHFM Examination. Only one retake is allowed, at the \$113 retake fee. No additional retakes will be permitted. A new CCHFM Examination application and the full CCHFM Examination exam fee will apply.

For payment by credit card, complete the following:

- Visa
- MasterCard

Credit Card Number Expiration Date

Your name as it appears on the card

Signature

I CERTIFY THAT I have read all portions of the CCHFM Candidate Handbook and agree to abide by regulations contained therein.

I CERTIFY THAT I am eligible to take the CCHFM 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 CCHFM Examination results may be delayed or voided.

I UNDERSTAND THAT the Application Fee is non-refundable. The Examination Fee, less a \$50 processing fee, will be returned only to candidates whom the Committee determine to be ineligible for examination.

Name (please print) _____

Signature _____ Date _____

Submission application must include:

- Signed application form
- Resumé/curriculum vitae
- Copies of all diplomas, certifications, and degrees or other supporting educational documents cited in the application.

Send to: CHES National Office
4 Cataraqui Street, Suite 31-0
Kingston ON K7K 1Z7
cchfm@ches.org
Tel: 613-531-2166 • Fax: 866-303-0626



REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability please complete this form and the Documentation of Disability-Related Needs so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality. Please return this form with your CCHFM Examination Application and fee.

 Last Name

 Middle Initial

 First name

 CHES Member Number

Special Accommodations Please check all that apply.

I request special accommodations for the CCHFM examination.

- Reader
- Extended testing time (time and a half)
- Reduced distraction environment
- Large print test (paper and pencil administration only)
- Circle answers in test booklet (paper and pencil administration only)
- Other special accommodations (Please specify below)

PLEASE READ AND SIGN:

I understand that CHES may request written confirmation of my disability details from my diagnosing professional. I give my permission for my diagnosing professional to discuss with CHES staff my records and history as they relate to the requested accommodation.

Signature _____

Date _____

Return this form with your CCHFM Examination Application and Fee.