

**Thank you for your interest in the Certified Healthcare CPD Professional (CHCP) credential. The purpose of the CHCP credential is to provide an educational self-assessment experience to individuals employed in the Healthcare CPD field while defining a standard of minimal competence for the healthcare education profession.**

**Instructions: Please complete this short survey to describe your involvement in the CPD of healthcare professionals. Once the CHCP Eligibility Committee reviews your responses, you will be contacted by the Alliance for Continuing Education in the Health Professions with your eligibility status.**

**Requirements: There are 3 sections below:**

- 1. Formal Education:** To qualify for the CHCP exam, you need at least a high school diploma or its equivalent, a GED.
- 2. CPD Informal Education/Engagement:** You must complete either 20 hours of informal education or demonstrated Engagement with CPD of the healthcare professions. See the [Guide](#) for multiple examples of how to demonstrate engagement.
- 3. Work Experience:** You must have a minimum of three years of part-time or full-time employment or contracted professional experience in HCP CPD with the last five years.

**Applicants must meet the requirements for 2 of the 3 sections to sit for the CHCP Exam.**

**For more information regarding the CHCP certification, please visit the CHCP Handbook, and the Alliance website at <https://www.acehp.org/Get-Certified/Getting-Started>. Please allow 3-4 weeks for Eligibility Committee review upon submitting your Eligibility Form.**

**Contact Information**

**\* 1. Name**

**\* 2. Preferred Email Address**

**Work**

This email address will be used to

**\* 3. Email Address**

**Personal**

**\* 4. Cell Phone Number**

**Country code**

**Phone number**

+1

5. **Alliance Member Section**

- ☐ Federal Health Care Educators
- ☐ Healthcare Professionals Memberships Societies (HMPS)
- ☐ Hospitals and Health Systems (HHS)
- ☐ Industry Alliance for CE (IACE)
- ☐ Medical Education Companies (MEC)
- ☐ Medical Schools
- ☐ Professionals with Educational Expertise, Resources, and Services (PEERS)
- ☐ State Medical Societies

\* 6. **Employment Information**

Current Job Title	<input type="text"/>
Current Place of Employment	<input type="text"/>
Type of Work Organization	<input type="text"/>
Preferred Email Address for Certificate	<input type="text"/>

## Section 1: Formal Education

7. **What is the highest level of formal education you have completed?** *High school/GED meets minimum requirement.*

- ☐ High school/GED
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Professional degree
- ☐ Doctorate degree

## Section 2A: CPD Informal Education

**Informal Education:** Within the last **5 years**, you must have completed at least **20 hours** of education pertaining to the CPD of healthcare professionals. *Neither job-related functions nor clinical educations meet this element.* Please provide the **title**, **date**, and **number of hours** of each **education linked to CPD of healthcare professionals**. **Please note the date format should be MM/DD/YYYY.**

8. **Education #1 - Title/Description**

9. **Education #1 - Date.** *Note: for multi-day conferences, please enter the beginning date.*

10. **Education #1 - Length of Time (Hours)**

11. **Education #2 - Title/Description.** *Please note: only fill out if needed.*

12. **Education #2 - Date.** *Note: for multi-day conferences, please enter the beginning date.*

13. **Education #2 - Length of Time (Hours)**

14. **Education #3 - Title/Description.** *Please note: only fill out if needed.*

**15. Education #3 - Date.** *Note: for multi-day conferences please enter the beginning date.*

**16. Education #3 - Length of Time (Hours)**

*If you have additional information beyond the educations listed above that you wish to provide, please feel welcome to upload an additional list (i.e. a Word document or PDF) to question 25.*

## Section 2B: Engagement

**Within the last 5 years, you must have engaged in activities supporting the CPD of the healthcare professions through volunteering, membership, or other means:**

**- Volunteering: 12 hours of *any* volunteering effort (i.e. participation in a state/local/regional/national organization, serving as a peer reviewer, or surveyor,) meets this requirement.**

**or**

**- Membership: At least 1 year of membership in *any* professional organization (i.e. ACEHP, SACME, GAME, NAMEC, AMEE, MAACME, GACME, IACME, CACME, or other).**

**or**

**- Other: Other engagement activities in CPD for healthcare professions including but not limited to publishing, presenting, related content, etc.**

**Please note the date format should be MM/DD/YYYY.**

### **17. Volunteering - Local, State, Regional, National, International, Organization.**

Title/Description	<input type="text"/>
Date	<input type="text"/>
Length of Time (hours)	<input type="text"/>

### **18. Volunteering - Peer Review for Published or Presented HCP CPD content.**

Title/Description	<input type="text"/>
Date	<input type="text"/>
Length of Time (hours)	<input type="text"/>

### **19. Volunteering - Surveyor / Peer Reviewer for bodies.**

Title/Description	<input type="text"/>
Date	<input type="text"/>
Length of Time (hours)	<input type="text"/>

### **20. Volunteering - Other.**

Title/Description	<input type="text"/>
Date	<input type="text"/>
Length of Time (hours)	<input type="text"/>

21. **Membership in Professional Organization.** *Within the last 3 years, at least 1 year of membership in any professional organization.*

Title/Description

Date

Length of Time (years)

22. **Membership in Professional Organization.** *Within the last 3 years, at least 1 year of membership in any professional organization.*

Title/Description

Date

Length of Time (years)

23. **Membership in Professional Organization.** *Within the last 3 years, at least 1 year of membership in any professional organization.*

Title/Description

Date

Length of Time (years)

24. **Other:** Other engagement activities in CPD for healthcare professions including but not limited to publishing, presenting, etc. *Please provide additional information below (i.e. an example of the publication, poster, or a Word document explaining the application of the content to CPD for the healthcare professions).*

25. **Other:** Please provide additional information below (i.e. an example of the publication, poster, or a Word document explaining the application of the content to CPD for the healthcare professions).

Choose File

Choose File

No file chosen

## Section 3: Work Experience

**You must have a minimum of three years of part-time or full-time employment or contracted professional experience in activities supporting the CPD of the healthcare professions within the last five years. *If you have an unpaid position, such as a long-term volunteer position, you may include it here.***

**\* 26. Position #1**

Title of Position

Length of Time in  
Position (Years)

Company Name

Date Range (to include  
the past 3 years)

**27. Position #2**

Title of Position

Length of Time in  
Position (Years)

Company Name

Date Range (to include  
the past 3 years)

**28. Position #3**

Title of Position

Length of Time in  
Position (Years)

Company Name

Date Range (to include  
the past 3 years)