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■ INTRODUCTION

The purpose of the American College of Healthcare Architects (ACHA) is to improve the quality of healthcare architecture by offering Board Certification in the specialized field of healthcare architecture.

The intent of the certification process is to provide representation to the public that a Board Certified healthcare architect has successfully completed an approved educational program and an evaluation of relevant experience, including an examination process designed to assess the knowledge and skills requisite to the performance of high-quality service in the practice of healthcare architecture. ACHA Board Certified healthcare architects will be required to pledge their commitment to continuing education and improving the quality of the architecture serving the healthcare field.

■ TESTING AGENCY

Applied Measurement Professionals, Inc. (AMP) is the professional testing agency contracted by ACHA to assist in the development, administration, scoring and analysis of ACHA examinations. AMP is a research and development firm that conducts professional competency assessment research and provides examination services for a number of health practitioner credentialing programs.

■ STATEMENT OF NONDISCRIMINATION

ACHA and AMP do not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability or marital status.

■ APPLYING FOR AN EXAMINATION

Applicants must complete the application included in this handbook and submit the requested information and fees to the ACHA Executive Office (see pages 11-16). Successful completion of the ACHA Examination is a requirement for all new ACHA Certificate candidates. After your completed application, portfolio, letters of reference and fees have been submitted and approved, you will receive written notice that you are eligible to take the ACHA Examination. The period of eligibility is one year.

■ SCHEDULING AN EXAMINATION APPOINTMENT

After you have applied for the examination and received notification of your eligibility from ACHA, you may schedule an examination appointment with AMP by one of the following methods. Be prepared to confirm a date and location for testing and to provide your Social Security number as your unique identification number.

1. **Online Scheduling:** Visit AMP's website at www.goAMP.com and select "Candidates" to schedule an examination appointment.

OR

2. **Telephone Scheduling:** Call AMP at 1-888-519-9901 to schedule an examination appointment.

The ACHA Examination will be available during the months of March, June and September each year. For a detailed schedule, visit www.healtharchitects.org or www.goAMP.com. The examinations are administered by appointment only Monday through Saturday at 9:00 a.m. and 1:30 p.m. Individuals are scheduled on a first-come, first-served basis. Refer to the chart below.

If you contact AMP by 3:00 p.m. Central Time on...	Your examination may be scheduled beginning...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday (Saturday if open)
Thursday	Monday
Friday	Tuesday

After the appointment is made, you will be given a time to report to the Assessment Center. Please make a note of it since an admission letter will not be sent. You will only be allowed to take the examination for which the appointment has been made. No changes in examination type will be made at the Assessment Center. UNSCHEDULED CANDIDATES (WALK-INS) WILL NOT BE ADMITTED to the Assessment Center.

Note: Examinations will not be offered on the following holidays:

New Year's Day
Martin Luther King Jr. Day
President's Day
Good Friday
Memorial Day
Independence Day
Labor Day
Columbus Day
Veteran's Day
Thanksgiving Holiday
Christmas Holiday
New Year's Holiday

■ SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES

ACHA and AMP comply with the Americans with Disabilities Act and strive to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. AMP will provide reasonable accommodations for candidates with disabilities.

Wheelchair access is available at all established Assessment Centers. Candidates with visual, sensory or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements. To request special accommodations, complete the REQUEST

FOR SPECIAL EXAMINATION ACCOMMODATIONS form included in this handbook then submit it with your application and fee at least forty-five (45) business days prior to your desired testing date. Please inform AMP of your need for special accommodations when scheduling your examination.

■ TELECOMMUNICATION DEVICES FOR THE DEAF

AMP is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available 8:30 a.m. to 5:00 p.m. (Central Time) Monday-Friday at 913-895-4637. This TDD phone option is for individuals equipped with compatible TDD machinery.

■ ASSESSMENT CENTER LOCATIONS

Examinations are administered by computer at over 170 AMP Assessment Centers geographically distributed throughout the United States. Assessment Center locations, detailed maps and directions are available on AMP's website, www.goAMP.com. Specific address information will be provided when you schedule an examination appointment.

■ EXAMINATION APPOINTMENT CHANGES

1. You may reschedule an appointment for examination at no charge **once** by calling AMP at 1-888-519-9901 **at least two business days** prior to the scheduled examination session. (See table below.)

If your examination is scheduled on...	You must call AMP by 3:00 p.m. Central Time to change your reservation by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday/Saturday	Tuesday

2. If you wish to reschedule an examination but fail to contact AMP at least two business days prior to the scheduled examination session, you forfeit the application and all fees paid to take the examination. If you do not reschedule an examination within the one year eligibility period, you will forfeit the application and all fees paid to take the examination. A complete application and examination fee are required to reapply for examination.
3. If you cancel your examination after confirmation of eligibility is received, you will forfeit the application and all fees paid to take the examination. A complete application and examination fee are required to reapply for examination.

■ PREPARING FOR THE EXAMINATION

The study and test-taking advice described here may be helpful as you prepare for the examination. Try to be objective about your individual learning needs when deciding how best to study. Plan your study schedule well in advance.

The examination will be timed and the computer will indicate the time remaining on the screen. If you find it distracting, the time feature may be turned off during the examination. If you choose to turn off the time feature, you should pace yourself by periodically checking your progress. This will allow you to make any necessary adjustments. Remember, the more questions you answer, the better your chances of achieving a passing score. The time limit is intended to allow you to complete the entire examination by working quickly and efficiently.

Be sure to answer each question, even the ones for which you are uncertain. Avoid leaving any questions unanswered; this will maximize your chances of passing. It is better to guess than to leave a question unanswered; there is no penalty for guessing.

■ EXAMINATION CONTENT

The ACHA Examination was developed to objectively measure the knowledge and skills required of healthcare architects and to foster uniform standards for measuring such knowledge and skills. The examination is based on a content outline developed from a national survey of healthcare architects which identified tasks significant to practice. Examination questions were written by committee members and other practitioners to assess the knowledge and skills required to perform the identified tasks. The objective examination consists of 110 multiple-choice questions (100 scored and 10 nonscored pretest questions).

Pretesting questions allows examination committees to collect meaningful statistics about new questions that may appear as scored questions on future examinations. These questions are not scored as part of the individual's pass/fail status. The pretest questions are scattered throughout the examination so candidates will answer them with the same care they would questions to be scored as part of the national examination. With pretesting methodology, candidates are ensured their scores are the result of sound measurement practices and that scored questions are reflective of current practice.

Candidates are presented with a question and are asked to choose the correct answer from four options. The summary content outline that follows was developed from the current ACHA job analysis. The number of questions on the examination from each content area is provided with each major content heading.

■ ACHA DETAILED CONTENT OUTLINE

I. PLANNING

Total 20 questions

- A. Context Awareness and Analysis
 - 1. Confirm and advise on strategic plan
 - 2. Establish clear goals and objectives
 - 3. Determine constraints:
 - a. regulatory
 - b. budgetary
 - c. schedule and/or phasing
 - 4. Identify the review and approval process and participants
 - 5. Identify relevant trends in
 - a. healthcare practice
 - b. technology
 - c. market
 - d. healthcare delivery patterns
 - e. licensing, regulations, and standards
 - 6. Collect or create documentation of existing site and building conditions
 - 7. Assess existing conditions for obsolescence/current code compliance
- B. Site and Facilities Master Planning
 - 1. Evaluate access and accessibility of site (e.g., parking, entrances, etc.)
 - 2. Establish internal and external circulation patterns
 - 3. Establish functional adjacencies and synergies
 - 4. Determine implementation/phasing strategy
 - 5. Match building occupancy with needs
 - 6. Develop and assess alternative solutions relative to objectives
 - 7. Establish infrastructure strategies
 - 8. Determine budget cost implications of plan

II. PROGRAMMING

Total 20 questions

- A. Workload Analysis
 - 1. Exhibit understanding of healthcare procedures and processes
 - 2. Calculate room and equipment utilization
 - 3. Recognize industry norms and specific factors influencing utilization
- B. Existing Facility Capacity Analysis
 - 1. Compare existing conditions and capacity to projected needs (e.g., functionality, adequacy of space, adjacencies)
 - 2. Compare existing conditions to norms and best practices (benchmarking)
- C. Facilities Programming
 - 1. Translate volumes into key room requirements
 - 2. Develop list of required spaces
 - 3. Identify differences in grossing factors between departmental and building gross by facility type
 - 4. Develop functional description
 - 5. Establish diagrammatic relationships
 - 6. Establish major equipment relationships
 - 7. Identify viable mechanical systems
 - 8. Estimate mechanical system space types and requirements
 - 9. Produce unit/cost estimates
 - 10. Reconcile program and budget

III. DESIGN

Total 25 questions

- A. Facilities Planning and Design
 - 1. Confirm project goal, objectives, constraints, and opportunities
 - 2. Confirm functional service components and location options
 - 3. Confirm overall program requirements for departments and common areas
 - 4. Conduct building and health facilities code research
 - 5. Establish interdepartmental relationships and vertical/horizontal adjacencies
 - a. stacking diagrams
 - b. plan diagrams
 - 6. Design and plan circulation, structural, and infrastructure concepts
 - 7. Design and plan building flexibility and expansion options
 - 8. Synthesize and integrate the design and planning of
 - a. functional arrangements
 - b. building massing and envelope
 - c. site and context (e.g., access points, parking, topography)
 - 9. Research/study major building materials and systems options
 - 10. Coordinate architectural design with specialized building systems design
 - 11. Assess and prioritize design and planning options
 - 12. Provide conceptual estimates at design development phase
- B. Departmental Planning and Design
 - 1. Confirm intradepartmental space requirements and adjacencies
 - 2. Confirm departmental constraints and opportunities
 - 3. Design and plan intradepartmental circulation, structure, and infrastructure concepts
 - 4. Design and plan flexibility and expansion options
 - 5. Prepare departmental plans to include
 - a. the size and arrangement of all department spaces
 - b. horizontal/vertical intradepartmental circulation
 - c. horizontal/vertical intradepartmental materials movement
 - 6. Coordinate architectural design with building systems design
 - 7. Assess and prioritize design and planning options
- C. Detailed Planning and Design
 - 1. Develop room data for all functional spaces
 - 2. Develop enlarged floor/ceiling plans/elevations of primary activity areas
 - a. patient care and treatment spaces
 - b. primary staff work areas
 - c. other key departmental spaces
 - 3. Determine, prepare, and test full scale mock-ups of key patient care and treatment spaces
 - 4. Coordinate equipment layouts and requirements
 - 5. Coordinate architectural design with building systems design
- D. Equipment Planning
 - 1. Develop and coordinate equipment list with room data
 - 2. Coordinate equipment manufacturer specifications

IV. DOCUMENTATION

Total 17 questions

- A. Contracts
 - 1. Analyze and incorporate language specific to healthcare facility requirements of contracts
 - 2. Consider applicability of various project delivery models
 - a. integrated project design (IPD)
 - b. design/build
 - c. fast track
 - d. construction management
 - 3. Consider applicability of additional components of contracts
 - a. LEED certification
 - b. LEAN construction
 - c. Commissioning
- B. Construction Documents
 - 1. Prepare code analysis to verify compliance with local, state, and federal requirements
 - a. Zoning, land use
 - b. Building codes
 - c. AIA Guidelines
 - d. The Joint Commission or HFAP
 - 2. Prepare Life Safety plans and narrative
 - 3. Organize contract documents to convey the full intent of the healthcare design, including
 - a. drawings
 - b. specifications
 - 4. Review project with appropriate Authorities Having Jurisdiction and building officials to ascertain agreement on code/licensing issues
 - 5. Prepare documents defining required phasing and associated healthcare implications
 - 6. Ascertain specific owner input on unique facility requirements for construction and product selection
 - 7. Assist owner with variances and waivers required by Authorities Having Jurisdiction

V. CONSTRUCTION ADMINISTRATION

Total 12 questions

- A. Submit final construction documents for review by Authorities Having Jurisdiction
- B. Monitor contractor's coordination of subcontractors' work prior to actual construction (e.g., MEP coordination drawings, vendor drawings)
- C. Hold pre-construction meetings with contractors and other team members
- D. Review and respond to comments from Authorities Having Jurisdiction
- E. Review owner-provided fixed medical equipment submittals for coordination with contract documents
- F. Process change documents with contractors and Authorities Having Jurisdiction
- G. Assist the owner with final processes for obtaining approval, licensing, or certificate of occupancy

VI. POST-CONSTRUCTION SERVICES

Total 6 questions

- A. Post-Occupancy Evaluation
 - 1. Assess the correlation between original project goals and actual building function
- B. Research and Development
 - 1. Evaluate results of research findings and implications for healthcare planning and architecture

TOTALS 100 questions

■ SAMPLE QUESTIONS

1. Which of the following terms describes a concept that emphasizes the comprehensive management of patient care of a specific disease type?
 - A. vertically integrated patient care
 - B. co-operative care
 - C. point of care
 - D. patient focused care
2. Which of the following design criteria is **LEAST** important in planning a pediatric critical care unit?
 - A. visibility of the patient
 - B. ability to accommodate patient families
 - C. access to patient toilets
 - D. ability to accommodate crisis interventions
3. Which of the following analytical approaches could be used in the evaluation of building options?
 1. net present value analysis
 2. initial construction cost analysis
 3. goodness of fit analysis
 4. operational cost impact
 - A. 1, 2, and 3 only
 - B. 1, 2, and 4 only
 - C. 1, 3, and 4 only
 - D. 2, 3, and 4 only

Answer Key:

1. A
2. C
3. B

■ ON THE DAY OF YOUR EXAMINATION

On the day of your examination appointment, report to the Assessment Center no later than your scheduled testing time. Once you enter the Assessment Center, look for the signs indicating AMP Assessment Center Check-In. **IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME, YOU WILL NOT BE ADMITTED.**

To gain admission to the Assessment Center, you need to present two forms of identification, one with a current photograph. Both forms of identification must be valid and include your current name and signature. You will also be required to sign a roster for verification of identity.

Acceptable forms of primary identification include a current:

1. driver's license with photograph
2. state identification card with photograph
3. passport
4. military identification card with photograph

Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as primary identification, but may be used as secondary identification if they include your name and signature.

You are prohibited from misrepresenting your identity or falsifying information to obtain admission to the Assessment Center.

YOU MUST HAVE PROPER IDENTIFICATION TO GAIN ADMISSION TO THE ASSESSMENT CENTER.

■ INCLEMENT WEATHER OR EMERGENCY

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center.

You may visit AMP's website at www.goAMP.com prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to an Assessment Center is temporarily interrupted during an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

■ SECURITY

AMP administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, Personal Digital Assistants (PDAs), pagers or cellular phones are allowed in the testing room. Possession of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- Only silent, non-programmable calculators without alpha keys or printing capabilities are allowed in the testing room.
- No guests, visitors or family members are allowed in the testing room or reception areas.

■ PERSONAL BELONGINGS

No personal items, valuables, or weapons should be brought to the Assessment Center. Only wallets and keys are permitted. Coats must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker.

- watches
- hats

Once you have placed everything into the soft locker, you will be asked to pull out your pockets to ensure they are empty. If all personal items will not fit in the soft locker you will not be able to test. The site will not store any personal belongings.

If any personal items are observed in the testing room after the examination is started, the administration will be forfeited.

■ EXAMINATION RESTRICTIONS

- Pencils will be provided during check-in.
- You will be provided with one piece of scratch paper at a time to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive your score report.

- No documents or notes of any kind may be removed from the Assessment Center.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

■ MISCONDUCT

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

- create a disturbance, are abusive, or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular phones, PDAs;
- talk or participate in conversation with other examination candidates;
- give or receive help or are suspected of doing so;
- leave the Assessment Center during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings, or
- are observed with notes, books or other aids without it being noted on the roster.

■ COMPUTER LOGIN

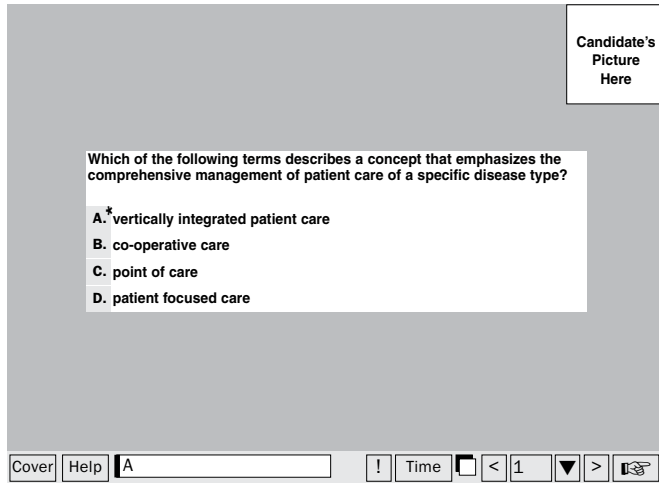
After your identity has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your Social Security number. You will digitally take your picture and it will remain on-screen throughout your testing session. This photograph will also print on your score report.

■ PRACTICE EXAMINATION

Prior to attempting the timed examination, you will be given the opportunity to practice taking an examination on computer. The time you use for this practice examination is NOT counted as part of your examination time. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

TIMED EXAMINATION

Following the practice examination, you will begin the actual examination. Instructions for taking the examination are accessible on-screen once you begin the examination. The examination contains 110 questions (100 scored and 10 nonscored pretest questions). Two hours are allotted to complete the examination. The following is a sample of what the computer screen will look like when you are attempting the examination.



The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time limit. You may click on the "Time" button in the lower right portion of the screen or select the TIME key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The time feature may also be turned off during the examination.

Only one question is presented at a time. The question number appears in the lower right portion of the screen. The entire question appears on-screen (i.e., stem and four options labeled – A, B, C and D). **Indicate your choice by either entering the letter of the option you think is correct (A, B, C or D) or clicking on the option using the mouse.** Your answer appears in the window in the lower left portion of the screen. To change your answer, enter a different option by pressing the A, B, C or D key or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen or select the NEXT key. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

You may leave a question unanswered and return to it later. You may also bookmark questions for later review by clicking in the blank square to the right of the Time button. Clicking on the hand icon or selecting the NEXT key advances to the next unanswered or bookmarked

question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key. When you have completed the examination, the number of questions you answered is reported. If you have not answered all questions and you have time remaining, return to the examination and answer those questions. Be sure to answer each question before ending the examination. **There is no penalty for guessing.**

You may provide comments for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where you may enter your comments.

The examination will be timed; you will have two (2) hours of actual examination time. The computer will indicate the time remaining on the screen. If you find it distracting, the time feature may be turned off during the examination. The time limit is intended to allow you to complete the entire examination by working quickly and efficiently.

FAILING TO REPORT FOR AN EXAMINATION

If you do not schedule an examination within the one year eligibility period, you will forfeit the application and all fees paid to take the examination. A complete application and fee are required to reapply for examination.

FOLLOWING THE EXAMINATION

After you finish the examination, you are asked to complete a short evaluation of your testing experience. Then, you are instructed to report to the examination proctor to receive your score report. Scores are reported in printed form only, in person or by U.S. mail. Scores are **NOT** reported over the telephone, by electronic mail or by facsimile.

Your score report will indicate a "pass" or "fail." Additional detail is provided in the form of raw scores by major content category. A raw score is the number of questions you answered correctly. Your pass/fail status is determined by your raw score. Even though the examination consists of 110 questions, your score is based on 100 questions. Ten questions are "pretest" questions.

The methodology used to set the minimum passing score is the Angoff Method, in which expert judges estimate the passing probability of each question on the examination. These ratings are averaged to determine the minimum passing score (i.e., the number of correctly answered questions required to pass the examination).

■ IF YOU PASS THE EXAMINATION

If you pass the ACHA Examination, you will receive an ACHA Board Certificate and you are allowed to use the credential ACHA Board Certified healthcare architect.

ACHA Board Certified healthcare architects will be required to pledge their commitment to continuing education and improving the quality of the architecture serving the healthcare field.

■ IF YOU DO NOT PASS THE EXAMINATION

If you fail to pass the ACHA Examination on your first attempt, you may elect to retake the examination any of the next three times it is offered (March, June and September each year), and only once per year thereafter, to a maximum of three years before reapplication is required. Each re-examination appointment requires an additional examination fee of \$100, paid to ACHA, in order to schedule an examination appointment with AMP, using the same procedure described earlier.

■ SCORES CANCELED BY THE ACHA OR AMP

ACHA and AMP are responsible for the integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. ACHA and AMP are committed to rectifying such discrepancies as expeditiously as possible. ACHA may void examination results if, upon investigation, violation of its regulations is discovered.

■ DUPLICATE SCORE REPORT

You may purchase additional copies of your score report at a cost of \$25 per copy. Requests must be submitted to AMP, in writing, within 12 months after the examination. The request must include your name, Social Security number, mailing address, telephone number, date of examination and examination taken. Submit the form on page 19 with the required fee payable to AMP. Duplicate score reports will be mailed within approximately five business days after receipt of the request.

■ HOW TO CONTACT ACHA

American College of Healthcare Architects (ACHA)

P.O. Box 14548

Lenexa, KS 66285-4548

Phone: 913-895-4604

Fax: 913-895-4652

E-mail: acha-info@goAMP.com

Web: www.healtharchitects.org

Physical Address:

18000 W. 105th Street

Olathe, KS 66061-7543

■ HOW TO CONTACT AMP

Applied Measurement Professionals, Inc. (AMP)

18000 W. 105th Street

Olathe, KS 66061-7543

Phone: 888-519-9901

Fax: 913-895-4650

E-mail: info@goAMP.com

Web: www.goAMP.com

■ REFERENCES

The list provided below is not mandatory reading nor is it intended to be inclusive of all materials that may be useful to you in preparing for the examination. These references do not necessarily include answers to all questions on the examination. Rather, it is intended to provide a guide to the nature of the material covered by the examination.

NOTE: For additional and more general Healthcare Information and Knowledge, that is not necessarily specific to the examination, see the ACHA Selected Resource List

Americans with Disabilities Act (ADA) Accessibility Guidelines for Buildings and Facilities. 36 CFR 1191, Washington, DC: Government Printing Office, current edition.

Guidelines for Design and Construction of Hospital and Health Care Facilities Facility. Guidelines Institute, American Institute of Architects, Academy of Architecture for Health, current edition.

National Fire Protection Association. Specific codes and standards include: NFPA 101: Life Safety Code current edition. [Complete list of codes and standards available online at www.nfpa.org.

Planning, Design, and Construction of Health Care Facilities. Joint Commission Resources, Oakbrook Terrace, IL, current edition.

GENERAL INSTRUCTIONS:

Applicants are expected to satisfy *all* requirements identified on the eligibility requirements. The ACHA certification committee will review the application, references, and portfolio. If approved to sit for the examination, an e-mail/letter will be sent to the examination candidate with examination scheduling instructions. All materials submitted are required to be postmarked at least 60 days prior to the first day of the examination (December 31, March 31 or June 30) to be reviewed and approved for the next scheduled examination.

Fees:

\$400 fee payable to the American College of Healthcare Architects. An additional \$50.00 will be assessed for insufficient funds. *The fee includes:*

- \$150 Application Fee: Non-refundable, necessary for examination application.
- \$250 Examination Fee: (If an application is not deemed complete and cannot be accepted, or is withdrawn, the \$250 examination fee will be refunded).

Continuing Education:

Each candidate who successfully passes the examination will be awarded 20 CEUs through the American Institute of Architects (AIA). Please note your AIA number on your application if you are a member.

Mailing Instructions:

Please send application portfolios:

Standard Mail:

American College of Healthcare Architects
PO Box 14548
Lenexa, KS 66285-4548

Overnight Courier:

American College of Healthcare Architects
18000 W.105th Street
Olathe, KS 66061-7543

REQUIREMENTS:

A complete Application and Portfolio must include the following items:

- 1) One copy of the original application completed and signed by the applicant and portfolio bound in 8 ½" x 11" loose-leaf format.
- 2) One CD containing all of the application and portfolio pages saved in **one Adobe .pdf file.**
- 3) Passport-sized photograph signed across the front by the applicant.
- 4) The applicant consent form completed and signed by the applicant.
- 5) Demonstration of practice as a licensed architect for not less than 5 years in at least one jurisdiction of the United States, its territories, or Canada. *A photocopy of the applicant's original license or licensing certificate is acceptable documentation.*
- 6) A currently valid license to practice architecture in at least one jurisdiction of the United States, its possessions, or in a province of Canada. *A photocopy of the applicant's current wallet identification card is acceptable documentation.*
- 7) Demonstration of a period following licensure of *at least three of the past five years in which the specialty of healthcare facility architecture represents the majority of an applicant's full-time practice.*
- 8) Three (3) letters of recommendation from architects who know your work personally and who are not in the firm where you are currently employed. *Reference letters must contain specific language that indicates that the referring architect believes the applicant to be qualified for ACHA Board Certification.*
- 9) Three (3) letters of reference from clients must contain specific language that indicates the applicant's specific role on the projects submitted with the portfolio. If a client is an ACHA member, the individual cannot also serve as an architect recommendation.
- 10) At least (3) but not more than (9) projects from the past five years. A signature from another architect or client is required on the narrative to confirm your role and responsibility
 - Portfolios shall contain a narrative statement of no more than one page per project describing each project, summarizing the program, emphasizing the role and responsibility of the applicant on that project.

- The one page narrative data should also include associated facts with each project, to include square footage, construction cost, completion dates, the name of the owner, all consultants, the contractor and other pertinent facts.
- Portfolios shall include sufficient plans and other drawings to explain the project, and photographs or quality color copies of photos of the interior and exterior (except for renovations that do not impact the exterior). *The drawings and photos should not exceed three pages for any one project.* Candidates should include projects and presentation-quality project documentation that provides sufficient detail for reviewers to come to an understanding about the range and depth of the candidate's knowledge and experience as well as an appreciation of the candidate's ability to apply that experience and knowledge in the problem-solving and design process.

ACHA Examination Application Checklist

The following must be received for the application to be considered complete.
Incomplete applications will be returned minus a \$50 processing fee.

- Completed Application Form and attachments: one hard copy and one Adobe .pdf file on CD
- Passport-size photograph signed across the front.
- AIA Number, if applicable
- Acceptable evidence of current registration as an architect in at least one jurisdiction of the United States of America and/or its territories, or a province of Canada.
- Three (3) Letters of Recommendation from licensed Architects who are not within your own firm.
- Three (3) Letters of Reference, from different current healthcare clients identifying the project(s) on which you are currently providing, or have previously provided professional architectural services.
- Project Portfolio: Required descriptions of projects from the past five years. These must be signed by another architect or client.
- Fees in the amount of \$400 which includes payment for the application and examination fee.

American College of Healthcare Architects Examination Application

Attach passport-sized photo of applicant here.

Sign photo across the front.

GENERAL INFORMATION (please print)

Name _____
Last, (Maiden), First, Middle

AIA Member: Yes, Member Number: _____ No Social Security Number: _____

Mailing Address: _____
Company Street
City State Zip Country

Telephone Number: _____ E-mail address: _____

Gender: _____ Date of Birth: _____ Country of Birth: U.S. Canada Other _____
Male/Female m/d/year (specify)

Do you have, or have you ever had a restriction, condition, limitation, suspension, or revocation of a license to practice architecture in *any* state or jurisdiction of the United States or provinces of Canada?
..... Yes No

If Yes, you are required to submit along with your application your statement providing the details of any disciplinary action and restriction, condition, limitation, suspension, or revocation of your license, including the names of the disciplining agency or licensing board, the date thereof, the subject matter and sanctions.

Have you ever entered into a consent or similar agreement with a registration board in connection with a disciplinary action? Yes No

If Yes, you are required to submit with your application your statement providing the details of such consent/agreement including the names of the disciplining agency or licensing board, the date thereof, the subject matter and sanctions.

Have you ever been denied registration? Yes No

If Yes, you are required to submit with your application your statement providing the details of such denial including the names of the disciplining agency or licensing board, the date thereof, the subject matter and sanctions.

Degree: (1) BArch (2) MArch (3) DArch (4) No College
(5) Other _____ Date Conferred: _____
(specify) m/d/year

College/University: _____

Additional University if necessary: _____

Country: United States Canada Other: _____
(specify)

If you graduated from an architectural school outside the United States its provinces or Canada, you **must** submit comparable credentials from that institution.



QUALIFICATIONS:

License:

Have you held a current license to practice architecture in at least one state or jurisdiction of the United States of America, its territories, or provinces of Canada for the past five years?

Yes

No

Indicate date and state of **current** registration:

Original Date: _____ State/Province: _____ Expiration Date: _____

Indicate date and state of **original** registration:

Original Date: _____ State/Province: _____

List all additional registrations: (attach additional sheets if necessary) _____

Practice:

I am currently employed by:

A private architectural practice

A private planning/consulting practice

A healthcare organization

A public institution

I am retired from active practice

Other _____

Name of firm: _____

Address: _____

Phone No. and Contact: _____

Sole Proprietor

General Partner

Corporation Director/Shareholder

Employee

Other _____

I have practiced architecture as a principal. Yes No

(A person practices as a principal by being (a) a registered architect and (b) the person in charge of the organization's architectural practice either alone or with other registered architects. If yes, furnish the following information. Attach additional sheets if necessary.)

From: _____ To: _____

Name of firm: _____

Address: _____

Phone No. and Contact: _____

EXPERIENCE

Employment Experience

(List experience chronologically, beginning with the most recent. Attach additional sheets as necessary.)

Firm Name	Dates of Employment



APPLICANT CONSENT

After reading the following statement in its entirety, affix your signature and the date in the spaces provided.

I, the undersigned, in connection with my application for certification by the American College of Healthcare Architects, hereby authorize the American College of Healthcare Architects, now and in the future, to request, procure, and review any information regarding my professional practice, moral standing and character, including any information related to any disciplinary action related to the practice of architecture by any state licensing board in which I have practiced architecture.

I hereby authorize the American College of Healthcare Architects, now and in the future, to request and procure such information from any individual or institution, each of which shall be absolutely immune from civil liability arising from any act, communication, report, recommendation or disclosure of any such information even where the information involved would otherwise be deemed privileged so long as any such act, communication, report, recommendation or disclosure is performed or made in good faith and without malice.

I hereby authorize the American College of Healthcare Architects to supply a copy of this consent, which has been executed by me, to any individual or institution from which it requests information relating to me.

Name of Applicant (print or type)

Signature of Applicant

Date



REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side 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.

Candidate Information

Social Security # _____ - _____ - _____

Name (Last, First, Middle Initial, Former Name)

Mailing Address

City State Zip Code

Special Accommodations

I request special accommodations for the _____ examination.

Please provide (check all that apply):

- Reader
- Extended examination time (time and a half)
- Reduced distraction environment
- Please specify below if other special accommodations are needed.

Comments: _____

PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with AMP staff my records and history as they relate to the requested accommodation.

Signature: _____ Date: _____

**Return this form to: Examination Services Department, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543, Fax 913-895-4650.
If you have questions, call the Examination Services Department at 913-895-4600.**



DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required examination accommodations.

Professional Documentation

I have known _____ since ____ / ____ / ____ in my capacity as a
Candidate Name Date

Professional Title

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability: _____

Signed: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

Date: _____ License # (if applicable): _____

Return this form to: Examination Services Department, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543, Fax 913-895-4650.
If you have questions, call the Examination Services Department at 913-895-4600.

Mail your completed form and correct fee to:
AMP, 18000 W. 105th Street, Olathe, KS 66061-7543

DUPLICATE SCORE REPORT REQUEST FORM

DIRECTIONS: Use this form to request a duplicate score report. Complete all requested information. This form must be received within one year of the examination date and include a check or money order for \$25 payable to AMP. Duplicate score reports will be processed and mailed within approximately five business days following receipt of the request.

Name: _____ Social Security #: _____

Mailing Address: _____

_____ Daytime Phone: _____

Examination Date: _____

I hereby authorize AMP to send me a duplicate of my examination results.

Signature: _____ Date: _____