



Make the smart move ...  
become an ACHA  
Board Certified Architect.

A hand is shown in the upper left, moving a black chess king piece. The chessboard is white with various pieces in the foreground, including a white pawn, a white knight, a white rook, a black pawn, a white knight, a white rook, and a white king. The background is a light blue gradient.

# ACHA CERTIFICATION HANDBOOK

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## ■ ABOUT ACHA

The purpose of the American College of Healthcare Architects (ACHA) is to distinguish healthcare architects through certification, experience, and rigorous standards and to improve the built environment through the dedication of our certificate holders. ACHA provides board certification to architects who specialize in healthcare within the United States and in countries where NCARB reciprocal licensure can be obtained.

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.

The certification process is rigorous and overseen by an independent testing agency, in order to establish a professionally sound, legally defensible standard by which people can identify themselves as healthcare architects.

ACHA Board Certified healthcare architects will be required to annually pledge their commitment to certification through a recertification process which includes continuing education (see *Annual Recertification* for more details).

## Certificate Holders

The ACHA has two classes of active certificate holders:

- **Certificate Holder (ACHA)**
- **Fellow (FACHA)**

A Certificate Holder or Fellow shall be a registered architect who is certified by the American College of Healthcare Architects. Active Certificate Holders shall have the following privileges:

- To serve and provide leadership on ACHA committees
- To serve and hold office on the Board of Regents
- To recommend nominees for ACHA awards
- To receive all benefits such as dedicated educational opportunities
- To mentor ACHA Candidates as they advance in their careers
- To use the ACHA or FACHA credential as applicable after their name

## Certification Eligibility Pathways

Determine your eligibility to sit for the examination by examining the criteria as outlined in this Certification Handbook. If you have a unique career pathway, please direct all eligibility inquiries to the ACHA Executive Office [acha-info@kellencompany.com](mailto:acha-info@kellencompany.com).

### Pathway 1: Candidate Program

If you do not yet meet all the examination eligibility requirements, you may apply to the Candidate Program. A Candidate is a licensed architect who aspires to become an ACHA Certificate Holder and is committed to pursuing the ACHA's vision.

Candidates will receive email updates on the College, examination reminders, and special invitations to ACHA-only events. Because Candidates are not eligible to take the ACHA examination, no portfolio or examination application is required to be a part of the Candidate Program; however, annual renewal is required (\$25) and runs January through December.

Please note these additional candidacy stipulations:

- Candidacy is limited to five (5) consecutive years.
- Annual \$25 fee, renewed annually in November, is due December 31.
- Candidates must hold a US architectural license or an NCARB recognized reciprocal license.
- Candidacy does not qualify you as eligible to sit for the examination.
- Individuals will be required to submit an application for review before candidacy eligibility is assessed; separate fees apply.
- Candidates are excluded from service on the Board of Regents.
- Candidates are excluded from committee leadership.
- Candidates can serve on no more than one (1) committee at a time.

### Pathway 2: Direct Applicant

Review the certification eligibility prerequisite requirements as outlined in this Certification Handbook (page 3). If the applicant meets all criteria, proceed directly to the application stage through the ACHA website [www.healtharchitects.org](http://www.healtharchitects.org).

## Annual Recertification

Recertification begins annually November 1 and is to be completed by December 31 to maintain your ACHA credential.

### Recertification Requirements

#### Continuing Education

Active certificate holders must successfully complete 12 learning unit (LU) hours each year. All 12 learning units must be healthcare-related activities (design and construction, education and research, or the practice and management of healthcare). Supporting documentation is required.

#### Evidence of continued practice in healthcare architecture

Affirm evidence of continued practice by selection of percent of time spent on healthcare-related projects

(select: up to 25%, 26-50%, 51-75%, and 76-100%). This may include healthcare-related education and research.

### Registration as an architect

Attest to the state(s) requirements and expiration dates of licensure. Report of suspension/revocation/censure, if applicable.

### Payment

Annual payment by credit card of \$550 for ACHA and \$650 for FACHA. **New in 2021**, three (3) installment fee payment schedule is available. See the ACHA website [www.healtharchitects.org](http://www.healtharchitects.org) for more information.

## APPLICATION PROCESS

### Eligibility Prerequisites

Prerequisite requirements for submitting an application:

- Licensure for 3+ years within the U.S. or an NCARB recognized reciprocal license.
- 6,000+ hours total healthcare experience within last 5 years. The 6,000 hours of experience within the 5 year timeframe may include pre-license experience.

### Application

Once the certification eligibility prerequisites are achieved, the applicant must submit an application through ACHA's certification website portal, including payment of the applicable fees. Upon verification of the application by the ACHA Executive Office, the applicant will then proceed to the Portfolio and Examination stage.

**The period of eligibility is five (5) years.**

*Beginning in 2021*, the online Portfolio and Examination processes can be completed in **ANY** order. The applicant may choose to take the examination first and then proceed through the Portfolio process, **OR** the applicant may submit the Portfolio package for approval prior to taking the examination.

### Application Requirements

In addition to the prerequisites outlined above, the following are required:

1. **Current Architect License (evidence file upload)**  
Demonstration of licensure as an architect in at least one jurisdiction of the United States, its territories, or an NCARB recognized reciprocal license for no fewer than three years.
2. **Original Architect License (evidence file upload)**
3. **Employment Experience**
4. **Healthcare Experience**  
Demonstration of practice as a licensed architect with no fewer than 6,000 hours total healthcare practice/experience within the last five (5) years.
5. **Code of Ethics Attestation**

### 6. Applicant Consent

### 7. Fee Payment

## Portfolio

All components of the Portfolio package must be uploaded and marked complete for the Portfolio to be considered for review by the ACHA Certification Committee. Insofar as possible, the letters of reference shall remain confidential and must be submitted by the applicant. Letters of reference should not be emailed to the ACHA Executive Office.

**Three (3) Client Reference Letters** - Letters are collected by the applicant and uploaded to the ACHA certification portal.

- The letters should serve as general endorsement of the applicant's character, knowledge, skills, and abilities as a healthcare architect.
- The letters must be from different current healthcare clients identifying the project(s) on which applicant is currently providing, or has previously provided professional architectural services.
- The letters must contain specific language that indicates the applicant's specific role on the projects submitted with the portfolio.
- If a client is an ACHA certificant, the individual cannot also serve as an architect recommendation.
- Where possible, client reference letters should come from three (3) different clients/institutions, even if all three (3) are contained within same hospital system, for example.

**Three (3) Architect Letters of Recommendation** - Letters are collected by the applicant and uploaded to the ACHA certification portal.

- The letters should support the candidate's application for certification with the College.
- The letters must be from a licensed architect, not within applicant's own firm.
- Reference letters must contain specific language that indicates that the referring architect believes the applicant to be qualified for ACHA Board Certification.

**One (1) Sponsor Letter** - The Sponsor shall write, in consultation with the applicant, a one-page summary of the applicant's accomplishments. This should be collected by the applicant and uploaded to the ACHA certification portal.

**Portfolio of Projects** (3-9 healthcare projects in past five (5) years - see below)

- Only one (1) of the projects may be from applicant's secondary education/pre-license.
- A signature from another architect or client is **required** on each project's narrative to confirm applicant's role and responsibility.



## Portfolio of Projects

Portfolio submissions should include projects and presentation-quality project documentation that provides sufficient detail for the ACHA Certification Committee's reviewers to come to an understanding about the range and depth of the applicant's knowledge and experience as well as an appreciation of the applicant's ability to apply that experience and knowledge in the problem-solving and design process. Portfolio should be vertically-oriented (portrait) and include legible, easy-to-read graphics.

An applicant may use a single B'Arch or M'Arch project from a NAAB accredited program for inclusion as one (1) of the three (3) minimum projects in the portfolio. The project shall follow the same requirements as professional projects by providing a narrative statement, project facts, applicant's role and appropriate graphics illustrating the narrative.

Each of the projects in your Portfolio shall contain:

- 1. Narrative Statement** (no more than one (1) page)
  - **Project Description** - Description should include both problem and solution as well as applicant's role in project's solution. Generic firm marketing materials should not be submitted.
  - **Program Summary** - Associated facts of the project to include square footage, construction cost, completion dates, the name of the owner, all consultants, the contractor and other pertinent facts.
  - **Role and Responsibility** - A detailed account emphasizing the applicant's contribution to each project's effort.
- 2. Floor Plans** – Include floor plans and other drawings to better explain the project.
- 3. Photographs** – Include quality photos of interior and exterior (except for renovations that do not impact the exterior).

The floor plans and photos should not exceed three (3) pages for any one project.

## Portfolio Review

Portfolios are evaluated and scored by members of the ACHA Certification Committee, an independent, peer-review panel. Applicants will be notified of the review results 6-8 weeks following the submission deadline.

## Sample Portfolios

To aide applicants on what the ACHA Certification Committee's reviewers are looking for in a quality portfolio submission, sample portfolios can be found on the ACHA website [www.healtharchitects.org](http://www.healtharchitects.org).

## Fees & Deadlines

**The non-refundable application fee is \$400**, payable to the American College of Healthcare Architects. Online payment via the certification portal is recommended. Please email the [ACHA Executive Office](mailto:acha@healtharchitects.org) should you need to pay the application fee by check. An additional \$50.00 will be assessed for insufficient funds.

Applicants may take the examination and submit their portfolio in any order. **Applicant applications that meet the prerequisites must be approved prior to submitting a Portfolio package OR scheduling an examination.** Applications are accepted through the online certification portal at [www.healtharchitects.org](http://www.healtharchitects.org).

**To sit for the examination in July, applications must be received no later than April 1.** *Portfolio* packages are accepted between April 1 and October 1 for possible exam eligibility during the next examination window.

- **Application Deadline: April 1**
- **Portfolio Submittal Period: April 1 – October 1\***
- **Examination Window: July 1 – July 31**

\*If submitting a portfolio and *then* taking the exam, you may submit the portfolio prior to April 1.

## SCHEDULING YOUR EXAMINATION

### Testing Agency

PSI Services is the professional testing agency contracted by ACHA to assist in the development, administration, scoring and analysis of ACHA examinations. PSI is a leader in the testing industry, offering certification, licensing, talent assessment and academic solutions worldwide.

### Statement of Nondiscrimination

ACHA and PSI do not discriminate among candidates based on age, gender, race, color, religion, national origin, disability or marital status or any other legally protected characteristic.

### Test Center Locations

Examinations are administered by computer at approximately 300 PSI Test Centers geographically distributed throughout the United States, Canada and Australia. Test Center locations, detailed maps and directions are available on <http://schedule.psiexams.com>. Specific address information will be provided when you schedule an examination appointment.

## Scheduling An Examination Appointment

The ACHA Examination window is exclusively during the month of July each year. The examinations are administered by appointment only, Monday through Saturday. **Walk-ins will not be accepted. You may take the examination only once during the examination window.**

After you have applied for and received approval to sit for the ACHA examination, you may schedule an examination appointment with PSI. Be prepared to provide your assigned unique identification number to confirm a date and location for testing.

**1. Online Scheduling:** Visit <http://schedule.psiexams.com> and select "Begin Scheduling" to schedule an examination appointment.

OR

**2. Telephone Scheduling:** Call PSI at 1-855-579-4641 to schedule an examination appointment.

Appointment starting times may vary by location. Individuals are scheduled on a first-come, first-served basis. Refer to the chart below.

If you contact PSI 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 Test Center. An examination appointment confirmation email will be sent to candidates who provide a valid email address. You will be allowed to take only the examination for which the appointment has been made. No changes in examination type will be made at the Test Center. **UNSCHEDULED INDIVIDUALS (WALK-INS) WILL NOT BE ADMITTED to the Test Center.**

*Only those approved applicants who ACHA has instructed PSI to contact as a result of being deemed eligible to sit for the examination may schedule an examination appointment.*

## Special Arrangements for Candidates with Disabilities

ACHA and PSI 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. PSI will provide reasonable accommodations for candidates with disabilities.

Wheelchair access is available at all established Test 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 two-page REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS form included in this handbook then submit it to PSI at least forty-five (45) business days prior to your desired testing date. Please inform PSI of your need for special accommodations when scheduling your examination.

## Examination Appointment Changes

1. You may reschedule the examination ONCE at no charge by calling PSI at 855-579-4641 at least two business days prior to a scheduled administration.

The following schedule applies:

If your examination is scheduled on...	To change your appointment, you must call PSI by 3:00 p.m. Central Time by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday/Saturday	Tuesday

2. You may not reschedule an examination more than once within your eligibility window.

3. If you do not reschedule an examination within the assigned eligibility window (July 1-31), you forfeit the application and all fees paid to take the examination during the current examination window. A re-examination application and fee are required to sit for the examination during the subsequent examination window (the following year). Visit [www.healtharchitects.org](http://www.healtharchitects.org) for more information.

## ■ ABOUT THE 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 120 multiple-choice questions (100 scored and 20 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.

## 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. cooperative 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

## Examination 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 available on the ACHA website [www.healtharchitects.org](http://www.healtharchitects.org).

- [National Fire Protection Association](http://www.nfpa.org). Specific codes and standards include NFPA 101: Life Safety Code current edition. Complete list of codes and standards available online at [www.nfpa.org](http://www.nfpa.org).
- [The Joint Commission Accreditation Manuals](#).
- [2018 FGI Guidelines](#).

# ■ ACHA DETAILED CONTENT OUTLINE

## 1. FORCES THAT DRIVE THE BUSINESS OF HEALTHCARE

*Demonstrate an understanding of the factors influencing the planning and design of healthcare projects.*

### Total 15 questions

- A. Economics and Reimbursement
  - 1. Market forces (e.g., demographics, competition, mergers/acquisitions, construction)
  - 2. Payors (e.g., charitable, commercial insurance, private pay, governmental)
  - 3. Financing means and methods
- B. Regulations and Accreditation
  - 1. Federal Healthcare Agencies (e.g., CMS, DHA)
  - 2. The Joint Commission
- C. Healthcare Delivery Models
  - 1. Care models (e.g., migration to outpatient including short stay, patient focused care, medical home)
  - 2. Population health
  - 3. Continuum of care
- D. Technology
  - 1. Information technology and EHR/EMR
  - 2. Telehealth/Telemedicine
  - 3. Advanced medical technology and equipment
- E. Staffing type and availability (e.g., licensure level, recruitment/retention)
- F. Process improvement/Lean operations

## 2. PROGRAMMING AND PLANNING

### Total 35 questions

#### A. Strategic Planning

*Demonstrate an understanding of the following:*

- 1. Healthcare strategic and operational plans
- 2. Constraint analysis (e.g., regulatory, budgetary, schedule)
- 3. Scenario planning
- 4. Research, best practices, and benchmarking
- 5. Factors that influence key room quantities
- 6. Demographics

#### B. Functional/Operational Narratives

*Demonstrate an understanding of the following:*

- 1. Staffing patterns and projections
- 2. Cultural awareness and sensitivity
- 3. Variables that affect space and equipment utilization
- 4. Functionality and adjacencies
- 5. Risk assessments (e.g., infection control, safety)
- 6. Patient, staff, and material flow
- 7. Environment of care criteria
- 8. Patient care delivery models

#### C. Space Programming

*Demonstrate the ability to perform the following:*

- 1. Develop list of spaces required to support key rooms
- 2. Establish room sizes based on regulations, best practices, or benchmarks

- 3. Generate net-to-departmental grossing factors and departmental-to-building grossing factors
- 4. Incorporate major medical technology systems
- 5. Plan for viable building support and infrastructure spaces
- 6. Validate budget

#### D. Site and Facilities Master Planning

*Demonstrate the ability to perform the following:*

- 1. Establish functional adjacencies and synergies
- 2. Plan for future flexibility and expansion
- 3. Develop and assess alternative solutions including costs
- 4. Determine building location and site access
- 5. Establish major internal and external circulation patterns
- 6. Develop implementation/phasing strategy
- 7. Incorporate regulatory requirements (e.g., zoning, building codes, FGI and other guidelines)
- 8. Establish interdepartmental relationships and vertical/horizontal adjacencies (e.g., stacking, blocking, and massing)
- 9. Develop master project schedule

## 3. DESIGN

### Total 35 questions

#### A. Site and Facilities Design

- 1. Conduct health facilities code research
- 2. 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)
  - d. major medical equipment and technologies
  - e. building circulation
  - f. evidence-based design
- 3. Assess and prioritize design and planning options
- 4. Advise client on strategies to avoid facility obsolescence
- 5. Plan and design for resiliency (e.g., natural disasters or threats)
- 6. Confirm constraints and opportunities
- 7. Identify risks, assess, and develop mitigation strategies

#### B. Departmental Design

- 1. Prepare departmental plans to include
  - a. the size and arrangement of all department spaces
  - b. intradepartmental circulation
  - c. patient, family, and staff experience (e.g., satisfaction, privacy, safety)
- 2. Confirm intradepartmental adjacencies
- 3. Identify constraints and opportunities
- 4. Design for flexibility and expansion
- 5. Assess and prioritize design and planning options



- C. Detailed Design
  - 1. Develop room data to incorporate:
    - a. patient, family, and staff experience (e.g., satisfaction, privacy, safety)
    - b. environment of care (e.g., sound, lighting)
    - c. finish selections (e.g., durable, infection control)
    - d. technical, operational, and maintenance requirements
    - e. room zoning and flow
    - f. medical equipment
  - 2. Coordinate and evaluate the use of mock-ups, simulations, and VR
  - 3. Coordinate medical equipment layouts, requirements, and manufacturer specifications
  - 4. Coordinate with specialized engineered systems (e.g., headwalls, equipment booms)
- D. Coordination with Engineering Systems (e.g., medical gas, CUP, utilities, system equipment, MEPS/IT, emergency services, transport systems)

**4. DELIVERY AND IMPLEMENTATION**

**Total 15 questions**

A. Contracts

*Interpret language specific to healthcare facility requirements*

B. Construction Documents

- 1. Verify and document code compliance
- 2. Prepare documents defining required phasing and associated healthcare implications
  - a. infection control
  - b. constructability / interim life safety
  - c. operational disruption
  - d. transition planning / operational startup
  - e. acoustics / vibration
- 3. Document and detail unique facility requirements for construction and selection of medical equipment and technologies

C. Construction Administration

- 1. Review owner-provided fixed medical equipment and technologies submittals for coordination
- 2. Assist owners with variances and waivers required by Authorities Having Jurisdiction
- 3. Assist owners with final processes for obtaining approval, licensing, or certificate of occupancy
- 4. Evaluate substitution and change orders for healthcare compliance
- 5. Understand commissioning process
- 6. Understand implications of construction in occupied healthcare facility including infection control measures and staff and patient safety. Coordination with AHJ for inspections and review of construction.

D. Project implementation and occupancy scheduling

E. Post-occupancy evaluation and research findings

**TOTAL 100 questions**

Every item will be linked to a specific healthcare setting as defined by 2018 FGI Guidelines:

Hospitals

Outpatient Facilities

Residential Health, Care, and Support Facilities

## ■ CONSIDERATIONS FOR THE DAY OF YOUR EXAMINATION

On the day of your examination appointment, report to the Test Center no later than your scheduled testing time. Once you enter the Test Center, look for the signs indicating PSI Test 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 Test Center, you must present two forms of identification. The primary form must be government issued, current and include your name, signature and photograph. No form of temporary identification will be accepted. You will also be required to sign a roster for verification of identity.

- Examples of valid primary forms of identification are: driver's license with photograph; state identification card with photograph; passport; military identification card with photograph.
- The secondary form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).
- If your name on your registration is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order).

**Candidates must have proper identification to gain admission to the Test Center.** Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of examination fees.

### Inclement Weather or Emergency

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

You may visit <http://schedule.psiexams.com> prior to the examination to determine if PSI has been advised that any Test Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at a Test Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to a Test 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.

*For PSI Test Center openings and the latest updates relating to COVID-19, please visit <https://www.psionline.com/important-notice-update-concerning-covid-19-coronavirus>.*

### Security

PSI administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Test 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, pagers or cellular/smart phones are allowed in the testing room. Possession of a cellular/smart phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- Only silent, non-programmable calculators without alphabetic keypads or printing capabilities are allowed in the testing room.
- No guests, visitors or family members are allowed in the testing room or reception areas.

### Restrictions on Personal Belongings

No personal items, valuables, or weapons should be brought to the Test 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. The proctor will lock the soft locker prior to you entering 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
- wallets
- keys

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 or heard (e.g., cellular/smart phone, alarm) 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 end of testing, or you will not receive your score report.
- No documents or notes of any kind may be removed from the Test 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 Test 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/smart phones;
- talk or participate in conversation with other examination candidates;
- give or receive help or are suspected of doing so;
- leave the Test 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 in the testing room, 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 assigned identification number. Your photograph, taken before beginning the examination, will remain on-screen throughout your testing session. This photograph will also print on your score report.

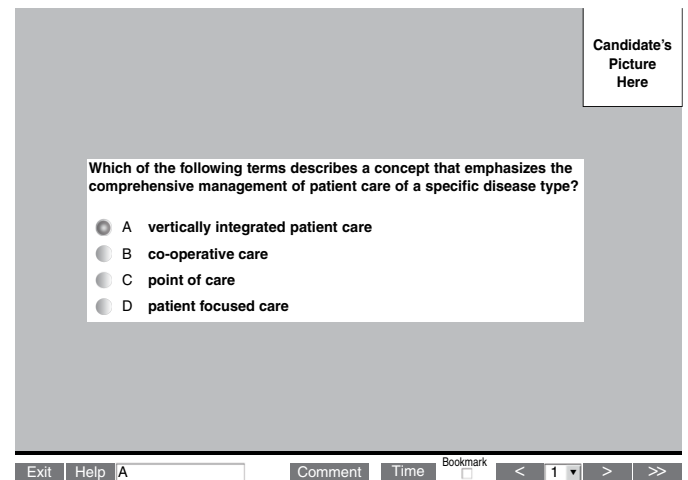
## Practice Examination

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 120 questions (100 scored and 20 nonscored pretest questions). Two and a half hours (2.5) 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 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 typing A, B, C or D 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. 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 double arrows (>>) advances to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the double arrows (>>). 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 Comment button 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 and a half (2.5) 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 fail to report for an examination, you may reschedule within the same examination window with no penalty by contacting PSI to reschedule. A new application is not required. If you do not reschedule within the assigned eligibility window, you forfeit the application and all fees paid to take the examination. A new, complete application and examination fee are required to reapply for the examination.

## ■ FOLLOWING THE EXAMINATION

### Evaluation

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 completion report. Scores are reported in printed form only by U.S. mail. Scores are **NOT** reported over the telephone, by electronic mail or by facsimile. The examinational items and resulting statistics will be reviewed to ensure that examination scores are accurate. **Scores are expected to be mailed to examinees within 30 days after the end of the testing period.**

Your mailed score report will indicate a “pass” or “fail.” Additional detail is provided in the form of raw scores by major content categories. 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 120 questions, your score is based on 100 questions. Twenty (20) 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).

### Notification

The results of your examination are not immediately available. **Scores are expected to be mailed to examinees within 30 days after the end of the testing period.** Results will not be emailed or provided over the phone.

ACHA will send applicants who sat for the examination a letter indicating that they have been accepted into the College, or if an applicant will need to apply for a re-examination. This letter will be emailed, followed by a mailed copy.

### 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. Each examinee who successfully passes the examination will be awarded 20 LUs through the American Institute of Architects (AIA) which will satisfy the recertification continuing education for the subsequent year. Please include your AIA number in your ACHA online profile if you are a member.

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

### If You Do Not Pass the Examination

An architect who does not pass the examination on his or her first attempt may elect to retake the examination during the next testing window for a maximum of five years before resubmitting a Portfolio Package and a new Application is required. Each re-examination requires submitting the Re-Examination Application and fee paid to ACHA.

Re-examination Fee is \$100.

Re-examination application must be submitted by June 1 in the year in which you plan to re-take the examination. Please visit the ACHA website [www.healtharchitects.org](http://www.healtharchitects.org) for the application and submission details.



## Scores Canceled by the ACHA or PSI

ACHA and PSI 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 PSI 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 PSI, in writing, within 12 months after the examination. The request must include your name, assigned identification number, mailing address, telephone number, date of examination and examination taken. Submit the form on page 23 with the required fee payable to PSI Services Inc. Duplicate score reports will be mailed within approximately five business days after receipt of the request.

## ■ ADVANCEMENT WITHIN ACHA

### Fellowship

The Council of Fellows was founded to advance the unique qualities of the profession of healthcare architecture by demonstrating and celebrating achievements of national significance.

Fellowship is one of the highest honors bestowed upon a certificant of The American College of Healthcare Architects, and is awarded to one who has shown distinction in fulfilling one specific Category of Nomination of their work and has demonstrated a nominee's individual impact and influence in healthcare facility architecture.

All application details and fees are available on the ACHA website [www.healtharchitects.org](http://www.healtharchitects.org).

### Emeritus

The ACHA Board of Regents, at its discretion, may grant "Emeritus ACHA" status to a certificate holder in good standing who meets all of the established guidelines.

"Emeritus ACHA" status is considered to be a high honor. This status is granted for years of distinguished service to the healthcare profession at the end of one's career.

This status will require that the applicant to have been continuously certified in good standing for 15 years minimum, and be at least 65 years of age. All recertification fees for "Emeritus ACHA" status are waived. There is no requirement for obtaining continuing education credits, although continuing education is always encouraged.

Annually, during the recertification cycle, those with "Emeritus ACHA" status will be required to verify their intent to remain "Emeritus ACHA" for the following calendar year. This will ensure that the College has current contact information. For the application and more details, please visit the ACHA website [www.healtharchitects.org](http://www.healtharchitects.org).

## ■ HOW TO CONTACT ACHA

American College of Healthcare Architects (ACHA)  
4400 College Boulevard, Suite 220  
Overland Park, Kansas 66211  
Phone: 913-222-8653  
Fax: 913-222-8606  
Email: [acha-info@kellencompany.com](mailto:acha-info@kellencompany.com)  
Web: [www.healtharchitects.org](http://www.healtharchitects.org)

## ■ HOW TO CONTACT PSI

PSI Candidate Services  
18000 W. 105th St.  
Olathe, Kansas 66061-7543  
Phone: 855-579-4641  
Fax: 913-895-4650  
Email: [info@goAMP.com](mailto:info@goAMP.com)  
Web: <http://schedule.psiexams.com>



# AMERICAN COLLEGE OF HEALTHCARE ARCHITECTS

## EXAMINATION APPLICATION

### GENERAL INSTRUCTIONS:

The application process is only online at [www.healtharchitects.org](http://www.healtharchitects.org). Please be prepared to supply the information contained in the Checklist and Online Application Questions. 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 email/letter will be sent to the examination candidate within 60 days with examination scheduling instructions. **All materials must be submitted online by April 1 to be reviewed and approved for the July examination.**

### 2020-2021 FEE SCHEDULE:

**Application/Examination Fee (November 1, 2020 to April 1, 2021): \$400.00**

- If an application is deemed incomplete and cannot be accepted, or is withdrawn, a \$100 fee is refunded.
- Fees payable to the American College of Healthcare Architects. An additional \$50.00 will be assessed for insufficient funds.

### ACHA EXAMINATION APPLICATION CHECKLIST

**The following must be completed online for the application to be considered complete.  
Incomplete applications will be returned according to the 2020-2021 Fee Schedule.**

- Completed online Application Form and attachments.
- 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 an NCARB recognized reciprocal license.
- 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. More details on portfolio requirements found on page 4.
- Payment of fees.

## American College of Healthcare Architects

### Online Application Questions

Applications can only be submitted online at [www.healtharchitects.org](http://www.healtharchitects.org).

#### GENERAL INFORMATION

Name: \_\_\_\_\_  

Last
(Maiden)
First
Middle

AIA Member:  Yes, Member Number: \_\_\_\_\_  No

Mailing Address: \_\_\_\_\_  

Company
Street

\_\_\_\_\_  

City
State/Province
Zip
Country

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Country of Birth:  U.S.  Canada  Other \_\_\_\_\_  

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, Australia, 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: \_\_\_\_\_

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

**DO NOT SUBMIT THIS FORM.**



**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 or Australia for the past three 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: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List all additional registrations: (attach additional sheets if necessary) \_\_\_\_\_

**Practice:**

I am currently employed by:

- |  |   |
|--|---|
| <input type="checkbox"/> A private architectural practice  | <input type="checkbox"/> A private planning/consulting practice |
| <input type="checkbox"/> A healthcare organization         | <input type="checkbox"/> A public institution                   |
| <input type="checkbox"/> I am retired from active practice | <input type="checkbox"/> Other _____                            |

Name of firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. and Contact: \_\_\_\_\_

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> General Partner | <input type="checkbox"/> Corporation Director/Shareholder |
| <input type="checkbox"/> Employee        | <input type="checkbox"/> Other _____     |   |

PREVIOUS PRACTICE SUCH AS PUBLIC INSTITUTION OR GOVERNMENT ORGANIZATION AND/OR NON-TRADITIONAL PRACTICE HISTORY NARRATIVE (OPTIONAL): ACHA wishes to encourage applications from the full range of architects with widely differing roles in the healthcare field. Some applicants may practice in non-traditional roles or may have been focused on a limited number of projects, project types or specialized practice roles over the past five years. In order to provide a better understanding of your healthcare architecture experience, include a one page narrative summary of other healthcare experience from date of initial registration to present.

**DO NOT SUBMIT THIS FORM.**

**EXPERIENCE**

**Employment Experience**

*(List experience chronologically, beginning with the most recent.)*

Firm Name	Dates of Employment

**Experience in Healthcare:**

*(Demonstration of practice as a licensed architect of not less than a minimum 6,000 hours total healthcare practice/ experience, within the last five years.)*

Year	Estimated Number of Relative Annual Hours in the practice of Healthcare Architecture: indicate hours per year and five year total (based upon 2,080 available hours/year)		
		<b>Total</b>	

**Years of Healthcare Architecture Experience:**

How many years have you been practicing Healthcare Architecture? \_\_\_\_\_

**Project Experience:**

*(Provide a complete, chronological listing of all health facility projects over the past 5 years beginning with the most recent first. This listing should coincide with the portfolio submission per eligibility requirements.)*

Project Name/Location	Describe your Role	Phone Number and Position of Project Contact	Date of Project Completion	Total Cost – Construction (C) and Project (P)
<i>Example: XYZ Hospital City, State</i>	planner	555-555-5555 Jane Doe Facilities Director	12/2007	\$15 million C \$22 million P

**DO NOT SUBMIT THIS FORM.**

## **APPLICANT CONSENT**

**This statement will be a signature attestation in the online application system.**

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.

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**DO NOT SUBMIT THIS FORM.**



## REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, **please complete this form and provide the Documentation of Disability-Related Needs on the next page and submit both pages with your application at least 45 days prior to your requested examination date.** 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

Candidate ID # \_\_\_\_\_ Requested Test Center: \_\_\_\_\_

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State/Province Zip Code

\_\_\_\_\_  
Daytime Telephone Number Email Address

### Special Accommodations

I request special accommodations for the \_\_\_\_\_ examination.

Please provide (check all that apply):

- Reader
- Extended testing 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 PSI staff my records and history as they relate to the requested accommodation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to:**  
**PSI, 18000 W. 105th St., Olathe, KS 66061-7543, Fax 913-895-4650.**  
**If you have questions, call Candidate Services at 855-579-4641.**





## DOCUMENTATION OF DISABILITY-RELATED NEEDS

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

### Professional Documentation

I have known \_\_\_\_\_ since \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in my capacity as a  
Candidate Name Date

\_\_\_\_\_  
My Professional Title

The candidate discussed with me the nature of the test 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 Request for Special Examination Accommodations form.

Description of Disability: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **License # (if applicable):** \_\_\_\_\_

**Return this form to:**  
**PSI, 18000 W. 105th St., Olathe, KS 66061-7543, Fax 913-895-4650.**  
**If you have questions, call Candidate Services at 855-579-4641.**



Mail your completed form and correct fee to:  
PSI, 18000 W. 105th St., 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 PSI Services Inc. Duplicate score reports will be processed and mailed within approximately five business days following receipt of the request.

Name: \_\_\_\_\_ Candidate ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Examination Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



