



ACHA Recertification Accommodations Form

A certificant who fails to meet the ACHA annual recertification requirements may complete and submit this accommodation request form **by December 31** for Board approval. A second accommodation may be submitted for a second consecutive year, however only two (2) consecutive accommodations will be considered by the Board of Regents.

Certificants may petition for an accommodation of ACHA recertification requirements for a period of one (1) year on the following grounds; please check all that apply:

- Medical disability or other serious health condition affecting the certificant.
- For dependent care: (i) the birth of a child and to care for the newborn child within one (1) year of birth; (ii) the placement with the certificant of a child for adoption or foster care and to care for the newly placed child within one (1) year of placement; or (iii) to care for the certificant's spouse, child, or parent who has a serious health condition.
- For military leave: (i) absence due to military leave and obligation; (ii) any qualifying demand arising out of the fact that the certificant's significant other, spouse, son, daughter, dependent, or parent is a "covered service member" on "covered active duty" (as those terms are used with reference to the Family Medical and Leave Act); or (iii) for military caregiver leave, i.e., to care for a covered service member with a serious injury or illness if the certificant is the service member's significant other, spouse, son, daughter, parent, or next of kin.
- Financial hardship. Please provide further explain the nature of your financial accommodation request.

I am requesting accommodation of the following requirements, please check all that apply:

- Recertification dues
- Minimum Learning Units (LU)
- Continued practice in healthcare architecture
- Proof of architectural license in good standing

The procedure for applying is as follows:

1. Complete this form and email to ACHA at ACHA-Info@kellencompany.com **by December 31st**.
2. Attach application further information on the specific grounds for your accommodation request. Please provide details where possible for the expected duration of the issue (if known or predictable).
3. If any learning LU's were obtained before the issue occurred, please include AIA transcript or self-report form.
4. Once received, ACHA staff will remove identification information prior to presenting to the Board for review and approval. The College will endeavor to keep this form and its content confidential.
5. Staff will notify the certificant of the Board's decision via email.

I attest that the information in this form, to the best of my knowledge and belief, is true, accurate and complete.

Printed Name _____ ACHA Certificant Number _____ Email _____

Signature _____ Date _____